

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Where do we start today?

CLIENT: I still feel like I'm stressed. Maybe I'm less stressed, but I don't know. I'm just afraid to ask my boss about the whole "hey, can I [] (inaudible at 00:00:16)" thing; but I did stay at work for a full day last week for all three days.

THERAPIST: How did you feel?

CLIENT: I felt okay. I wasn't really panicking or anything like that. My dad's old computer was taking forever and I basically spent an hour on something that should have taken 15 minutes.

THERAPIST: So bored, frustrated, no panic. When do you feel stressed? When you look back over the week and you say "I still feel stressed," when are you noticing it?

CLIENT: I think it's when I get up in the morning and I have to get myself to work; or in the evening when I need to get things done before I go to bed and I'm like, "How will have food for tomorrow or have dinner tonight?" [00:01:07]

THERAPIST: So it's not during the actual doing of the day it's when you were . . .

CLIENT: I'm never stressed at work. I might get panicky at work, but it's not from work. It's the stress like the preparation and the lack of time in the evening to wind down and have dinner. Especially it's like me and Sydney are going to do something and then Sydney panics and then it's like "Okay, can I do this by myself? I don't know," depending on what I'm doing. The longer I wait for him to stop panicking the less time I have.

THERAPIST: So it sounds like what's really making you feel anxious in moments or parts of the day is when you're kind of predicting the future thinking about having to get to work. Will I have enough time? Will I have time to get this project done? Will I be able to do this thing on my own in the evening? How does it usually turn out? [00:02:09]

CLIENT: Sometimes it turns out that I end up going to bed later than I would have liked and I'm still able to get up to work the next morning. Sometimes it ends up with me getting to work later. I've never been at the point where I had gone to work and didn't have anything to eat for lunch.

THERAPIST: That's good.

CLIENT: I don't think I've ever had to miss dinner, either.

THERAPIST: Is that what you're worried about when you're worrying about not having enough time? Are those the things you're worried about?

CLIENT: Yeah, like missing dinner. Sometimes it's just feeling like I don't have any free time and I'm wasting away time doing whatever for Sydney or something. I don't know. Since I don't have work today, I won't have work again until tomorrow and I haven't had work since Thursday. [00:03:08]

THERAPIST: That seems like a long time ago.

CLIENT: Yeah. I guess it is usually worrying about not having time to eat food or do laundry and have clean clothes for work. We ended up doing laundry today. Maybe I should go out shopping because right now there are four shirts that I use for work, which makes me usually have to do laundry once a week; so if I had more shirts for work then I could do laundry every other week, which would be a lot better than doing laundry every week. The same thing would happen, it would just at least happen okay, I can do laundry that day and then that's what I ended up doing last week, taking stuff in my laundry bag because his laundry hamper things are really, really heavy. [00:04:12] The stairs down to the basement at his place are really, really steep, so if I'm doing laundry at his place it's a lot easier if he carries them down; but I can carry down smaller amounts of things for myself, which I should be able to do if I have to. So I shouldn't actually be dependent on him for laundry and I'm not.

THERAPIST: It might make you feel less anxious because it sounds like a lot of times the anxiety is stemming from not knowing if he's going to be able to follow through on a plan and feeling dependent upon him. Even though you don't need to be dependent upon him for that, it kind of sounds like you kind of feel like you are. [00:04:55]

CLIENT: Not for that, though right now I'm also looking at making socks for him. There is a skank of two colors and one color is one that I have to use really soon and I haven't been able to find it. It's the second sock so I want it to match the first one and I've been looking around his room. I know it's in there somewhere. I'm 99% sure that it's there, but he needs to clean up. I've been cleaning up some of his stuff, but he also needs to clean in order for me to find that. He's like, "Oh, It will be okay." I'm like, "It will only be okay if you clean it, not if you sit around just saying that it will be okay."

THERAPIST: It sounds like some of the anxiety is actually frustration. When you say "stress," it sounds like it's actually frustration maybe even anger.

CLIENT: It may be anger or annoyance.

THERAPIST: Okay, that feels like it fits better?

CLIENT: I guess feeling out of control for I can't really control his . . .

THERAPIST: You can't control him. [00:05:59]

CLIENT: Or his living quarters, for that matter.

THERAPIST: Or his choices.

CLIENT: It makes it really hard when I lose things. Even this morning, he knocked over my glasses. I had them on the dresser and he was trying to find them this morning because I can't see anything without my glasses. He was like, "Are you sure you didn't put them somewhere else?" and I'm like, "Yes, I put them in one of two places. They are in neither. I heard you knock them over last night when you came back and the lights were off." He got annoyed that I was blaming him and I got annoyed that he got annoyed for me blaming him when it was his fault. He eventually found them obviously because I'm wearing them but that was a stressful way to wake up. [00:06:58] In that case I sort of was helpless without him because I couldn't see anything, which is why I always put my glasses in a place that makes sense and not . . . like he'll lose his and I always put mine somewhere that makes sense. This time he knocked them over.

THERAPIST: You don't have total control over what happens.

CLIENT: Which is really annoying. I guess maybe I should be getting a spare pair, but I don't actually have my prescription now. Then again, I guess it's been over two years since I've gotten these so I probably am due for . . . and I guess now that my parents aren't paying for all the medical stuff, I don't know that I can afford an optometrist. I don't even know if my health insurance covers it so . . .

THERAPIST: I know what your benefits are, what made these decisions.

CLIENT: Yeah. I just don't want to have to pay hundreds of dollars. It's not like I'm blind or anything with these so . . . like I've been doing this not being able to see things so, yeah, I could . . . His place is really hard to deal with when it's that messy, when I can feel the dirt on my feet; and I don't think I'm especially . . . he thinks maybe it's my OCD or whatever; but I don't I'm actually especially sensitive to dirt when you have enough stuff on the floor that you can feel it on your feet, especially if you've taken a shower and then your feet are wet and stuff sticks to your feet. It's not a good feeling. It's getting harder and harder to deal with that.

THERAPIST: So those are the things that are stressing you out, those things that aren't the way you would have them, aren't really under your control because you're not going to take responsibility for cleaning his place. [00:08:54]

CLIENT: I mean I guess I could take responsibility for cleaning his place, I just don't think it would be a very good idea and I don't think it would necessarily make me happy. He has lots of big, heavy boxes that I can't really move so well. I will clean out the old parts of his place, but I'm not cleaning out his whole room.

THERAPIST: It sounds like it's not really your responsibility.

CLIENT: It isn't (chuckles), but then again maybe it is if I want the room to be a place where I can put things without losing them, like maybe I'm unique in that desire, therefore it should be my job.

THERAPIST: What do you think? Are you unique in the desire of not wanting to lose your things?

CLIENT: I guess he hasn't really no, he does lose his things, like checkbooks and stuff. I usually end up finding them for him. He does want to make his life better; he's just doing it very slowly. That's all fine and good until I can't find something that I need and then it's a problem.

THERAPIST: How much time are you spending at your place versus his? [00:09:56]

CLIENT: I'm not really spending any time at my place right now, which was another reason that stresses me out, like when I'm in the kitchen by myself for something and I'm like, "I don't live here. Your roommates all are taking over too much." At least three days a week I'm only home for a couple of hours that I'm not sleeping. My room is sort of like where the air conditioner would go is not working, so we don't even have AC in there. I got sick this weekend so I didn't even get to do the whole clothing-purge thing. Sydney doesn't really like Aaron, so that makes him stressed to be there. We usually end up going to his place because it's easier. I think he'll change when I get to my new place. It feels like those roommates are relaxed. It's nice and it's a lot closer to his place. There are really nice cats there. [00:11:04]

THERAPIST: That will make a difference.

CLIENT: That and the whole not having a gluten-free kitchen means not having to worry about going to a restaurant, getting leftovers and not being able to heat them up. I still have to hold out until September. It's the end of June so I still have all of July and August. If I can hold out I'll be fine.

THERAPIST: So what is it that you think you can do during those months when you're technically still at your place to alleviate some of the worries that you have about having enough time or being able to accomplish tasks?

CLIENT: I don't really know, other than take one day a week, like Sundays, to start packing if I'm not sick. [00:12:04]

THERAPIST: Is that what you're worried about packing? Because what you mentioned before is sort of having enough time in the evening or getting to work on time.

CLIENT: There's not really much I can do about having enough time in the evenings. I guess if I could cook things on Sunday or Monday. It would take a bunch of work but I could, at least in theory, make a few quiches and then have the few quiches be my lunches for that week and possibly also dinners. So I could, in theory, cook things ahead of time and that would make that part easier.

THERAPIST: [] (inaudible at 00:12:38)

CLIENT: I usually still in the morning getting breakfast together slows me down, like even if I'm eating it in the car. If I put cream cheese on the rice cakes the night before then they'll get all sad. (chuckles) I haven't really experimented with . . . I've at least figured out that if I'm going to cut up vegetables it's better to do that at work and take a longer lunch than to have that . . . [00:13:04]

THERAPIST: That chore in the morning.

CLIENT: Well not just that, but if I do it before I leave, 15 minutes will make a huge difference in the commute, so I've started doing that at work. That feels a lot better for me.

THERAPIST: Great. So doing experiments like that is really informative, kind of figuring out what works for you and things that have a big impact on your day 15 minutes in the morning making a much longer commute you're not going to stick with that. So figuring out what impacts you and gives you the best benefit for the least amount of negative impact is something that's sustainable.

CLIENT: If I could hold out until I got to work and eat a breakfast there, that would also . . .

THERAPIST: That sounds like too long of a commute, though, to . . . [00:13:57]

CLIENT: Yeah, I'm usually starving in the morning, but I briefly considered it and I was like, "That's not going to work."

THERAPIST: That's not going to work for you.

CLIENT: If it wasn't such a long commute . . .

THERAPIST: No, but you need to eat to get through that.

CLIENT: Yeah. I need to kind of have caffeine to do it safely.

THERAPIST: Very important parts.

CLIENT: It feels bad that I'm dependent on caffeine.

THERAPIST: I wouldn't worry about it so much.

CLIENT: I was not dependent on it for like a good six years. In high school I was addicted to it, but that was also because high school started really, really early in the morning kind of like now when I'm waking up at 6:00. In college I had a couple of classes I had to wake up at 8:00 or something, but most of the time I could get away waking up later. Even in grad school it was not too bad. It's only when I wake up at 6:00 that it's a problem. [00:14:59]

THERAPIST: So when your life requires you to get up early you need some caffeine in the morning.

CLIENT: I guess that plus the whole long commute. It's probably the commute more than anything else. I'm not sure what would be a good solution for making sure I have time for dinner.

THERAPIST: So when you think back, you said there haven't been nights that you actually haven't had dinner.

CLIENT: There haven't been nights that I haven't had dinner.

THERAPIST: So you don't worry about not having dinner.

CLIENT: Well there have been nights I've had to delay it and stuff.

THERAPIST: So what's the worst-case scenario for you? What are you really worried about when you're having to delay it?

CLIENT: Not having sleep, I guess. The thing is at Sydney's place they have the kitchen and they have the living room right next to it where the TV is and we usually end up eating in the living room. He doesn't really like eating when his roommates are in the living room, though, eating in the kitchen; and I don't like eating in the bedroom because that would be eating on the bed and getting everything gross and I can feel crumbs in the bed. [00:16:05]

THERAPIST: He doesn't like eating in the kitchen when his roommates are there?

CLIENT: Yeah.

THERAPIST: Because he doesn't get along with them?

CLIENT: He does get along . . . I don't know. Probably also in the summer, because the kitchen is hot, the living room at least has the fan. I don't know. I guess he's less comfortable eating in the kitchen, so if people aren't in the living room, then it's fine; but if they are in the living room, then it's a problem and then if he's also too sick to go out or something, then we just have to wait. One day I made the compromise of eating in the room, but I really don't like doing that. He thinks I'm kind of crazy for not eating in my bedroom and I spent my whole life pretty much maybe a couple of snacks, but I never had meals in my bedroom and I thought that's what normal people do. [00:16:57]

THERAPIST: It sounds pretty typical.

CLIENT: He thought it was pretty typical. Even though he wasn't allowed to eat in his bedroom growing up, just like I wasn't, he thought it was typical that once that restriction is no longer there, that people eat in their bedrooms all the time. (pause) I don't know who's not that either of us is right . . .

THERAPIST: Yeah, what matters is what works for you and it sounds like it feels problematic for you to be limited in terms of when you can eat by other people. He's got some difficulties eating with other people in the room, so figuring out what's the compromise for you guys then.

CLIENT: There really isn't a good one, other than maybe going out; but then if he can't go out that's not a compromise either. Like the compromise isn't really that we do something in the middle that will make . . . [00:18:00]

THERAPIST: I think trading off who gets their way might be a compromise. You get your way this time; I get my way next time or not eating together.

CLIENT: Except that then if I'm at his place I'll feel uncomfortable eating in the kitchen by myself because I don't live there and that feels weird, too. People are around. That doesn't really work. I guess I'd have to decide which is worse, eating in the kitchen when there are people around when I don't live there or Sydney isn't there and it feels like it's less valid for me to just be there by myself.

THERAPIST: Or spending more time in your place.

CLIENT: Or spending more time in my place.

THERAPIST: You're not spending time in your place because it's less comfortable.

CLIENT: There's never anything to eat at my place. Now that [] (inaudible at 00:18:44) and Aimee are gone, Aaron is on grocery shopping. There's maybe a box of pasta in the downstairs area where there should be all the pasta, so Aaron hasn't really been keeping up. [00:19:16] Eating at my place would require a lot more planning and stuff and doesn't really work when I've just gotten home from work and it's like, "Oh, we have two hours." Yeah, that one is a problem. If I'm going to spend more time at my place it would probably be on the nights that I don't have work.

THERAPIST: So it sounds like a lot of your stress is coming from this question of when is there going to be dinner? Where is there going to be dinner?

CLIENT: It's not always a problem. I guess it happened a bunch of times in the last couple of weeks.

THERAPIST: But you don't know when it's going to be a problem, which is what's stressing you out. You're imagining that it could be a problem because it has been a problem. You don't know when because it's kind of dependent on where his roommates are, which you don't have control over. [00:19:57]

CLIENT: No, I really don't. One of them is a PhD student, so sometimes she's never around and then sometimes she's always around. One roommate doesn't usually use the living room at all and the other three sometimes do and sometimes don't; and then they'll watch a show and then they'll end up being there for three hours watching many shows.

THERAPIST: What's the discomfort with eating with the roommates?

CLIENT: For me or for him?

THERAPIST: I guess I'm interested in both.

CLIENT: For me it's like if he's there, it's nothing. If he isn't there, it's me not living there and feeling like I'm taking up their space.

THERAPIST: Has there been expressed unhappiness with the amount of time you spend there?

CLIENT: There was once several, several months ago, but that was before they knew that Sydney had serious depression and then he explained it to them and then they were okay with it. I guess for me I'm like, "Okay. That was several months ago. I'm not sure if they're still okay with it." They're sort of under the understanding that I'm taking care of him and I'm thinking maybe they're thinking, "Why is he not better yet? Why is Georgia still around?" Since I don't know that, I haven't talked to them about it. I don't really want to talk to them about it because I don't want confrontation. When he says, "It's okay," that doesn't really help me because I'm not looking for him thinking it's okay, I want to know whether or not his roommates are thinking it's okay. So that's what the discomfort is. I don't know. He doesn't need his roommates or anything, but I guess it's just the social anxiety thing not wanting to be around anyone, or anyone but me that makes him not want to eat in the kitchen. [00:21:59]

THERAPIST: Has that always been the case for him, that he's had that level of social anxiety?

CLIENT: I don't think so. I don't think it was the case before he was depressed.

THERAPIST: It's come along with the depression?

CLIENT: Yeah.

THERAPIST: It does sound like he's really avoiding being in the presence of others and he's kind of almost hiding in his room eating meals.

CLIENT: Yeah, which he could do. But for me it doesn't really . . .

THERAPIST: He can do it because he doesn't feel uncomfortable eating in his room, but it does seem problematic that he's feeling the need to retreat so much and it's uncomfortable for you feeling like well one, it's uncomfortable for you to kind of break this rule for yourself of eating in the bedroom, but also because you're kind of being forced to hide as well. It doesn't feel good to hide in a place where you're really living.

CLIENT: I know, because my place seems unlivable, too. I think I just have to hold out another two months until September. [00:23:02]

THERAPIST: It sounds like to feel comfortable in a place you need to hold out. I wonder if having a conversation with his roommates might put you at ease to know what they're really thinking.

CLIENT: I kind of really don't want to because I'm just afraid what would happen if they say, "Oh, actually we are really pissed that you are over all the time." There's not much I can do about that.

THERAPIST: Well, you could ask, "Is there a way to make it more comfortable?"

CLIENT: Maybe but . . .

THERAPIST: If that was the case. You don't know if they're really pissed, but if they were is there something you could do to ease that?

CLIENT: Other than spending more time at my place which, again, would require this planning or to have stuff to eat, because it's not like you've given others anything to eat, which is really annoying.

THERAPIST: Who does the shopping for food at Sydney's place? [00:23:58]

CLIENT: Everybody does their own food shopping, so people have different shelves of the fridge that are theirs.

THERAPIST: So when you do the shopping, could you stock a few necessities just of your own at your place that wouldn't be shared.

CLIENT: In theory. The problem is that certain things like if I have pasta I really want to have cheese on it. If I have cheese that I can actually bring it to my house I have to go down to Hamden, so it's not like I can just . . .

THERAPIST: So you wouldn't be able to have everything there.

CLIENT: That would be my easiest meal. Other things would take a lot more work, like practically any meals. I could stock pasta that would be fine and write "Georgia" on it, but I have to go to Hamden if I want to have anything to put on it. Getting vegetables you can't get them that far in advance. Anything else . . . [00:25:03] It would still require planning if Sydney wound up going to my place and having things for the morning and everything.

THERAPIST: Yeah, it feels complicated.

CLIENT: It is. The gluten-free kitchen is probably the most complicating factor that plus Aaron not really doing his job of getting food for the kitchen.

THERAPIST: And it's very complicated and it feels so uncomfortable at his place.

CLIENT: Yeah, so really the only solution I can think of is to deal with it until September when I can kind of feel at home in my new place, but that still means two more months of this. I've survived it so far, but it doesn't really make that any better. [00:26:02] (pause)

THERAPIST: How aware is Sydney of the impact on you?

CLIENT: I've told him about it before. He knows that I don't feel comfortable being up there without him.

THERAPIST: Could he challenge himself to help you, to be out there more with you?

CLIENT: I don't know. Maybe. Maybe in degrees he could. I don't know if it would work out. Sometimes when he gets that depressed he keeps on saying that he thinks he can't do X, Y, Z things that I think he can do, but I'm not him. I don't know if it's a cop out or if it's . . . He thinks his depression makes it so he can't physically do whatever thing and I think his depression is telling him he can't do that thing, but he could get around it. [00:27:05]

THERAPIST: Yeah, sometimes it almost is reinforcing, certainly the fear has its seed in there, and then he doesn't do that thing and so it sort of reinforces in his mind that he can't. He probably feels a little bit of anxiety relief when he avoids the thing that he's afraid of; but he might actually feel better if he could confront some of those fears and see that actually he is more capable than he believes himself to be.

CLIENT: Maybe. I don't want to make those assumptions for him, though.

THERAPIST: You're not his therapist. Those are things that he needs to be working on with his therapist.

CLIENT: Again, there's not much that I can control in that situation.

THERAPIST: Right. You can't control him or his choices or how far he can push himself, but it does sound like in some ways you're being limited by his worries, his fears, and then they're feeding to your own worries and fears. [00:28:07] You want to separate yourself in some ways so that you can be independent of what's limiting him right now. It does sound like a lot of your worries are coming from not being able to control him, but feeling controlled by his depression.

CLIENT: Yeah, that sounds about right.

THERAPIST: I think it's important that you're not controlled by his depression.

CLIENT: I need time in the day to go to Hamden and make my room inhabitable again. I had to move a lot of things around for the new windows that they put in. I don't know why he put in new windows. He never talked to us really before he was doing it. He was like, "Oh, by the way, the guys are coming in to measure this day and they're coming in to install on this day." I'm like, "You should really spend that money changing that door between my and Ryan's (sp?) room into a wall," but I didn't actually say that to him. [00:29:14]

THERAPIST: It does sound like it's getting really uncomfortable in your house, too.

CLIENT: There's a reason I'm not there all the time. I was there on Friday to get some errand stuff done. I think we're going there tonight so I can be there because I have to book tomorrow morning and, obviously, my address is still my place and so I need to get down there to move before work. I think what we'll do is have dinner before we go there. That solves tonight, but that doesn't solve the rest of the week. He might have time, in theory, to go to shop at Hamden or something like that, but I'm the one who has the car when I'm at work. That makes things harder, too. I guess he could take the T, in theory, and get there and get back; but it would be a big pain. [00:30:15]

THERAPIST: And there's no gluten-free market in between here and work?

CLIENT: Nope. There is not a gluten-free market between here and Cheshire. They sell a lot of things that are gluten-free in grocery stores; or rather there is this one symbol that appears on a lot of cheeses that my house doesn't accept. Practically speaking I can get ricotta, soft cheeses some of those will actually have a symbol that my house accepts. Those I can get at the regular grocery store, but anything else I need to go to Hamden for. [00:31:12] Hamden is the closest place that will have it, which is really frustrating.

THERAPIST: Yeah, I can understand your frustration; and it's challenging.

CLIENT: He was complaining about how his new job was going to have such a long commute. It's all the way out to where you see the sign from the highway and I'm like, "Oh, that's like a third of my commute. I do not feel bad for you at all." (chuckles) (pause) Really, it does come down to not having enough time for that and still have some dinner and I've only gotten tiny little minor things done. I haven't really gotten to anything major yet. [00:32:08]

THERAPIST: Well, you have two months.

CLIENT: I have two months. That's true. I've taken June off and I think that was a good call; but maybe I'll be regretting that decision the end of August.

THERAPIST: Perhaps between now and then, thinking about what it is that really needs to get done and setting reasonable goals in a timely way it doesn't make sense to pack up everything now. There may be things you need, but thinking about what needs to get done and what can get done.

CLIENT: Considering I don't really go over to my place that often, I have enough clothes to live off of at Sydney's place, that would mean that anything that's in my room could be packed right now because if I needed it that badly, it wouldn't be in my room. [00:33:00]

THERAPIST: So maybe thinking about sections of your room and doing a chore and getting a section done by this time, by the next time and setting that time frame of those eight or nine weeks however many weeks it is before . . .

CLIENT: That will help a little bit, I think. Last time I did move it actually did only take me a day to pack. I had a lot less stuff then than I have now, I think.

THERAPIST: It will probably take more time.

CLIENT: Yeah. If all that stuff like yarn shouldn't take that long. I don't see what else would be so big, other than all the yarn from my store, and all that yarn is in big bins in the basement. That's pretty much packed up. [00:34:01]

THERAPIST: So that can just move the way it is.

CLIENT: Yeah. And I guess the dyes that are mixed are going to be a problem, but maybe if I spend a day dying a bunch of yarn and using up all the mixed dyes then I can make that more packable.

THERAPIST: That sounds like a reasonable thing to think about and maybe setting aside time to do that dying.

CLIENT: It is reasonable up until the point that maybe those colors might not all go together and then if I have to mix up other colors, usually I end up with more empty containers than I started with. I guess if I was really purposeful and don't care if I make really ugly color combinations, I could do it.

THERAPIST: You probably care about that, though.

CLIENT: It depends what I'm using it for, then again, if it's ugly there are some people who like really weird color combinations that I don't like, so as long as someone can use it.

THERAPIST: As long as it appeals to someone in your audience. [00:35:01]

CLIENT: Yeah, so that's not actually as bad, but if I'm doing more specialized things where I need certain colors and I'm thinking about doing that before I move . . . I guess if I'm doing it soon enough . . . I don't know. I guess the worst-case scenario is only a quarter teaspoon of dye that I'm using in each color thing, so if I had to put out 15 bins of different colors and rinse them out it wouldn't be that big of a loss.

THERAPIST: Sometimes when you're packing up you have to erase some stuff.

CLIENT: Yeah, so I think if I had to do that it wouldn't be a big deal. I think it's just the fact that my room isn't well organized is probably what's making it seem like such a big deal. If I can just put things into bins and contain them, then maybe it wouldn't feel so bad. [00:35:59]

THERAPIST: So is there a project you could do on a day that you're home this week that would help you to feel more organized or more prepared?

CLIENT: Maybe. There's a smaller bin that my mom gave me that's in the back of Sydney's car and, I guess, for all the yarns that are sitting around if I could put as many of them as fit into that container there will be that much fewer yarns to pack away later and I think I could continually believe that I wouldn't need any of those for any projects any time in the near future; or just make sure that I take lots that I'm not working with any time soon.

THERAPIST: Maybe that would make you feel better. That would be one project you could get done reasonably quickly, it sounds like.

CLIENT: Yeah. I could probably do it on Friday. [00:36:59] As long as I don't hope for, "Oh, maybe I'll do more after that," because if I start doing that I might get too disappointed if I don't.

THERAPIST: Set one goal and that's the goal. You check it off and you take a deep breath and you feel good about it. And then you set another goal the next time, but you don't change the goal as you're working on it.

CLIENT: Okay. That's the part that feels really hard because I'm like, "Oh, I should be able to pack up everything."

THERAPIST: You can't do everything at once, but you can set one goal, do it, and let go of it.

CLIENT: Yeah. That's true. (pause) That still won't change the whole evening getting food situation.

THERAPIST: It doesn't sound like you don't feel like you can do much to change it.

CLIENT: Yeah. [00:38:02]

THERAPIST: So it's doing what you can to manage the anxieties that you have control over, and it sounds like with the dinner situation it's really about seeing if you can separate a little bit the control that the depression has on Sydney versus the control that his depression has on you and allowing yourself some independence from his depression.

CLIENT: It also doesn't say that I couldn't go out by myself, other than now I'm spending all the money.

THERAPIST: Maybe that's worth it on the nights that the option would be eating very late or eating in the room. It doesn't mean that you're making a decision about every night, but making a decision on this night what works best for me. If there is a night where you're able to do what works best for him, that's okay, too; but not always feeling it has to be what's working best for Sydney. [00:39:09] Is there anything else that we should be catching up on or talking about today that we haven't?

CLIENT: I guess the weight-loss thing. I didn't take a break in terms of eating vegetables. One day I had a fruit or a vegetable . . .

THERAPIST: It has to be a choice, too.

CLIENT: . . . in my lunches all 30 days of work.

THERAPIST: How did that feel?

CLIENT: That felt good. I need to go to the grocery store and get stuff for [] (inaudible at 00:39:37) so we can have those on the days that I'm not having work. Sydney apparently is losing weight now just by eating I don't even know what he did, but he was like, "Oh, I lost a few pounds." I'm worried that I can't do the same thing. I don't know what it is, other than I guess he was doing a lot more overeating than I was when he was super depressed and now that I guess that isn't true, it's actually working. He's feeling less depressed and will order less ridiculous things for one meal. [00:40:20]

THERAPIST: It's not a competition between you and Sydney.

CLIENT: No, it's not. I just don't want to be this overweight. I guess it's just discouraging that he can do it with seemingly little effort.

THERAPIST: And that it's taking more effort for you.

CLIENT: Yeah.

THERAPIST: I can understand that it feels frustrating.

CLIENT: Considering I'm adding the vegetables to my diet, shouldn't that be helping? I mean I guess it's helping eating healthier, but it might not be helping [] (inaudible at 00:40:51).

THERAPIST: Are you replacing something? Are you using the vegetables to replace something else or are they an addition to what you were eating before? [00:41:02]

CLIENT: I think they're replacing in terms of I can get away with less other things, like it would normally be that if I got one of those microwave meals one thing by itself might not be enough, but with fruit it is. Or pieces of pizza I will eat less slices of pizza if I'm having fruit with it than if I'm not.

THERAPIST: And that's really the idea because you are replacing something that's probably better for you, fewer calories.

CLIENT: So at least even if I don't get a coffee drink in the morning, if I'm having the rice cakes and I'm not having a cookie with it so it's a healthier choice than at least one alternative. Even if I'd gone to get coffee, I don't have a donut with it. I'm assuming a coffee drink has less fat. It's not less fat than a donut. I don't even know. [00:42:08]

THERAPIST: You'd have to look it up. They usually post that information somewhere on the website so you can check that out. Get a sense. I'm not saying count your calories because I would prefer that you be going by whether you feel full and do you feel like you're getting a good variety. Sometimes it is informative to get a sense of how many calories is a donut? How many calories is a coffee drink? Sometimes you might be way off base from what you're guessing.

CLIENT: Maybe, though I'm at least eating less donuts than I was, so I think until I get less stressed I might continue with the drink.

THERAPIST: I'm not saying what to eat, though, but sometimes get an idea so that you have a ballpark idea of what you have.

CLIENT: Like how much of my day's calories . . . if it's like 50% of the calories . . .

THERAPIST: Yeah, just to know your limits; just to be armed with the information. [00:43:00]

CLIENT: I definitely looked it up many, many years ago, and it might have changed if they put different things in it and stuff.

THERAPIST: So are there ways that you can sneak in maybe a little bit more activity into the day? It sounds like you've made some healthy changes with regard to what you're eating and the other way to burn calories is to find activity that you can sneak into your day.

CLIENT: Even though it's really hot, if it doesn't take forever for me to do stuff at the bus stop like walking around for a bit until Sydney is out of his therapy today. Yesterday, actually, in the evening I walked for a half hour. I intended it to be a small trip and then I stayed out for a half hour. I was walking for most of that.

THERAPIST: Those are good ideas, yeah. On a really hot day like today even walking around outside for a bit, but you can also find ways in an air conditioned building take the stairs, things like that, so that you don't feel like you're uncomfortable out in the heat but you can still

find ways to walk indoors where it might be air conditioned. [00:44:09] It sounds like you're being more aware. Keep plugging away at it.

CLIENT: I haven't even looked at the scale in a week or two and I don't even know if I want to look at it.

THERAPIST: And you don't need to weigh yourself very often. You could weigh yourself once a month, just being aware of the choices that you're making. You have your goal of one yarn box .

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CLIENT: For Friday.

THERAPIST: For Friday.

CLIENT: We're not meeting next Monday, I think. It's the 1st.

THERAPIST: I have us not meeting that week and then meeting the week after, which is the 8th, at 2:30.

CLIENT: Okay.

THERAPIST: Okay. So we'll set another goal that day.

CLIENT: Okay.

END TRANSCRIPT