

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hello Jessa.

CLIENT: Hi.

THERAPIST: I want to hear whatever you're wanting to tell me and also I'd like to know about the homework but before that, a few days ago we had a quickie emergency session didn't we?

CLIENT: Yes we did.

THERAPIST: It lasted about thirty minutes or so. I was not able to record it at the time. Would you mind sharing what happened, how you felt, what we did, what you did and what happened afterward?

CLIENT: Sure.

THERAPIST: And then we can talk about your homework and everything since.

CLIENT: So yes we did have a more impromptu session on Friday night. Basically what it related to was the fact that I think I mentioned in the past in some of the recordings that I just recently had surgery and in addition to having shoulder surgery and trying to recover from some very painful processes, I was having other pain and numbness and tingling shooting down my arm, very concerning things happening, and what ended up happening was I received an MRI report on Friday that showed I had a herniated disc in my cervical spine, in my neck. To the say the least it's been, I'm taking steroids and doing all these things and so I phoned you on Friday evening because a friend of mine when I was explaining what was going on and just sort of giving him the low down he proceeded to tell me that I was too young, he says I'm way too young to have a herniated disc.

THERAPIST: He's a medical doctor? [00:02:06]

CLIENT: (chuckles) No he's definitely not.

THERAPIST: He's definitely not, that's a significant point.

CLIENT: Definitely not. So he said I was too young and then proceeded to tell me about his boss and how his boss had a herniated disc and how he's had three steroid injections, that surgery is definitely the next step because he plays golf and he's active and he's not following the right plan and how I should definitely go and see his chiropractor and then he's saying a lot of different things. Then he told me he was going to go speak with this chiropractor to see if I could get in there, Dr. 'whatever his name is' for free because he told me he charged \$75 and I said I didn't really want to be spending that right now, I'll wait, thank you very much, I see my doctor on Tuesday. He then proceeded to call me back and share with me that, he said "Would you like the good news first or the bad news?" and I said of course the bad news and he said "Well the bad news, it's permanent and you have to wear a brace, a neck brace for two years."

THERAPIST: Your friend, the non-doctor told you this?

CLIENT: My friend, the non-doctor shared this. So I allowed myself to get into a state of hysteria because for whatever reason, we don't have to get into that I guess but I felt very desperate...

THERAPIST: I think it would be good for you to identify what contributed to your feeling hysterical.

CLIENT: Well I think I tend to listen to people that I think are very smart and I look at them...

THERAPIST: Listen, or listen and believe? [00:03:34]

CLIENT: Both listen and believe what they say and if they say something that sounds, like if they're a very highly intelligent person, even when they're not highly intelligent, if they say it with conviction it's like I sometimes tend to just feel like it's the word of God. Like if you are saying this then it must be the case. It's very extreme, it's very exaggerated and...

THERAPIST: Jessa I have a fantastic bridge I can sell you. It's called the Brooklyn Bridge and I can sell it to you at a great price.

CLIENT: Exactly.

THERAPIST: Oh, you want to buy it? (chuckles)

CLIENT: No thanks.

THERAPIST: Well done. (chuckles) I'm glad you're not a hundred percent gullible...

CLIENT: No I'm not. I make my own decisions, I have my own discretion, but I think that when I'm feeling desperate I think it's more that...

THERAPIST: When you're making yourself desperate by telling yourself what?

CLIENT: That I'm never going to be the same again and very many should's and musts and all those things.

THERAPIST: Do you tell yourself: I must find the answer, I must find the solution?

CLIENT: I'm very very frustrated at this point because the pain is just debilitating. I've been feeling it since April and I was sick last year for a period of three months and when I just started to get better from being really, really ill and I wasn't able to walk and was so down I felt like I had a good number of months but it was still teetering on like any moment, you know, there was still fear of course, I was traumatized by what had occurred, or I'll say it REBT way I traumatized myself by what happened but regardless of that it was a very huge, pivotal point in my life, and then when I got better and actually met, had like a girlfriend and everything, pretty much three months later all of this started to happen. [00:05:34]

THERAPIST: The physical symptoms?

CLIENT: The physical symptoms of my arm and stuff like that. A few years back before I even got sick I was in physical therapy for three years because I wasn't able to walk and started having some really bad back stuff.

THERAPIST: Mmm, yes, but now let us get back to look at your feelings of hysteria on Friday night.

CLIENT: Yeah I get like this I'm sure despite all my issues, I don't want to blame what's happened in my life. In other words all these issues I was the way I was before if that makes sense.

THERAPIST: No, can you clarify?

CLIENT: Yes I've always been somebody who's very hard on myself...

THERAPIST: Until now.

CLIENT: Oh really?

THERAPIST: Well, can you predict the future?

CLIENT: No. Fine, so yeah until now. Yes it would be wonderful if I could change, I mean, if anyway...

THERAPIST: No, wait. Have we not already seen some changes for the better in your attitude to yourself?

CLIENT: Maybe a little bit but I feel like I'm extremely, I feel like I'm still sort of up and down with these things because it takes (inaudible).

THERAPIST: That's right, you're human. [00:06:53] Just to remind you there have been times recently I've acknowledged your good effort and you've thanked me. But in the first week we had a session you seemed to really not be able to let yourself take in positive feedback, and then in later weeks you did So I certainly have observed changes. There is evidence that your positive change is possible. You and I have agreed that you're getting better at catching your should's, your language is changing, you're speaking in language that indicates you're taking responsibility for your emotion rather than blaming the circumstances for example when you say "I 'make myself' hysterical," so there IS progress. Now back to Friday night.

CLIENT: Yes, so then you spoke to me, and I have to say thank you for that because it definitely helped in the moment when I was in this sort of state of mass hysteria, it definitely, I felt calmed after our talk and everything.

THERAPIST: Share now what it was that allowed you to change your desperation to calmness.

CLIENT: Because you used humor, you were able to show me that it wasn't, that my friend who maybe didn't make the best choices and didn't really even think of me before he spoke, wasn't the word of truth or God and that whatever he shared with me was not...number one wasn't even accurate and number two is in the scheme of everything that's going on it's almost, you can look at the ridiculousness of the way that he was speaking to me that he was...Oh because he did say at one point "I'm educated," I said "How do you know all this about herniated discs?" and he said "Well I'm educated," and I'm like "Oh so I'm not?" like I don't know anything. So it was funny because thinking back when you made a couple comments about like is he the only, the doctor he was going to recommend, like is he the only doctor who can possibly help me? It definitely shed light on the fact that yeah, this is not the only...I think I'm very much into putting things into a neat little box, which life is not like that and that there should be one answer and that one person is right and that they have all the answers, and I know deep down that that's not it but when I get into certain situations that tend to come up for me where I feel dependent upon what somebody says or doesn't say, so it's like taking that ownership that I can make decisions as well and even just now on the way coming back from work my father's already like "How are you feeling? Are you going to see the neurologist?" he's got similar back pain and issues, and if I ever say to him like "Dad maybe you should try, not should, but maybe look into getting like physical therapy..." he would say "I'm fine, I'm fine, I'm fine!" [00:09:55] It was interesting because he was sharing with me that this is what he thought I should do, "You should go call your neurologist, you should..." and I said "There's no point, I don't need to follow up with him and go back in. There's a new doctor I'm seeing on Tuesday"

THERAPIST: Tomorrow?

CLIENT: Tomorrow, yes. I explained that to him and he's like "Okay," and I said "You know how you get when you get frustrated? I'm not really ready to talk right now," because when he's in pain he'll say "I'm cranky..." so I basically shared that with him, that I just wasn't really feeling up to it and that I was having a cranky feeling type moment.

THERAPIST: So you were quite assertive?

CLIENT: I guess I was. I didn't really think about it like that.

THERAPIST: Think about it.

CLIENT: Okay, so I was? (chuckles)

THERAPIST: Sounds like it to me. Reflect on what you just told me.

CLIENT: Okay I guess I was. It feels foreign...

THERAPIST: In the past you have not found it all that easy to be assertive with your parents?

CLIENT: No I don't find it easy at all. That's like my hardest thing.

THERAPIST: And you just described to me that you were assertive with them moments ago without even indicating that it was a great achievement, in other words it sounds like you were just able to let yourself state your truth in an assertive way.

CLIENT: Oh, see I thought I was a bitch. [00:11:18]

THERAPIST: (chuckles) Oh well isn't that interesting notice your self-evaluation. Telling your father what you think and feel makes you a bitch?

CLIENT: That's my go to...my go to, I have to, I end up allowing myself to feel guilty when he's being caring and telling me what he thinks I should do and I don't go with it.

THERAPIST: From what you told me I didn't hear any bitch-like sentences. Were you leaving out a whole lot of verbal abuse that you showered on him?

CLIENT: No I was actually on the bus and I'm like "I'm really cranky..."

THERAPIST: So notice how easily you can be hard in evaluating yourself and surprise, surprise I shed the light on it right now so you can be more aware.

CLIENT: Okay. (chuckles) It was just so funny.

THERAPIST: So back to Friday night. So you made yourself hysterical by taking too seriously what your friend and we agreed on Friday night that you friend has drama queen tendencies, and a doctor he is not! and despite that, you took his words seriously and you built them out of all proportion in your mind and catastrophized and horriblized, and it was lucky when you called that I was available for that time for us to talk ...

CLIENT: I'm very lucky.

THERAPIST: And we were able together to put things in perspective. You were able to laugh, you were able to make a practical plan and at least clarify that the practical plan you considered already was efficient, reminding yourself that tomorrow, Tuesday you are going to a doctor, a REAL doctor, so you're going to speak to someone who has a medical degree...

CLIENT: (laughter)

THERAPIST: And we'll see what happens from there. [00:13:16]

CLIENT: Okay.

THERAPIST: So when we finished our short session on Friday night you were considerably calmer and experiencing less emotional pain, and the goal we spoke about was to take it easy for the weekend. Today is Monday so how was your weekend? Did you watch your thinking?

CLIENT: I did a little bit but I went to my friend, my close friend who lives in the building I live in, I went to her Halloween party and was there seeing a lot of friends that I hadn't seen in a while and I think I sort of had to put on a happy face I didn't have to, but I chose to put on like a happy face and make it seem like I was feeling, I mean they saw clearly that I wasn't feeling well but I didn't have the neck brace on and I felt like maybe if I just act as if I'm feeling okay then it will come out that way. I felt like it took a lot of energy and a lot of effort so that when I came home late Saturday, I was here with my girlfriend, I felt like I decompensated, was really getting upset and I feel like it's now starting to effect, I don't know what I should say here but I feel like it's...not 'should' but, I feel like it's affecting my relationship as well and just my feeling very depressed and it's hard for me because it's a new relationship, it's hard for me to sort of weed out if it's the relationship or if it's me in the relationship. You can't blame one person for how a relationship goes but I feel that the roles have become almost that I, it's like "Woe is me, I'm upset and I don't feel well," and my girlfriend then in turn comes to like "It's going to be okay," and I feel it now starting to trickle into other aspects of my life to the point where I feel like there's a part of me that feels "Jessa, would you be okay to not even be in a relationship right now because it's still new?" It's not like I'm married or in a significant relationship of 25 years, its brand new and so to me it's taking on, I feel that I'm allowing it to seep into a lot of other aspects.

THERAPIST: Allowing what to seep into other aspects? [00:15:38]

CLIENT: My upset and my disturbance over the pain and over the depression I guess, if that's what you want to call it of just feeling like every day is hard.

THERAPIST: So there are a few things that have just come up in what you said. There's the area of your girlfriend being in a nurturing role, but (and you didn't say what I'm about to say), am I accurate in interpreting or inferring that you're not comfortable being in a role of more of a receiver in a sense? Am I wrong?

CLIENT: No, you're right.

THERAPIST: So behind that is there, "I should mostly be my bright, positive, cheerful self?"

CLIENT: Yes.

THERAPIST: So it's not surprising if you're so hard on yourself and then not comfortably unconditionally accepting yourself, that it would be quite easy to find it difficult to receive unconditional acceptance from another when you're not being Ms. Perky, cheerful, happy, bright Jessa?

CLIENT: Exactly. [00:16:48]

THERAPIST: In your assessment? I haven't heard from you that she's complaining...

CLIENT: No, she isn't complaining. She will tell me "You know, if I'm ever in a situation you would do the same," that I would be there and I would...and then of course, again, my issue is that I then think "I can't think about that right now. I just have to get better myself. I don't

want to think about you having an issue, that's like this, to this extent." (chuckles) "I just want to think about the fact that you care and love me despite this and that it's not defining who I am or defining who we are, it's just a part of what's going on right now but that it doesn't have to be so hum drum," but then I feel badly because I know she's being put out, I also know she has a choice in a sense that she doesn't have to stay in this relationship so I think it's a whole mixed bag of things but I think a lot of it does come from just me feeling I might be like that regardless.

THERAPIST: Might be like what?

CLIENT: Regardless of whether I had this, all this stuff going on right now because in past relationships when I didn't have this I did feel that I had to be bright, cheerful, happy, upbeat, otherwise...it was very extreme. It's like I'm either, can I relate it back to what I think maybe it comes from?

THERAPIST: Yes.

CLIENT: I think it does have to do a lot with the fact that I didn't, I felt my mother was very loving towards me when I was in a good mood and when I was down or upset she would push it right away and say "You're complaining and I don't want to hear it," and when my mother used to say you're like a doormat and so there was no empathy, really a whole lot, it would maybe last for like two or three minutes and I would get that empathy for two or three minutes like "Oh, wow, you really do understand," and then it was just like "You're going to be fine," like quickly let's just move on. [00:18:52] I don't have time for this type of thing". That was her attitude when I am good, she is nice, and when she disapproves ... I think I see that in me now but it's like I have to put on this sort of facade that everything's great because that's the only way I think I'm going to get...

THERAPIST: Rewarded?

CLIENT: Rewarded, yeah.

THERAPIST: Well, now at your age?

CLIENT: Yeah.

THERAPIST: Jessa You can continue to practice the attitude that your mother modeled for you or you can stop that crap. Your choice. Since you see clearly now that your mother's behavior was not healthy.

CLIENT: No but I really don't, I do see that but I feel stuck sometimes. Like even with all the homework, I did it and I know it's going to take practice and I did that mantras and everything, I feel like it takes so much, I'm just being completely honest, I feel like it takes so much effort for me. I don't feel like it comes natural.

THERAPIST: You're right at this point as you now share your thoughts, when you say it doesn't come naturally ... well surprise, surprise, how many sessions have we had?

CLIENT: Today's six?

THERAPIST: No this is the fifth.

CLIENT: Five?

THERAPIST: So you expected to have mastered it by now? You expected to have changed thirty-something years of habit by now?

CLIENT: I did.

THERAPIST: Do you think if you can step back and be a little objective in considering that that what you held was somewhat of an unrealistic expectation?

CLIENT: Yes. [00:20:20] Disappointing, but yes.

THERAPIST: The good news is you're probably going to live a little bit longer, oh at least 90 years -that was a joke (laughter)!!! In any case now you can continue to make effort and change what has felt so automatic until now because indeed it was modeled, you didn't question it, you took it on and so it became your attitude towards yourself, from what you told me.

CLIENT: I didn't know there was anything wrong.

THERAPIST: But now you do. Now you do. Unhelpful attitude to yourself.

CLIENT: Okay. That's true.

THERAPIST: You are not alone in having a tendency to think: "something is unfamiliar" then extrapolating and thinking "it is TOO hard" and then extrapolating from thinking it is too hard to thinking "I'm not good enough, I can't or I won't be able to succeed,": and keeping yourself in a little limited restricted box instead of continuing to make effort one step at a time. When there's a relapse you pick yourself up and keep going. But again I want to relate to you that in four sessions so far we have noticed changes in you. That's pretty good!

CLIENT: So true.

THERAPIST: Don't you think so?

CLIENT: Yes. I do.

THERAPIST: So notice your tendency to be so difficult and demanding on yourself, so harsh, in a tough way that you would not be to your students, or to the people you help, nor to the people you care about. So watch that and work hard at changing it. [00:21:56]

CLIENT: Okay.

THERAPIST: So, when with awareness you notice those old harmful ways present modify your thinking, tell yourself: "Here I go again..." "Stop Jessa, Stop" you can say to yourself.

CLIENT: Okay.

THERAPIST: The second thing I want to mention in relation to what you said about ten minutes ago, when you said that you feel depressed tell me: that is the cue for us asking yourself "what?"

CLIENT: What or why?

THERAPIST: What. What would you ask yourself when you recognize that you are feeling depressed. What is the mantra when we recognize we're feeling an unhealthy emotion?

CLIENT: That I'm a fallible human...

THERAPIST: No. What do you ask yourself first?

CLIENT: I don't know.

THERAPIST: Okay...here it is: "What am I telling myself to make myself depressed?" When you said just now "I'm a fallible human," you jumped already to the E the effective new philosophy. Let's figure out again what you're telling yourself to make yourself depressed, and

I'm not overlooking the fact that your physical pain and the steroids and whatever is going on chemically is having some effect.

CLIENT: (teary) Yes.

THERAPIST: Nonetheless you have courageously demonstrated that even when you're suffering in those ways, you're able to make some helpful effort and change.

CLIENT: (inaudible) Thank you. [00:23:40]

THERAPIST: Gently, gently.

CLIENT: So what am I telling myself?

THERAPIST: To make yourself depressed.

CLIENT: Let's see...we'll start from morning. "You can't do your job efficiently..."

THERAPIST: And?

CLIENT: And "You are here with a neck brace and everybody's going to think that there's something really wrong with you, that you're a mess."

THERAPIST: Those thoughts won't create depression. What do you add to them?

CLIENT: They don't?

THERAPIST: No, not on their own.

CLIENT: Okay I'm frustrated with myself.

THERAPIST: That doesn't create depression.

CLIENT: I want answers to what's going on.

THERAPIST: The words you said don't create depression which usually comes from adding should or musts, for example "and I shouldn't be that way"

CLIENT: Umm...

CLIENT: [00:24:29] I think...Everybody else is fine and I'm not.

THERAPIST: That doesn't create depression.

CLIENT: I'm lost. I don't know... because that is really what I think.

THERAPIST: Okay now "Cherchez le should" look for the "should's" and the "must's." So start again.

CLIENT: OK, OK. I should...

THERAPIST: Start again.

CLIENT: OK, I got you. All right. I shouldn't be feeling this way. I should be feeling better. I should be able to go to the gym. I should be happier. I should be braver about the situation of what has occurred. [00:25:01]

[Pauses] [Becomes emotional] I I should not make my girlfriend feel like she is responsible for this. Oh, God, this is interesting; yeah, I guess it is. What are the it is the "shoulds" and the "musts?" I must go to work; if I don't, I will be looked I'll look down at myself, I'll let down the kids, I'll disappoint...

THERAPIST: And do you add "that would be awful"... Let's not forget your talent for "awfulizing."

CLIENT: Oh, that would be a tragedy in itself...

THERAPIST: There you go.

CLIENT: ...Especially when the kids came to me today and were like, "Where were you on Thursday?" And I have to be the best at my job...

THERAPIST: ...Or?

CLIENT: ...Or I'll just I won't have good feelings about what I do in my job.

THERAPIST: And if I don't, then...?

CLIENT: ...I'll nobody will really be interested in coming to see me. [Chuckles] [00:26:00]

THERAPIST: And if they don't, then...?

CLIENT: [Chuckles] ...I won't have a job. [Chuckles]

THERAPIST: And if I don't, then...?

CLIENT: Then I won't have any money.

THERAPIST: And then?

CLIENT: I won't be able to afford all of my nice things.

THERAPIST: And then?

CLIENT: And then I will be severely depressed and on the street. I don't know.

THERAPIST: You will be severely depressed because you're telling yourself that all of the above are awful, awful, awful, awful, awful, awful, awful.

CLIENT: [Laughs]

THERAPIST: And you tell yourself that you just can't stand that. And you'll never [pounds surface] survive. And it shouldn't be that way.

CLIENT: And I pass the bum on the street every day, and I think I'm going to be just like her because she [chuckles] she is.

THERAPIST: But homeless people I wonder whether she is less or more depressed than you; I have a hunch.

CLIENT: [Chuckles]

THERAPIST: It might be less.

CLIENT: [Chuckles] She (the homeless woman) reads.

THERAPIST: She may be unconditionally accepting where she is at in life and not catastrophizing.

CLIENT: She sits by the church.

THERAPIST: Ah, so she has a nice location.

CLIENT: [Chuckles]

THERAPIST: You can join her if you lose your job.

CLIENT: It is really I want to just stop for a minute and just say that that is really cool, what we just did, because I don't think... [00:27:02]

THERAPIST: It is called REBT, by the way.

CLIENT: All right, all right. It is. It is really interesting. It is really interesting I am just I think the connections are slow going on up here, but I think it is...

THERAPIST: It is not. See what you just did? You were demanding you should [snaps] get it in a flash.

CLIENT: Well, no, because I thought that I was under the impression that, when we spoke, all the other well, yeah, I guess that is a "should", so there you go.

THERAPIST: There you go.

CLIENT: It is really cool, if you break it it is kind of cool. It is that a word that may be does that seem odd to describe...?

THERAPIST: No. I think if you "should" I think I should call 911 and have you arrested.

CLIENT: [Chuckles]

THERAPIST: Yeah, "cool" is fine.

CLIENT: I've really been a goody-two shoes. This is ridiculous. I don't like this.

THERAPIST: Good.

CLIENT: [Chuckles]

THERAPIST: I think it is quite healthy not to like what is not helpful.

CLIENT: It is a little [chuckles] ridiculous.

THERAPIST: Good! I'm glad you're saying it that way.

CLIENT: No, I'm listening to myself. What why have I thought like this? It is not not why, beating myself up, but just that it is so interesting I find it very interesting that this can happen, that this can even become...

THERAPIST: So answer your question "Why do I think like this? Why have I become like this?" The answer is... [00:28:02]

CLIENT: ...Because I have allowed myself to become that way.

THERAPIST: And perhaps you didn't know you had a choice.

CLIENT: Or I didn't know I had another option; I really didn't.

THERAPIST: But now?

CLIENT: I do.

THERAPIST: But now you do. Yes.

CLIENT: So it is the "shoulds", that is what causes the depression, not all the other stuff.

THERAPIST: The "shoulds" and the lack of unconditional acceptance, and the awfulizing, and the catastrophizing contribute significantly.

CLIENT: OK. So what is that, then, when I'm looking around at everybody else? Is that part of it, because that is what I tend to do, is...

THERAPIST: Well, if you look around what do you mean "when you look at everyone else?"

CLIENT: "Look at everyone else. Oh, they're going to the gym; I'm not. Oh, they're feeling great. They don't have this with their neck. They don't have this with their back." Like...

THERAPIST: Well, what you just said are statements of fact, and it is unlikely that those statements, on their own, would cause depression, elation, bliss, or rage.

CLIENT: Right,

THERAPIST: It is what you add to statements of fact.

CLIENT: OK.

THERAPIST: Therefore, the "should," the awfulizing, the self-damnation or the damnation of them...

CLIENT: I see.

THERAPIST: You see?

CLIENT: Mm-hmm. [00:29:00]

THERAPIST: So that is the detective work. What I've just done is remind you that, when you identify an unhealthy emotion, which you haven't too much in the past said you felt depressed; it was more anxiety, wasn't it? you investigate which thoughts are creating it ...

CLIENT: Mm-hmm.

THERAPIST: But, today, I heard you, and and so we've just done what we've done, and you've gone, "Wow."

CLIENT: Yeah, that is wow.

THERAPIST: OK, so what what did we just do?

CLIENT: Did the work to find out what the thoughts were and discover...

THERAPIST: Right. So what stage is that?

CLIENT: Oh, that is oh, that is that is disputing. Now, is that no, that is effective [pauses]...

THERAPIST: Looking for the beliefs. ...

CLIENT: Oh, that is looking for the belief. OK.

THERAPIST: What stage is that in the A B C ?

CLIENT: Well, it is the activating event, then it is looking for the belief.

THERAPIST: Which is the "B."

CLIENT: Yeah, "B."

THERAPIST: Yes.

CLIENT: I didn't know what you were looking for, but, yeah, "B."

THERAPIST: And the "C" the consequence of the activating event... [00:30:01]

CLIENT: Consequence...

THERAPIST: ...Is the depression.

CLIENT: OK.

THERAPIST: So what I've reminded you is, when you recognize an unhealthy emotion, the mantra or the question to ask yourself is, "What am I telling myself to create this?"

CLIENT: Got you.

THERAPIST: And then you do detective work. So then what happens? What is the next step after doing what you've just done and done very well a few minutes ago in finding the "shoulds"? Is it clear to you, when you describe or observe something, that thing itself is not what is getting you in trouble? "My friends can go to the gym." Is it clear that fact or thought is not what causes the depression?

CLIENT: That is not it. That is not it. That is not it. Yeah, it is very clear.

THERAPIST: Is it clear it is what you add to that?

CLIENT: Very clear.

THERAPIST: All right. So what is the next step?

CLIENT: So then the next steps so hold on it is the activating, it is the event, then it is the recognizing those beliefs, and...

THERAPIST: Well, then you identify the emotion that is unhealthy and that you want to change...

CLIENT: The emotion right. And then and then the disputing then the next part is just disputing.

THERAPIST: After you've identified your irrational beliefs.

CLIENT: Yeah, after the beliefs. [00:31:02]

THERAPIST: So could you now please dispute the "shoulds" and "musts" that you just shared, that create your depression in this instance?

CLIENT: Yes. OK, so let's see I said a bunch of things.

THERAPIST: Do your best.

CLIENT: One was... I'm sorry....this is disputing, right?

THERAPIST: Right.

CLIENT: OK.

THERAPIST: Do you have any other irrational beliefs to add?

CLIENT: I think I said enough.

THERAPIST: You did a good bunch.

CLIENT: [Chuckles]

THERAPIST: It was quite a smorgasbord there.

CLIENT: All right, so I should be I just want to say it out loud and then dispute it.

THERAPIST: Yes, very good. Yes.

CLIENT: So I should be I should be better. I shouldn't be feeling this way anymore.

THERAPIST: The dispute.

CLIENT: OK. [Pauses] This is where [chuckles] this is always whenever I have trouble.

THERAPIST: You mean, "Until now", you've had trouble.

CLIENT: 'Til now, I've had trouble. OK ach I hate it frustrates me. I get frustrate myself that it is so difficult. [00:32:01]

THERAPIST: What are you demanding?

CLIENT: That I have an answer.

THERAPIST: That is should be less difficult?

CLIENT: Yes!

THERAPIST: Well, it is not less difficult right now. Can you accept that?

CLIENT: No. [Chuckles] Yes.

THERAPIST: If "No" then stay frustrated !

CLIENT: [Chuckles] All right. My mind goes to this other place when the disputing comes.

THERAPIST: To which other place?

CLIENT: Oh, I know "Jessa, you can't dispute it because it is too hard for you, and you should be better at it."

THERAPIST: Hello.

CLIENT: That is no, because I'm you know how you don't always realize exactly what you're thinking when you're thinking it, because we're talking at the same time? Maybe if I were sitting in a room, meditating by myself, I would know what the thought was, but when I'm talking to you, it is not always as quick. But, now, that is what it is; it is that, "How do you not know?" This is what I'm thinking "Jessa, how do you not know already? You've been doing this -" this is me "You've been doing this for five sessions. Debbie has given you homework. She has told you exactly what to do, and you should be able to dispute. You should be in a much better spot."

THERAPIST: Could you dispute that right now? [00:33:00]

CLIENT: Fine. This is all new. This is foreign territory. I've never done anything like this before. I'm doing everything I'm taking a risk by choosing this opportunity to benefit from REBT in my life, because I think it is something for the better for me, but I don't have to necessarily get it or know it right away, or even in 12 sessions. It might take 12 sessions to understand it and then another, maybe, 12 weeks to actually apply it.

THERAPIST: Mm-hmm. Pause. Let that sink in.

CLIENT: [Whispers] OK. [Sighs]

THERAPIST: And if you let yourself believe that, [pauses] what is the outcome?

CLIENT: I relax.

THERAPIST: Hello!

CLIENT: I'm not relaxed [chuckles] when I think in that way, with the "shoulds" and the "musts."

THERAPIST: Right, right.

CLIENT: When I think that way...

THERAPIST: And so when you take the pressure off yourself, do you feel differently?

CLIENT: Oh, my God! I feel completely different.

THERAPIST: So is this something you'd be willing to... [00:34:01]

CLIENT: Yes!

THERAPIST: ...Keep doing?

CLIENT: Yes, absolutely.

THERAPIST: And do you see how empowering this is?

CLIENT: It is. It is.

THERAPIST: Because it is you being the master, or mistress, whichever you prefer, of your own emotional destiny.

CLIENT: Yes.

THERAPIST: It is you taking on the role of captain, watching the ship, watching the turbulent environment, making a choice about how you perceive, what is going on, and the attitude, working on having greater compassion for yourself as you identify the old, habitual self-damnation...

CLIENT: Right.

THERAPIST: ...And disputing and disputation disputing and disputing, so that you create healthy emotions. Can you see?

CLIENT: Oh, it is amazing.

THERAPIST: Uh-huh.

CLIENT: Can I ask you, though I wanted to ask you this last week, actually do you feel, in being so experienced in REBT, that you need that the person I don't even want to say "should," but that it is beneficial for the person doing it to be a bright, intelligent person? [00:35:10]

Or do you think that just any old, average Joe off the street could apply these techniques?

THERAPIST: Well, it depends on the degree of neurosis Average Joe or Madame Intelligentsia has.

CLIENT: It makes I'm sorry... [chuckles]

THERAPIST: Most important is understanding sufficiently the REBT techniques.

CLIENT: OK.

THERAPIST: And more important is applying them and taking action, and being motivated.

CLIENT: Well, the reason I'm asking is because I feel it is it is almost like a light bulb went off after Session Five, because I I see it more now. But I like to consider myself somebody of high intelligence...

THERAPIST: Mm-hmm.

CLIENT: ...And I think that it is just interesting. I mean, maybe everyone interprets things differently, but I would be curious to know and I did have that thought, if somebody who is just I don't even want to say of average intelligence but, really, let's say just a very basic IQ functioning if this would even make sense to them. [00:36:10]

You know? It is...

THERAPIST: Tremendously, in many cases. It can make significant difference.

CLIENT: OK.

THERAPIST: Because if...

CLIENT: Because I would like to apply it to my students, as well.

THERAPIST: I hope you do. Even people with psychoses, who manage them with appropriate medication...can benefit

CLIENT: [inaudible at 00:36:24] Right.

THERAPIST: ...At the very least, I've seen many work on adopting greater unconditional self-acceptance where they remind themselves that they have worth, even with their disability.

CLIENT: Wow. So how come they don't have this more in education...?

THERAPIST: I don't know, but let's get back to looking at you.

CLIENT: OK, sorry. I get excited. I...

THERAPIST: Good. I'm glad.

CLIENT: [Chuckles]

THERAPIST: You seem less depressed.

CLIENT: I am. [Chuckles]

THERAPIST: See Even though we haven't finished the process.

CLIENT: No, I... [Chuckles]

THERAPIST: Is there some more disputing you would do? [00:37:01]

CLIENT: Yeah.

THERAPIST: And then is there not another step?

CLIENT: Yes, there is another step and there is more disputing.

THERAPIST: OK.

CLIENT: So the one I disputed...

THERAPIST: And let me point out to you tendency you have. And you know we're on the same page The journey of Jessa having a better life.

CLIENT: Yes.

THERAPIST: When I point out things to you, it is to help you to be more aware.

CLIENT: Of course, yeah.

THERAPIST: So the easy tendency you have, if you let yourself, is to be distracted...to shift focus

CLIENT: Yes.

THERAPIST: So just watch it.

CLIENT: OK.

THERAPIST: Just watch it. It perhaps is partly contributed to because you are very bright. You do get stimulated when you're encouraged. Your enthusiasm flares, and you'll hop from disputing to asking about, "Is this good for intelligent people?" ...before you have completed the disputing!

CLIENT: [Chuckles]

THERAPIST: So just watch that.

CLIENT: OK.

THERAPIST: And if you catch yourself not to tell yourself, "Oh, Goodness! Look at me hopeless," blah-blah, but...

CLIENT: Right. [Chuckles]

THERAPIST: Tell yourself something like... "Oh, there I went again. OK, now I go back to where I was."

CLIENT: [Chuckles] OK.

THERAPIST: Let's try make it an intention, is my recommendation, to do your best to listen to yourself as well as you might perceive that I listen to you. [00:38:08]

CLIENT: OK. [Chuckles]

THERAPIST: Make sense?

CLIENT: You're so cute. Yes, yes. You're it is just so I'm so happy you are helping me; I am. I'm not just saying that. I really mean it. It is definitely I feel like a different person from when I came here, because I recognize what is going on.

THERAPIST: Good. All right. Back to disputing. [Chuckles]

CLIENT: More disputing. OK, all right. I know. That was good avoidance technique. All right, so let's see. So I did the one about what I thought I should have thought about, where I should be at with REBT at this point, but being better at disputing. I just did that one.

THERAPIST: Mm-hmm.

CLIENT: Now, I'd like to dispute the fact that I say I should be I should not be feeling this way, and that it is unfair that I've been feeling this way for as long as I have.

THERAPIST: Are you saying "Unfair" as it shouldn't be?...

CLIENT: As it shouldn't be. Yeah.

THERAPIST: Dispute that.

CLIENT: OK, [pauses] this one is going to be challenging.

THERAPIST: Congratulations...! [00:39:02]

CLIENT: [Sighs] [Pauses]

THERAPIST: For being a psychic!

CLIENT: [Chuckles] Stop.

THERAPIST: Well, you just said to me before even attempting it, that it is going to be challenging!

CLIENT: [Chuckles]

THERAPIST: Let's say it is going to be challenging. Then...?

CLIENT: OK. Nothing bad is going to happen.

THERAPIST: Then, maybe it is going to be challenging, but maybe it won't be.

CLIENT: All right.

THERAPIST: So is that voice of [lowers voice], "I should be doing this right or it should be easier" coming up?

CLIENT: Mm-hmm.

THERAPIST: What are you going to tell that?

CLIENT: Shut up.

THERAPIST: All right! Now dispute.

CLIENT: OK. [Pauses] OK, dispute at this time, I'm experiencing some health issues. It is obviously a challenge in my life at this point. It is not something I'm jumping up and down, excited about but, at the same time, there is an end in sight because nothing lasts forever.
[00:40:00]

And it is OK that that I do feel the way that I do right now, in the sense that...

THERAPIST: That you feel what?

CLIENT: Not well, like physically, that I'm not feeling good.

THERAPIST: It is not that it is OK...

CLIENT: OK, it is not OK.

THERAPIST: ...But it is not desirable, but it is the way it is. And you're taking medication.

CLIENT: It is the way it is, right.

THERAPIST: Aren't you?

CLIENT: Yes.

THERAPIST: And...?

CLIENT: Well, it is another piece of it, because I feel like the medication should be working better, that I shouldn't have any pain with the medicine.

THERAPIST: Dispute, dispute, dispute.

CLIENT: OK, the medicine will take the edge off, but it is not a cure-all, and there are other things that I can do to extrapolate and make I have to speak with the doctor and speak with a professional, and speak about what the next steps are, because medicine is never a panacea; it is a way of aiding to making me feel better, but it is not going to cure or fix the entire situation.
[00:41:06]

There are other aspects to making this journey a little bit easier, and I'll get to that when I speak with someone who knows more about a herniated disk. And I haven't even had that opportunity as of yet, so once I do, I'm hopeful that I'll be able to have a little more resolution and not just feel uneducated in terms of what to do next, like next steps.

THERAPIST: So, therefore, is it awful and terrible that you've not yet found the perfect solution to your maladies, and that you're still suffering some physical consequences?

CLIENT: No, no.

THERAPIST: Because you are...?

CLIENT: Because I'm seeking out what to...

THERAPIST: You're doing...

CLIENT: I'm doing something about it.

THERAPIST: Yes.

CLIENT: I'm not just...

THERAPIST: There is no perfect solution, perhaps?

CLIENT: There is no perfect solution. [00:42:00]

THERAPIST: It seems that is so.

CLIENT: But I've done some research. I've looked a couple of things up. I have been hopeful, I think, that there are probably some nervousness about going to the doctor tomorrow, because it is almost like, if I haven't addressed it yet, I haven't heard anything, so it is almost like the "no news is good news." But I want to seek answers because...

THERAPIST: And you're taking action. OK, so more disputing. Let us get back to that.

CLIENT: OK. [Pauses] I should have been on time for you, like without just walking in late.

THERAPIST: Dispute.

CLIENT: OK. [Pauses] I was actually disputing...

THERAPIST: What is the reality?

CLIENT: The reality is that I was coming from work, and that the bus was...

THERAPIST: And how late were you for session by the way? Not late!

CLIENT: Well, we walked in [chuckles] simultaneously.

THERAPIST: Timed well ...

CLIENT: So if the bus was late...

THERAPIST: Could you control that ...

CLIENT: And I said oh, don't even do that. All right.

THERAPIST: Just get to the "shoulds."

CLIENT: OK.

THERAPIST: "Even if I'm late, which I wasn't terribly, then..." [00:43:00]

CLIENT: Even...

THERAPIST: "Does that make you a terrible person?"

CLIENT: That was the thought.

THERAPIST: Yes. Dispute!

CLIENT: OK. No. But then I had another thought: that I was terrible for not contacting you, to let you know that I was running late. So which one do you want me to dispute?

THERAPIST: Both! [Chuckles]

CLIENT: OK, but it was more that first one. It was more that one.

THERAPIST: Both. Dispute, dispute.

CLIENT: OK. So it is certainly part of life to be late at times, when you're dependent upon public transportation and coming from a job.

THERAPIST: And there is the part about being a fallible human.

CLIENT: OK, so I can make mistakes and be running late, and it is not the end of the world. And Debbie is not going to come down hard on me if...

THERAPIST: Maybe.

CLIENT: OK, "might."

THERAPIST: [Chuckles]

CLIENT: [Chuckles]

THERAPIST: And if she does?

CLIENT: And if you do, it is not the end of the world, and you'll survive as will I. No one is going to die...

THERAPIST: Probably.

CLIENT: ...Because I was a couple of minutes late. [00:44:01]

THERAPIST: We hope.

CLIENT: Yeah, we hope.

THERAPIST: I'm joking.

CLIENT: OK. [Chuckles]

THERAPIST: You realized that, right?

CLIENT: Yeah, I did. [Chuckles] And then what was the second one was that I was I should have called you to let you know, and that not let me just say the thought first and not doing that makes me irresponsible.

THERAPIST: "As I shouldn't be."

CLIENT: As I see, you always add that last part, and that is the...

THERAPIST: Which I'm encouraging you to do.

CLIENT: OK, OK. I meant it before as we're coming to a close, I might want to just write down a few of those, 'cause I that stuff I forget. Once the session ends, I forget that last piece of it. The last piece is, I think, the clincher, because you can have other thoughts but then, at the end

of the thought is that which I shouldn't be, which I must do. That is it is the clincher thought, like it is [chuckles] it is the one that ties it all up in a neat...

THERAPIST: Creates the depression, anxiety, and the...

CLIENT: Yes.

THERAPIST: So dispute.

CLIENT: OK. [Pauses] Let me see. [Pauses] [00:45:00]

THERAPIST: ...Should have called me.

CLIENT: I should have called you.

THERAPIST: And not doing that...

CLIENT: And not doing that made me an irresponsible, thoughtless person.

THERAPIST: ...As I...

CLIENT: ...As I shouldn't be. I should be more responsible. I should be more thoughtful.

THERAPIST: Dispute.

CLIENT: OK, this one is tough. I need help.

THERAPIST: "Oh, it is tough!" you say. Try.

CLIENT: [Sighs] [Pauses]

THERAPIST: All right, talk to me. We'll exchange roles: "I should have called you, Jessa, when I was going to be late. It makes me an irresponsible, no-good person. I feel disgusting. I feel I'm not acting adult enough. I I just feel depressed".

CLIENT: OK, Debbie, are you aware right now that [pauses] that it is quite OK that you didn't reach out, and that...?

THERAPIST: Shouldn't I be more responsible?

CLIENT: I mean, it would be nice if you if you were able to make a phone call, but if you were in the middle of transportation and couldn't get to doing it, I'm sure that Debbie, if I'm talking to you... [00:46:04]

THERAPIST: Yes, you are, in reversed roles.

CLIENT: ...It would be under that you would be understand would be very understanding.

THERAPIST: It is just not good enough, is it?

CLIENT: [Pauses] Um...

THERAPIST: When I'm not really on top of everything? Shouldn't I be, after all...?

CLIENT: [Pauses] No, it is...

THERAPIST: What do you mean "no?" Shouldn't I be an example of a really fine, efficient human being, especially if I I work with young kids and all? Shouldn't I?

CLIENT: [Chuckles] [Pauses] [Chuckles] I can't. I mean, I can, which is funny. [Pauses] No, because you're human, and humans don't do everything exactly how they should.

THERAPIST: But I should be better than that. I mean, I was taught to have high standards.

CLIENT: You're being very hard on yourself. [Chuckles] [00:47:00]

THERAPIST: Are you suggesting I not be hard on myself?

CLIENT: Yes.

THERAPIST: Really?

CLIENT: I think you're torturing yourself.

THERAPIST: OK. End of role play. Jessa, I think you're very talented at torturing yourself.

CLIENT: [Chuckles] I know.

THERAPIST: When you think the way I expressed when I was role-playing, would you agree?

CLIENT: [Chuckles] Yes.

THERAPIST: So, again, can you complete the disputing of that last point, [pauses] without having to do it perfectly?

CLIENT: [Exhales]

THERAPIST: May I throw that in?

CLIENT: Yes. [Pauses] Why can I ask a question about this whole thing? Why does it feel this is the part I'm confused about why does it feel actually uncomfortable to dispute?

THERAPIST: You tell me the probable answer.

CLIENT: Probably because I've never done this before, so it is new.

THERAPIST: And this idea that you and we went over this before, that you "should be able to do it" by now.

CLIENT: Ah...

THERAPIST: We went over this. It is...

CLIENT: I know. It is... [slaps lap]

THERAPIST: It is your tendency to demand perfection from yourself. [00:48:00]

CLIENT: [Exhales] It is a lot it is exhausting. I'm exhausted.

THERAPIST: Glad you've noticed that.

CLIENT: I am so exhausted right now. I'm like, "Oh, my God." [Chuckles]

THERAPIST: But you see how you...?

CLIENT: I'm in a better mood, but I'm exhausted, if that makes sense.

THERAPIST: It makes a lot of sense, because you are putting insane insane pressure on yourself. Your choice! Am I putting the pressure on you to do it perfectly well?

CLIENT: No, I don't think so. No.

THERAPIST: I am encouraging you to dispute. I'm energetic.

CLIENT: Yeah.

THERAPIST: But am I telling you, "Do it perfectly well, Jessa?"

CLIENT: No.

THERAPIST: No, so you're adding that. Are you not?

CLIENT: I am.

THERAPIST: So that is my hypothesis, that you're finding it is hard because you add to the task that you should be able to do it better, you should do it right.

CLIENT: Yes.

THERAPIST: So just notice you have the primary kind of disturbed emotion and then what is called a secondary one you worry about that. So back to the disputing...

CLIENT: OK.

THERAPIST: So... [chuckles]

CLIENT: Wait. Now I just forgot which one we were disputing. [00:49:00] Oh, about the phone call and that I should have called and...

THERAPIST: ...Been a model of efficiency and perfection.

CLIENT: [Whispers] Right.

THERAPIST: Dispute.

CLIENT: That, in thinking about this, Debbie is [pauses] I don't know on this one; I really don't, because I think this is probably for me, this is where I challenge myself the most in making sure that I appear that I do everything responsibly. And so it is almost like pulling off the veneer, and that is why I don't really want to do this one, because it it feels like, "Oh, Debbie, actually did know that I was struggling to get across town, and that I wasn't going to call." It almost feels like it is the cover. [Chuckles] Like, I'm admitting this, but that it is that I'm not perfect. And I...

THERAPIST: ...As I should be.

CLIENT: Yes. [00:50:00]

THERAPIST: Could you just...?

CLIENT: This is why I'm having a hard time at this one.

THERAPIST: Because of your demand that you should be perfect?

CLIENT: Yes. [Pauses] So I apologize for not being able to come up with the perfect answer [chuckles] right now. [Laughs] But that is obviously how I torture myself throughout the day. [Pauses] So and, also, I really don't know what to say. I don't know how to dispute that one, and I don't know why I don't know how to dispute it.

THERAPIST: Which one?

CLIENT: The last one, about the phone call. I feel like the doctor one was easy that was easier to dispute. The one about me feeling like I shouldn't be feeling like this that was easier. But this one with the phone call was really hard, is really hard.

THERAPIST: So what? So it is hard.

CLIENT: But I don't even have an answer!

THERAPIST: Well, you started to dispute it. Get back to it.

CLIENT: [Whines]

THERAPIST: What is the irrational belief? And then dispute it.

CLIENT: The irrational belief is that you're not going to like me anymore if I don't get here on time, [pauses] and that you're going to not want me to come back, and that you're going to be finished with this because you thought I was being irresponsible that I wasn't here as I should be more responsible, because I because I arranged to do the session with you. [00:51:15]

THERAPIST: Mm-hmm. So, first of all, were you aware that all of those assumptions are self-created, by you, because...

CLIENT: No, I'm not aware of that. Now, I guess I am because you just pointed it out.

THERAPIST: OK.

CLIENT: But I was not aware of that.

THERAPIST: OK, can you read my mind?

CLIENT: No.

THERAPIST: So how can you assume with certainty that I have those attitudes, that you assumed I would have? none of which I do or would have, by the way!

CLIENT: [Exhales] How can I? I can't.

THERAPIST: Well, notice that. You told me that you believed in your drama queen friend who is not a doctor, who was telling you you're going to be paralyzed for the rest of your life.

CLIENT: [Chuckles] Yes.

THERAPIST: It is the same tendency to assume and not question, assume and not question. [00:52:02]

CLIENT: OK.

THERAPIST: So time is moving on and we're not going to have time now...

CLIENT: Let me just borrow the pen... I want to just write a few things down, to remind myself.

THERAPIST: OK, write them down, and then I'll talk to you.

CLIENT: Thank you I could do both.

THERAPIST: No focus. Focus on one thing at a time. How is that for a quaint idea?

CLIENT: [Chuckles]

[Silence from 00:52:23 to 00:52:40]

CLIENT: OK. [Pauses]

THERAPIST: OK, so you haven't disputed all of the irrational beliefs that you came up with. You came up with a good many. Well done with that.

CLIENT: [Chuckles]

THERAPIST: And, in the interest of time, just working now on the ones you did dispute in the last ten minutes... [00:53:09]

CLIENT: OK.

THERAPIST: ...Come up with the effective new philosophy in relation to the irrational belief that you've just disputed...

CLIENT: OK.

THERAPIST: ...Imperfectly.

CLIENT: [Exhales]

THERAPIST: Did you hear that?

CLIENT: "Imperfectly," yeah.

THERAPIST: Right.

CLIENT: The effective new philosophy let's do the doctor one or the going to the doctor and should be feeling better? Can we do that?

THERAPIST: Mm-hmm.

CLIENT: Mm... [Pauses for 23 seconds]

THERAPIST: "There may be no perfect solution."

CLIENT: OK, there may be no perfect solution for what I'm experiencing... [00:54:02]

THERAPIST: "And I can keep investigating and can stand not having the one perfect solution, [pauses] which may not even exist." How does that sound?

CLIENT: It sounds great. There may be no perfect solution. I will continue to investigate and check out different options in order to feel better, physically. There may not there may not be one perfect answer. [Pauses]

THERAPIST: "And I can stand it?"

CLIENT: And I can stand it. I'm not going to fall apart or play "woe is me," or...

THERAPIST: ...Unless you let myself.

CLIENT: ...Unless I allow myself to.

THERAPIST: And when you make yourself depressed about either your physical condition or your doing this process imperfectly, what is the effective new philosophy? [00:55:08]

CLIENT: To remind myself that I am a fallible human that does make mistakes, that doesn't do everything exactly like an ingredient that you put together and come up with some perfect model person; and that I'll still be loved, and if I'm not loved, then that is I have to love myself so that...

THERAPIST: I can still accept myself, unconditionally.

CLIENT:I can I can still accept myself despite not being a perfect human, and there is no such thing.

THERAPIST: What was that last thing you said?

CLIENT: And there is no such thing.

THERAPIST: Good to hear you say that ! Right.

CLIENT: It is really scary to do this kind of stuff, though.

THERAPIST: You're making it scary by demanding what? Here we go again. Good that you're noticing this. What are you telling yourself to make is scary?

CLIENT: That I can't believe I've been like this for 35 years and never knew. [00:56:03]

And I didn't and didn't recognize, "What have you been doing, Jessa? You went to therapy. You've -You went to school for this. You should know more."

THERAPIST: So are you willing to accept that, up until this recent point, you haven't known more because, if you had known more, you might have done things differently?

CLIENT: Yes.

THERAPIST: But here we are now.

CLIENT: [Chuckles]

THERAPIST: The past is the past.

CLIENT: [Wistfully] Yes.

THERAPIST: And you have the freedom and choice to imperfectly, step-by-step, work on creating a healthier inner emotional life. Yay! So dwell on what you [mocks crying] didn't know and how you suffered or think about "I'm already changing myself at times, and I can continue to" your choice.

CLIENT: OK.

THERAPIST: Yes. [00:57:00]

So in the time we have had tonight, we actually didn't even discuss your last week's homework, which was to...

CLIENT: To dispute the whole weekend with my parents...

THERAPIST: ...to dispute ideas about your parents, and to write down useful "E"s. In a few of our sessions, you've pointed out including tonight that you would like more comfort and familiarity with the D step and the E step.

CLIENT: Mm-hmm.

THERAPIST: And that will only come from practice...

CLIENT: That is true.

THERAPIST: ...Including making mistakes and not making mistakes.

CLIENT: True.

THERAPIST: So did you do that homework?

CLIENT: Yeah, I did.

THERAPIST: Did you feel some progress?

CLIENT: Yeah, I did. I did. I definitely felt progress. I think that it clearly, it was easy to do the other stuff, as it had been up until now the other stuff, the beliefs that I had and the A's all that.

THERAPIST: Oh.

CLIENT: And then, when it came to the...

THERAPIST: ...Disputing...

CLIENT: ...Disputing part, it was a little harder, but it definitely got easier as I did more, because I did a bunch. [00:58:03]

So, yeah, it just we are creatures of habit, and so I this is a new habit.

THERAPIST: ...if we let ourselves be.

CLIENT: [Chuckles] So, yes, when we let ourselves be. So this is a new these are new, habitual things that I...

THERAPIST: New behaviors...

CLIENT: ...New behaviors that I need to or not need no, no...

THERAPIST: ...That would be good for you.

CLIENT: ...That would be helpful for me in order to be happier and not to feel this enormous amount of pressure that I never even realized I did, until now, which is astounding, to tell you the truth; I can't really lie about that. And I think, like anything, I guess, with over time, you build a different mantra.

THERAPIST: ...If you put in the effort.

CLIENT: Yeah.

THERAPIST: Which takes, first, awareness in catching the old, habitual thoughts and actions, and challenging , not leaving them unquestioned. [00:59:07]

CLIENT: [Whispers] Right.

THERAPIST: It can be enlightening if you choose to see it that way the situation on Friday night where you unthinkingly took literally, didn't question what that guy told you, and the result was hysteria. And then, when you stopped and thought about it, you felt calm within a very short time.

CLIENT: It was a short time. And the good news I know we have to come to an end now in this session, but the good news was that I did actually speak to him the next day, and he was angry at me because I didn't actually reach out to tell him that I was going to the doctor. And I used your tactic [ph] to tell him that I wasn't going right away it was an hour and a half before, and I was still just reeling over what had happened and didn't really feel like calling him and I did actually he reached out to me. And I said, "I want to let you know that, as much as you might think that you knew a lot about herniated disks thank you for sharing I did do some research, myself, and as much as you thought X, Y, and Z, it wasn't exactly what you said. So, next time, maybe just be a little bit more cautious before you start sharing information with people, that you think might be in their best interests but really isn't exactly what is the reality." [01:00:22]

And I was pretty assertive with him, which is new for me. So I guess, if I want to focus on what I did yeah.

THERAPIST: Well done.

CLIENT: So, yeah, that felt good, actually.

THERAPIST: So you've been assertive with your drama queen friend...

CLIENT: [Chuckles]

THERAPIST: ...And you've been assertive with your dad...

CLIENT: Yes.

THERAPIST: And your dad hasn't disowned you yet.

CLIENT: [Chuckles] No.

THERAPIST: And I don't know what your friend is going to do, but whatever he [Pauses]

CLIENT: My friend? Oh, the friend yeah.

THERAPIST: Yes, who told you that you were going to be...

CLIENT: You didn't call him the "drama queen friend," so I didn't know who you were talking about.

THERAPIST: Oh, your drama queen friend, yes.

CLIENT: The drama queen friend. OK. [01:00:58]

THERAPIST: However, it would be very good for you if he did do another performance like that, to give you the opportunity to assess how much you're going to take him seriously or not, and to give you the opportunity to not upset yourself. However, we shall see. What will be, will be. But the important thing now is to keep on practicing your awareness and, I hope, the willingness to continue to be gentler on yourself and unconditionally accepting, and at peace with you as an imperfect human being like the rest of us [pauses] an imperfect human being who is blessed with many gifts, by the way. It is not about not enjoying your assets.

CLIENT: Right.

THERAPIST: Celebrate them. Enjoy them.

CLIENT: Right.

THERAPIST: But know that they're just assets and, essentially, with or without them, you're acceptable. [01:02:05]

If you make mistakes, the mistakes may not be permanent you can work on changing them, but you are a person of worth bottom line, full stop. That would be a good, healthy view to work on having more of, more of the time.

CLIENT: Thank you, Debbie.

THERAPIST: Yes, Jessa.

CLIENT: Very helpful.

THERAPIST: Homework [pauses for 11 seconds] what do you think would be helpful for you to work on this week?

CLIENT: I think what actually would be helpful, instead of focusing on the "should," the "musts," and writing that down, I think taking it how you did, with the next step, like going that next level. Because I think that is important for me to really get the concept that it is not just, "I should be." [01:03:01]

Like it is not so simple as, "I should be a good student." It is, "And if I'm not like -" in other words, all the worst possible, putting it all out there in terms of what I really think, not just going by the books and looking at the homework of...

THERAPIST: So being more thorough in your expression of your irrational beliefs?

CLIENT: Exactly.

THERAPIST: Mm-hmm.

CLIENT: Really investigating it instead of just, like, giving you a performance of, "This is what I should say to Debbie when she comes," really doing my own...

THERAPIST: Mm-hmm.

CLIENT: Well, meaning that I in other words, if you give me homework, you know my thought already. It is well, you don't because you're not psychic, but you kind of get the theme of how I think, [which is] that I should do my homework. And so, if I'm doing it, am I doing it to give you a good like, "I did my work," or am I doing it because I'm really investigating where the thought sort of goes astray. That is so I think the best thing for me right now would be to investigate it, to see to really stop and think, and go through it instead of just [01:04:01]

Anyone can write down a bunch of, "I shouldn't be perfect. I should be -" that is so easy. That is not...

THERAPIST: It is not so easy for everyone and anyone but, apparently, that is easier for you than the disputing.

CLIENT: It is easier than the disputing, yeah.

THERAPIST: And what you've recognized tonight is that it will serve you well to be more thorough in expressing the irrational beliefs.

CLIENT: Yes.

THERAPIST: So, yes, let's make that a part of your homework. But may I give you more?

CLIENT: Oh, yeah, and then the disputing, of course.

THERAPIST: Well, I want the whole ABCDE. I want "the whole enchilada," as they say. I don't know who came up with that expression. But...

CLIENT: [Chuckles]

THERAPIST: So, yes, I would like you to do a good number of ABCDEs, all the way... the full process

CLIENT: OK.

THERAPIST: ...Thoroughly. So, yes, more thoroughly B which is what you just came up with would be good for you, and thoroughly A, thoroughly C, thoroughly D, and thoroughly E.
[01:04:58]

CLIENT: All right.

THERAPIST: In past weeks, you've said you're really uncomfortable with D and E, so...

CLIENT: Mm-hmm.

THERAPIST: ...Yes, more of...

CLIENT: ...More of D and E?

THERAPIST: Yes.

CLIENT: OK.

THERAPIST: ...Whilst reminding yourself that you don't need to do it perfectly well.

CLIENT: Right.

THERAPIST: I'm urging you to do it the best you can! And when we get together for the next session, we will go over that.

CLIENT: OK, sounds good.

THERAPIST: Specifically, I would like you and tell me what you think of this to do one or some ABCDE's in relation to when you make yourself depressed.

CLIENT: OK.

THERAPIST: And could include one around the activating event connected to your girlfriend and your expectations of yourself. [Pauses] [01:05:58]

So, on the depression you can use the instance of your girlfriend and anything and everything else. I'm sure the week will bring you opportunities. [Chuckles] And, again, I'm just underlying the primary goal of your homework in this coming week is greater thoroughness...

CLIENT: Greater...

THERAPIST: ...In identifying the Bs you came up with that and the Ds and the Es, which, for a few weeks, you have said you're really not comfortable with.

CLIENT: Mm-hmm.

THERAPIST: Make sense?

CLIENT: Yeah.

THERAPIST: Will you do that?

CLIENT: It makes imperfect sense. No, I'm kidding.

THERAPIST: [Feigns laughter] Ha-ha-ha.

CLIENT: [Chuckles]

THERAPIST: All right. Any final comments, thoughts, or questions before we finish for tonight?

CLIENT: So just so that I'm making sure that I'm understanding this really, what this comes down to and the gist of REBT is that we do make ourselves depressed?

THERAPIST: Yes, which is not to deny that, in some people, there is the... [01:07:01]

CLIENT: There is the biochemical...

THERAPIST: ...The biochemical components.

CLIENT: Yeah, that was my essential question. Yeah.

THERAPIST: However, when one comes up with very clear "shoulds"...

CLIENT: You kind of see...

THERAPIST: ...And you're not in a feeling of depression for days and months, and weeks...

CLIENT: Right.

THERAPIST: ...It is fairly safe to assume that it is not the biochemical, but your "shoulds" that are creating or largely creating it.

CLIENT: True. That makes sense, yeah.

THERAPIST: You know? It is it is often fairly clear when there is also the biochemical.

CLIENT: I see.

THERAPIST: Would you agree with me, in your instance, that you described tonight despite your being on steroids and the pain...?

CLIENT: Yes.

THERAPIST: ...It was your "should?"

CLIENT: It is my "should."

THERAPIST: All right?

CLIENT: It is. It is the way I talk to myself.

THERAPIST: So any other...?

CLIENT: It is hard to know what comes first, but I think that, if we start with...

THERAPIST: Just do your ABCs. [Chuckles]

CLIENT: OK, fine. I got it.

THERAPIST: How are you feeling now, in comparison to how you felt an hour or so ago?
[01:08:00]

CLIENT: Definitely better, more empowered and more ready to sort of attack a lot my these thoughts. And...

THERAPIST: The irrational...

CLIENT: Attack the irrational beliefs, yeah.

THERAPIST: Are you feeling as frustrated, anxious, or depressed as you...?

CLIENT: Not as much, not as much.

THERAPIST: And why do you think it is?

CLIENT: 'Cause I'm recognizing what is actually creating these disturbing emotions and situations that...

THERAPIST: So you're feeling, you said, more empowered? You're feeling, therefore, I guess, less a victim of the circumstances...

CLIENT: Right, right.

THERAPIST: ...And you have a different a slightly different attitude. So I'm just pointing out to you, noticing yourself, you have related to me that you feel differently, in a better way.

CLIENT: Yes, I do.

THERAPIST: You did it. Do you see that?

CLIENT: Mm-hmm.

THERAPIST: OK. Well done.

CLIENT: Thank you,

THERAPIST: Keep up the good work. [01:09:00]

CLIENT: [Chuckles] [Exhales] [Chuckles]

END TRANSCRIPT