

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Hi. Come on in.

CLIENT: I like that chair.

THERAPIST: Oh. Thank you.

CLIENT: I think we have this exact same chair.

THERAPIST: Do you? It's from the furniture store.

CLIENT: Oh. Ours is from. I forget the name. How are you?

THERAPIST: Good. Thank you.

CLIENT: I had another hard week. I just feel like since I've been coming here I've become more detached. I just feel really alienated from Harold. I don't know. It's almost like I just, you know, in defense I just feel really detached.

THERAPIST: How do you link it to coming here and feeling more detached?

CLIENT: Because the reason I came was to be more in touch with my feelings and be able to express my feelings. I imagine that's a scary thing for me. So, protections.

THERAPIST: You're going in the other direction?

CLIENT: Yeah. That's what it feels like.

THERAPIST: How's your picking? [00:02:00]

CLIENT: (pause) I can definitely, okay, I think I can definitely tie it to getting worse when I'm feeling more detached which is why I questioned whether it is something similar to... I know we talked before about borderline personality disorder and I know that they cut to feel something because they feel and I just think there's some of that there because I seem to do more picking when I'm more anxious and detached. So, it's, I don't know. I can't. I don't want to know if I can say it's better. It depends. Some days better. Some days not. (pause) [00:03:00]

You know, I think the other thing is the feeling, the first feeling that I think I can get in touch with is anger and I don't want to, you know, feel it. I just feel like this whole thing with Harold just has, you know, built up in me for a long time. Just anger at him not feeling well. Feeling depressed. Not enjoying his retirement. Not appreciating, I feel not appreciating everything due to what the situation is like for me and... (pause) So, I don't quite know what to do with that.

THERAPIST: As you were talking about it, I guess a small piece, but certainly a piece of it, is knowing that having lost your inheritance and retirement yourself through your family's loss and the vast amount of money. [00:04:00]

CLIENT: Yes. Yes. That kind of, I kind of just accepted it. I haven't really dealt with it, I think. I think Harold expressed more. He was more in touch with being angry about that than I was. I don't know. I think at the time I was more concerned about what my mother was going to do. So, when it was all happening and then afterwards it just was. Now I think you're right. Now when I want to retire, I can't. So, it is an issue.

THERAPIST: On that practical level, which has deep emotional implications and feeling maybe angry at your dad for not taking someone's advice for feeling angry at life for being so unjust. [00:05:00]

CLIENT: I guess. I'm not totally in touch with that, because I also feel at the same time that I'm lucky to have what I have and I know there are people that are a lot worse off than I am and I'll manage somehow. I may have to work until I'm 80, but I don't. I mean if there is anger about that, I'm sure there probably is, I'm not in touch with it at all. I'm more feeling. I'm feeling it more, I think, directed to Harold because I feel he has this opportunity and he's not really enjoying it and appreciating it the way I think I would. And, I also think that this, being that I'm working full time and he's working part time and it's, you know, way less. It's two days a week. Well, it's four days a week, but hours wise it's about maybe 12 hours a week. [00:06:30]

I just feel like that should make our life easier because Harold has time to do a lot of things that I'm still doing. I'm still cooking. I'm still doing the food shopping. A lot of times when I bring it up, he says, you know, why don't you ask me? I say why should I have to ask you? You know, I feel like it's things that have to be done that have to be done the second we both... Why should I be the one that has to say, you know, take the garbage out because it's Tuesday? (pause)

THERAPIST: You want to feel like he's chipping in and maybe even trying to take care of you?

CLIENT: Yeah, I'd like to feel like, you know, I mean I guess my image of Harold retiring was that there would be some more time for him to take care of me because, or do things that would make our life easier, but, you know, he's like going to the doctor's all the time and not feeling well. All winter he basically has been, said he's sick. [00:08:00]

(phone ringing)

THERAPIST: Sorry.

CLIENT: He did go to the new psychologist and he did change his medication for depression that he takes. He was talking Wellbutrin and something else. They took him off that and put him on Zoloft. So, I don't know. Maybe that will help. I guess it's the part that whenever anything comes up about something I haven't done or a negative to me, I just feel like what about everything I do? He says look, you know I love you. You know I respect you. You know I would never do anything. I tried to explain to him that it doesn't matter, but if you do do something, even if you don't mean it and it upsets me, I need to be able to give you that feedback and now he would say that's ridiculous. You're overreacting. So, I think he heard that a little bit last night. (pause) [00:09:00]

I also think, you know, he says that my perception is not right. Clearly, his perception is not right. It's like there's no point in trying to. There are times I say okay I'm going to write it down on the calendar. Every day that Harold says he doesn't feel well. Every day that he does this. Every day that he does that. I don't do it and then he'll say that's your perception and you know that's not true. You know, maybe once in a while I do that.

I'm mad at myself that I let the girls talk me in to the dog.

THERAPIST: So, you don't want the dog?

CLIENT: I like the dog. I don't want the responsibility. It's just another thing for me to have responsibility for. [00:10:00]

THERAPIST: Are you worried about sort of his physical limitations now? What it will look like in the future?

CLIENT: Oh, yeah. I've thought about that for a long time.

THERAPIST: What worries you?

CLIENT: That he's, you know, basically going to be debilitated. He's not going to be able to do anything.

THERAPIST: Do you feel like that his limitations are going to get worse?

CLIENT: Yeah. Definitely.

THERAPIST: Is that inevitable with the arthritis?

CLIENT: Well, I think it's inevitable because he has arthritis all over. So, he had one knee replaced and the other one needs to be replaced, but he won't do it because it was such a bad experience the first time. So, that's just going to get worse. It's not going to get better. His shoulder is really bad. Even though he's in physical therapy, it seems to not be getting better. Yeah. I mean and the pain. I just think it sucks. Well, I guess part of my detachment is if I remove myself from it, I can be happier. You know, I can go out with my friends. I can do things. You know. Maybe, you know, it just sort of came to me. (pause) [00:11:45]

THERAPIST: Does the detachment itself cause you distress?

CLIENT: Yes. It's the detachment and the sex thing and the more I put an effort in to trying, you know, like thinking about it and trying to do something about it the more it's on my mind all the time and basically ends up back firing. You know, so that I'm very aware that the last few weeks I haven't had much physical contact at all.

THERAPIST: Well I guess there are a couple explanations for that. One explanation is you're in touch with being angry, so you don't want physical contact.

CLIENT: Yeah. Harold doesn't understand that. I don't know if men just don't understand that. His theory is part of feeling that way is because we're not being intimate. If we would just be more intimate we would be able to handle those kinds of things better. I see, you know, I understand what he's saying, but it doesn't work like that for me. [00:13:00]

THERAPIST: So what do you think of that? You're here to feel more in touch with your emotions and it's having the opposite effect.

CLIENT: Yeah.

THERAPIST: To some extent, I don't think that's entirely true. I think I have seen you be more in touch here, but what do you think that's about?

CLIENT: I'm just assuming it's that same feeling that I know. I've been there. I've felt the intensity when I start to get in touch with whatever feelings it is that I've pushed away and it's just easier for me to probably just do what I've done my whole life from a child. It's easier for me to function and be somewhat together and find things I, you know, find enjoyment out of life and without letting my feelings get in the way.

THERAPIST: When you start feeling the intensity, what is that like? [00:14:00]

CLIENT: I haven't felt it in a long time, actually. It's just something bubbles up and just I can't stop crying.

THERAPIST: So, you associate it with feeling sad? Overwhelmed?

CLIENT: I don't know what it is. I wouldn't jump to say it's sad. I think there is sadness there, but it just seems more than that. It's interesting. I was talking to my older sister and she said she, in one of her therapy experiences, really got in touch with like this primal, really primal, hurt and sadness and anger. (pause) [00:15:00]

THERAPIST: What did you think or feel when you heard that?

CLIENT: I just remember that one time where I was in therapy and thought that it was possible that I could do this. I just remember leaving there one session and getting in to my car and just being hystMelaniel and just like feeling like something's really tense and it was just, you know, about to happen.

THERAPIST: In that memory about going to Virginia to the doctor and your mom taking your hand and you not wanting it, is that, in that memory are you, is it sort of an anger refusal or is just like I'm not interested?

CLIENT: No, it's kind of an aversion.

THERAPIST: An aversion. Like, almost a disgust? [00:16:00]

CLIENT: A what?

THERAPIST: A disgust response.

CLIENT: Like, I don't. Yeah. Okay.

THERAPIST: Don't touch me. Like, crouching.

CLIENT: I also felt that way when I was older and my father would try to be affectionate. He's not, wasn't, I don't think a very affectionate person, but I had the same feeling about the touch.

THERAPIST: What about it do you think was aversive for you?

CLIENT: I don't know. I don't know. I know that I'm very in touch with that point. You know, my kids want me to touch them. You know, I'm just very in touch with how glad that makes me feel.

THERAPIST: Glad you said?

CLIENT: Yeah.

THERAPIST: Because you're afraid that they would have the same response as you?

CLIENT: Yes.

THERAPIST: Do you think we could try to get in to that memory more? [00:17:30]

CLIENT: The doctor you mean?

THERAPIST: Yeah. I'm just wondering if there's a way we can kind of get in to it more to see what you imagined it felt like. Aversion is such a visceral response.

CLIENT: I can, I actually can think of it more with my father only because it was later. I was really young and I don't know what I really felt then. I know I had an issue as I got older with my father wanting to, you know, put his arm around me.

THERAPIST: Would you sort of move away?

CLIENT: Yeah. I could feel the aversion.

THERAPIST: What would happen if you let him touch you?

CLIENT: It didn't feel comfortable.

THERAPIST: Did it feel like an invasion of your space or did it -

CLIENT: I just didn't feel comfortable with it at all. (pause) [00:19:00]

I'm just feeling something right now. I'm feeling sick. (pause) [00:20:00]

THERAPIST: You're feeling sick in your belly? (pause)

CLIENT: I don't know what it is. (crying) (pause) [00:21:00]

I guess it feels good to be feeling something. (blowing nose, crying) (pause) [00:22:00]

THERAPIST: Are you feeling anything anywhere else except for your belly? Is it a pressure or a pain?

CLIENT: I don't feel it now. It was just kind of anxiety. (pause) [00:23:00]

THERAPIST: Are there any words to what you're feeling or what are you feeling?

CLIENT: I don't know. I'm just sad and scared. (pause)

THERAPIST: Does anything come to mind about what you're scared about? (pause) [00:24:00]

CLIENT: I don't know. Something about my father. I think just with this whole thing about potential abuse in July I just couldn't help but have it in the back of my mind to think, you know, was it my father. I mean what if it was my father? (pause) [00:25:00]

Now I'm just back to a blank. [00:26:20]

THERAPIST: Did you go there all at once or was it a gradual process?

CLIENT: What?

THERAPIST: Going back? Was it like a switch?

CLIENT: (laughter)

THERAPIST: I'm serious.

CLIENT: I don't know. What did it look like to you?

THERAPIST: I don't know.

CLIENT: I don't know. (pause) [00:27:20]

THERAPIST: One of the reasons I asked is because I'm just really trying to kind of focus in and be very kind of attentive to all of this. Had you had that feeling before in your belly or stomach? It seems like have you had that feeling before? Is it usually associated with crying?

CLIENT: I think so. More just severe anxiety, which I don't get that often.

THERAPIST: I know this is kind of an odd type question, but what do you think is in there?

CLIENT: Feelings. They're stuffed away. (pause) [00:28:30]

It's disconcerting to me that I could, you know, maybe I'm saying that it wasn't gradual then. That I just kind of, I just turn it off.

THERAPIST: Well, gradual or not, you know this about yourself. [00:29:30]

CLIENT: Yeah. I definitely know it about myself. I think my whole life it was the comfortable place for me to be. (pause) [00:30:30]

I think also maybe anger has always been the easiest feeling me to express.

THERAPIST: I couldn't tell if you said express or suppress?

CLIENT: Express.

THERAPIST: Express. That is what I was guessing. What do you think about anger that makes it easier?

CLIENT: Well, I think anger sometimes just masks your real feelings. So, it's not really a feeling necessarily. (pause) [00:32:00]

I think with Harold it's probably easier than dealing with how sad it is. What his situation is. What has happened to his life. (pause) [00:33:00]

Well, I guess it also, being detached serves my purpose well, my situation with Harold, because I don't have to walk around feeling upset all the time that Harold is in pain or Harold isn't happy. He can't do certain things.

THERAPIST: Right. That's the adaptive part for you. The down side is that your feeling those things could draw you closer to him.

CLIENT: I know. I understand. That's why I'm here. I guess.

THERAPIST: Well, maybe I say that because that should be a question. Maybe you're afraid those feelings will actually push you away. At least the anger part. [00:34:00]

CLIENT: What do you mean?

THERAPIST: The sadness. I don't know. I'm just wondering. You know, on one level, it makes sense if you really allowed yourself to have those feelings you would feel close to him, but it feels, that's not the, all of how it feels to you. Maybe those feelings, I don't know, drive a wedge or make things intolerable. There's something. It makes you feel helpless.

CLIENT: I don't know. (pause) [00:35:00]

I just thought about it. I don't know what made me think of this, but when I worked at Walter Reed hospital it was with kids, like 12 kids, and one of them was borderline personality disorder. You know, you spend your whole time there trying to develop relationships with them. She was obviously very difficult. One time, you know, I asked her what was going on and one time she actually told me and it was like I don't want to know. Okay. Thank you. I will never ask that question again. That's just what came to my mind. [00:36:00]

THERAPIST: Is it the same feeling as your father wanting to put his arm around you?

CLIENT: I think so.

THERAPIST: I get this image of you just wanting to push something away.

CLIENT: Yeah.

THERAPIST: What did it feel like when she started telling you?

CLIENT: It was like I couldn't even believe that anybody could have those going on inside their mind, with their feelings. It was scary.

THERAPIST: Did you feel scared for her or scared for you?

CLIENT: Not really scared. More like how can anybody live like that? How do you live with all that stuff going on inside? [00:37:00]

THERAPIST: Do you think that's how your mother lived?

CLIENT: Maybe. I always felt like my mother was very fragile. Even now, she sees herself as being so self-aware, but if I think if you ever really like, got anywhere, got her to really look inside I think she would fall apart. I think that's how she got through life is to have the same kind of detachment. She lost her mother. She hated her father because he was cheating on her mother and she blamed him for her mother's death. She had a brother who died. She had a brother who was mentally retarded. He was bitter and jealous of her and now doesn't talk to her. [00:38:30]

She, she knows all the right, I mean she, intellectually, she's got all the right stuff, but I don't think she has at all, ever, really delved in to her feelings. (pause) She, in some ways, she still does it with us. I think about when I'm old. I kind of feel fortunate that my mother is so independent and that she doesn't rely on us for, you know, for a lot. [00:39:30]

I mean she knows, you know, she knows we love her and we'd be there in a second if she needed us. We go down as often as we can, but she has her own life there in California and it's not really a part of ours and in some ways, you know, I feel lucky for that and then in some ways, I don't want to be like that with my kids. Not that I want them to feel like I'm a burden, but I, I would want more of a closeness. More of them in my life. Especially, as I get, you know, as I'm getting older. That's what you have left at that point is your family.

THERAPIST: So, you know, you've named all these really traumatic things that your mother experienced. It's quite a list. Do you feel that if she got in touch with those that she would be just too overwhelmed at what life had given to her, to have forced her to deal with and she'd simply say this was just too much? [00:40:40]

CLIENT: Yeah, because that's basically what happened. She just couldn't handle life. She couldn't handle having kids. She couldn't handle. It really wasn't until she got involved volunteer work. Just delved in to it. It just changed her life, I think. She, when she became president of the county and she was doing speech's all the time and she was, you know, I think that she just kind of got lost herself in that and became a different person. I think if she didn't have that, she hadn't had that, I don't know what would happen to her.

THERAPIST: This is a really bizarre analogy, but I was thinking about a muscle that gets underused such that it gets atrophied and then gets so brittle it can break versus a muscle that keeps getting used and fortified and strengthened over time.

CLIENT: Yes.

THERAPIST: And I was thinking that muscle being like exercising ones emotional, I don't know exactly, emotional emotions or something like that.

CLIENT: Yes.

THERAPIST: But that if it's, if they're so under used, it's like that's where the fragility come from in a way.

CLIENT: Yeah. Yeah. (pause) [00:42:30]

THERAPIST: Do you worry that you don't have the strength to deal with all of the feelings that you have?

CLIENT: Not consciously in mind. I mean, not consciously, but I'm sure I do. I mean I feel like I've dealt with a lot of more at this point in my life I've dealt with life and things and I'm sure I will be able to deal with what whatever it is, it's just don't know how to get there.

THERAPIST: Maybe you got there a little today.

CLIENT: Hmm. (silence) [00:43:30]

THERAPIST: I was thinking sometimes it's good to know the road you took to get to a place. And if the goal is to get to a place, maybe it doesn't matter which road you took. It does and it doesn't I guess.

CLIENT: Yes.

THERAPIST: We're going to need to stop for today. Okay?

CLIENT: Okay.

THERAPIST: I will see you next week.

CLIENT: Oh, I'm not going to be here next week.

THERAPIST: Okay.

CLIENT: I'm going to be at a work thing combined with a fun thing I'm going to Austin for. I've never been to Austin.

THERAPIST: Oh, wow.

CLIENT: My friend Jean is meeting me there because her daughter, she's not working right now. Her daughter lives in San Francisco and the plan was originally that she would come, drive to San Francisco with me so he could meet Melanie, but doesn't off during weekends. So, my daughter is coming out to Austin while we're there and then I'll have some free with time and then I'm working and then on Thursday we're getting a car and driving to San Fran.

[00:44:30]

THERAPIST: Oh, fun.

CLIENT: So I can see Melanie. So, I will be gone a week.

THERAPIST: Okay. So, I will see you in two weeks then?

CLIENT: Yes.

THERAPIST: Okay. Great. Take care.

END TRANSCRIPT