

BRIEF THERAPY

FREEMAN INTERVIEW

Hi. I'm John Carlson. I'd like to welcome you to another session of brief therapy inside out.

I'm Diane Chose, and this is our guest, Art Freeman, who is going to talk to us about his approach to brief therapy. Art, just what does brief therapy mean?

It's hard, Diane, to give a brief answer to what brief therapy is, but brief therapy is not a number of sessions. Brief therapy is a way of conceptualizing therapy, a way of developing a therapeutic relationship. It's got a number of aspects. It's directive, it's active, it's focused, it's solution-oriented, it's psycho educational, and it's lots of things done in the limited time that one can use.

What is your particular strategy or approach to brief therapy, and how does that work?

My basic orientation comes out of my work in cognitive therapy. And cognitive therapy and brief therapy are really synonymous. Cognitive therapy has always been a brief therapy.

Focus on thoughts?

Looking at thinking and using our broad family name, cognitive behavioral therapy, looking at the way people think, looking at the way they behave, looking at the way they feel, and how these all interact.

And just how does that work? How do you operate as a cognitive behavioral therapist, brief therapist?

Well, one of the things we look at is how people understand their world, how people develop their ideas, how people see themselves in the context of their world and helping them to understand where these ideas come from, how they affect their interactions, and basically how they can learn to take better control of their lives.

What are the roots or the basis of this approach, and what influenced you to adopt this approach to therapy?

Well, I think cognitive behavior therapy has two distinct roots. One is dynamic root that goes back to the work of Freud, more specifically, the work of Alfred Adler. It also has a very strong behavioral root looking at the work of Andrew Salter, Jacob Sin, Joseph Wolpe certainly, and cognitive behavior therapy really serves as a meeting point for people from diverse schools because I think it has a strong dynamic component and a strong behavioral component. What influenced me was that it works and we have lots of data that says it works, and that's the best influence for why I do what I do.

Just how does change occur in this process, Art?

That's a hard question John. Change occurs as we can understand the basic schema as one aspect of it, the basic rules we live by.

I'm not sure what you mean.

Each of us learns certain rules of life, cultural rules, social rules, religious rules, family rules. And they influence how we think, how we behave, and how we feel, so that change occurs as we start to understand something of the rules we live by. No change also occurs as we directly change behavior because if you are

doing something a certain way all of these years and you change it, it may also change the strength of your belief that I can't change.

So it begins with one way to bring about change is through what you call understanding or maybe insight, and then another is by actually doing something different.

Right. We discovered that insight in and of itself is not sufficient for change. That the fact that you have great insight doesn't mean that you develop the skills to change. So I've developed great insight into my golf swing. The insight is I do it wrong. But unless I can learn how to do it right, that insight isn't going to improve my game at all.

So just knowing why this is going on in your life isn't enough to change it.

It's not sufficient. It's interesting and important, but not sufficient.

So as a brief therapist, how do you bring about change? What are you focusing on, and . . .

I think two aspects are the directive nature of what I do, that the idea I have is that if the client and I are in my consulting room, one of us has to have an idea of where we are going, and I think that's got to be the therapist because if the client knew where they were going, they probably wouldn't be going to see us. That they would be doing other things with their time and their money. So, that's one piece. The other part is the activity of the client. They have to be willing and able to make a commitment to change which is very simple.

I am willing to try to change. If they can't do that or won't do that, then I think brief therapy or long term therapy won't be very effective.

So there are two parts then. Your really being able to take charge and to direct the change process . . .

To structure it.

To structure it, and then the willingness on the part of the client. So, what we would call mandated clients wouldn't really work in this approach, people who don't want to be there, people who the courts are sending?

I am often asked that, John. I am working with a client who doesn't want to be there, doesn't like therapy, doesn't like therapists, the court has said to either go to therapy or go to jail, and they always pick therapy interestingly. How do I make them change? And the answer is you don't. So a mandated client who comes in and says you know this drug habit is getting the best of me, I need to change it. My abusive behavior toward my spouse has got to stop. My anti-social activities have got to come to an end so I can build my life.

They are very workable. The person who comes in and says do me something, change me. I think you can be in long term therapy with them forever, and there still won't be change.

So motivation is the key there.

I think motivation is the key for all therapies.

How does this compare with other brief approaches?

It's a hard question to answer, Diane. It depends on whose brief approach. There are many brief approaches. Some very close to what I do. I've watched other brief therapists. I've read of other brief therapists. And very often we are going the same thing and call it different things. I think the elements to brief therapy are very, very similar. I think the structure is essential. A real focus is essential. A real collaboration is essential. The directive nature is essential. Doing non-directive free associative work can

be brief by definition. So I think there are lots of similarities. I think what makes what I do maybe different from others, maybe not all others, is the cognitive behavioral focus, and that doesn't exclude emotion. Clearly, if someone is depressed you want to change their depression. But the way into the system is understanding the way they think, process information, and certainly how they behave.

I am intrigued by the notion of the structure. Just how do you structure an interview? Are there steps or stages that you go through?

Well, yeah. There is a beginning, middle, and end.

Oh, can you talk about that?

Yeah. The beginning is involved in developing rapport. It's essential. Good therapy is good therapy, and a relationship is an essential piece. The brief therapist has to be especially skilled at developing a relationship fairly quickly that you don't have months to develop the relationship.

So you quickly engage . . .

Quickly engage.

. . . the client.

Then to develop a problem list. Developing a problem list that is very focused is essential. One of the bywords for what I do is that vague goals lead to vague therapy, and vague therapy leads to vague results.

So I try to avoid things like I want to work on my self esteem. It's too vague. I am having communication problems at home. Too vague. So very early in the session I want to try to focus, to get definitions, understandings, but to really focus. The mid part of the session is developing the theme. With about five minutes left to go in the session, what I want to do is then bring the session to a close. I don't want it to be abrupt - I'm sorry our time is up for today. I want to give the client time to come back together, to review the session. What did you learn? What are you taking home with you? So that the session isn't just something that rolls along but that I've got to take responsibility for maintaining a structure and a focus.

So, you begin with this rapport, the relationship, and then you set up a problem list. Is there anything more with the problem list? Is that where you make an intervention?

I might. Part of it is finding out what we can work on so if for example the patient says the problems I want to work on are famine and pestilence and next week we can work on plague, I have to say that's too broad. Too vague. Can we sharpen it.

Sure. What does plague mean to you? Take it from there.

Exactly.

So then there is going to be some kind of focusing on one of those problems and then the third step is to come back bringing back someone to reality, putting some closure on that particular session.

Right. Closure on the session and closure on our contact for this week. So it really is important to put things back together rather than just leave someone wide open.

Is there any research support for this. I mean, does it work?

I think there is a lot of empirical data about cognitive therapy starting with the late seventies, the work on depression. There has been a huge amount of work on anxiety. The other work on depression by Beck. The work on anxiety by David Clark, Paul Sarcoscis at Oxford, the work on cognitive behavioral approaches with PTSD, Edna Foa, the work on personality disorders that Beck and others have done. So there is a huge body of data that talks to the issue of cognitive behavioral approaches as brief and empirically validated.

You talked about this need for motivation, for change. Other than that are there clients that this just doesn't work with, or are there specific kinds of clients that it works better with than others?

If you would have asked me that question in 1978, I would have said we work with depression because that's what we did. I would say at this point cognitive behavioral approaches are a general model for treatment, that we've seen cognitive therapy work as a pain management technique, as work with couples, families, in patients, out patients, children. I would think that with modification a cognitive behavioral approach would be useful with a broad range of clients, broad range of settings, broad range of modalities. Does it work better with some than with others? Yes, depending upon how you structure it. So, for example, if I was working with an individual with severe problems, I would be using more behavioral than cognitive. It just . . .

So you are making some shifts.

. . . talks to how you structure the broad repertoire of cognitive behavioral work.

What about cultural differences?

Cognitive therapy cross culturally as a short term model has been very popular. I've done a good bit of traveling, and one indication is that I have had books on cognitive therapy translated into nine languages, and it is always interesting that people in Sweden say they like cognitive therapy because it fits into the Swedish cultural style, and people in China say they like cognitive therapy because it first into China's cultural style, and the reason is cognitive therapy as a basic approach is not content oriented but process oriented. So it's not that we have, there's an oedipus complex that may not be cross cultural. The goal is to help someone in their culture understand the rules or schema of their culture and how it affects their lives. It's a process.

It might be easier maybe to understand this approach by watching you work, and in a minute we are going to watch you work with a real person with real issues named Carla. Can you talk a little bit about what you were thinking before you met with Carla?

Well, I started with some basic information so I knew that she was a teacher. I knew her age and that she had recently broken up a relationship. That's essentially what I started with. And I start to develop hypotheses, basic hunches about is relationship the issue? What broke up the relationship, what caused the difficulties, is it a work related issue? So I've got a number of questions. Some questions, of course, is suicide an issue, is always a question. If hopelessness an issue? And that would be part of the suicidal question. But I have a number of hypotheses, and part of what I'll be doing as I work with Carla is testing out my hypotheses. I am going to collect data and test out my ideas to see if the data supports my hypotheses.

And this is one session and then I assume she will be followed up with someone after this, or is this going to be it? This is all the therapy she will need?

No. I think that this is one session, and there will be, of course, follow up afterwards where certainly some of the problems that we'll be discussing need to be followed up because of the nature of those difficulties. That's certainly an important part.

Okay. Well, I'm anxious to see this.

Yeah, me too.

Why don't we go to the videotape and see how it goes.

**BRIEF THERAPY
FREEMAN - CLIENT A**

Hi, Carla.

Hi.

Thanks for doing this. I appreciate your being here and doing this. How do you feel about doing it?

Um, I've had different therapy sessions before. I've seen different counselors, and I'm open for this.

We've got 45 minutes. Maybe a good place for us to begin Carla is why are you here, and what would you like to get out of the time we have?

45 minutes?

At least we can start to make a list.

Okay. It will be a list. I recently sort of gained control of my life. I've started my career as an art teacher. Starting to get back on my feet after a relationship that dissolved, and there are still like a few issues, a few things, that I think I need to deal with, come face-to-face with, so that this process keeps moving forward instead holding me back.

What are some of the problems - getting control of your life. That sounds great. Recovery from a relationship, that's in the plus column. What are the kinds of things that you want to get face-to-face with?

I'm sure it started way before that, but the relationship kind of left me with quite a low self esteem to the point where I would say it contributed a great deal to an eating disorder.

The eating disorder being what?

Well, I'm multi-talented that way. I'm anorexic, bulimic, just kind of both. Now it depends on the day.

So some days you won't eat at all, and . . .

Basically, what I'll do is I won't eat for two or three days and then I'll reward myself for doing such a great job of not eating for two or three days, and then I'll go and just pay out, and then I'll throw it up or whatever.

What's whatever?

Laxatives, whatever. And this has been going on for a while, and it's getting to the point where a lot more people notice it. I used to be really good at it, and people would say oh, you look so thin. You look so nice and healthy, and it's just like, I mean, I was killing myself. And . . .

So, one piece that we can talk about is getting control of the eating problems. Another piece you are talking about and related to the eating problems is getting control of how you feel about yourself. What else is on that list, Carla?

I guess there are probably so many more things under that. I mean I think there are so many more things that I just don't know about yet. It's kind of like . . .

In which category?

Like myself, my self esteem, how I relate to people, you know. Don't get too close to people, don't you know, I keep my relationships very, I don't bring people too much into my world or too close to me probably because I feel like I'm going to lose that person, you know?

Keeping safe?

You keep safe.

Okay. You said the eating disorder has been going on for a while. Yeah.

A while is how long?

I mean I've done this since I was a teenager, but it got to the point where . . .

Teenager, 13? 18?

Probably since I was about 15.

So, the eating stuff started when you were about 15. You are now 27, so it's been going on for twelve years.

It's been going on for twelve years, and in the this past year I went to the doctors because it got to the point where my body was just starting to just give up, you know. And it was kind of a wake-up call.

I'll bet it was.

Yeah. You throw up blood and not pizza, and it's kind of a wake-up call.

It sounds like more than a wake-up call. It sounds like it scared you good.

Yeah.

Wake-up says time to get up, but throwing up blood says uh oh.

Yeah.

Yeah. Again, given the time we have together, Carla, you are talking about the low self esteem. You are talking about relationship problems. You are talking about healing from the end of this relationship, and you are talking about the eating. Which of those would you want to focus on in the time we have?

Probably the thing that's most serious or most in my face right now. That would be the eating disorder because it is something I have to control.

Given they are all related, that would be a piece that we can focus on.

Okay.

Would that be alright with you?

It's fine.

Okay. Let me get some information about what you do. You go two or three days without eating. What do you say to yourself as you do that?

You know it's like you are getting dressed in the morning, and you look at yourself in the mirror, and you see this out of shape, fat, you think of what everyone has told you since you were a little kid about your body. You know, you were fat, or you were not the right, you know, you didn't fit in.

If I showed you a mirror as you were describing yourself about looking at your body in the morning, what would you see? If I just showed you your face?

Just my face?

When you talked about looking in the mirror in the morning.

What would I see? I would probably see this, I would see a little girl. I would see you know that the little girl had got teased. I'd see the teenager that you know never dated.

Because of your weight?

Because of my appearance, because I was unapproachable.

Because of your appearance?

That's what I've gained from it.

Let me understand. Were you so, whatever you saw about your body was so unattractive that people would run away from you, people wouldn't even approach you?

No.

People would say, oh god, I can't even look at her.

I was teased a lot. I was, it was just, it's not that they would run from me or whatever, but I think that goes to how I push people away. If I was feeling so horrible, then I pushed other people away.

So you kept a distance.

I kept a distance, and somehow my view of what my appearance is and being so angry with it or being whatever, I pushed people away.

Okay. So what you learned from the teasing was there is something wrong with me. I'm defective. And maybe from what you are saying also I'm unlovable.

Yeah.

Is that part of it? I don't want to put words in your mouth.

Those are good words. That would be it.

So, I'm unattractive, I'm unlovable, and one of the ways to protect yourself was by being unapproachable, that you would find reasons to keep people at a distance?

Yes.

And I don't want to get off on the relationship because we need to focus. My hunch is then that you allowed someone in despite your best thinking, I've got to keep people away, and that didn't work out.

Right.

So now you have more evidence that it wasn't a good idea to begin with.

Since I was cheated on about five times.

Okay. So, let me understand. You are getting dressed in the morning. You look in the mirror and say, yuck, look at that fat, disgusting, unlovable, unattractive, thing.

Yeah.

Is that what you are saying?

Yeah.

And then what do you say to yourself?

I have to fix this. My idea of fixing it is not eating. That maybe if I just don't eat so much, you know, if I don't eat so much today. It gets very easy for me to not eat so much the next day.

Okay, so the sequence is oh yuck, I'd better do something to fix it, so there is a real functional part of it. I want to take control and fix myself. The way I am going to take control is by not eating today, and do you then plan to not eat for three days, or is the next morning you say, and I won't eat today either?

It's like I start to get on a roll. It's like I'm doing really well instead of like doing something healthy like you are at the gym and you maybe push a little bit more weight, I do something where it's just like, hey I got through the day and I didn't eat. Let's try this again. This is working. This is a good thing.

So your goal is how can I take control of my life? That's the goal?

Yeah.

Because as I wrote that down just so I don't forget it, one of the things I wrote down is control. That's a goal for you. How can I take control? And one of the ways you are going to take control is by not eating. That's the anorexic part.

Yeah.

Again, let me just understand the sequence. You go two or three days and you don't eat. Do you eat nothing?

Nothing. I drink Cherry Coke.

Cherry Coke.

Diet Cherry Coke?

Oh, no. Regular Cherry Coke.

Yeah, if you drink you want high test.

Yeah.

You want the sugar and you want the caffeine. Okay. So that's all you drink is Cherry Coke. So now you've been drinking Cherry Coke for three days. Then what happens?

Then it's just like I might get like headaches. It's starting to be something that's noticed at work where it's like, why don't you join us for lunch? No, I don't want to. No, why don't you join us for lunch kind of a deal.

You think they know the secret?

I think they have an idea. The way, people have noticed that I've lost a lot of weight. I was like 180 lbs. and I'm down to about 130, and this has been in a year.

Big shift.

And I think people notice it.

Well, I'm confused about something. You want control. How did you get to 180?

That was when I was out of control.

You were out of control.

Yeah.

So what you are doing now is very functional. I want to take control. The way you are doing it is self-injurious. Is that the way you see it?

That's the way I see it.

I don't want to make a judgment, but that's the way you see it. You'd love to have control. You'd love to not be this fat disgusting thing you see yourself to be. Let me just again go off to the side so I can understand a little bit more here, Carla. If you weighed 78 lbs., do you think you would be happier? You'd look in the mirror and say ah, that's gorgeous.

I think at first when you said that I thought, yeah. Yeah, actually.

Hey that sounds neat.

That sound pretty good.

But there is another part of you that says what?

Karen Carpenter. No, that would be bad. I'd look like a skeleton, and I would be . . .

And your electrolytes would be shot, and you effect your heart and all the rest of the stuff, and you are spitting up blood.

Yeah.

So when you get the headaches, then what do you do?

I get the headaches and then it's just like it becomes a reward. It's like maybe if I eat just a little bit, it's kind of like a reward. I will treat myself to food instead of like somebody who would treat themselves to chocolate cake or whatever. Mine is just food. Like a good Thai restaurant, a good Chinese restaurant, and you know, I'll eat, and then I start to feel guilty or my stomach . . .

Whoa, back up. You go and have a meal, and then you feel guilty.

Yeah.

What do you say to yourself that then ends up with you feeling guilty? What is going on here?

I shouldn't have done that.

I shouldn't have done it.

I shouldn't have done it. It's like you lost control again. Look at you, you couldn't have held out a little bit more. You didn't really need this reward. You didn't really need to eat this much.

Well, wait. If you just have a reasonable meal, you go out and have some won ton soup and you know some . . .

Three days of not eating, an appetizer to me is still a lot of food. It's a lot of food.

So, that you recognize here, Carla. It's not the mass of food but a perception you have.

Yeah.

So if you have an appetizer, you say, oh my god, I'm pigging out.

Yeah.

How do you resolve this? The part of you that convinces you to either starve or binge and then throw up and the part of you that says this is nuts. I'm making myself sick. I'm killing myself. I'll end up like Karen Carpenter. How do you balance those two?

Um, I guess I sort of hide in the rest of my life that's going well, and I kind of put this off like well, I'll deal with it later. I don't, when it becomes so out of control, I just don't deal with it.

You focus on something else?

I focus on something else, and I'll drink my Cherry Cokes. I mean it's always with me. It's always with me. But if it gets to the point where I'm just so upset and I'm so this is it, I just can't deal with this, then I will focus on something else. I'll focus on school. I'll focus on my work.

So what you are able to do is to distract yourself.

Yeah.

If I'm hearing you right, Carla, there is an awful lot going on in your head about what you look like, what you feel like, and how you need to act. There are three pieces. Your thoughts, your feelings, and your behaviors.

Yes.

Which of those do you think, if you could take control, would be the best direction to go in first? How you're thinking, how you're feeling, or how you're behaving?

I would have to say the behavior just because it's, I'm taking my life in my hands every time I don't eat. It's an immediate thing that I need to control.

And you take your life in your hands when you binge and purge.

Right. The thinking about it, the regaining, I don't know, self esteem, whatever you want to call it. I think that's going to take such a long time, but understanding this behavior like knowing when it is going to happen, why it's happening. I need that control. I need that.

That would be the first piece to work on.

Yeah.

You've seen counselors. You've seen therapists before. You've talked about your eating disorder with them?

Um, a little bit, but it was more a focus on my relationship that ended, and . . .

In twelve years you haven't talked to anyone about this eating problem?
I have, but I didn't make that big of a deal about it.

Even though it was a big deal.

I was just like, you know, well sometimes I just don't eat. And they are like, why is that? Well, because I'm really unhappy with my relationship, and then they would go into the relationship, you know.

So it was a good distraction.

Yeah, I'm pretty good at making distractions in those people.

On a scale of 0 to 10 - 0 forget about it, not at all, 10 absolute total can't avoid it - how much do you want to take control of your eating?

I would have to say like an 8 or 9.

An 8 or 9. So, this is something you really want to do.

It's gotten to that point, yeah.

Okay. Would you like to start to do some things to help you get some control?

Yeah.

Is that something you would be willing to try to start to begin to do?

Yeah.

Okay. Let's start with today. Has today been an eating day? Normal eating, a starving day, or a binge and purge day?

Um, basically a starving day.

Yesterday?

Um, yesterday it was well, I looked in the mirror and I was just like blah. But I still ate because I had to.

Did you throw it up, or is that just . . .

No, I kept that down. It was pasta, so I kept that down. But you know I'm sure in the next couple of days, I mean it will get to the point where you take four or five laxatives or you take some ipecac and just it will be gone, and I will feel better.

One of the things that concerns me is when you call this thing it. Because it almost makes it seem as if it is outside of your. It's snowing out. What can you do about that?

Right.

It's raining out. It sounds at times when you talk about it as if this eating problem is external to you. It just kind of happens. This is the morning you look in the mirror and you say I've got to do something about it, or it's a bad day, it's an eating day, it's a starving day, etc.

I guess because it's seems like something that I have to fight, that I am coming face-to-face with. Somehow I'm personifying this thing in my life that has control of me.

It.

Yeah.

So what we need to work on is getting started on taking control of it, that Carla is going to do something about her eating. You are going to do something about what you are doing. Have you ever thought of just keeping an eating log, just keeping a log on a daily basis of what you eat or don't eat?

I've never, no. I mean that sounds like such a simple thing that you know I could start with, but I never really thought about that.

Would you be willing to try that?

Yeah. I would.

Let me explain why. One of the things we know, and there has been a lot of research on this, is that when people start self monitoring, start looking at themselves, there is usually a change. Even without trying to make a change. That as you start to look at yourself, there is often a change. So one thing you might try is just getting a pad, a little pad, something you can keep in your pocket, and for a one week period, one week's time, to keep track of everything that you eat or don't eat. That if you have some water write it down. At such and such a time at such and such a day I had a glass of water. Even though the water has no calories, you are not going to get fat from the water. Do you understand the goal of just doing that? Just keeping track?

Because maybe I will see that I'm not eating that much, that I'm keeping track of it, it's not getting out of control.

Yeah, the key word is still control. This would be one way to start to take control, to start to keep an eating log of everything you put in your mouth. That includes, laxatives, water, Cherry Coke, Chinese food, Thai food, whatever. To keep track of it to start to self monitor. So that's one piece of starting to get control. Because I think the good news is, Carla, that you've been trying to take control, but you are using ways that

have not worked or have a real bad side effect. The starving and the binging and purging are ways of taking control, but they are not the best ways to do what you want to do which is control your weight.

Right.

Because they could kill you, and then you don't have to worry about the weight.

But see I never look at that. I know that they could kill me, but it's like when I went to the doctor. There is nothing wrong with you. Oh, you look healthy. You know.

Did he look at your esophagus?

Yes.

Fine?

It was red and that sort of thing.

Did he, did you tell him about . . .

I told him about it, and you know, I had some medicine to kind of line my throat and my stomach, but you know, it's just like oh that's fine. It's like I got away with it. Yeah, it's like I got away with it. I kind of have this I'm invincible feeling. It's like you know I can keep doing this because I keep getting away with it, and people say you look so thin.

You're looking great.

You look great. You look so much better than when . . .

Maybe the doctor said, well your throat is a little bit red, but . . .

Yeah.

Keeping track is one thing. Let's talk about some other ways you can take control. Keeping track, kind of make an eating log or an eating diary is one way.

Okay.

What sort of planning do you do for your meals?

There is no planning. Because of the schedule I keep at work, a lot of it is just you know stop at McDonalds, get a salad. Stop, I have a craving for something. I have a craving for cheesecake. Stop and get like a cheesecake on the way home. That sort of thing. I don't prepare my meals at home. Maybe like on the weekends I might cook up something, but most of the time it's like fast food or things that I can pick up.

One of the problems in us meeting for this single session is that there are things that would be good to do in sequence, and I don't want to overload you with lots of things now because you will walk out saying oh my god, I've got to do a hundred fifth different things, so there are ways of taking control. That's going to be important. And one of the ways is going to be keeping an eating log to start with. I am going to add one more piece. And that is to think about but don't start it right now, to think about starting to plan your meals, that

right now you are governed by it. It is I want a piece of cheesecake, and there is another piece that says, and I've got to have it. Or I'd like to eat a whole chocolate cake, I know how you are about chocolate, and you say well that's unreasonable, but part of you says it's not so unreasonable. You can have a whole cake. So planning is another way of taking control.

Okay.

Can you think of any other planning you can do as a way of taking control?

Um, you know I do much better with time frames, like maybe planning a particular time of the day to eat, and really sticking to that, because you know I can always say right now well I can't eat right now because I'm doing this, or I'm too busy now. But if I say I have to eat at 4:00 no matter what, or if I have to eat at whatever time, maybe something like that when I am on like some sort of schedule.

So that's another possibility.

Now, you are a teacher. If I remember my teaching stuff, you have to make out lesson plans. The bane of a teacher's existence. Um, yeah, you are supposed to. And every once in a while they check on it.

Yes.

Just in case you are absent one day, someone else can do as you do. Do you make out lesson plans?

Not as frequently as I should, but, yeah, I pretty much stick to . . .

What's the purpose of a lesson plan?

Kind of like an over, overlooking the chapters that you are going to study, overlooking the artists that you are going to study so that you can look ahead. This is what we are doing this week, and next week I'll start this.

It gives you a sequence through . . .

Yeah, like a sequence.

What do you think would happen, Carla, if you applied that same technique to your life doing lesson planning for life, thinking what do we do this week and the next week and the week after?

I can't look that far ahead.

Okay. Alright. There is another piece, because this will get you started on some of the behavior, see if we can control some of that. The other two pieces we talked about were the thought and the feelings. Which of those would be the second in line to work on?

Probably the feelings. Yeah, probably the feelings, like why am I feeling this? Why . . .

That sounds like a thought, though.

It sounds like a thought, but somehow I feel like those are somehow I they are kind of connected to me. They are the same thing.

It's often hard to tease apart thoughts and feelings, so if you say I feel sad, that's kind of clearly a feeling. If you say I feel as if I'll never take control of my life, that's much more of a thought.

And then, yeah. I still say the feelings, the . . .

Which is the primary feeling that causes you the most difficulty?

Just like being alone, vulnerable.

So, if you say to yourself, I'm alone, and therefore, vulnerable, how does that make you feel?

Like out of control.

There is that control word again.

There is the control word, yeah.

So, being alone and vulnerable you end up feeling out of control, and when you talk about that, how do you end up right now feeling? Just even talking about it?

Well, I guess because it's like I felt that today. I felt that yesterday. It's like right under the surface.

Right now, right this second.

I wasn't going to use those. I was trying really hard. Like I'm being observed. Like I'm being watched. Like somebody knows that I'm not in control. You see, it's like now I just lost control in front of you.

Because you are crying?

Because I am crying.

What does that mean, that I see you crying?

That this person who is usually in control, who can do all these other things . . .

Looks real good. Puts on a good facade and distract us. Not just us. Me, the doctor . . .

Yeah.

And then the facade breaks, and I can see how sad, upset, and scared you are. And that's not something you want to show?

Yeah.

Okay.

That's not something I'm supposed to show because you lose control. Then people will hurt you. People make a judgment about you.

Using this example right here, Carla, I've seen you cry, lose control. What do you think I think about you?

Um, boy she's got a lot of problems.

If I said to myself you have a lot of problems, I wouldn't be a terribly good therapist because you already told me that.

Oh, yeah.

It was the first thing you said. You told me that.

Um, you know, that I'm vulnerable. I'm not strong enough, you know. I mean, she is crying over throwing up. She's crying over being alone or vulnerable.

You are, that's the thing. You started crying when you said feeling alone and vulnerable. And what it makes you feel is sad and scared. Those are the big pieces. So that it's going to be important to look at these three pieces. What you are thinking, what you are feeling, and what you are doing. And that kind of gives you something of a lesson plan for future therapy work. How are you feeling right now?

It's still like a loss of, like a loss of control. It's like I'm crying and I can't stop. It's my nose is running, and it's like I'm feeling like a little kid again. I'm feeling like a little kid who can't control her emotions.

Yeah. And what does that mean to you? If that were true, what does that mean? I'm a little kid who can't control her emotions, what does that mean?

Somehow, well usually I was reprimanded for that, you know. You don't show your emotions. Quit being a big baby. Oh we were just teasing you.

And who would say that?

Parents mainly. People that I knew. Not friends, but other classmates.

So, one of the pieces you learned was how I can hide, what I'm feeling. You hide what you are doing. You hide what you are thinking, and every once in a while it breaks through as it did just here. Do you think I've lost respect for you because you cried?

You don't know anything about me to respect me in the first place.

That's right. Do you think I think there is something wrong with you that you cried?

Somehow there is something wrong or else I wouldn't be, I don't know.

But I'm asking a different question Carla. Do you think the crying makes you more defective, there is something wrong if someone cries?

I don't think it is something, I think it's like you save it for the real important things, and right now I don't, it's like . . .

This is a big important thing. Being alone and vulnerable is scary. That's a big important thing. And I think something that in addition to the eating you are going to have to work on because they are related. But that would be dealt with separately, feeling alone and vulnerable.

It's the eating is something that is so in my face, it's so you know, it's so immediate. I mean your stomach growls, it's that eating thing.

Right.

Alone and vulnerable you hide yourself in your work. You put on a happy face. You have one too many drinks at a bar. You hide it. And . . .

Till it comes and bites you on the ankle.

The ankle, yeah.

Okay. We have about five minutes left, and I'd like to kind of tie some things up if we can in the last five minutes. One of the things that I would like you to do is tell me what you are going to take home with you today. Given the time we've had, what did you learn today, if anything. What are you going to take home with you?

That the first step, like keeping track of what I eat, that my first step isn't quite as big. It's like a baby step. I thought kind of because this was something that consumed me so much that the first step would be something like change your entire habits, change everything.

Change your life. Forty-five minutes with me and you are going to change your whole life.

You're that good. So, you know, that it's something that I can come to terms with.

It is something you can start.

It's something I can start.

What else are you taking home with you? That there is a lot more to all of this, that there are a lot of things that are just so, it's like a spiral. It's like you are going to come face-to-face with it somewhere in this whole big pack. You are going to see it again.

As you start to go up, you are going to see the same things again and again at different levels. You are right. So that's a good insight. Anything else you are taking home with you? Maybe feeling a little bit better that I looked at this. I didn't just go home, and I'm not going to say that I'm not going to, but that maybe my first thought isn't going to be go home and puke or whatever.

Okay. Let me share my reaction. I think you show an incredible amount of courage to be willing to do this. You could have just as easily come and said I want to talk about my ex-boyfriend. And we could have spent our time talking about the relationship.

I spent too much time on that anyway, but go ahead.

And not talked about this which is a much more serious issue. So that shows a lot of courage. I think that is a good prognostic sign. That's good news. I'd like to get some feedback. Did I say anything that you found hurtful, harmful. . .

Um, no. Usually the therapist and counselors that I have seen are more, it's like it was a break through when you cry. It's like oh, I got her to cry. Okay. A new box of Kleenex on the table, and I got to use it today. You know. It was like it was a good thing to lose that control. Like they wanted that. And you sat back and you didn't matter to you if I cried or not or you just wanted some information. You wanted to know some things.

Does that make me a cold, unfeeling cad that I didn't care that you were crying?

No, it makes you not quite, you weren't a threat to me. I wasn't, you weren't a threat to me. I wasn't too happy that I cried or anything because I mean you are a stranger, but you weren't a threat. You weren't pushing me to cry you know.

And use one of my therapist tricks to say how can I make her cry. Tell me all about the things that upset you and let's see if we can get you crying because you will feel better afterwards.

Yeah.

And in point of fact that's interesting. You don't feel better afterwards.

Oh no.

You feel worse. Getting all that emotion out for some people might be helpful. For you it's a indication of being out of control, and you hate that. So, one of the things that I would like you to take home in big block letters is finding ways to begin to assert control in a healthier way. Does that make sense to you?

Yeah. Very much so.

Okay. Our time is almost up, Carla. Any last things before we end?

No, well yeah. I, avoidance has been like my best way of dealing with this.

It's a way of getting control.

And you tell a joke, you do whatever, and it's not, you can get away with it, and in 45 minutes I didn't get away with it. But now I have to look at it.

You have to look at it. Carla, I wish you luck looking at it.

Thank you.

Thanks for doing this.

You're welcome.

