

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: (inaudible 00:03) this weekend, so (inaudible 00:04) figure out whatever it is to figure out.

CLIENT: Okay. (Laughter)

THERAPIST: (inaudible 00:15) I can figure it out.

CLIENT: Yeah. Good luck?

THERAPIST: Thanks.

CLIENT: (Laughter) And, you know, let me know what I can do.

THERAPIST: Sure.

CLIENT: So we went to visit Kim (sp?) at the steakhouse yesterday. Took the kids to work with her. She kind of she suggested that's something that she thought would be nice. And that morning, she's like, "I'm really not motivated to go to work." And I was like, "You should take the kids in with you." (inaudible 00:48) a little bit rough. Like, (inaudible 00:58) very had been difficult, or things have been difficult for her. Whatever. Anyway. (inaudible 01:10) and he was like, "Not really. (inaudible 01:22) was really fancy stuff and I don't like fancy stuff." Okay. (Laughter)

(inaudible 01:38) So I sort of thought a lot yesterday about what we talked about on Wednesday and then kind of put it all the way out of my head. (inaudible 01:59) I think what I came to was (pause) Yeah, I think you were clearly right that, like, I'm saying this is how things always are and kind of disavowing a lot of the ambiguity there, a lot of the "no, this isn't how things always are." I'm not sure about how much of that is coming from being angry. Well, it's one of those that is very hard to think about, which I feel like probably means that there's something there. (Laughter) You know, I kind of, like my mind sort of slides off it. I feel like in this case, a lot of it is so I think I got really scared by the fact that, like, none of the things that usually were to help me cope were working. (Pause) And maybe it's easier to say, "This is predictably always the case." And then it's not always the case, but I don't really know why things get so bad some days and not so bad other days. And I don't have any way that I can (inaudible 03:43) to and make it different.

One thing I thought was interesting was that, like, so you're setting up the analogy. And, like, it would never have occurred to me to think that people who are talking about sports all the time when I wasn't interested were, like, being rude. Like, that, like, was yeah (inaudible 04:17) an echo of, like, "Oh, that makes sense." It was just like, "What?" You know. (Laughter) So I don't know. (Pause) Yeah, things have not been so hard the last couple of days, so that's good.

THERAPIST: Good.

CLIENT: Yeah. (Laughter) But again, like, I don't know why. (Pause) This is where it's like most of it feels like most of the things that most of the, like, therapies that I was in in the hospital were very, like, coping, geared toward coping skills. Which makes sense. But this is where all of that breaks down. Because I feel like I'm actually pretty good at that part of it. Like, at saying, "When I do this, this results. When I do this, this results." Like, what are the ways

that I can change my environment to help my mood change. Like, I've gotten to where that's sort of high on my priority list. And it's something that I work on actively, and it's something that I'm not terrible. And then, sometimes, it just doesn't work.

THERAPIST: Yeah, probably most of what we talk about (inaudible 05:51). (Laughter) Exaggeration, but...

CLIENT: Yeah. Because, you know, if it does work, then I'll need to talk to you about it. (Laughter) I don't need to (inaudible 06:18) why on earth would I come in and say, "These are my small victories of the past two days"? (Laughter) But...

THERAPIST: (inaudible 06:42) it can still make you feel like such a failure or so incompetent.

CLIENT: Yeah. You know, and also angry at everybody else who, you know both the people for whom, like, once they learn how to use coping skills, like, that actually fixes things. I'm not sure if those people exist, but people certainly talk like those people exist. Yeah, I guess I feel like I feel like I'm being set up to believe that when these things fail for me, that means that I am a failure. And part of me sees that and is pissed off about that, and part of me believes that, you know. Sorry.

I don't ever actually clean my glasses. I just wipe them on my shirt, whichever shirt I'm wearing, which leaves to never having (inaudible 08:04) glasses. (Pause) Yeah. I feel like I've failed, and I feel like I like, I feel like there's something fundamentally wrong with me. Like I'm deformed in some way or something.

James and I talked today about he just asked me, like, how much I was talking with people about the ECT. Well, you know, it sort of depends on the day and who I'm talking to, but actually, kind of a lot. Which led into, you know, conversation about, like, is there stigma and a surrounding mental illness, and what does it look like? So on and so forth. Like I had somewhere I was heading, and I don't remember. (Pause) Oh, yeah. I think I guess I don't think this is a very new thought, but it's something like undeserved suffering scares the shit out of people. How do they deal with it, you know. I guess I mostly see that argument made in talking about, like, sexual harassment, rape and, like, blaming the victim. A lot of my Facebook friends well, I feel like most of my friends are feminists, but a lot of my Facebook friends are, like, you know, ardent readers of Jezebel, and so I end up reading a lot about it. [And I sort of] (ph) go back and forth.

It scares me, a lot. It's like I don't (pause) it scares me when I don't feel like I have done something to deserve what's happening to me. So that's, yeah (ph). It scares me less when, you know, things get to be okay again and I don't feel like I've done anything to deserve that either. Somehow, I sort of gloss over that. (Laughter) Or think about it less. Or, yeah. You know, that's not really something I can, like, talk to people about because this sort of knee-jerk response of, like, "Well, of course you've done things to get better for yourself." I'm like, "Good for you. You should be proud of this." Like, well, yeah, I am very proud of a lot of things. But sometimes, like (ph), sometimes it just happens or it feels like it just happens.

(Silence)

Yeah. Maybe if I look at it too closely while I'm doing well, then that'll make it go away. So we walked down to the local square to get spices. (inaudible 13:34) and, you know, on the way back, there's beer there's a bar, and it had some of the signs outside. And it said, like, "Good news, ladies. All of our male bar staff is single." And I, like, laughed, and then I was like, "That's actually kind of sexual harassment." And I (ph) was like, "I don't know." And so I talked to

James about it. And it's like, well, I you know, I sort of think it's funny and I want to think it's funny but, like, no, I can't let go of seeing it as kind of creepy. Which (ph), you know, James can let go of those things. And I think he, you know, occasionally gives me a hard time about not being able to let go of that. Well, [that's so] (ph) because, you know, he certainly knows it's really not okay. But I'm not really sure [the connection is there (ph)]. Some thing is, like, sometimes I just, you know, like, want to be able to laugh at the joke or, like, listen to the song without that (ph) it's coming on every single radio station without (inaudible 15:13) actually, that's really kind of a song about date rape, and that's probably not okay. Yeah. But I also, like, don't want to be, full of rage and exhausted and bitter by all of these things that hit you every, you know, every hour of the day. [So I don't] (ph).

(Silence)

I told you about the (inaudible 16:38). As I went to talk [with him] (ph), he said that becoming a field agent really helped him get in touch with rage. [Is that right] (ph)?

THERAPIST: I'm not sure.

CLIENT: Okay.

THERAPIST: (inaudible 16:53) I don't remember.

CLIENT: Oh, that's okay. Yeah, (inaudible 16:58) a couple months ago.

THERAPIST: Yeah, you did (ph) mention it. (inaudible 17:02)

CLIENT: Or, like, earning a PhD in theology really helped in get in touch with his rage.

(Laughter) I think that was (inaudible 17:10).

THERAPIST: I'm sure the other one made sense, but that more obviously (Laughter) Just, like, adding him getting a PhD.

CLIENT: Yep. (Laughter) Yeah.

(Silence)

[I feel like] (ph) it's I don't know. I guess I'm sort of circling around, thinking about anger. And (ph) some things, it's like I have to sort of step back from me being angry about just because, like, it will make me less than I want to be or make me less of myself than I want to be. Like, it's just exhausting and (pause) I don't know. It just has to be done. I guess I'm thinking mostly about, like, feminism right now. Yeah, that's (inaudible 19:24) being angry about it. It gets to where it hurts me rather than helps me. And then some things, I (pause) I don't know. It's like it's unbearable to consider myself as somebody who's angry about things. [That's how they used to be] (ph).

(Silence)

Well, I guess the important thing (inaudible 20:37) I get to decide once I'm done being angry.

THERAPIST: In what ways do you mean that?

CLIENT: Oh, like, when James tells me that I should be done being angry about feminism, that doesn't go well. (Laughter)

THERAPIST: I see.

CLIENT: That's not helpful, and it doesn't end well for him. (Laughter) I don't know.

(Silence)

THERAPIST: [In a way] (ph), like, maybe (inaudible 21:45) in the role of (pause), you know, encouraging you to feel whatever you feel and have your feelings. And you're kind of explaining to me why (pause) you want to be angry all the time. And if you start, it can be hard to (inaudible 22:18) and, like, just make him somebody you don't want him to be. (inaudible 22:26) to me, as though it was as if I had made a case for some other way. You know, James saying, "We'll turn it off now" and saying, "Well, yeah, you should probably turn that on."

CLIENT: I don't know.

(Silence)

Yeah. I guess I feel like there's, like, some big gap or, like, something that I'm not seeing or not taking account of or taking into account. But, you know, since I can't see it, I don't know where to look.

(Silence)

I don't know. [00:24:40]

THERAPIST: (inaudible 24:51) a lot of, like, (inaudible 24:57) we've been talking about is (pause) bad things just happening. Like bad depression (inaudible 25:35) started to, like, (inaudible 25:43) like, sexual harassment and rape and (pause) (inaudible 26:03) like sort of other, like, (pause) (inaudible 26:18).

CLIENT: Yeah. I don't know. In a sense, I feel like (pause) you know what? A lot of the time I feel like sex is also something that just sort of happens and that, like, happens to everybody. And we don't know how to get out of it. And I think about somebody like Ted (sp?), this guy that I roomed with who, like I'm pretty sure he was a sociopath. Like, he just did not give a shit about anybody. Like, he just did not care. And I don't I don't know. I just, I don't know how to hold people responsible for things. Don't. I don't know.

[So as] (ph) everybody's talking about sports and sort of leaving me out in the cold, like, how do I hold them responsible for that? I don't I don't know. You know, I say that and I think, "Well, no, you probably could hold them responsible. Like, when you are in a social situation, it is your responsibility to, like, pick up on what other people, you know, want and need out of that conversation." But, like, you know, a lot of people are really, really bad at that. (Laughter) Like, a whole lot of people. And [I don't know] (ph).

(Silence)

(inaudible 29:28) or trying, you know, like, to find the scope of the problem, and that's just not [working out] (ph). (Pause) I sort of, like, recognize that that's also your job and, you know, it's not my job to be able to fix all of my problems myself. But I'm not very good at that. (inaudible 30:23)

(Silence)

THERAPIST: (inaudible 31:41) also kind of be and talk about being kind of (pause), like, angry and a sort of [having strong judgment] (ph). That comes in various ways. Like (inaudible 32:02) people do this bullshit thing why they find some reason why something awful shouldn't have happened. Or find some reason. Yeah, that's right.

CLIENT: Find something awful should not have happened or should not have happened?

THERAPIST: Might not have happened. Or it happened because of this, see. So obviously, if that had been different or if you had done this, you know.

CLIENT: I don't think (inaudible 32:26).

THERAPIST: You don't think -

CLIENT: I don't think that's a (inaudible 32:30).

THERAPIST: Oh, okay. (Laughter) And you were saying, like, "That's bullshit, and that's defensive." I think.

CLIENT: Yeah.

THERAPIST: And (pause) it sort of seems like (inaudible 33:01) you and James, where on one hand, you want to be able to, like, let go of stuff that makes you angry, just because you [don't want to be] (ph) burdened by it when you're just walking down the street, having a nice time (inaudible 33:13). At the same time, like, he's not going to be the one to tell you.

CLIENT: (Laughter) Yes.

THERAPIST: About why you should or shouldn't do that. I guess I wonder if (pause) like, clearly you or I think you have kind of a degree of comfort in doing that with James. Like...

CLIENT: Yeah.

THERAPIST: I don't know how (ph) you do so much with me. And I -

CLIENT: Probably right.

THERAPIST: I imagine that (pause) maybe [some of your] (ph) feeling kind of at a loss or more difficulty than there was (inaudible 34:38) putting things together is because (pause) it's made you anxious to sort of feel (inaudible 34:49) in these ways. But it also occurs to me (inaudible 34:55). So...

CLIENT: By pointing it out, you make it okay for me to acknowledge? Sorry. Interrupt people's sentences.

THERAPIST: [It's all right] (ph).

CLIENT: [I'm not] (ph). (Crosstalk 35:11) really bad with James (crosstalk 35:12). (Laughter) I don't think that would be (laughter).

THERAPIST: What I was thinking was, like, (inaudible 35:28) like a bad depression (inaudible 35:32) sort of doing a, like, postmortem of what happened and why you're depressed and sort of doing everything (inaudible 35:40) well, I guess that just happens sometimes. Like, that sounds like me, you know. (Laughter)

CLIENT: Yeah. (Laughter)

THERAPIST: Maybe I'm wrong, but in some sense, like, the last thing (inaudible 35:54). (Laughter) (inaudible 35:59) what happened. And I'm like, the thing which you didn't think was really pushing your buttons was. (inaudible 36:07) you know. Like, whatever. So I guess that makes me wonder if there were things that could (inaudible 36:17) pointed to you in my direction, without really realizing it. That, I think, actually was the point where you pause and forgot your thought a few minutes ago. But anyway -

CLIENT: Which direction?

THERAPIST: Like (pause) I wonder if it's (inaudible 36:42) but, like, you know, sometimes people concoct all these stories about why, you know, depression happens and what the logic is (inaudible 36:52) this and that because they don't want to see just bad things happen. (Laughter) I don't know if that was (inaudible 37:05)

CLIENT: I don't think so.

THERAPIST: I know you consciously did not intend that, but I wonder if that example of a sort of (inaudible 37:15) that might have been making you anxious.

CLIENT: I don't think so because, like, I associate you both with, you know, taking everything to pieces and also with saying, like, "No, sometimes bad things just happen and, like, what we do is figure out how to deal with that." So, yeah, I don't I have trouble knowing what to do and what to think when, like, you know, you kind of put forward ideas, and then I don't know what to do when I feel like they're wrong or when I feel like they don't fit. Because, like, sometimes I sit with them a while and then they turn out to fit pretty well and that's, you know, hard to handle. And sometimes they still don't fit, and that's also hard to handle. And I don't (pause) it's like both really are important to me to trust my own judgment in this and also really sort of I don't know if it's increasingly hard, but it's pretty hard at this point. And so, (pause) yeah. I don't know what to do. It ends up being more or less useful because I sort of fret about it for a while, and then I end up thinking about it pretty hard, and that's also (ph) useful. But (pause) yeah, I mean, I think there's also (pause), like, I feel guilty (inaudible 39:17) like you are mistaken. [I don't know] (ph). (Silence)

I feel like so when I say, like, "No, this doesn't fit," and then with the passing of time it comes to seem like it fits, I feel, like, very, very ashamed of that. Like, I just get really embarrassed, then I'll feel ashamed. So there's a lot of encouragement to not trust my own judgment in the first place there.

THERAPIST: I see.

(Silence)

THERAPIST: I imagine you feel ashamed, mostly (ph), when that happens. (Pause) Probably because it you feel like you kind of you missed it? Like, kind of (inaudible 41:47).

CLIENT: Yeah.

THERAPIST: (inaudible 41:50) partly because, at times, [I feel like] (ph) you were kind of irrational and reacted kind of with an emotional bias that in a way that affected your judgment or something, and that feels crummy (ph).

CLIENT: Yeah, I guess that's right. I guess kind of (inaudible 42:24) by saying, like, I just feel really stupid (inaudible 42:28). I feel like I should have seen this.

THERAPIST: I see. (inaudible 42:35) also part of why part of what (inaudible 42:42) for me, if you tell me something, does it fit? Then I'm going to feel really stupid and ashamed. Well, we should stop. (inaudible 43:03)

END TRANSCRIPT