

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: You filled out your distortions?

CLIENT: I did. (laughs) Mm hm.

THERAPIST: How was it to do that?

CLIENT: Um. It was pretty easy.

THERAPIST: Yeah.

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

THERAPIST: Yep, yep.

CLIENT: So.

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

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

THERAPIST: Mm.

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

THERAPIST: Uh huh. Uh huh.

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

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

CLIENT: Mm hm.

THERAPIST: In yourself is another thing.

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

THERAPIST: Yeah.

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

THERAPIST: Yeah.

CLIENT: So it's hard sometimes. So.

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

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

THERAPIST: Mm.

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

THERAPIST: What was the example that you gave.

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

THERAPIST: Mm.

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

THERAPIST: Yes.

CLIENT: Like the timeline or facts or the -

THERAPIST: Yes. Uh huh.

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

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

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

THERAPIST: Hm.

CLIENT: Anxiety.

THERAPIST: Mm hm.

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

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

CLIENT: Mm hm. Mm hm.

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

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

THERAPIST: Yep.

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

THERAPIST: Yeah.

CLIENT: And so I sometimes think that.

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

CLIENT: Yeah.

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

CLIENT: Mm hm.

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

CLIENT: Mm.

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

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

THERAPIST: Ah.

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

THERAPIST: Mm.

CLIENT: So I worry about that too.

THERAPIST: Yeah. Again, that sounds more like it's a worry based in some understanding of the possibilities of reality. What if, for example, for him to feel like he was functioning at his best in a life that he was happy with, he was going to be a manager at Subway for the next

twenty years? (laughs) You have to take in your breath even.

CLIENT: Yeah.

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

CLIENT: (laughs)

THERAPIST: Is that enough for you?

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

THERAPIST: Uh huh.

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

THERAPIST: Uh huh.

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

THERAPIST: Yep, yep.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

CLIENT: Like what does that say about me?

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

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm.

CLIENT: And maybe even money-wise not.

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Hm.

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

THERAPIST: Mm hm.

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

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

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

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

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

THERAPIST: Huh.

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

THERAPIST: Mm hm.

CLIENT: But why would that not be good enough?

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

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

THERAPIST: Yeah.

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

THERAPIST: Yeah.

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

THERAPIST: Yeah.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Hm.

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

THERAPIST: Mm.

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

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

CLIENT: Yeah.

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

CLIENT: Yeah. (laughs)

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

CLIENT: Yep.

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

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

[00:11:29]

THERAPIST: Yeah.

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

THERAPIST: Yeah.

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

THERAPIST: Hm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm.

CLIENT: Not passionate about it.

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

CLIENT: Right.

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

CLIENT: Right.

THERAPIST: Yeah. [00:12:37]

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

THERAPIST: Mm.

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

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

CLIENT: Yeah. It does.

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

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

THERAPIST: Mm hm.

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

THERAPIST: Hm.

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

THERAPIST: Yeah.

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

THERAPIST: Yeah.

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

THERAPIST: Hm.

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

THERAPIST: Mm.

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

THERAPIST: Yeah. All of what we're talking about that started with this particular distortion, it does sound, Ramona I've said this before, but just to say again because you often collapse what you're thinking about his job into only, "I must be very snobby if that's not good enough for me." It really sounds like you're saying you are not drawn to him not being passionately, proactively engaged in something. Which is very different than saying, "I just can't be married to someone who is a Subway manager."

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

CLIENT: (sighs)

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

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

CLIENT: Yeah. (laughs)

THERAPIST: Do you know what I mean?

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

THERAPIST: Uh huh.

CLIENT: They were correct.

THERAPIST: Ah.

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

THERAPIST: Yep. He even can acknowledge that.

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

THERAPIST: (cross talking at 17:37)

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

THERAPIST: Yeah.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm. Mm hm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

CLIENT: Like to be married to someone who was -

THERAPIST: Mm hm.

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

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

CLIENT: Right. (laughs)

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

CLIENT: Yeah. Completely in Emma.

THERAPIST: Yeah.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm hm.

CLIENT: By far.

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

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

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

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

THERAPIST: Of everything.

CLIENT: Right.

THERAPIST: Sure. (laughs)

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

THERAPIST: Yeah.

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

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

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

THERAPIST: Yeah.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Yeah.

CLIENT: directly a result of something that happens.

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

CLIENT: Yeah.

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

CLIENT: Right.

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

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

THERAPIST: Yeah.

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

THERAPIST: Yeah.

CLIENT: But I can feel a little low sometimes.

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

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

THERAPIST: Hm.

CLIENT: Or I wish I -

THERAPIST: Like at a job interview, you mean?

CLIENT: Yeah. That could be.

THERAPIST: Hm.

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

THERAPIST: Ah.

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

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

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

THERAPIST: (laughs)

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

THERAPIST: Uh huh.

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

THERAPIST: Uh huh.

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

THERAPIST: Mm.

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

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

CLIENT: Right.

THERAPIST: Trying things on?

CLIENT: Right.

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

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

THERAPIST: Mm.

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

THERAPIST: Hm.

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

THERAPIST: Hm.

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

THERAPIST: Hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Hm.

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

THERAPIST: Mm hm.

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

THERAPIST: Hm.

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

THERAPIST: You're burdening her.

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

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

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

THERAPIST: Wow.

CLIENT: Not to be But it doesn't -

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

CLIENT: have a huge impact on me.

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

CLIENT: Mm hm.

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

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

THERAPIST: Hm.

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

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

CLIENT: I always do.

THERAPIST: Hm.

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

THERAPIST: Huh.

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

THERAPIST: Huh.

CLIENT: being spent on me.

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

CLIENT: Yeah.

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

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

THERAPIST: Yeah.

CLIENT: You know.

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

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

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

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

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

THERAPIST: Yeah.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Oh.

CLIENT: She's very much the Mom.

THERAPIST: [She is, yeah] (ph)

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

THERAPIST: Mm.

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

THERAPIST: Mm hm. Yeah.

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

THERAPIST: Mm.

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

THERAPIST: Yeah.

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

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

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

THERAPIST: Mm hm.

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

THERAPIST: Mm.

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

THERAPIST: Mm hm. Mm hm.

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

THERAPIST: Well she's doing it in a way that should have happened with your own mother, so that your sister and you could be freed up to have a sister relationship instead of more of a mothering one. So that's what's so complicated. Then you actually get this loving care which

you need, and yet it's in this place that leaves you with kind of rocky feelings about it because it's actually not where it should be coming from, even more so. [00:31:21]

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

THERAPIST: Mm hm.

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

THERAPIST: You didn't get enough.

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

THERAPIST: Mm.

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

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

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

CLIENT: Mm hm.

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

CLIENT: Mm hm.

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

CLIENT: Uh huh.

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

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

CLIENT: No, no.

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

CLIENT: No.

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

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

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

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

CLIENT: Mm hm.

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

CLIENT: So -

THERAPIST: And can you Oh, go ahead.

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

THERAPIST: Oh. Huh.

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

THERAPIST: Huh.

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

THERAPIST: Yep.

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

THERAPIST: Yeah.

CLIENT: She said it's like -

THERAPIST: Something more emotional.

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

THERAPIST: Mm hm.

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

THERAPIST: Mm hm. Mm hm. (laughs)

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

THERAPIST: Yeah.

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

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

CLIENT: Okay.

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

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

THERAPIST: Mm.

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

THERAPIST: Mm hm.

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

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

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

THERAPIST: Ah.

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

THERAPIST: Uh huh.

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

THERAPIST: Hm.

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

THERAPIST: Yeah.

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

THERAPIST: Yeah, yeah, sure.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

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

CLIENT: Mm hm.

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

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

THERAPIST: Mm.

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

THERAPIST: Mm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm.

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

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

CLIENT: Mm hm.

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

CLIENT: Yeah.

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

CLIENT: Yeah.

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

CLIENT: What do you mean?

THERAPIST: Meaning -

CLIENT: Oh, that you -

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

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

CLIENT: Yeah. Clearly I need to be working.

THERAPIST: You would.

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

THERAPIST: Mm.

CLIENT: And it's literally for new graduates -

THERAPIST: Ah.

CLIENT: plus the Dean of Career Services.

THERAPIST: Uh huh.

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

THERAPIST: Hm.

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

THERAPIST: Yeah.

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

THERAPIST: Mm.

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

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

CLIENT: Mm hm.

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

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

CLIENT: Right.

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

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

CLIENT: I am because -

THERAPIST: Okay.

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

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

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

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

CLIENT: I have.

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

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

THERAPIST: Oh you do? Oh.

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

THERAPIST: Huh.

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

THERAPIST: Oh.

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

THERAPIST: Yeah.

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

THERAPIST: Okay.

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

THERAPIST: Okay.

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

THERAPIST: It's building your resume.

CLIENT: It is.

THERAPIST: It's going to help.

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

THERAPIST: Yeah.

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

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

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

CLIENT: (laughs)

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

CLIENT: (laughs)

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

CLIENT: (laughs) Okay. Thank you.

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

CLIENT: Okay.

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

CLIENT: Do you want Should I?

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

CLIENT: Okay. (pause) Thank you.

END TRANSCRIPT