

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Hi, yesterday went a little better, eventually.

THERAPIST: Good.

CLIENT: (Whispers). Sometimes I have something to start with in my head and (inaudible). I have a couple of like scars running down my arm that were almost faded and then my arms started getting tan and they've gotten much darker and that's bothering me. But, oh well. I don't know what I'm going to do. I feel like when I want to hurt myself, the knowledge like that scar's not going to go away necessarily doesn't actually, isn't enough to keep me from doing it. (inaudible) way for much. But like well fuck, then I'll have scars all over me. (Laughs) Sort of a preoccupation (inaudible) about it.

(Pause): [00:02:05 00:02:23]

CLIENT: You know when I think like some things in life, they're never going to go away. It's just going to be what I look like. (inaudible).

(Pause): [00:02:25 00:02:53]

CLIENT: Then I feel like I should either find some way to get comfortable with them or find some way to talk about them or both, like I've got to, although it's never going to go away so there's not much of urgency about that. I just find it embarrassing because like I self-injure and am kind of embarrassed about it like it's just juvenile. It's the most juvenile thing I've ever done and I can't sort like pretend I have done or I don't know because it's right there in front of me all the time. I guess I just worry that people will like, will always see it as unstable in the way it has been (unclear).

(Pause): [00:04:34 00:04:44]

CLIENT: Guess I'll just have to wear sunscreen.

(Pause): [00:04:45 00:04:57]

CLIENT: I was at a party with (unclear) and -

THERAPIST: Is that a (unclear)?

CLIENT: My employers. (Unclear). And so there were a lot of kids running around everywhere and there was a kiddie pool set up and so it was like everybody putting on bathing suits and sunscreen and the whole process and somebody told me that like the priTanya time period for damage that won't lead to skin cancer later in life is like zero to five anyway, so I am screwed. (Laughs) I don't think I put on sunscreen until I was at least 10. Oh well.

(Pause): [00:05:53 00:06:09]

CLIENT: I mean I guess it's good that I actually am thinking about myself in 20, 30, 50 years. But not necessarily that hopeful, peaceful thoughts.

(Pause): [00:06:26 00:07:44]

CLIENT: So my church has decided that this coming year is going to be like the year of the Bible and they're going to focus on actually reading the Bible which (unclear) actually do that much. (Laughs) And especially like the old testament because their seems to be a general consensus that no one really knows what's in there anyway and it makes them kind of embarrassed and uncomfortable. So you know, I think it's a good idea and I been anxiously turning over in my head whether it should offer to help in some way because I actually do know a lot about the old testament.

THERAPIST: Yeah.

CLIENT: And I don't really know. It's a big church so like programs like these have like committees and hierarchies and bureaucracies and it kind of like said this is what we're going to do and no one said anything else. They're not going to start it up until September. And I don't know if I'm even going to be here in September. So that's sort of one excuse I hear myself making.

(Pause): [00:09:36 00:09:43]

CLIENT: But (whispers).

(Pause): [00:09:46 00:10:00]

CLIENT: It's really anything (inaudible) involved with the church (inaudible).

(Pause): [00:10:01 00:10:17]

CLIENT: I spent like two days working myself up to sending an e-mail telling the priest who preached this week that I liked his sermon. And I'd be like, 'no, he really not going to be upset about that.' No, people like to hear that they do things well.' (Laughs) No, it's fine, Tanya.

(Pause): [00:10:48 00:11:04]

CLIENT: It's a little weird going So my, the church I grew up in is also called Calvary, which is weird because the Calvary I think is kind of weird but it's like whatever. (Laughs) But it was not like in some places I felt comfortable, like the space I was really comfortable in. Like both in like sanctuary, like the church itself and in like all of the like the whole area. I just played there a lot. Because we lived, literally, across the street from it. And so we just ended up playing (unclear) like in all the storage closets and things which I'm sure was really fine for the people who actually wanted to store things there. But, whatever.

But like I never really felt comfortable with any of the people that I remember. It was weird. So I'm not really good about remembering people's names, and I wasn't as a child and so there were like this whole, probably like a third of the congregation I never knew their names, but they knew me and I saw them every week. And I'd known them for years and I was supposed to know their names and I didn't know their names and I couldn't say who is that person without I basically solved that problem by leaving town. And now I just like I fuck it, I'm not going to be embarrassed about it. Like I asking people's names when I forgot them because otherwise I'm screwed. We're going to have a yearlong relationship and I won't know who they are.

THERAPIST: Yeah.

(Pause): [00:13:17 00:13:43]

CLIENT: I don't know. It's like how I know some parts but like how a church and a congregation runs like really intimately and some parts just scared shit out of me. Like talking to other people. You know it's really nice to feel like I really know people in the congregation

now but also part of me wants to show up and then go home and not talk to anybody because that's scary.

THERAPIST: Yeah.

CLIENT: You know. And also because like worship is usually a pretty like emotionally heavy time for me and it's hard for me to -

THERAPIST: I imagine it matters to you.

CLIENT: Snap out of it. Yeah.

(Pause): [00:14:36 00:15:16]

CLIENT: I'm trying to remember like any place this would come from and I guess I remember like the Calvary I grew up in, the congregation as being very cool in some ways.

THERAPIST: You said, 'cool'?

CLIENT: Yeah. (inaudible).

(Pause): [00:15:54 00:16:23]

CLIENT: You know, when you grew up in a vestry not vestry. A vestry is a place for people that are the executive board. In the rectory, which was across the street, which was built, I think in like 1810. So it's like a big old plantation style house. It's got like a dog run and it was just like sort of a shit hole actually. It wasn't maintained well at all. In some ways it was fine and in some ways it was not fine and like you know there was really no, you know it was a really old house so there was no central air conditioning at all, of course. And like it would get so hot in the summer and my bedroom was on addition so it would be much hotter than the rest of the house because it was like, it was either brick or stone but the house was much cooler than it had any right to be, in general. My room was like 5 degrees hotter than anywhere else and it would get so hot that I'd set up a fan right at the end of my bed and it would still be so hot that I couldn't sleep so I'd get a bowl of ice and just like eat ice until I could go to sleep.

And then there was no fan in the bathroom so there was mold all over the ceiling and it got to be this very, heavy intricate pattern of mold and I remember just like being in the bath and looking at it like, 'oh, like this is interesting, look at patterns.' And then like eventually, at some point in my adulthood I realized that most people's bathrooms like when that happens, just repaint, but that isn't really what happened for us. Like our dog that was a German Shepard was deathly afraid of thunderstorms was like I like tied her to a banister during a thunderstorm once and she chewed out a couple of the banister rails and like that never got replaced, ever. The water made me throw up.

THERAPIST: Drinking water from the tap.

CLIENT: Yeah. It took me a long time to notice the connection that if I drank a whole lot of water I would throw up a couple of minutes afterward. And I like that got dealt with eventually but that was because it happened to Tim (sp?) not because it happened to me. Because it was said and that wasn't really listened to at all. And it was because we had well water and the well hadn't been checked or like wasn't being maintained properly. And then right before we moved out, they found like, somebody inspected the basement, which was unfinished. It was like a storage place and flooded pretty much every year, and they were like, 'oh, there's dangerous mold down here. We need to fix this because it's poisoning you.' I was like, that's where we

used to play in the summer because it was too hot upstairs. You know, so I think part of that. And the thing is, the house didn't belong to my dad, it belonged to the vestry and they were responsible for the upkeep.

THERAPIST: They were responsible?

CLIENT: Yes. Yeah, typically a part of the priest's salary, I mean these days they steer away from those methods and they have included a stipend for housing, but it's kind of like traditionally, the priest lives in the rectory and then the vestry keeps the rectory up. Or the church does, the church's responsibility. And so it's like I don't feel so good about that. You know, they started doing repairs the last couple of years we lived there but I think it was because they started to realize that my dad wasn't going to be there forever and they needed to protect their investment.

THERAPIST: Yeah.

CLIENT: But you know, my dad part of me says like that was also the way he was raised, like that was the way his parents like his parents' house was like that but much, much worse. Except the house they lived in as far back as I can remember was newer, so they didn't have stuff like the structural kinds of things, but none of the dishes were ever clean sort of thing. Well, he just didn't notice.

THERAPIST: (inaudible).

CLIENT: No, no. He should have noticed.

(Pause): [00:22:12 00:22:31]

CLIENT: So like going to church is really important to me. Being a part of a church is something that's a little more not necessarily a caring place.

THERAPIST: Yeah, they can (unclear) look after, protect you.

CLIENT: Yeah.

THERAPIST: And in here, you know I can't really look after and protect you from many of these things that happen or when you're talking about that.

(Pause): [00:23:30 00:23:46]

THERAPIST: (inaudible).

CLIENT: I mean your job is sort of the opposite. (Laughs) There's a phrase from "Gaudy Night," which is one that I really liked.

THERAPIST: Who wrote it?

CLIENT: Dorothy L. Sayers. It's a mystery novel from the '30s. The female protagonist has been anxious with the male pro you know, she's sort of in love with this guy but like doesn't want to get married because she doesn't want to be in a position of being limited or limited by her husband which looks like protecting her. And is afraid after a letter she gets that he "was being about as protective as a can opener." (Laughs). I like that a lot.

THERAPIST: That was pretty evocative, actually.

CLIENT: Yeah. She's a great writer.

(Pause): [00:24:59 00:25:18]

THERAPIST: There's a famous quote from the '60s, early '70s who said about analysis, that like it's, 'the job that people sort of stand their pain which was in direct opposition to what the rest of the medical profession was doing.'

CLIENT: (Laughs) I like that.

(Pause): [00:25:42 00:26:16]

THERAPIST: I think what it demonstrates about the can opener well, a bunch of things. The first one was, it's very phallic.

CLIENT: (Laughs). Yeah, I guess so.

THERAPIST: I mean, especially in that context.

CLIENT: I'm sorry, I'm trying to take this seriously and it's getting increasingly difficult. Yeah, I read that book a whole lot, probably ten times, and I don't think that ever occurred to me.

THERAPIST: I mean it's not just a metaphor but the context.

CLIENT: Yeah, absolutely.

THERAPIST: She's pointing to a guy.

CLIENT: Yeah.

(Pause): [00:27:16 00:27:36]

CLIENT: Yeah, it's like the correspondence is important for the character that she realizes like is part of her being like she like basically one of the questions of the book is how do you reconcile the life of the mind with relationships? Particularly if you're a woman and so basically like she sent him like she's a detective but she's the one who has been commissioned to solve this mystery. She like sent him a letter saying, 'hey, I'm working on this problem and it's like getting increasingly dangerous so we'll see how it goes.' And he writes back and says basically, 'well it seems like you're doing really good work.' Let me know if I can help.' And that was the opposite response that she expected.

THERAPIST: Which is something about his sort of like -

CLIENT: 'Let me step in and take care of this for you.'

(Pause): [00:28:58 00:29:29]

THERAPIST: And also feels like me?

CLIENT: Sorry?

THERAPIST: That can also be like me?

CLIENT: So as soon as I said that I was like, 'oh, how next to talk about the context and that's going to open up a whole can of worms.'

THERAPIST: I see.

CLIENT: (Laughs)

THERAPIST: (Laughs)

CLIENT: Oh, I know. I don't know, I don't know.

(Pause): [00:29:51 00:30:10]

CLIENT: Like I'm not sure how much the context carries over for me. (inaudible).

THERAPIST: I think there's quite a lot in that and the other thing that makes me think of is your scars.

CLIENT: Hmm.

(Pause): [00:30:26 00:30:42]

CLIENT: So I sometimes have this reaction where you say something in conversation where I'm sort of like, 'well I don't know if that's true, but that's just really elegant.' Whether it's true or not seems to be really secondary to, 'oh, that's a really good idea.' (Laughs)

(Pause): [00:31:07 00:31:20]

CLIENT: I guess I'm sort of dodging the question now.

THERAPIST: No, my impression is that what's going on is that we are re-enacting your image here a little bit in that I'm saying things that feel a little like can openers, you know?

CLIENT: Yeah.

(Pause): [00:31:39 00:31:52]

THERAPIST: And you feel not protected or safe, but anxious and -

(Pause): [00:31:58 00:32:09]

THERAPIST: Kind of cut into in some way.

(Pause): [00:32:09 00:32:20]

THERAPIST: And it starts to have a feel of when we were talking a while ago like a more (unclear) contraction and yet I think you were stepping back and in a way saying, 'that's not what's going on.' But I think in terms of how it feels to me it's kind of like that.

(Pause): [00:32:36 00:33:21]

CLIENT: I don't think well see here's the I don't think talking about the scars, like I think the analogy breaks down or the image breaks down because like I cut myself so I don't have to do this. This is much harder. (Laughs) And more painful.

(Pause): [00:33:52 00:34:11]

CLIENT: I don't feel like cutting myself is to exert some control over the situation and (Pause) I feel like this conversation is spiraling rapidly out of my control.

(Pause): [00:34:44 00:35:13]

THERAPIST: I think part of what you're saying is that this all feels the same. The damage that you're describing including the sun, including the mold, including other things from when you were small and the cutting yourself and talking about it I think part of what you're saying is it all feels the same, like it's supposed to be protective. It's supposed to help you feel better. Like when you were a kid you were supposed to be protected, you weren't -

(Pause): [00:36:14 00:36:21]

THERAPIST: I feel those things go together but I -

(Pause): [00:36:25 00:36:41]

THERAPIST: The church was supposed to protect you from all sorts of things and your father was supposed to protect you and look out for you and how instead it was sort of the opposite. They dangerously neglected you. And the cutting is supposed to be like that as well. It's supposed to sort of provide relief and I know that in a way it does.

CLIENT: But now I have to deal with these scars that open me up to -

THERAPIST: Yeah, exactly the kind of thing that you're trying to avoid by cutting yourself which is sort of exposure, examination, questions. And here, too, you came for help. And (inaudible) with stuff like, I mean at moments like this.

CLIENT: (Laughs). Yes.

(Pause): [00:37:55 00:38:01]

CLIENT: But in some way it's like and so this is where I like to see the masculine plays into it like in some ways this is also like this kind of discomfort is very familiar.

THERAPIST: Yeah.

CLIENT: Well, it hurts a lot so I must be doing something right.

THERAPIST: Yeah. Right.

(Pause): [00:38:22 00:38:37]

CLIENT: Yeah, and in some sense you kind of arrange it that way, really.

THERAPIST: How do you mean?

CLIENT: Well you consciously would choose the cutting as the way of coping. Something that has that kind of masochistic (unclear) quality or experience (unclear) that you may not choose consciously, but as like a can opener. Like I think you're exactly right that that is because it's what feels familiar and it's what gives you the impression for some reason that (unclear) you're doing something right.

(Pause): [00:39:42 -

CLIENT: I don't know what the alternative is.

(Pause): [00:39:56 00:40:26]

THERAPIST: I mean in practice there are tons of alternatives. And you use some of them. For example, cutting isn't the only way you cope. Sometimes you watch TV, sometimes you read. You know there are other things that you do as well.

CLIENT: Sometimes I just bear it.

THERAPIST: Yeah, sometimes you just bare it. My point is that -

CLIENT: I guess like I meant by not cutting specifically but like I don't it's hard for me to like imaginatively inhabit the mental space of somebody that didn't think that way, like didn't have this whole approach to wanting help and wanting comfort.

THERAPIST: Uh huh.

CLIENT: Like I can't imagine what it's like for other people.

THERAPIST: Uh huh.

CLIENT: Which I'm usually pretty good at that sort of thing. (Laughs)

THERAPIST: Right. Really it's not in the capacity of like sort of the neurosis or something in the way that this all operates for you. It's hard to (inaudible) as opposed to your not being imaginative (inaudible). I think the thing is that arranging things in this fairly (unclear) masochistic way usually with the kind of immediate and sort of kind of naive hope that it would just make things better but that sort of also makes it hurt a lot and kind of extends the problem of having to bear it sort of like some of the other ways you roll. It's something you seem to do like what we're tracing today.

CLIENT: Yeah.

THERAPIST: And it seems also that part of it involves the sense that the other person, your church or your dad or me, like in the immediate moment the feeling is that we're supposed to be there to help so that you come out looking okay. We don't really get what's going on or what we're doing to you. And you're kind of usually (unclear) the way you arrange things, we come out looking okay.

CLIENT: Yeah.

(Pause): [00:44:25 00:44:36]

THERAPIST: This is a lot.

CLIENT: Yes. (Laughs)

(Pause): [00:44:35 00:44:48]

CLIENT: You know, it's a little more challenging for you? That is, when it's in other, for like other people in like it's pretty clear to me that you have a better sense of what's going on than for instance my dad ever did or ever will.

THERAPIST: Uh huh.

CLIENT: So.

(Pause): [00:45:13 00:45:38]

CLIENT: It takes a lot of trust or you know, trust of necessity. (Laughs)

THERAPIST: We should stop for now. (Unclear) tomorrow.

END TRANSCRIPT