



## Overview

The following role plays were part of the three part Compass Connections webinar series on Pediatric Somatization which took place in November and December 2022. These scripts highlight key clinical strategies to help reduce mistrust and confusion, deliver information about somatization, and introduce two key concepts in treatment - exploring emotions and optimizing functioning. These role plays are also in the Pediatric Somatization webinars I, II, and III in the recordings and the slides.

## Introducing the Characters

### Zara

My name is Zara. I'm 16 years old and I live in Fort Nelson. A year ago I started having stomach pain and nausea that wouldn't go away. It's there all the time. I used to get really good grades, and I was busy with volleyball, skiing and hanging out with friends. Most days I can't go to school because I'm too nauseated. My friends don't really understand - it's like they are moving on with their lives. I feel like I'm all alone and no one understands. I just want someone to give me a diagnosis and fix this so I can go back to my normal life.

### Pat

I'm Zara's mom. Our lives have changed so much since this started; I can't work, my other children aren't getting enough attention, and my husband and I argue about what to do. We were a normal family before this. I'm so worried about Zara. She isn't herself anymore - she was always so good at everything. She never complained of anything before, even when she was really hurt. Our family doctor has ordered tests and has seen us a bunch of times, but there's no answer. We waited for 10 months to see a gastroenterologist and they said that there's nothing wrong with Zara. We've been to Emergency 4-5 times but no one does anything. They say it's all "in her head". Zara's pain and nausea are real; you can't tell me that there isn't a physical cause when I sit here and watch her in pain. It feels like no one is listening, and meanwhile my daughter is getting worse and worse.

### Grace

I'm Zara's family doctor. I've known Zara and her family since she was young. I've done repeated physical exams, investigations and I think that this is functional. I also sent Zara to see a pediatric GI specialist to make sure. Even though I've been thorough, I worry that I'm missing something. I used to like seeing Zara, but now I dread it. I've tried to explain things to Zara and her parents, but they just seem really frustrated. It's



difficult to find the right words. I'm not sure how I can help them understand. And I'm really busy, these appointments take a long time.

Miriam

I'm Zara's mental health clinician. I am meeting Zara and her Mom for the first time after Zara has been diagnosed with somatization. I'm not sure what they've been told and what they understand about this diagnosis. I'm trying to figure out how I can help.

## Session 1 - Identifying Somatization

### Providing a diagnosis and initial psychoeducation

Key points in this example:

- Validate suffering
- Summarize history, physical exam and investigation results
- Provide a positive diagnosis of somatization or 'element of somatization'
- Explain and normalize somatization
- Explain the 'two paths' approach (medical and somatization)

Zara: My pain and nausea are worse than ever, and I just want someone to treat this so I can get back to school and volleyball.

Grace: These symptoms have had a big impact on your life, and you've felt frustrated that none of the medication you've tried has helped.

Last week you saw a pediatric gastroenterologist. I received the results and your diagnosis is called a disorder of gut-brain interaction (another term for that is a functional GI disorder). This is a condition that is affected by somatization.

Pat: I don't understand, how did you make this diagnosis?

Grace: For Zara's symptoms, we look for two types of conditions. The first type is what we call a structural condition – that means that there is something wrong with the structure of your esophagus, stomach, or intestines, like inflammation, injury, growths, and lesions.

The second type is a messenger system condition. A gut-brain interaction disorder means that the problem is in how your stomach receives and sends messages to your brain and how your brain receives and sends messages to your stomach.



Zara, in order to make your diagnosis, the pediatrician and I have asked a lot of questions about your symptoms, done physical exams, and ordered investigations. The pediatrician has arranged a scope which should happen in a few months, but all of the information we have now points to a messenger system condition.

Somatization is a big part of messenger system conditions. This is actually very common and treatable.

Pat: Sometimes I worry no one is taking us seriously. I see her in pain, and this is real physical pain. I've done a lot of reading and I'm worried about Crohn's disease. My cousin has Crohn's, and their diagnosis was missed for two years. Also what about mesenteric adenitis? My uncle is a doctor and he said we need a lot more tests. She hasn't even had a scope yet.

Grace: It makes sense that you want to make sure nothing is being missed. That's why Zara will be getting a scope, but it will take a few months. And we already have a diagnosis and we don't want to wait to start treatment.

We call this "walking two paths" – that means that I will continue to assess your symptoms and, when necessary, do some testing. At the same time I would like Zara to learn about gut brain interaction disorders and somatization.

I'm going to give you a website for more information about diet and other strategies. I also want to talk to you about this word "somatization".

Pat: I've never heard this word somatization. What does it even mean?

Grace: Somatization is the term we use for the normal and real physical expression of emotions and stress. All emotions are felt in our bodies physically. For example, when we are sad, tears come out of our eyes, when we are happy, we feel light throughout our body. Stomach aches, dizziness, fatigue, shaking episodes are all examples of somatization symptoms. Somatization is very common and very real, it's something we all experience every day.

Almost every symptom that has been going on for a long time is affected by somatization. That means that stress and emotions can make any physical symptom worse. For example, on stressful days, migraines can be a lot more intense.



Zara: But why did this happen to me when I wasn't even stressed? Everything was perfect before this started.

Grace: When this all started, you and your whole family were sick with a viral gastritis. This is a common way that disorders of gut-brain interaction start – something sets off the gut sensitivity and then other things keep the messenger system activated. You don't have a virus anymore, but your system is still reacting. Somatization means that stress is one of the things that makes the symptoms worse.

Zara: It kind of makes sense to me. I get that my symptoms are a bit worse when I'm worried about tests at school.

Grace: Zara, are you open to learning more about somatization and the treatments for gut-brain interaction disorders?

There's a website with more information and I can also make a referral to a group program at BC Children's Hospital so you can meet other youth with chronic physical symptoms. Often you feel like you are alone with this, and that no one can understand. Do you think it would help to meet other youth in a similar situation?

Zara: I wouldn't mind meeting other people too. But do I have to go to Children's Hospital?

Grace: Great question – no, it's a virtual group with teens from all over BC. The youth have sessions together and then the parents have sessions too. The group is called "The Mind and Body Together Group" and it helps you understand how stress and emotions can play a role in long standing physical symptoms, in medical conditions, and in mental health conditions. You will also learn about strategies that have been helpful for other teens and parents.



## Session 2 - Increasing Trust and Reducing Confusion

### Explaining 'Mind and Body Together'

Key points in this example:

- Tailor the explanation depending on your clinical style and patient/family needs (there are many ways to explain 'Mind and Body Together')
- Slow down, invite questions, ensure patient and family understanding.
- Ask permission before delivering expertise.
- Notice self-blame in the narrative - and then normalize somatization.

Grace: Hi Zara, thanks for coming back again. Last week we reviewed the results of your investigations and recent visit to gastroenterology, and talked about your diagnosis of a disorder of gut-brain interaction. We also talked about somatization. I'm mindful that there was a lot of information to take in. I wanted to meet with you again to see if you had any questions, and to talk a little more about somatization and next steps in treatment.

Zara: OK yeah that sounds good. I mean I was thinking about what we talked about last time and I kind of understand somatization and how the gut and the brain work together. But I think I'm still having a hard time seeing how it fits for me. I don't understand how that could explain why I'm having so much pain. I really don't get stressed so I'm not sure that it makes sense for me, although I could see how this might fit for other people.

Grace: You're being very thoughtful about this - you're really mulling it over. And it sounds like you're not sure how somatization fits for you. And at the same time, it sounds like you are willing to learn more. Is it okay if we talk about the mind body together concept?

Zara: Okay

Grace: What do you understand about this?

Zara: It means that my emotions make it seem like I have pain and nausea.



Grace: So the way you understand somatization means that your symptoms aren't real. It makes sense then to me that you are grappling with this diagnosis. Our team understands it a little bit differently. What we have been learning is that your mind and body are one integrated system, and that emotions live in your mind and your body. Any experience you have, affects both your mind and your body. For example, if your stomach is empty, messages are automatically sent to your brain, so you know that you need food – you feel hungry and even "hangry". Once you get that information then you can act on it. Another example might be hearing a loud bang. You feel a sense of anxiety and your body automatically gets ready to act by tensing up, speeding up your heart, and making you breathe more quickly. Does that make sense?

Zara: Yes, that does.

Grace: When you first had nausea and pain, your body was paying a lot of attention to what was going on. I'm guessing that you were a bit worried about when the symptoms would get better – you were missing out on volleyball, and had a lot going on at school at that time, and those are things that are really important to you!

Zara: I do remember being worried about my grades because I couldn't go to classes.

Grace: Right that makes sense. That type of worry can add to symptoms. For me, I get migraines for lots of reasons - like not sleeping enough, not having coffee in the morning. I've also noticed that I tend to have more migraines on Mondays - I love my work but it tends to be busier and more stressful on Mondays. That's what we call the mind and body working together.

## Introducing framework for integrated treatments

### Key points in this example:

- Provide an overview of the framework to reduce confusion and give patients, families, and care providers a roadmap for treatment.
- Explain that the framework was created based on experience working with many previous patients.
- Explain the three main components of integrated treatments: (1) manage co-occurring conditions, (2) improve functioning, and (3) explore emotions.

Grace: We actually have a framework for managing somatization - it maps out steps that have been really helpful for youth in their journey to getting better, so it's something we have a lot of confidence in. Would you like me to tell you about the framework?



Zara: Sure.

Grace: If you look at the paper you can see that there are three different areas in green: manage co-occurring conditions, improve functioning, and explore emotions. We'll start with the first one.

Manage co-occurring conditions means that it's important to treat any medical or mental health conditions that you have and to have the right kind of follow up. For example, if you have migraines with an element of somatization and medication works, then you would take medication.

For you, this means paying attention to your diet for your disorder of gut-brain interaction and getting the scope we've arranged in a few months. It's also important for you to have follow up appointments with me, so we can keep an eye on how you are doing.

Zara: Okay, that sounds good. I like knowing there is someone I can talk to about my symptoms.

Grace: The second area is called Improve Functioning. We know that when you have strong physical symptoms, the symptoms take you away from doing things that you love and things that are important for you to do. We've learned from other youth that getting their lives back is an important part of treatment. That's what we call Improving Functioning. So what we want to do is try and move the spotlight away from the symptoms, and focus on doing what matters. This can be really hard to do when you have strong physical symptoms, so it's important to make a plan for managing your symptoms, and slowly getting back to seeing friends, doing activities and going to school. It will be important to have some support in place and not overdo it.

Zara: But what about when my nausea is a 10/10?

Grace: Now that we know your symptoms aren't dangerous, they're really strong and distressing, but not dangerous, we are going to focus on you doing everyday things even when you have the symptoms. I can share some resources and plans that have helped other youth in similar situations.

Zara: I would really like to get back to school. I'd like to hear more about what's worked for other people.



Grace: The last area is called Exploring Emotions. This means that over time you can start to notice different emotions and how that might impact your mind body signals and your symptoms. This area is too hard for any one person to do on their own. Many youth have found it really helpful to work with a psychologist or therapist to understand more about their stresses, things that make them feel better, and work on some coping strategies. Do you have someone like that already involved or should we figure out a referral?

Zara: I think my Mom called the CYMH team and we have an appointment next week. I talked to a counselor in the past. I guess I'm okay with seeing them again.

Grace: That's a lot to think about, so we will focus on a few steps at a time. The next thing is to figure out a symptom management plan, figure out how to get you back to school, and connect with CYMH.

Zara: Sounds good.

## Therapeutic assessment with mental health clinician

### Key points in this example:

- Continue to address mistrust of diagnosis and treatment plan as it arises over time.
- Be open to learning from the patient and family, and listen to their experiences.
- Identify positive intentions and validate them (repeatedly).
- Seek permission to share ideas and strategies, and tie new information to what they have already said (scaffolding from bottom up).
- Co-construct goals of treatment.

Zara: This is silly. I don't know why I actually came. I'm not sure you can even help me.

Pat: Look, the doctor said we should come, so let's just get this done and then we can move on to the next step.

Miriam: Zara and Pat - thank you both for sharing your perspectives; it's actually helpful to know. It must be difficult to feel like you have to come here to check something off a list so you can get ongoing medical service. That must make it hard to imagine how coming here and talking to me could genuinely benefit Zara in the long run.



Pat: We talked with Dr. Grace about somatization, and I understand it in theory, I just am having a hard time seeing how this might apply to Zara. She is always so strong, it's hard to imagine that stress causes all of these physical symptoms. It kind of feels like they are saying "it's all in her head" and I know that's just not true.

Miriam: So it's no wonder coming here doesn't feel right. You know the symptoms are real, and you know your daughter is strong. The idea that stress is part of the picture almost invalidates that reality and what you know.

Zara: I've had stress before when I was younger, and this feels totally different. I feel like I learned how to deal with stress and I learned strategies to deal with stress. I feel like I'm a pretty strong person and it's hard to wrap my head around why this is happening now.

Miriam: I'm sensing you have a lot of questions that need to be answered. Like, why is this happening to you? Why is it happening now? If it was stress, why haven't all the previous strategies worked?

Zara: Yeah. I need those questions answered.

Miriam: Given that there are things you are curious about, I wonder if that should be the focus of our work right now. The preliminary goals being to make sense of these symptoms - whether they are connected to stress - as well as how/why. I don't think we can go forward to any other interventions until we all have a shared understanding that you can firmly agree is true.

Pat: I would really appreciate that approach - thank you. I need to know the treatment we are pursuing is actually on target. The bottom line is her health is stopping her from living her life. We need to get rid of the symptoms - especially the pain.

Zara: If I can get rid of the pain, then I will be able to do all the things I need to do, like going to school and playing volleyball and seeing my friends.

Pat: It is hard seeing Zara suffer and miss out. I want to see her happy and with her friends again. She never smiles anymore.

Miriam: The symptoms have been very costly.



Zara: Once the pain and nausea are gone, then I'll be able to do those things again. For now, I just have to wait. My hands are tied.

Miriam: It sounds like there isn't a version of those things you can do, with the pain there.

Zara: No. If I'm only able to play volleyball half as well as before, what's the point? I don't need everyone's pity. I'm supposed to be the star of the team. Plus, what if playing makes the pain worse? I need to be perfectly healed before getting out there.

Miriam: I think I'm getting the picture. You're used to be the star, and it would feel like a pretty big tumble if you went out there and you felt like you were only a partial version of who used to be. That'd be hard to take.

Zara: Yes. Totally.

Miriam: You mentioned your hands were tied. That must be a very powerless feeling. Often, people can be really defeated. It becomes hard to keep trying things when everything you try doesn't seem to help.

Pat: That's what I've been saying. She's done everything the doctors told her to do to get better. Now, she just looks so depressed. Nobody is understanding the toll this is taking on her.

Miriam: It sounds like you might be telling me it's important to both of you that Zara become empowered again. She has always been so strong, and seeing her defeated is really hard. You both want to see Zara feel in charge of her health again. Right now, her health is in charge of her.

Pat: Yes that's true. I just want to see her enjoying her life. Zara nods

Miriam: Can you tell me about some of the strategies you've tried.....?

Zara: I've tried mindfulness and journaling and medications, and none of it seems to help.

Miriam: Thinking about your goals and what you want, you want more active strategies. Would it be okay if I tell you about some strategies that are different from those that may or may not be helpful to you.



## Session 3 - Integrated Treatment Strategies

### Providing psychoeducation on emotions in the body

Key points in this example:

- Reinforce Mind and Body Together
- Be open to learning from patient and family
- Identify positive intentions and validating them (repeatedly)
- Scaffold from the bottom up starting with information that matches their understanding, moving to information that expands (but yet doesn't contradict) their understanding.
- Ensure new information ties to their questions (not clinician's agenda)

Pat: I feel so terrible because I didn't know that Zara had all this stress. Are all her symptoms just because of stress? Was I missing something all this time? I should have helped her better. Do you think there was something really bad that happened to her?

Miriam: I can see you care deeply about Zara and you have a lot of questions. I'm also sensing you're taking on a lot of responsibility for Zara's symptoms, is that right? more

Pat: I'm her mother, I should have known. If something bad happened to her, she must have felt so bad and couldn't tell me. That's why she's having these symptoms. Her body is doing the talking for her.

Miriam: All you want to do as a parent is protect her.

Pat: Yeah

Miriam: So I'm noticing you said her emotions or something bad seem to be the only reason for her symptoms?

Pat: I feel I should have known.

Miriam: Can I add something to your understanding?

Pat: Sure.



Miriam: Actually, it's a combination of emotions and biology that contribute to symptoms. She wouldn't have had these symptoms if she didn't already have some physiological vulnerability. It doesn't mean there was something really bad, like a trauma that happened. The slow accumulation of everyday smaller stressors can be significant, that can cause the wear and tear effect on the body too. For Zara, the stress of having pain and nausea probably is something that continues to contribute to her distress and symptoms.

Pat: That helps me a little. At least I know it's not ALL in her head.

Miriam: Yeah, I agree. We know that emotions don't just live in your head - all emotions and stresses are bodily felt. They are a mind and body experience.

Pat: I really just want her to get better

Miriam: I think that must be why you are taking on so much responsibility, and I sense guilt too, for her well-being. It's harder to let go and recognize that Zara has her own work to do, which is not fully in your control. It's hard to play a supportive role.

Pat: Exactly...

Miriam: Can we talk about some of the ways to "be with" all of this?

Pat: Sure - anything. I struggle with knowing what to do or how to respond when she's suffering.

Miriam: Let's talk about the concept of "being with"

## Shifting from acute medical to rehab model

Key points in this example:

- Praise efforts to return to functioning.
- Validate that moving towards wellness is hard work.
- Convey hope that things can get better.
- Explain rationale for the rehabilitation model and shifting attention to function.

Grace: So were you able to get to school last week?



Zara: Well, I went on Thursday for the first block but then my nausea was worse than ever and I had to go home.

Grace: It sounds like your nausea is so strong these days. I wonder if that's discouraging, you may have had hopes that your appointment with the gastroenterologist would have pointed you to a specific treatment, like a medicine to take.

Zara: I almost wish she had told me I had stomach cancer - just so I would know and I knew what to do.

Grace: Oh wow, these symptoms are so awful that you just want clear answers even if you had a really bad disease so you could have it treated.

Zara: Yes, I get the mind body stuff but it's not a quick fix. And I'm not sure I understand exactly what to do.

Grace: That makes so much sense Zara. I am very confident that things will improve - that's what I've learned from my other patients with similar symptoms. You're right, we don't have a quick fix, but we do have very good treatments to help your brain-body messages get back on track and for you to build confidence in your health. I know you met with your therapist who is going to help too.

Today I wanted to talk about one piece of the treatment - the one we call "improve functioning". I'm not sure if you remember from our last appointment, but this is part where it's important to focus on the things in life that matter to you - the things you enjoy and value like spending time with friends and playing volleyball, and the things that you need to do, like going to school.

When any of us have physical symptoms, at the beginning we pay a lot of attention to the symptoms - that makes sense because symptoms can be the body's way of warning us that something is wrong. We rest, go to the doctor, and stop activities. With gut-brain interaction and somatization symptoms, we shift to a new approach. Now we know that your symptoms aren't dangerous, they are real and intense, but they aren't dangerous, so we are going to ask you to do less resting and more getting back to normal activities.

Zara: But what if my symptoms are too bad?



Grace: That's the hard part but the really important part. In a rehabilitation model you continue to do small pieces of activities even when you have symptoms. It's like retraining your muscles after you've had a broken leg - even if it's uncomfortable, you continue to do some activity. This way you are helping your muscles and your brain-body messenger system gain confidence. Let me show you a picture that might help explain why this is important.

## Graded exposure

Key takeaways in this example:

- Validate distress caused by symptoms.
- Validate positive intentions and motivation.
- Plan activities (exposures): small steps on a weekly basis, varied time and location.
- Be flexible in functional goals (e.g. 50% online classes).
- Do not stop the activity even when symptoms are worse.
- Add in support to make the exposures successful.
- Elicit others to co-manage (primary provider, school staff, therapist, etc.).

Zara: I tried to go to school every morning last week and I made it twice.

Grace: Sounds like you put a lot of effort into going to school - your motivation is really high to get to school.

Zara: Yeah, catching up on school is really important to me

Grace: I wonder if we should look at whether the full morning is the right amount of time? What do you think about going to one class each day for now?

Zara: If I do that then I'll be really far behind, and I want to graduate with my friends.

Grace: Ok it's good for me to know your priorities. It sounds like you are working towards graduating with your friends which means a more full course load. I wonder if there is an in-between step. Some of my other patients have done part-time in person school and taken one or two online courses.

Zara: One of my friends does a lot of her courses on-line, I could look into that. I also want to be in person because I like getting to see my friends.



Grace: Even if you do some on-line classes, it sounds like it's really important for you to be in person at school too. What if you and I think about a plan for getting you back to school gradually.

Zara: Yeah it is.

Grace: Do you want to aim for one class a day or two? And remember the really important thing is that once you decide on when to go, you stick with it even when your symptoms are really strong.

Zara: I think I could do one class a day for now.

Grace: Okay, what is the best time of day for you? Mornings or afternoons?

Zara: I think it's hard to wake up because I'm not sleeping well, so maybe in the afternoon.

Grace: Some of my patients like doing the second class of the day – they can sleep in a bit, but they aren't waiting around all morning anticipating school. But it's also important to choose the class carefully. Do you have one class that you really want to do? Or that you have a friend in, so it's easier to be there even with your symptoms?

Zara: I like my biology class, my teacher is really understanding. That's in the afternoon, but I think that would work okay for me.

Grace: Okay – do you think it's realistic for you to go every day for the next two weeks? Then we can check in and see about adding another class. If it goes well the first few days, maybe you can add in lunch time to be with your friends. That could be optional – but being in class is something you should do everyday.

Zara: Yeah that would be okay.

Grace: It can really help to have a plan for how to manage your symptoms when you are at school. Could you work on this with your therapist or your school counselor?

Zara: I can check with him. My therapist also gave me a letter for the school and offered to talk to them with me.

Grace: That's great Zara. I think we are all on the same page!



## Emotions and functioning - A balancing act

### Key takeaways:

- Validate distress experienced on both sides.
- Notice and articulate the positive intentions and motivation for both parent and child.
- Microslice the narrative: break down the interactions very specifically to see where things might be going sideways, or see what they don't know about the other.
- Support implementation of 'being with' strategies (validating the child's physical and emotional distress while also maintaining expectations of forward movement) to balance when to push and when to pull back. 'Being with' doesn't mean agreement.
- Empower the child to increase autonomy in their care; empower the parent to play a supportive role.

Pat: I've tried everything all the doctors have told us. Nothing is working.

Zara: I'm feeling so frustrated. Everyday I'm supposed to go to school and it's not working. The exposures are just disappointing. I do these little baby steps, and I need to get much further ahead. The symptoms keep staying the same. It feels really overwhelming

Miriam: The two of you are working really hard on getting better and just that is very disappointing when it doesn't get you to exactly where you need to be.

Zara: I feel like I've done everything everyone has told me to do. Mum's telling me to do stuff too. And everyone's getting so frustrated, and I feel so bad that I'm not doing things right.

Miriam: There's a lot on your shoulders, Zara. And Pat, I just want to check in with you - you might see things differently - but did you know that about Zara? That she's feeling frustrated that it's too much and that she's not doing it right, and I get the sense (Zara you can correct me) she doesn't want to let you down and doesn't want you to be frustrated with her?



Pat: I'm working really hard, I'm just trying to help her.

Miriam: But did you know what she just said?

Pat: What part?

Miriam: The part about her worrying about letting you down, and getting you frustrated.

Pat: I didn't realize she felt that she was letting me down. I can see that she's working really hard but I am just trying to get her to do the things that will get her better.

Miriam: You didn't know that part. And I think that's really common that kids want to do the best for themselves but also for their parents. I'm just going to map this together. Zara, you are pushing yourself very hard to get better - you're finding the exposure hard and it's disappointing when they don't pay off immediately. And then on top of that you are worrying about letting your mom down.

Zara: Yeah, and then I just end up feeling so overwhelmed that I shut down and can't do anything!

Miriam: Ok, so Pat, you see Zara shut down. That must be very hard to see. And that prompts you to help. You try doing some things - what are those things?

Pat: I'm getting her up in the mornings so she's not spending the day in bed, trying to keep her on schedule, and reminding her throughout the day about what she needs to do to stay on top of school

Miriam: You are doing a lot! You're doing those things because you care. But then something happens. Zara, what's it like when mom does all those specific things throughout the day?

Zara: It makes me feel like I can't do them myself.

Miriam: Wow - so let me piece this together. The more mom tries to do things, the less you feel like you can do them. It leads you to shut down. And then Pat, you see the shut down and you try to help do things. The more you see her shut down, the more you try to do things. You guys are stuck in this loop.



Pat: Yes, that's how it feels. We are stuck. But what am I supposed to do. Just sit back? Nothing would get accomplished.

Zara: I do need your help mom, but I want to feel like I can do things too.

Miriam: It sounds like you don't want your mom to give up - you do want her support. But it sounds like you want her to salute your OWN motivation.

Pat: I'm just trying to help. She is my daughter, I love her and don't want her to feel disappointed or frustrated.

Miriam: Zara, did you know that - mom wants to help you?

Zara: I don't think so, I think she just wants me to be able to do everything I used to do so our family gets back to normal. I feel like a screw-up.

Miriam: But mom said she doesn't want you to feel bad, disappointed, or frustrated. I think that's news to you then.

Zara: Yes...

Miriam: So when you are shutting down...?

Zara:...mom should let me rest so I don't feel worse. I need to be left alone.

Miriam: So then what happens is that even though you want to rest and be alone, I remember there is this other part of you that also wants to see your friends and get back to school.

Zara: That's true.

Miriam: Pat, that must be your conundrum - that she wants to rest and move forward at the same time.

Pat: I don't know when to push and when to pull back. I tried "being with" like we talked about. But like I said, nothing happens. I end up accepting that she is going to rest, I call work and cancel my day.

Miriam: To you, does "being with" mean accepting or agreeing with Zara?



Pat: I guess.

Miriam: So you seem to see two choices...either to get her to do things, or then to give up.

Pat: yep

Miriam: "being with" is actually very hard to do in moments like you're describing. Being with the emotions of frustration, exhaustion, and overwhelm (while also feeling all those things yourself). And then at the same time, keeping your foot on the gas, and getting her moving forward. In those moments of shut down, have you ever told Zara that you can see she's feeling frustrated and overwhelmed?

Pat: No I haven't tried that. I thought she knew.

Zara: I didn't.

Miriam: So it sounds like, if I'm paying attention to both of your voices, one thing you haven't tried in these moments of shut down is for Mom to take a beat and let you know she sees what you're feeling, see it from your eyes. That can be very calming and empowering. That might help you both keep your foot on the gas for you so you don't slip backwards into more shut down.

Zara: I would like to feel empowered.

Pat: I'd like to try doing something like that. It seems complicated - can I spend some more time learning about what you mean?