

The Case of Julia

William R. Miller, PhD

Throughout the third edition of *Motivational Interviewing* we used an unfolding case example to illustrate various component processes of MI. We chose the name “Julia,” and changed all identifying information and personal details of this actual case in order to protect client confidentiality and anonymity. The entire interview (distributed across several chapters in our third edition) is presented here in reassembled form to illustrate the flow of MI.

The opening segment from Chapter 6 illustrates the *engaging* process of MI, using OARS skills (Open questions, Affirmation, Reflection, and Summary) to gain a beginning understanding of the client’s dilemma and to build a collaborative working alliance. There is no particular focus at this point, but rather an exploring of the client’s presenting concerns. Commentary has been added in the right-hand column to highlight key aspects of the interaction.

INTERVIEWER: Hello, Julia. Thank you for coming in a little early and completing the paperwork our receptionist gave you. I’ve looked it over, and I’ll have some other questions to ask you later, but right now I just want to start fresh and understand what brings you here today. What’s happening, and how do you hope we might be able to help?

Affirming

Structuring

Open question

JULIA: I don’t know exactly what you do here, but I feel like I’m falling apart. I don’t have any energy. I don’t know what’s going on with me. Maybe I need some pills.

INTERVIEWER: You’re feeling upset and confused, and maybe a little surprised, too.

Complex reflection

JULIA: Surprised . . . well, yes. I never thought I’d be acting this way.

INTERVIEWER: One confusing thing, then, is you don’t understand why you’re doing what you’re doing. What’s been happening?

Complex reflection

Open question

JULIA: I just broke up with my boyfriend. I mean we’ve been living together and I thought he loved me, but he’s just so distant. He won’t talk to me, and I think maybe he’s seeing someone else. Anyhow, he told me I’m crazy.

INTERVIEWER: What you did surprised him, too.

Reflection—making a guess

JULIA: I just lost it. I started screaming at him, throwing things at him.

INTERVIEWER: What were you throwing?

Closed question

JULIA: Glasses . . . things from the sink. A coffee pot.

INTERVIEWER: You really wanted to hurt him.

Complex reflection; continuing the paragraph

JULIA: I don’t know. I just lost it. I don’t usually act like that. It’s embarrassing even to tell you about it.

INTERVIEWER: You're being really honest! So nothing like that has happened to you before.

JULIA: Well, it has, actually. That's one reason I decided to come here. Maybe he's right. Maybe I am crazy.

INTERVIEWER: This blowup wasn't the first time that's happened to you.

JULIA: Men just drive me crazy. This is the third guy I've lived with, and they all kind of ended in the same way. I just seem to fall in love with the wrong guys.

INTERVIEWER: Kind of like a pattern that's repeating itself.

JULIA: Yes! It's so . . . I'm sorry.

INTERVIEWER: These are really strong feelings. It's pretty painful that this has happened once again.

JULIA: I can't sleep. I can't think. I'm a mess at work. I was waiting on a customer this week and just started crying for no reason. I think I'm losing it.

INTERVIEWER: That frightens you, not understanding what's going on with you.

JULIA: It's just so discouraging! I was so happy with Ray when we were first together. There's this soft teddy bear inside his tough exterior, and that's the man I loved, but then he wouldn't open up to me anymore.

INTERVIEWER: And that annoyed you.

JULIA: Yes! It's such a waste for him to stay locked up inside there, and I was lonely even though we were living together. Anyhow, he's gone now. He moved out. It's over.

INTERVIEWER: All right. What you've told me so far is that these really strong feelings, and how you've reacted, are scaring you a little.

JULIA: [*Interrupting*] A lot, actually.

INTERVIEWER: Scaring you a lot. You're not sure what's going on, and you've wondered whether medication might help. You're having trouble sleeping and concentrating at work. You really blew up at Ray and felt out of control, and you're also wondering about what seems like a painful pattern that repeats itself in your relationships with men. What else?

JULIA: That's most of it, I guess. I just feel like I'm on the edge of losing it. After Ray left, I hated myself and I cut myself. I saw the broken glass on the floor, and I just picked up a piece . . .

INTERVIEWER: You were in that much pain. It seemed like the right thing to do at the time.

Affirming

Reflection—testing a hypothesis

Even when a reflection is incorrect, it tends to evoke new information.

Correcting the reflection

Reflection

She paused, and cried a bit.

Reflection of feeling

Reflection of feeling

Reflection; continuing the paragraph and undershooting

Starting a collecting summary

Understated reflection of feeling

She corrected by amplifying.

Collecting summary

Open question

She pulled up a sleeve to reveal two long cuts running up her arm.

Complex reflection

JULIA: I don't know. It's like I wasn't even thinking. I never did that before. I wasn't trying to kill myself or anything.

INTERVIEWER: That was something new, so that's part of what scared you and brought you in today.

Simple reflection

JULIA: Right. Do you think I'm crazy?

INTERVIEWER: That's really worrying you. You keep mentioning that you don't know what's happening to you, and so that's something you hope we can help with—to understand what's going on and what to do about it. I appreciate that it took some courage for you to come here today and talk about this.

Reflection

Affirming

JULIA: Thank you. I do feel a little better, just talking about it to somebody.

She signaled a beginning sense of engagement.

INTERVIEWER: Good! It often does help to talk things over. I can see there's a lot that's worrying you.

This was just a beginning, but there seemed to be good progress with engaging. Julia was talking freely and was gradually volunteering sensitive concerns. It was tempting at various points to ask a series of fact-gathering questions. Some of that might eventually be necessary for agency procedures, for example to establish a provisional diagnosis required for records. There can also be things that one does need to know sooner rather than later, such as whether Julia is at risk for suicide. A primary purpose at the outset, however, was to engage the client and begin developing a working relationship. A wealth of specific assessment information is of no use if the client doesn't engage or return.

Thus far the focus of the consultation was unclear, although a picture was starting to emerge. Rather than a simple change goal, Julia presented with diffuse confusion and distress, the source of which was not yet evident. The next segment, from Chapter 9, illustrates the *focusing* process of MI in this situation, where some formulation is needed in order to develop a beginning direction.

INTERVIEWER: Well, that's quite a lot that you have on your mind.

Let me see if I have a beginning understanding of what's troubling you. You're angry and smarting from the breakup with Ray and wondering if there's a pattern that you will keep repeating in relationships. You're not sleeping very well, and you notice you have trouble concentrating. You don't have much energy, feel lonely, and sometimes you just break out crying for no apparent reason. But especially you wonder what's happening. You want to understand what's going on with you and worry that you're "losing it," maybe going crazy. You're feeling out of control sometimes—screaming, throwing, and breaking things. That's happened before when you broke up with boyfriends, but something new this time was cutting yourself, and that frightened you.

I began this segment with a long collecting summary of the concerns that Julia had expressed thus far.

In addition to double-checking that I understood correctly, a summary like this also serves to build a therapeutic relationship, showing that I was listening carefully and remembering what Julia said.

JULIA: Freaked me out. But it was also kind of a relief in a way, and that scares me, too.

INTERVIEWER: Like you might do it again.

JULIA: I don't know. I just don't know what's wrong with me.

INTERVIEWER: There's so much going on in your life right now that you hardly know where to start, and so you came here to the clinic.

JULIA: Yes. Do you think you can help me?

INTERVIEWER: Yes, I do. This all feels pretty strange to you, even coming here, but I've worked with women before who have had concerns like this, and I believe I can help. A good place to start, I think, is to get clearer about our goals in working together. If our work together were really successful from your perspective, what would be different?

JULIA: I guess I wouldn't feel so bad all the time. Should I be taking medication?

INTERVIEWER: That's one possibility, but let's talk first about where you want to go before we consider how to get there. So one thing you'd like to change is how you're feeling. Tell me a little more about that.

JULIA: I just feel upset and I'm crying a lot. I'm not sleeping and I feel worn out, run down.

INTERVIEWER: OK, you'd like to get your emotional life settled down some, to be able to sleep better and have more energy. What else?

JULIA: I want a good relationship.

INTERVIEWER: Tell me about that.

JULIA: I want to be with a man I can be close to, somebody who's interesting and will talk to me. Sex is good, but I want someone who really loves *me* and doesn't shut me out. Why do men do that?

INTERVIEWER: That's one thing that was so upsetting for you with Ray—feeling shut out.

JULIA: Yes! I just want to know why I keep screwing up all my relationships. What's wrong with me?

INTERVIEWER: That's another thing that upsets you—not knowing why you feel so bad and why these things happen to you. You want to understand what's going on with relationships and also with cutting yourself.

JULIA: Isn't that important—to understand?

INTERVIEWER: Clearly, it's important to you. You don't like feeling out of control, and there are some other things that you're clear about. You want to feel better, to have some peace inside, to be able to sleep and concentrate. You'd like to be in a relationship where you can love and be loved and feel close.

Complex reflection—making a guess

Reflection

Asking for hope

Offering hope

Normalizing her concerns

Orienting to the focusing process

I avoided quick closure on one solution and continued to find the horizon.

Open question

A collecting summary

and an invitation to continue the list

Open question (although linguistically it is a statement)

Simple reflection

Reflection—accumulating a list of concerns

Although skeptical about the value of her gaining insight into “why,” I heard and acknowledged this as a priority for her within the context of a list of other concerns.

And you think it would help if you could understand what's going on with you and why it's happening. Is that a good start?

JULIA: Yes. Especially understanding what's happening.

INTERVIEWER: That's a high priority for you, and I do have an idea that puts some of the pieces of the puzzle together—not all of them, mind you, but it makes sense of a lot of what you are experiencing, at least to me. If it's all right with you, we can talk about that next.

JULIA: Sure. What's your idea?

Asking permission to share a formulation with her as one piece of understanding her dilemma

Permission granted

In a simpler agenda mapping process I might have asked where Julia would like to start—which of these concerns that she presented had highest priority for her as a focus. Her situation, however, is a good example of Scenario 3 (unclear direction) discussed in Chapter 9, where there are many concerns and the challenge seems to be one of putting the puzzle together. Functioning as a guide, I had a working hypothesis to discuss with her as a possible way forward. The focusing process continues as an example of information exchange (Chapter 11) and the elicit–provide–elicit sequence.

INTERVIEWER: You're really struggling to understand what is happening to you, and I wonder if I might ask you what you know about depression.

I began by eliciting what Julia already knew about depression—a working hypothesis.

JULIA: I guess it's like when you feel really sad and down, maybe don't have energy to do anything. Do you think that's what I have?

INTERVIEWER: Well, if it's all right, let me describe some of what people experience with depression, and you can tell me what parts of this may fit for you.

Asking permission

JULIA: Yes, OK.

INTERVIEWER: Depression is really a set of different symptoms, and you don't need to have all of them. You don't even have to feel particularly sad. It's like when people catch a cold; they experience it in different ways. Some cough or sneeze a lot, some get a fever, some people feel really tired. You might or might not have a sore throat or lose your voice. Depression is like that—a set of symptoms that might or might not be present. Does that make sense?

Providing some contextual information about depression

Elicit

JULIA: Yeah. What are the symptoms?

INTERVIEWER: One of them, as you said, is a sad mood, feeling down, crying. And people often seem to lose interest in the things that they usually enjoy.

Providing more information

JULIA: That sounds like me. I'm not having much fun lately.

She responded without having to be asked. (elicit)

INTERVIEWER: All right. Another one is a change in sleeping patterns. Some people have trouble sleeping, and other

Providing two more bits of information

people sleep a lot more than usual. And appetite can also change; some people gain weight and some lose it. Do you experience that?

Elicit

JULIA: I'm certainly not sleeping well, but my weight hasn't really changed. I think I'm eating about the same.

INTERVIEWER: OK. And as I said, different people have different symptoms. You mentioned having a hard time concentrating, and that's pretty common with depression. Feeling tired most of the time. How about feeling bad about yourself, feeling worthless or guilty?

Information (as a closed question)

JULIA: Definitely. That's me.

INTERVIEWER: And one more thing is that people who are depressed sometimes find themselves thinking about death a lot or of taking their own lives. What about that?

Checking on suicide risk

JULIA: I don't really think about killing myself. I don't think I'd ever do that, but I do think about dying sometimes, that it would put me out of my misery. Cemeteries give me a creepy feeling lately.

INTERVIEWER: All right—well, those are the common symptoms of depression, and it sounds like you have quite a few of them. Have I been clear? What else can I tell you about depression?

Asking, to close the elicit–provide–elicit loop

JULIA: It sounds like me.

Now there was a provisional focus for the consultation (depression), but what were Julia's own motivations for change? There were some clues in the prior conversation, but here the interview process shifted from focusing to evoking (Chapter 13). I picked up where we had left off in the first session.

INTERVIEWER: Last time we talked about depression as a common clinical problem. In fact, depression is the most common problem that brings people to our clinic. We went through the signs of depression, and there were quite a few that you recognize in yourself. I guess the next thing I'd like to discuss is how you would like things to be different.

Normalizing

JULIA: I don't want to feel so bad about myself that I'm carving up my arm.

Evocative question focused on Desire language

Change talk (Desire)

INTERVIEWER: That really got your attention. You know how you *don't* want to feel. How *do* you want to feel?

JULIA: Normal, I guess. Happy. To have energy to do things again. When I broke up with Ray it just made me crazy. I feel like there's something wrong with me, that I always screw up my relationships.

Change talk—Desire

INTERVIEWER: You'd like to feel happy and good about yourself again. What else?

Selectively reflecting the change talk
Open question inviting more

JULIA: I want to be with a man who loves me. I seem to attract guys who are hung up about telling me how they feel. I need a man I can talk to.	<i>More change talk—Desire</i> <i>Change talk—Need</i>
INTERVIEWER: How important is that to you, to have a relationship like that?	<i>Evocative question focused on Need</i>
JULIA: Very important. I don't want to be alone. I need to be loved.	<i>Change talk—Need</i>
INTERVIEWER: You need that.	<i>Simple reflection</i>
JULIA: Yes! I don't want to keep destroying relationships. I don't know why I do that.	<i>Change talk—Desire</i>
INTERVIEWER: Tell me a little about why you want to feel better.	<i>Evocative question focused on Reasons</i>
JULIA: I just feel like I'm dragging around this heavy weight with me all the time. I like to have fun, but I've really become a drag to be with. I feel like even my friends avoid me.	<i>Change talk—Reasons</i>
INTERVIEWER: It would be good to feel lighthearted, to enjoy life and being with your friends.	<i>Reflection</i>
JULIA: Yes it would. Do you think it's possible for me?	<i>Change talk</i>
INTERVIEWER: Well I was just going to ask you about that. What are some of your personal strengths? What might your friends say that you have going for you?	<i>Evocative question focused on Ability</i>
JULIA: I don't know. They'd probably say that I'm stubborn.	
INTERVIEWER: That when you set your mind to doing something, it's going to happen.	<i>Complex reflection</i>
JULIA: Something like that. I don't feel that way now, but I've been pretty persistent in the past. I guess I have it in me.	<i>Change talk—Ability</i>
INTERVIEWER: Give me an example. When have you done something or made a change in your life that really took some effort, maybe something you weren't sure at first that you could do?	<i>Asking for elaboration</i>
JULIA: Moving here. I had always lived in Ireland near my father and my sisters, and I moved out here all by myself.	
INTERVIEWER: Such a long way. That took some courage.	<i>Affirming</i>
JULIA: I just wanted to be on my own for a change, to get away. But now I feel too much on my own.	
INTERVIEWER: It takes a lot to move to a new place on your own. How did you do it?	<i>Evocative question</i>
JULIA: I had to find a job here, and I started going to classes at the university. I had to get used to a different culture, figure out the stores and banking system, and make some friends.	
INTERVIEWER: And you did it. That's a lot of change to manage.	<i>Affirming</i>
JULIA: I never thought much about it. I guess I can do it when it's important enough.	<i>Change talk—Ability</i>

INTERVIEWER: So use your imagination here. Suppose that we work together and you are successful in making these changes. How might your life be different, say, 5 years from now?

Looking ahead

JULIA: I'd be married, maybe have a family. I'd have a better job that I enjoy more. I just wouldn't be stressing out like this all the time. A calmer life.

Change talk

It was not difficult to evoke change talk from Julia. She seemed to have plenty of motivations to make a change in her life. A next step, then, was to test the water for readiness to proceed with planning via a recapitulation and key question (Chapter 19).

INTERVIEWER: Well, thanks for all you've told me, Julia. You've been feeling a lot of turmoil in your life and I appreciate how honest and open you have been with me. Let me just pull together what you've told me, and then we'll see what the next step is. *You would really like to start feeling better, in general and about yourself, and to feel interested in things again.* When you got to feeling bad enough that you cut yourself, that kind of startled you and got your attention, and *it helped you decide that it was time to do something about it. You've been feeling really bad,* like you have been dragging a great weight around with you, and *you're rather tired of feeling like your friends avoid you. Friends are important to you.* In the longer run *you also want to have an open, warm, and loving relationship with a man.* You're a pretty resourceful person. *You moved here from Ireland all on your own and set up a new life for yourself. You're also a stubborn and persistent person.* Once you make up your mind to do something it's likely to happen. *You would like to understand what's been going wrong* in your relationships because somewhere down the line *you would like to be married,* and you also mentioned *finding a better job as a longer-term goal.* You've been through a lot of emotional pain, and *you're eager for a calmer and happier life.* So what would you like to do?

Affirmation

Recapitulation

Notice that a summary collects the "flowers" of change talk into a bouquet. The bold italic text recapitulates Julia's own change talk.

Affirmation—emphasizing strengths

Key question, orientation/transition to planning

JULIA: I'm not sure what to do, but I know I can't keep going like I have been. Something has to change.

Change talk—need

INTERVIEWER: It sounds like you're ready to do whatever it takes to feel better and get on with a new life.

Reflection, testing the water

JULIA: I am. I don't want to keep living the way I have been.

Change talk—Desire

INTERVIEWER: Well, shall we talk about some possibilities, then?

Key question—asking permission

JULIA: Yes, please.

She signaled a readiness to proceed with planning.

Planning is a collaborative process combining the expertise of the counselor and the client. I began the planning process (as discussed in Chapter 20) by asking for Julia's own ideas about what would work for her.

INTERVIEWER: First of all, Julia, I would like to know what ideas you have for how you might start feeling better. No one knows you better than you do, and I'm sure you have tried some things in the past to lift your mood a bit. Tell me about those.

Notice that evoking continues during the planning process.

JULIA: Sometimes I have gone to a funny, romantic movie and it makes me smile, but it also reminds me of what I don't have in a relationship.

INTERVIEWER: Um-hmm. A pleasant movie is one thing that can lift your spirits sometimes. What else?

Simple reflection

Open question, asking for more

JULIA: Getting out of my apartment. If I just sit there watching television with the curtains drawn, that's not good for me.

INTERVIEWER: You know that about yourself—getting out helps. And what do you do when you go out of your apartment?

Reflection

Open question for elaboration

JULIA: I might just take a walk or arrange to see my friends. But like I said, it seems like they don't want to be around me so much anymore because I bring them down with me. What do you think I should do? Do you have some suggestions for me?

She asks for direction.

INTERVIEWER: Yes, I do. I already have a few thoughts of things you might try. I don't know very much about you yet, but you do, and I think together we can find what works for you.

I support hope, emphasizing partnership and Julia's expertise regarding herself.

JULIA: So what do you think I should do?

INTERVIEWER: Well, let's consider some options. You already know some things that have helped lift your mood in the past, like getting out of your apartment to take a walk, see friends, or go to a pleasant movie. I'm very interested in your own hunches about what you need and what will help you, so let's talk about some possibilities and then discuss together where to start, what might be best to try first.

Orientation to brainstorming, respecting her own wisdom and choice

JULIA: OK.

INTERVIEWER: One thing that seems clear to me is that you're struggling with depression right now. Tell me this, Julia. What do you already know about how depression can be treated?

I began an elicit-provide-elicited sequence.

JULIA: Not much. I've seen ads for pills.

INTERVIEWER: You've mentioned that several times, and it's one good option. What other possibilities do you know about?

Continuing to evoke as part of the planning process

JULIA: I don't know—talking about it maybe? What causes depression?

INTERVIEWER: The good news is that there are several different approaches that work well. If you want, I can describe them to you briefly and you can tell me your hunches about which of them seem to fit you best.	<i>Orientation to a menu of options</i>
JULIA: OK.	
INTERVIEWER: It seems there are several different things that can contribute to depression, a variety of ways that people sink into it. One of them has to do with thought patterns. Some people are super critical of themselves; they are often running themselves down or thinking about things in a negative way that keeps them upset. One approach helps people to examine and change their thought patterns. Does that make sense?	<i>Asking permission</i>
JULIA: Uh-huh. I do that.	<i>Providing bit of information—one possibility</i>
INTERVIEWER: You run yourself down. All right. Well, let me continue, because there are other possibilities as well. Some people just get into a situation or a lifestyle where they have very little happening that is positive. There's not much that is enjoyable or pleasurable in their lives. They spend a lot of their time doing things they don't enjoy or hearing negative feedback from other people. How does that fit?	<i>Eliciting her reaction</i>
JULIA: I don't know, it doesn't sound quite like me. I do enjoy going for a walk or seeing my friends, and when I have a good relationship with a man it's a real high for me. My work isn't all that great, but it's OK.	<i>Provide (another hypothesis)</i>
INTERVIEWER: So that one doesn't seem to fit your situation as well.	<i>Elicit</i>
JULIA: Right. I mean, you're the expert, so you would know better.	
INTERVIEWER: Actually I think we will know best together, and I trust your judgment on this. Ready for another one?	<i>Reflection</i>
JULIA: Sure.	
INTERVIEWER: Sometimes people feel like they can't express their own needs or feelings very well. They let people walk all over them, or spend their time trying to meet other people's needs rather than their own. Inside they feel frustrated or angry, but they don't often express it openly.	<i>Respecting client autonomy</i>
JULIA: Oh, I express it all right. I don't think that's my problem.	<i>Providing another bit of information, another possible factor in depression</i>
INTERVIEWER: Let me just check one more thing, though. Some people go back and forth between stuffing their own feelings and frustrations, and then blowing up. It's like the pressure builds up until there's an explosion. What about that?	<i>No need to elicit this time—she responded without prompting.</i>
	<i>Elicit</i>

JULIA: Like I told you, I've had some explosions in my relationships, but I don't think it was because I wasn't expressing my needs. I'm pretty good at asking for what I want, and sometimes that's what gets me into trouble.

INTERVIEWER: OK—one more idea. Sometimes depression just seems to come out of nowhere. Life is going along all right, and then gradually the person starts having trouble sleeping, breaks out crying, feels fatigued, and feels sad and worthless for no apparent reason. If you try to think up a reason to explain it you can probably find one, but the depression just seems to have a life of its own.

JULIA: Maybe there's some of that with me. Is that when people take medication?

INTERVIEWER: That's one reason, yes, but there can be other reasons to try medication as well.

JULIA: It seems like I have more than enough reasons for feeling down and upset. But I do wonder if medication would help me.

INTERVIEWER: That's very helpful, thanks. There are different treatments to try depending on which of these seems to be contributing to depression, and your strongest hunch seemed to be about how you run yourself down in your mind—things you tell yourself that get you feeling worse about yourself. A treatment that helps with this is called cognitive therapy.

JULIA: I definitely do that.

INTERVIEWER: And then you also have wondered whether an antidepressant medication might help. Those are the two that you mentioned as seeming most promising.

JULIA: Which do you think I should do?

INTERVIEWER: It's not a matter of having to choose between them, because it's possible to do both. The research on this indicates that both cognitive therapy and medication are about equally effective, and we could start with either.

JULIA: That's a relief. I don't want to take medication if I don't have to—the side effects and all. If I can do it myself, I'd prefer that.

INTERVIEWER: One plan, then, could be to start with cognitive therapy and see how that goes for you. We can always keep other options open depending on your experience.

Another hypothesis

Again responding without an elicit prompt; she seems to be getting the rhythm.

Beginning a change plan summary

Continuing the plan summary

Continuing the plan summary

Surprise—after raising the possibility several times she doesn't like the idea of taking medication.

Tying together the initial change plan

Notice how collaborative and evocative the planning process is. Even when the interviewer is providing information, there are open questions (eliciting) and reflections. There is a temptation for the counselor to just take over when it comes time for planning. So a tentative change plan has been developed, but is it

acceptable to Julia and will she commit to it? The next segment (from Chapter 21) illustrates consolidating commitment.

INTERVIEWER: All right, Julia. Let me see if I understand what you want to do. The first time we talked you were feeling a bit out of control, scared about the explosion with Ray, and cutting yourself. As we talked, much of what you're experiencing fits together as depression, and addressing that seems like a first priority. I know that you have other important goals as well, like understanding what has been happening with your relationships. First, though, it makes sense to do something about your depression—to have more energy, sleep better, feel better about yourself. Is that about right?

Recapitulation

JULIA: Yes.

INTERVIEWER: And as we discussed different ways to alleviate depression, you particularly picked up on your thought patterns as a contributing factor. I mentioned cognitive therapy as one approach that has been shown to work well, keeping other options open depending on your experience. So far so good?

Checking

The recapitulation continues into the change plan.

JULIA: How long does that take?

INTERVIEWER: It varies, but normally we would meet weekly for about 2 months, probably twice a week in the beginning to get started.

Checking

JULIA: And how long before I get better?

INTERVIEWER: Again, it varies, but certainly you should feel quite a bit better within a month or two. If not, we will explore other options.

JULIA: Like pills.

INTERVIEWER: Like medication if that seems the next good option. I will work with you until we find what works for you. So that's our plan as I understand it. Are you willing to do that—come once or twice a week, work together for about 2 months, and see how it goes?

Encouraging hope

Key question testing the water for commitment

JULIA: Yes, that sounds good.

INTERVIEWER: So that's what we'll do then?

JULIA: OK.

Signaling commitment

INTERVIEWER: Then let's get started on Thursday. Is 4:00 possible for you?

JULIA: Yes, that's fine.

We did pursue cognitive therapy as a remedy for Julia's depression. She stayed with the process very well, did most of her homework assignments, kept journals of her thoughts and resulting feelings, generated

antidote self-talk to practice when she was running herself down (“Now wait a minute . . .”) emphasizing her strengths and inherent worth, and began feeling substantially better. Flagging motivation was not really a problem during the treatment process, but still she longed for an explanation that would account for her experience. Even though she recognized that changing her self-talk was helping her to maintain a more positive mood, she wanted to understand why she was having so much difficulty in relationships and she feared continuing to repeat the pattern. Then during our eighth session, on a hunch I asked her:

INTERVIEWER: Julia, what was your father like?

Open question

JULIA: He was gone a lot. He traveled, but when he was in town he was usually around at night. My sisters and I were always glad to see him, and he liked to tell us stories sometimes. He wasn’t very affectionate—physically, I mean. He didn’t hug or kiss us much. We always knew that deep down inside he loved us. He just wasn’t the kind of man who showed it.

INTERVIEWER: Inside he loved you, but outside he was pretty reserved.

Simple reflection

JULIA: Right. It’s like he was a little afraid of us maybe, afraid of getting too close.

INTERVIEWER: So sometimes you probably wondered if he really loved you.

Reflection of feeling

JULIA: No, not really, but it would have been nice for him to show it more. He wasn’t even very affectionate with our mum, at least not as far as we could see.

INTERVIEWER: Like it was uncomfortable for him. He kept his distance.

Complex reflection (or in psychodynamic perspective, an interpretation)

She went silent and I saw it hit her. She began weeping, and I waited. After a while she broke the silence: “Oh my God! I’m trying to make my father love me and show it.” It was a classic insight moment, and it satisfied her yearning to understand.

Julia reminded me once again that people have wisdom about themselves. I was skeptical that insight would heal her, but I remained open to her own intuition and in the end it provided closure for her. Her insight also helped me with several subsequent clients who had a similar pattern of repeated relationship difficulties. By virtue of her history she was attracted to precisely the wrong kind of man for her. Her romantic passions were aroused by men who were uncomfortable expressing feelings, with the fantasy that she could somehow “get to” the real, warm teddy-bear person that she envisioned to be inside them. But then as the relationship developed and she wasn’t getting the warm affection that she longed for, she began pressing harder for it. The natural response of her partner in this demand–withdraw pattern was to withdraw more, further frustrating her desire until finally it ended in a cataclysm of rage. We continued to meet for a few more weeks, and she began experimenting with dating men to whom she didn’t feel a chemical attraction, but who were overtly warm and loving. She found these relationships less intense but considerably more rewarding.