TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Where do you want to start?

CLIENT: I know it's not time to symbolize depression yet, but I think I have what would be depression if it were happening consistently for two weeks.

THERAPIST: What's going on? What are you feeling and then I want to know when it started.

CLIENT: I'm feeling like a lot of time I'm having unsettled thoughts, more like wanting to hurt myself non-fatally thoughts. Really, easily like overreacting to anything small going wrong.

THERAPIST: So you're feeling really irritable?

CLIENT: Yeah, irritable, anxious, a lot of the anxious/anxiety uncomfortable feeling. [00:01:00] I'm not crying non-stop, so I don't know. It's like when I had depression and I knew it was depression sophomore year I was crying non-stop and it was this big feeling sort of like a cloud over me, but it was more of a physical feeling. It was there pretty much the entire time. That's not really there.

THERAPIST: How often is this here?

CLIENT: Most of today. Yesterday mid-afternoon, though I didn't wake up until 12:00 PM or something, so I hadn't been awake for that long.

THERAPIST: How long had you slept?

CLIENT: Ten hours or something. I think we were up pretty late. We were up until 2:00 or something. I also felt it last week Sunday and Monday. Then Tuesday, Wednesday and Thursday I was okay. I was feeling a little bit mad at work, but it wasn't such a big deal that I needed to leave early or anything. It was just getting things done. That was only one of the two days, though, I think. Maybe that was actually the week before. I think I was mostly okay at work last week. [00:02:26]

THERAPIST: So there are good days; a couple of good days in a row and then a couple of bad days.

CLIENT: I know depression is more consistent than that.

THERAPIST: Typically. A more common descriptor of depression is having those really low feelings pretty consistently. Nobody has a textbook. People's experiences don't fit into boxes perfectly. What's really important is that you're feeling badly more frequently than you're comfortable with and more frequently than we would hope. I'm encouraged that you have days where you get a break from those feelings, but I don't want you feeling really down a couple of days a week. [00:03:20]

CLIENT: I'm not really sure what to do.

THERAPIST: Do you know what makes one day a good day and one day a bad day?

CLIENT: I'm not sure because it usually starts midto late-day. Saturday was fine. I even went out walking for a good two-and-a-half hours.

THERAPIST: Saturday was a good day.

CLIENT: Saturday was a good day. There's nothing bad that happened yesterday that triggered it.

THERAPIST: You just had this feeling.

CLIENT: Yeah. Maybe it was more in the evening. I wasn't very good at things like Sydney made dinner. I couldn't even go out to the grocery store and get ingredients for dinner, which is something that I would normally be able to do. [00:04:11]

THERAPIST: When you say you couldn't, what were you feeling that stopped you?

CLIENT: Lots of anxiety. I guess I could have physically made myself . . .

THERAPIST: So more anxiety than sadness or lethargy?

CLIENT: True. It wasn't really lethargy. I wasn't feeling lethargic. I was just feeling sad and anxious. Maybe it was sadness and not anxiety. It's really hard for me to be clear on that on. Even though it was a day ago, I should remember it really well.

THERAPIST: When you're not feeling it, it's hard to recall what you were feeling.

CLIENT: I'm also [ ] (inaudible at 00:04:49) things that I need to take note of. In general, I think my brain functionality is topped right now. I don't know if I'm actually getting stupider or something (chuckles), but I'm a little bit slower and not remembering all the things., but I'm a little bit slower and not remembering all the things. [00:05:16]

THERAPIST: Not remembering what you're feeling? Or are you finding yourself forgetting . . ?

CLIENT: I think little things like I know it came up yesterday or the day before and now I can't even remember what the example was, but it was something normally I would have caught and didn't

THERAPIST: Are you forgetting to show up places where you're supposed to be?

CLIENT: That has not happened. I'm still good at scheduling all the things.

THERAPIST: Do you find yourself losing things? [00:05:56]

CLIENT: No worse than usual. It's easy to lose things at Sydney's place, but oh, I think I know what it was. I was trying to figure out moving, so I had on Friday finally called the movers Peter (sp?) and Barbara recommended and they said the stuff for September 1st books up by the beginning of August, but it's still mid-July. They were actually booked through the days before and the days after and they gave me two other companies. That was around lunchtime on Friday and I forgot about calling them. I was in the middle of dying wool. My purse was upstairs and my hands were covered with dye so I didn't have the numbers. Then by the time I was done with that it was after business hours so I had to wait until today. That was something I normally would have been able to remember and I would have done it. [00:06:58]

THERAPIST: But you got distracted.

CLIENT: Yeah. Then I wasn't even feeling sad. I had to dye . . .

THERAPIST: You felt good enough to be productive and dye the wool.

CLIENT: I had to dye one thing, but then I decided to dye four skeins of yarn while I was at it. That was even when I was feeling good. Things that I normally wouldn't forget.

THERAPIST: Right. That's something easily distracted. You mentioned having thoughts of self-harm. Can you describe the thoughts for me?

CLIENT: Mostly just me in the uncomfortable feeling, my brain telling me that if I physically hurt myself it would feel better.

THERAPIST: Do you have a particular way of thinking about hurting yourself? Just a general "hurt myself," not do something specific? [00:08:03]

CLIENT: Sometimes it might be flashes of cutting myself, but in reality I have a weird squeakiness about cutting skin, so I wouldn't do that. I think it's more of a "you need to hurt yourself in order to feel better."

THERAPIST: Have you ever done that?

CLIENT: Nothing more than briefly digging my fingernails into my skin, not even enough to puncture. That was a long time ago. Nothing that would actually hurt myself a little more than temporarily.

THERAPIST: You don't act on it, but somehow the feeling passes because you're not feeling that in the moment now.

CLIENT: Eventually it just goes away at the same time that the anxious, uncomfortable feeling goes away; then I no longer feel like I have to hurt myself. [00:09:09]

THERAPIST: What have you been taking for meds?

CLIENT: I have the 85mg of Desipramine and my birth control pill, vitamin D, vitamin B complex, and that's only in the morning. In the evening it's the 75mg of Seracol (ph?) and 25-whatever-it-is mg of Klonopin.

THERAPIST: And have you needed or wanted to take additional Klonopin? That's all your regular regimen.

CLIENT: It doesn't really occur to me, I guess because especially when it happens at night and I've taken my night time meds, I'm like, "Okay, I just took a Klonopin. If it's not working I don't think a second one would." [00:10:03]

THERAPIST: So is that something you've never discussed with your psychiatrist? Is it okay for you to use additional Klonopin?

CLIENT: It's okay for me to use it during the day or something. The thing is the prescription is worded such that I can take another one per day. Part of me thinks it will interfere with my morning driving and commute.

THERAPIST: Does it make you tired?

CLIENT: It used to when I took it. Eventually I get used to it, but the whole getting used to it period seems like it would be too much hassle for not that much reward. I don't actually know if it would make me feel better during the day to take a Klonopin. I don't even know if the Klonopin is working at all. (pause) [00:11:01] I could go back to Xanax but it seems like she's not such a fan of that, especially if I'm going to be ending up taking it every day or something. Klonopin is less addictive. You know that is something more regular to make things not get as bad in the first place. Maybe it is working as well as it can and it's just not enough. I'm seeing her on Friday.

THERAPIST: Oh, you are?

CLIENT: Yes.

THERAPIST: These are maybe good questions to discuss whether or not it would be useful or beneficial to take more, to take some of that additional Klonopin sort of on an as-needed basis; or whether it would be better to switch to something else. These are good questions for discussion.

CLIENT: I just don't know what to do. I think nothing is really helping and I've gotten to the point that I'm not sure anything else could. [00:11:59] I also found out that it turns out that October-ish one of the generic producers of Wellbutrin produced some bad batches. That was right around the time that I was having trouble with the Wellbutrin. I don't think if it's enough to know whether that would be worth it to go back on Wellbutrin, especially because the Desipramine works with panic stuff and the Wellbutrin doesn't. I think the Wellbutrin was [ ] (inaudible at 00:12:43) before then, too. Then again, I usually like taking the generic one; and I don't really have my old pill bottles so that I could go and . . .

THERAPIST: See what batch you were at. [00:12:58]

CLIENT: Yeah. I don't even know if the pharmacy would have records going back that far because that would be a lot of information to hold onto for a really long time.

THERAPIST: I really don't know about that.

CLIENT: It's entirely possible that the Wellbutrin wasn't working because it was manufactured incorrectly and not because it was ineffective on my body, so I really don't know. I've just gotten to the point that if I'm medicated and still feeling depressed and there is nothing I can do, there are very few options left to me because we tried the mood stabilizer and that gave me weird side effects, too. It really seems like Wellbutrin and Desipramine are the two drugs that are for depression and have absolutely no serotonin side effects, unless you get to the crazy stuff like the MAOIs. Those are kind of scary and they're kind of clunky and I don't even know if they'd work any better than Desipramine. [00:14:12]

THERAPIST: In what ways do you feel like your medication is working?

CLIENT: I know that I go crazier when I'm off my birth control and not as upset and anxious as I would be if I were taking placebo pills for a week. It must be doing something. Because I feel anxiety I think my OCD would be a lot worse if I wasn't on Seroquel. It's usually there. A lot of the stuff that I talked about a long time ago like the checking after flushing the toilet, usually that doesn't happen so much anymore. [00:15:00]

THERAPIST: So that's a difference in your daily life, your having to combat things like that?

CLIENT: Yeah. Maybe because I'm not feeling depressed every single day, my antidepressants are working to some degree because may be if I were off of them I don't know if I was off of them if I would completely be sad all the time or if it's just that my depression only shows up some of the time and they're not doing anything.

THERAPIST: Right. It's not really an experiment to want to do. This is not a controlled study.

CLIENT: It would be really a bad idea to just go off of everything.

THERAPIST: Yes.

CLIENT: Just the fact that I came up being sad for no reason and it's breaking through means that my drugs aren't working enough if I'm having these bad feelings. They're not being triggered by a certain thing.

THERAPIST: So you're not happy all the time? [00:15:58]

CLIENT: Yeah, but sadder than usual, though.

THERAPIST: So you do feel like this is worse than whatever your baseline is?

CLIENT: Yeah. Usually my baseline would be if I'm sad there's a reason for it. Maybe it still could be the stress. Now we're finally staying over at my place more so that . . .

THERAPIST: Oh, you are?

CLIENT: Yes. Susan got mad at Sydney for having me over so much. I sent him and e-mail and he kept on telling me it was okay, so I got really mad at him for that, that he would let it get that far; therefore it was an incentive for him to have us actually spend more time at my place.

THERAPIST: How is that?

CLIENT: It's okay. I got the AC in the room so now it's livable again. It's a little bit annoying in terms of having food that I actually like to eat around and we still haven't made a trip to Hamden; but if we go out to eat for meals and stuff then that's not such a big deal. [00:17:01] My room is chaotic, but it's not as chaotic as before, so it's like I can sleep in it without it being an issue. Then I get to do all my errand stuff that I need to get done. We were there last week Wednesday night, Thursday, Friday during the day, and then one day at his place. We were going to come back on Saturday night but that didn't happen and neither did Sunday, but I think what we'll do is spend Thursday night, Saturday night and Sunday night over at my place on a regular basis. That way I don't have to keep food for work in two places. We're over at my place a fair bit. Also Susan after she had said that, she's on vacation until the 14th, so she's not even around right now. [00:17:59]

THERAPIST: So you said you were really angry at Sydney about that?

CLIENT: Because he kept on telling me, "It's okay. It's okay." Susan sent the angry e-mail to Sydney, but I feel like she was also mad at me and I wanted to not have that happen in the first place. The fact that he kept on telling me that it's okay and nobody minds . . .

THERAPIST: It's a really uncomfortable feeling to have someone be angry.

CLIENT: I felt sort of betrayed by that. I wish he had done more thinking and actually had talked to people to see whether that was a problem, rather than just assuring me that it wasn't a problem when it actually was a problem.

THERAPIST: And he actually believed it wasn't a problem? Or you think he didn't . . .

CLIENT: He was all like, "They understand I'm depressed and that's why you're around a lot." I was like, "Yeah, but you had that conversation back in January. That was a long time ago." He thought it was fine.

THERAPIST: I wonder how that impacted your mood this past week. [00:18:59]

CLIENT: A lot, but I don't think it would be the reason that I'm depressed. After that all happened he did stay at my place for a few days. That could have been why I was depressed on Sunday and Monday, but that's not why I'm depressed now. (pause) I also found out more stuff about my job. It turns out that the grant goes until December. I guess it's flexible enough so that it's not like if I do end up finishing everything really early they can find other things for me to do and I can stay until December. Talking to people on the Internet they think that I should start my job search now and I guess somehow mention in the cover letter that I'm working on

this grant right now. I'm not sure if I should tell them that will be done in December or if I will be done in September or October, which is when I could finish all the work that I was hired to do. [00:20:10]

THERAPIST: How do you feel about this new information?

CLIENT: I feel like I should be applying for jobs again; but then I felt depressed again yesterday and today so I haven't. I looked at one of the job sites and a lot of the things that I found weren't going to work. One that sounded really good was a temporary summer position and I don't think I could take that time off from work and then go you know. Things like that, that wanted starting now or I was vastly under-qualified for, like one that sounded really cool except that it was on Newport and that was a three-hour each way commute. I was like, "No, I'm not doing it." I can't do a worse commute than I'm currently doing. I will go crazy. [00:21:03]

THERAPIST: You have to move to work on Newport.

CLIENT: I'm not getting on Newport. That was only one job site. It's the one that has the most jobs on it. I guess I'll go back to the "write three cover letters and applications a week if I can" plan. I don't want to leave them way before they think I'm not sure if they expected me to stay until December or they expected me to stay until I finished the work and could stay on longer and they'll find more work for me. I guess because I'm not quite sure how to have that conversation . . .

THERAPIST: You're apprehensive about it. [00:21:55]

CLIENT: A little. I'm not sure if any of the people at the library and the museum know an institution center closer to me that might be looking. I feel like if they did then that would be a good way to go because everybody in the museum thinks that my work is really good.

THERAPIST: One of the great things about doing this work was to work in the field and make contacts and start developing relationships with people that actually know your work.

CLIENT: They're all the way out in [ ] (inaudible at 00:22:34). Not that it would help, but I've worked with an awesome archive. The archive was the one who did all the digitization for them for free in return for being able to keep a digital copy of everything they digitized; but that would be more steps because in the archive, in order to work there you have to be a R.I. resident. I'm not making another move to R.I.. [00:23:07] That's just not happening. I don't think I've ever seen a position at the archive that didn't have that residency requirement. It's really frustrating because I see jobs from them and I'm like, "That's a cool job. Oh, wait. Residency requirement."

THERAPIST: You have to live in R.I. proper?

CLIENT: Yes. You have to live in R.I. proper.

THERAPIST: That's limiting and frustrating.

CLIENT: The people who live in R.I. can apply for all the jobs in New Haven and Wallingford and stuff; but people who live in New Haven and Wallingford can't apply for R.I.. They'd be instantly rejected unless their cover letter had something that had they could move to R.I. for the job. [00:24:02] I wonder if having a PO box in R.I. would be . . . except that it would be a PO box and they'd know that, so I don't think I have any friends who live in R.I. proper who I could pretend to be living with. I feel like that's the kind of thing that, with taxes and social

security, if you do they'd be able to find it out. Now I'm just sort of like I think I can do my current job with the depressed amount I feel, as long as I can get myself in the car and drive to work and drive back. If I start working slowly it means that I'll be working at probably the level they had expected me to work at in the first place, so that's okay. I'm not sure about applying to other . . . I guess I have to wait for days that I'm not feeling depressed to do the applications. Holding out something full-time now seems scary. [00:24:59]

THERAPIST: You said scary, and what I was about to say was I hear fear creeping into your voice. From other conversations that we've had, it's my believe that anticipating something scary, being afraid, feeling like you're not going to be competent to do something, feeds into your episodes of anxiety or depression whatever we call it the interesting mix you have of anxiety and depressive symptoms. So I'm wondering how much of what you felt this past week is fueled by having your timeline laid out for you. The new information about the job didn't really speed up the timeline of looking for a job. It actually sounds like they'll find work for you for a little bit longer than you may have anticipated, but at the same time that you started hearing about that or taking about that it sounds like you also got some advice online that you should be doing your job search now. [00:26:06] I'm wondering how much that piece of advice that you got kind of got you ramped up and got you worried; got you scared and got you feeling depressed because you did not like the job search process.

CLIENT: No, I really didn't. I don't know. I can't go back to being unemployed. I need to have something right away.

THERAPIST: Listen to this fear.

CLIENT: I don't know. My parents will . . .

THERAPIST: Feeling trapped.

CLIENT: Yeah.

THERAPIST: Feeling trapped; maybe feeling judged by your parents, worrying if they're going to be angry.

CLIENT: They will only support me on certain conditions and stuff, which would be really annoying. I don't know because it wasn't like I was thinking about any of those things when I was feeling sad.

THERAPIST: We can't really know exactly for sure. [00:27:02]

CLIENT: Because it was happening before I found that advice, too. I think I got that advice over the last couple of days. I think I had that conversation at work this past week, which would mean that the depression that I felt on Sunday and Monday was before I got that advice. I didn't ask for the advice until I had that conversation. I don't think it's just that. I think I can handle . . . even though I should maybe be starting now, I feel like if I wait until I'm at least packed up for the move . . . if I wait until after the move it will be less bad because then I can devote two days a week to it or something. [00:27:52]

THERAPIST: You'd feel less overwhelmed. I don't think any one thing that happens in the environment or an event that happens causes feelings of depression. Obviously, anxiety and depression is something that you've struggled with off and on over the course of many years. There's not going to be one particular thing that causes all those symptoms. The way that you tend to respond to whatever stress life is full of stressors and what seems to ramp up your symptoms is how you respond to whatever stressors there are, whether it be having to look for

an apartment, having to look for a job, feeling angry at a boyfriend, feeling uncomfortable in your house, having tension or conflict with your parents these are all particular stressors that can go on in your life. What tends to make you feel better or worse is what control you have and how you respond to whatever stressors there are. Those stressors can be things that can ongoing and chronic or something more time-limited, like the move. [00:29:10]

CLIENT: Maybe. I guess I'm just thinking it's brain chemistry and the drugs aren't fixing the brain chemistry. Even if I didn't have these stressors I might be feeling just as bad and it's just my brain not working and there's nothing I can do about my brain chemistry. I feel like the only way to control brain chemistry is through meds. I don't know how much trying to think differently would change that.

THERAPIST: What weds you to the idea of brain chemistry?

CLIENT: Because when I do feel the depression it's not usually from thinking about any of those stressors, it's just from nowhere. Nothing that I can think of is actually triggering it. [00:29:56] Maybe there are times where I got more upset, like when I got upset with Sydney on Wednesday night about the "now you tell me that your housemates don't want me around as much instead of listening to me months ago;" but I was definitely overreacting to the normal amount of . . . I shouldn't have been reacting as strongly as I have been and I think if I'd been in a better place I wouldn't have been reacting as strongly as I did. Those have triggered, but the rest of it comes from seemingly nowhere.

THERAPIST: Out of the blue?

CLIENT: Yeah. That's the part that makes me think it's brain chemistry; and I guess because I'm thinking if it were just life's stressors that I wouldn't be nearly as upset as I am.

THERAPIST: Because it feels out of proportion. [00:30:55]

CLIENT: Yeah, and I shouldn't be feeling like wanting to hurt myself or wanting to kill myself from any of these things. Normal people have job searches and moving and all of those things and don't feel suicidal. They might be sad or overwhelmed, but they're not to the point of wanting to kill themselves because it would make everything easier.

THERAPIST: That's a thought wanting to kill yourself or wanting to hurt yourself. Those are thoughts?

CLIENT: Yeah.

THERAPIST: I'm in complete agreement with you that some of the stressors that you just listed are things that, for a lot of people, wouldn't cause this level of distress and that's why we call it depression because you are feeling intense distress about things that, for many people, like you said, would be upset and it might feel overwhelming, but it wouldn't feel this intense. [00:32:01]

CLIENT: Yeah, especially since I found a place so I'm not even worrying about that. There's a little bit of move-date parts that are stressing me because I've tried two companies and one was going to be for September 1st like $248 an hour with a six-hour minimum, which was going to be over $1,000. I'm pretty sure my move can be done in three-to-four hours. The company that I did end up going with, I tentatively scheduled August 30th, which I can cancel up to six days before. I'll know then whether or not I can move in a little early because my new housemate mentioned that as a possibility, but he's not sure. [00:32:59] If not I haven't asked Lee and I tried to call him, but he's not answering whether or not I could stay an extra day to see if I

could get a September 2nd move and if they were open then. I don't know if he actually has people coming in or if they're coming in on that day. So there's a little bit of stress there, but that didn't even come up until today and that wouldn't have affected things yesterday, and not for that long. I guess if worse comes to worse, I could just rent a truck and have friends help me; it would just suck a lot so I'd rather avoid that, if possible. [00:33:58]

I look at my stuff and I'm like, "Maybe I don't actually have that much that I need to pack." It's not very well organized. (pause) I think it's my brain chemistry. That seems like the only logical explanation. That's the only thing that would be possible for me to be this out of proportion upset to things that are stressing me out.

THERAPIST: And you feel like you have absolutely no control over that?

CLIENT: Yeah, maybe I could take a little more Klonopin, but I don't think it's going to be enough to have any lasting effect. Dr. Barnes (sp?), when I had asked her before, she doesn't really think I could go up more on the Desipramine and that. She didn't think going up more would actually help. [00:35:01] It's really hard when I'm feeling this miserable to want to go out and exercise and do stuff.

THERAPIST: Ahh stuff that changes this mysterious brain chemistry. There's no way to measure. Things that you hear about on drug commercials and on TV and they talk about serotonin levels and norepinephrine, there aren't really ways we have to go in and measure what levels are or what the right levels are. It's an idea, but there aren't really these specifics. Things that do change mood sure, medication is one of them. We kind of know, from working backwards, people take these drugs and have a lot of changes in their moods. The other things that change mood are things that do take some of that motivation and energy, things like exercising, exposure to light. [00:36:05]

CLIENT: I've been having the sunlamp and using it, especially because Sydney had gotten me a little mini orchid plant because I had seen them in the grocery store and thought they were so cool. He had gone grocery shopping a few days later, so the mini orchid, because of that it's like it needs to have partial sunlight and we have it in the middle of the room and not in the window, so we used the sunlamp. I also have it when I'm dying wool, so that ends up being at least sunlight.

THERAPIST: This time of year you tend to get enough anyway.

CLIENT: I haven't actually gotten around to looking into if there's some sort of sunlamp-type thing that I could expose myself to while driving that wouldn't hurt my driving ability. [00:36:59]

THERAPIST: It might not really be necessarily because, when you're driving is it early enough that the sun's not out?

CLIENT: No, but it's just like I feel miserable sometimes when I'm driving and maybe that would make me feel less miserable.

THERAPIST: But you're getting exposed to sunlight already.

CLIENT: True.

THERAPIST: And so I don't think that that would . . . If you're driving when the sun is up there's enough exposure through being in the car.

CLIENT: Plus it's a rainy day.

THERAPIST: That's true, but for the most part, being up and being out of the house you're getting enough of that during this time of year that that probably wouldn't make a difference. You're getting enough to be adequate just because you're up and out and you're in a car that has lots of windows. Yes, on a very gray, overcast day you might not; but for the most part, in summer most people don't have mood effects in the spring and summer due to lack of light. Absolutely talk to Dr. Barnes on Friday about medication issues. The things that you have control over are exercise, which we know releases endorphins, and thoughts, which might not cause the feelings of depression, but they can exacerbate it or help to alleviate it somewhat. It's not saying that what you're thinking is necessarily the start of the symptoms, but it's something that you do have control over that can push it in one direction or the other. We may not be able to prevent every symptom or every episode of depression. Our goal is to reduce the frequency and alleviate some of the intensity that you feel. [00:38:57]

CLIENT: It's just really hard when I get to the point of wanting to hurt myself. It's not hard to prevent myself from hurting myself, but it's hard to . . .

THERAPIST: To get beyond safety. So you know you can keep yourself safe, but to get yourself to a place where you actually feel better. That's where I really want you to be. I'm, of course, very glad that you're safe and that you don't have any intent to act on these thoughts, but I do really want you to feel better.

CLIENT: Yeah, and I don't really know what to do when I get that bad. Sydney is all like, "You need to fight those feelings. I can't just be there like the one to argue against you."

THERAPIST: Does he argue against you?

CLIENT: He will. He'll be like, "No, everything is going to be okay. You don't need to kill yourself."

THERAPIST: Does that help?

CLIENT: Not really. (chuckles) I told him he doesn't have to argue against me. He wants some sign that I'm fighting it and later, after the conversation, I realize that the sideline of that is that I'm not actually hurting myself and doesn't that count for something? [00:40:01]

THERAPIST: So he doesn't really want to fight against it and you don't really want him to?

CLIENT: Yeah, but he still does it anyway.

THERAPIST: Is there something else that you could give him to say to you that would maybe be less taxing for him and more satisfying for you?

CLIENT: I don't know. I'm not sure what he could say. If he could just give me hugs instead of telling me things like it's going to be better. I've told him before, "If you tell me it's going to be okay I'm going to argue against you because you're saying something without proof. Can you stop saying that?"

THERAPIST: And then you end up intensifying your own thought because you end up saying what you were already saying again. You're reinforcing it because you're fighting against him. I wonder if censoring yourself a little bit to get yourself the response that you want because when you tell him that you feel like killing yourself or you feel like hurting yourself, he's going to say, "It's not that bad. Don't do it," which doesn't make you feel better. [00:41:02] You know that you're going to keep yourself safe, so you don't really need him to tell you not to do those things because it sounds like you're very clear that they are very vague thoughts that you're not acting

on. If there's ever a point in time where you feel like you might act on them, then you need to tell someone because you need them to take steps to get to some safe place. But if you know that they're thoughts that you're not going to act on, maybe what you want to say to him is, "I'm feeling really sad. Can I have a hug? I'm having a hard time right now. I'd feel better if we could cuddle." Maybe those are the things that you need to share with him.

CLIENT: That sounds like it would work. Yeah. I don't know if he'd then be okay with me still crying, but that would at least be better.

THERAPIST: Well maybe that's a plan to try, thinking about what you say to elicit the kind of response that you want. [00:42:02]

CLIENT: I just figured it would probably be impossible anyway.

THERAPIST: Well, let's give it a try before we decide it's impossible.

CLIENT: That would probably help.

THERAPIST: It sounds like what you want is some comfort, not an argument.

CLIENT: I've told him so many times, "If you say that, that's not actually going to make me feel better. Can you stop saying that?"

THERAPIST: But he doesn't know what else to say, so he says it. So if you can tell him what you want, "I'm sad. I'd like a hug. Can you hold me?"

CLIENT: Yeah, especially because "it's going to be okay" is something that works on him.

THERAPIST: But it's not going to work for you. You need to speak each other's language. You know what works for him and you can give him what works. It sounds like what you need to do is give him something that works for you that he can feed back to you. If that's hugs or just sitting together, then that's what it is. I'm glad we figured out something to try that might help. [00:43:09]

CLIENT: Yeah, I think it should work. Hopefully I won't be at a point that I need to use that, but I probably will, considering that even today I'm just . . .

THERAPIST: And you don't have to wait for it to be really bad. That's the other thing.

CLIENT: That's true.

THERAPIST: Asking for a hug doesn't have to get to a point where you want to hurt yourself before you ask your boyfriend for a hug.

CLIENT: That's true.

THERAPIST: If there's ever a time when you don't feel safe then you call me. If I can't answer then you call the emergency room; but it sounds like it's not him who you tell about those thoughts, especially if you know that they're just thoughts. I know that they're uncomfortable to have, but they don't need any action. If there's ever a time when the thoughts turn into something that do need action and you need someone to help you stay safe, then you can either tell him that, "I need you to do this," or you call me or you call emergency service. [00:44:07]

CLIENT: There have been a couple of times where I've been like, "Maybe I do need to go to the ER," but I've never gotten to the point where I've actually . . .

THERAPIST: Where you've really needed that.

CLIENT: Yeah.

THERAPIST: And you know yourself well. I trust that, ultimately, you want to be safe and you take the steps to do that. Right now you've got you way of expressing how badly you feel. Give it a shot. Don't wait until it's really bad. Just practice asking for the hugs even if it doesn't get that bad, so that we can train him to give that kind of support that you actually really want and let's see how that goes. Then I think we meet next week at the same time. [00:45:01]

CLIENT: Do we have the rest of July scheduled?

THERAPIST: We do. I want to check and see. On Monday, the 22nd, we're scheduled at 2:30. Is it possible to switch to a Tuesday, or does that interfere with work?

CLIENT: The 22nd do you have a Friday that week or the week before?

THERAPIST: I do. Either one Friday the 19th or Friday the 26th.

CLIENT: I guess I'll do the 19th so it's spread out.

THERAPIST: My schedule got a little thrown off for that month. So Friday, the 19th, I can offer you the 1:30 or a 2:30 or a 3:30.

CLIENT: Let's do a 2:30. Let me put this in my calendar.

THERAPIST: We could also meet on Friday, the 26th, because I am away the week of the 29th to the 2nd. Especially since you're feeling badly, it makes sense to have one every week. We can do the same thing, the 2:30 on the 26th.

CLIENT: Okay. 2:30 on the 19th. (pause) Okay. Those are both saved in my calendar.

THERAPIST: And I will see you next Monday at 2:30 as well. This is your [ ] (inaudible at [0:46:56] bill.

CLIENT: Okay.

END TRANSCRIPT