

this can be seen as a form of

ern is presented where the client
anger, or shame. During each ep-
disrupting her normal speech pat-
expressions of emotion the client
lessness. In fact, hopelessness is
session, constituting almost 50%
erent points at which she demon-
in early in the first session, she is
her family anymore:

message saying, "I'd like to take
ome reason it really upset me all
eachhouse and I cried, I was very
lunch with you because I might
: She's very critical. She has, I
life and she's the one who called
then I never heard from her for
the hospital. And she wonders
I think we feel? They told me to
y ill. So you're supposed to go
re resentful toward them.

er for how's she's treated you.
lity to, that she's going to criti-
times when I have got angry in
point now where I don't want
me alone. That's how I feel.
is coming and I dread it.
are difficult, and often painful.
and her three sisters no longer
camp survivor. He has always

been emotionally removed from the family and is often perceived as critical
and judgmental. There is a history of physical punishment throughout her
childhood, particularly from her father. Talking about her parents in the
first session, she says:

"And she [mother] does things like, in the middle of the night, call you up
and call you names, and once I was married, I guess I just decided I had
enough. I can't take this anymore so I just cut my ties with her. And my
father is just, he's just not there. Like I've been—I haven't worked for a
year, my husband's had a breakdown, even my best friend died. He's
never called once to touch. Not just this year, any year. Just doesn't, he
just doesn't, he's not demonstrative."

The therapist, hearing a focused voice when she talked about her fa-
ther just not being there, focuses her internally by selectively reflecting on
her loneliness implicit in her current state: "You're feeling so alone. There's
nobody really there."
Soon after this the exploration turns toward her lonely, weak, and vul-
nerable feelings and she moves into hopelessness. The therapist identifies
this as a potential focus of therapy, marking it for later, while suggesting a
rationale for an emotion-focused therapy and an alternative approach to
dealing with such emotions:

C: Oh, I think I should be doing other things rather than sitting around
feeling bad for myself.
T: You're saying you hate getting weak.
C: Oh, yeah, a waste of time.
T: Somehow your emotion is an important message that you're giving
yourself.
C: Well, yeah, I've been doing this all my life.

T: Yes, so its here you want to—Somehow, what is this, what do you feel
as you begin to cry? Do you feel so alone? Is that what—
C: I guess that's it. I just—feel tired.

T: Tired of the struggle.
C: Yeah, I'm tired of thinking about it. You know, sometimes I'm preoccu-
pied, just like, "Oh, God like if I could turn a switch." A lot of times I
like to sleep because then I don't think.

T: Yeah, yeah, but somehow whatever's going on you do think and it does
go around and around.
C: All the time.