

## TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Good morning.

CLIENT: Good morning. So I can't remember. It was last time we meet that you gave me two pieces of advice. I don't remember if it was advice over two sessions but you... the first one was you suggested that I was going to be OK in one of two ways. That was very helpful. And the other was that you suggested that you thought it would be... what you would wish for me was that I not... that I accept things as not ideal but also good or be able to do that in general. So I've been using both or trying on both. Certainly the first one kind of rang true and the second one also rings true for a lot of reasons in a lot of specific situations I've gotten similar advice. [00:03:10]

So my thesis advisor last... I guess last fall sort of said, "We should just write up what you have and call it good." It won't be the thesis that I always really wanted but it'll be good enough. So it's the specific version of the same advice, I think. It's not ideal but it is still good. So... (pause) both pieces have been very helpful since then. I think I told you, "Good luck," when you said you wanted me to change the way I approaching the world. But I have been trying. Just that was the recognition that it would be a difficult thing. [00:04:00] (pause)

So that the first piece has been helpful particularly in dealing with the volatility of Tanya's (sp?) mood. So not to use the word scientific but it was common sense. There are a lot of fluctuations in her mood on a short time scale. And you'd suggested months ago that I not track her mood day to day. But there's some sense which that's fundamentally impossible like when I'm there not to pay attention to how her mood is at any given moment. (pause) By having, in some sense, a clear sense of where the future will end up (pause) makes that not important. [00:05:00] (pause)

Or not. It makes it only important in immediate context. So it's easier to deal with or something.

THERAPIST: But there's a difference between being oblivious to her mood and not attaching significance to every day.

CLIENT: Yes, that. So it's... yea. I mean, I'm not going to be able to not pay attention to it but it just isn't really feasible. And I guess you're saying that's not what you were suggesting anyway. But I don't think I've ever really took you to be saying that. Just so much as like not projecting a trend off of it at any given moment. (pause) [00:06:00]

So the second piece has been very helpful. The, not ideal but still good, still OK has been helpful in dealing with a variety of situations as I guess you might imagine it would be which is why you suggested it but... so I'm working to apply for postdoctoral positions now. And I was, at the time, finishing up a poster and taking to a conference and spending time at the conference. I have complicated relationship with conferences and other academic things in that I hold them to the ideal. [00:07:03]

But they're never ideal. That's the... they're never going to be. That's OK. They're still good although parts of them are not good. And so it's... (pause) So I gave the poster on two different nights. I gave them a Monday and a Wednesday night. And the Monday night was supposed to be like a big gathering of all the different areas that make up the society. And it's supposed to

be some sort of privilege to present there. But it turns that no one actually cares what you've done at that session because no one has any expertise or any background knowledge. So they look at what you say, "Oh, that's nice," and then they kind of move on. So it's not ideal and if it's good, it's barely good. [00:08:00]

Wednesday night was very different. I had to talk to a variety of experts in sub areas of my area of biomechanics about the things that I had done that was fun and interesting and good for everyone. So maybe that wasn't ideal either, but it was still very good. So it was kind of... I don't know. I pressed you a little bit when you first talked about it. About, well, so you want me to like get rid of this idea that not ideal equals not good? But I was trying to argue also for a category that is not good between those two and something like that. So anyway, (inaudible at 00:08:41). (pause)

So I think it's been helpful both to appreciate what I am doing and to separate what is good from what is not good in actual sense as opposed to like... because the easy thing to say is that that Monday night post-session wasn't ideal. But it also wasn't that good. [00:09:02] It was just a crappy poster session but that's OK because it was two hours of my life. It's not a big deal. (pause)

THERAPIST: I'm not encouraging obliterating categories and having everything be in the good category.

CLIENT: (chuckling) I didn't really take you to be... but I think you were pushing pretty hard on the not ideal part. Not ideal does not equal not good. In part, because you sensed resistance. (pause) It's also been helpful in actually getting the work done to send out these applications because they're not going to be ideal either. [00:10:03]

But I can still write a good application and it's... again, it's important not to obliterate categories because I could write an application that would not get read. But I could also write an application that will probably be read and will be as good as I can do. (pause) And like I said, just said that's as good as I can do so that should be enough. I can't really do more by definition. So thank you.

THERAPIST: My pleasure.

CLIENT: That's not to say it's like trivial and that all of my problems are solved by this one insight but is very helpful. I am trying to use it. (pause) [00:11:01]

THERAPIST: How are you feeling that Tanya's (sp?) are volatile or if they're just as volatile as they've always been?

CLIENT: (pause) Her moods are still somewhat fragile in that, shoot, she has good moods now which is good and has good days. But (pause) relatively small setbacks I can't think of an example offhand can have a larger impact on her than they would if she were healthy whatever exactly that word means than they have at previous times in our life. [0:12:14] (pause)

She's been getting more involved in her church which is good spending time with people being involved in a community. I think this is very good. Then the other day she's fairly drained from the... that's not really related to volatility in a sense that it's... (pause) [00:13:00]

Like everything is harder for her (pause) than (pause) it would be under arbitrary comparison circumstance that wasn't six months ago. (pause) So we've been splitting making dinner. So the nights that she's working, I make dinner. And then the other nights she makes dinner. (pause) The process of figuring out what to make for dinner seems to overwhelm her some days. Not

the actual doing it but the like having to make a decision about what we would eat. (pause) So I'm not really sure if I answered the question but those are the thoughts that I had. [00:14:03] (pause)

THERAPIST: Well, I was asking just about your term of volatility.

CLIENT: OK. I meant it in the same way markets are volatile which has nothing to do with the chemical definition which it just goes into the gas phase easily. Has to do with the popular definition where someone says that's volatile and you think of it as...

THERAPIST: Unpredictable is usually the reference. (pause)

CLIENT: Yea, but volatile compounds is a very predictable thing going into the gas phase at this vapor pressure, this temperature. Anyways, sorry. That's not really the point but (pause) her mood is not wholly unpredictable because I guess I've told you sort of several cause and effect type things. [00:15:01]

I guess how large the effect of any specific thing will be is difficult to predict at best. (pause) And every day is sort of like she gets up and it's a reset as to whether it will be a good day or a bad day seeming arbitrarily. So that part is unpredictable. (pause)

THERAPIST: You're looking intently.

CLIENT: (pause) I didn't mean to be. (chuckling) [00:16:01] Yea, I guess I was curious as to whether you were going to let us sit in silence for a long time or whether you had another question.

THERAPIST: I don't know it was just up to me whether I let us sit in silence.

CLIENT: It's not. (pause) It's not.

THERAPIST: But... (pause)

CLIENT: But I've sort of said the things that I had prepared to say in some sense. I don't have a follow up to those. Those were the pieces that I thought was important to bring up. It's all I have. And then I'm not really sure what else to say. [00:17:00] So often when I talk for as long as I have, you have other... you're curious about things. (pause) (chuckling)

THERAPIST: Well, I'm curious about a lot of things. But...

CLIENT: (chuckling)

THERAPIST: ...sometimes I like to sort of just see where your mind goes.

CLIENT: (chuckling) OK.

THERAPIST: What? It seems like something is in your thoughts. What are you thinking?

CLIENT: I just... (pause) It feels like it's turned into a game of some sort but I'm not sure what.

THERAPIST: Oh no.

CLIENT: Not in a bad way. Just in a funny way. You're sort of saying, "Yea. Well, I'm curious as to what your thoughts are so I'll just wait for you to share them." I'm saying, "Well, I'm kind of curious as to what you're curious about so I'll just wait."

THERAPIST: I see. [00:18:07]

CLIENT: And so it's a game.

THERAPIST: I see.

CLIENT: I'm not meaning to set it up as a sort of antagonistic game or anything. But that looked like how it was evolving. I was amused.

THERAPIST: It's like, who will speak first?

CLIENT: Something like that, yea. (pause) (chuckling) And now it's lost. We can't even sit in silence for a long. So Tanya (sp?) and I also were doing couples counseling but we stopped going to see him.

THERAPIST: Did you not like him or did you not want to be in couples counseling?

CLIENT: There's a little bit of both. (pause) The first session, I think we both felt a little bit like he wasn't hearing us well. [00:19:03] We'd have to explain things multiple times. And then when he would respond, he would explain it about four or five times in almost the same way. His sort of response which is clearly not how I have felt interacting with you and it's not how Tanya (sp?) has felt interacting with Chad (sp?). We're both relatively comfortable in those relationships. Not that every other one has to conform to those specifications but...

So we went back to the second session and felt similar but that wasn't really the breaking point. There was a sort of point about 70% of the way through where he sort of started pressing Tanya (sp?) to say that she felt like she was OK and wasn't going to kill herself. Because that's what he had heard from her the previous sessions he thought. [00:20:03] She hadn't really said that but he had sort of like I have seen some people do tried to talk her into a more positive assessment of her situation than she agreed with.

And that was kind of OK the first night. The second night she was doing worse because it was Thursday night. She works Tuesday, Wednesday, Thursday, ten hours a day. And so by Thursday night it's not really a... she's a little more fragile then. (pause) I would say he was kind of pressing on that question and she wasn't very happy about it. So I suggested to him that he... that she really didn't want to talk about that issue because I've known her for a long time. I can sort of... particularly and when she's interacting with someone else, I can really have a good sense of her mood.

He kind of... I didn't... I apparently didn't phrase it very strongly but it didn't sink into him. [00:21:06] And so he kind of kept pressing that question until she just said, "I don't want to talk about this anymore." At which point there was the awkward silence that a firm denial comes with. (pause) And the distress that that circumstance causes in her is not helpful for either for us. And so that was a large part of not going back if that... I mean, I don't know how you feel in response to that. But... (pause)

THERAPIST: Bad. [00:22:01]

CLIENT: OK. (chuckling) OK. Like we did the wrong thing or that was a bad situation?

THERAPIST: No, I feel bad because I know him less than I... actually I have someone now. I don't know if you want to try someone else. There are a few people I really want to refer you guys to who are just booked.

CLIENT: Right.

THERAPIST: I know him less. He came on the recommendation of someone I really trust. He can be very good, just not a good match for you. I don't like what I'm hearing. I don't like that. It sounds like maybe this is... you are concerned with something different than mine. Your... it's

sounding like there were two concerns.

One is that he wanted to talk about something that you guys didn't want to talk about, particularly Tanya (sp?). The thing that concerned me more and maybe this isn't even intended is that he was pushing for a particular answer that may not have been true. That's more concerning to me. I mean not to say that you should be forced to talk about things you don't want to talk about. But you certainly shouldn't feel that you can't be honest.

CLIENT: Right. Yea, that honesty just isn't heard which I feel like is... Tanya (sp?) was trying to say no, that's not really a good description of it. [00:23:07] He was kind of trying to push her towards this particular description and... yea.

THERAPIST: That's why I feel bad because I referred you to someone and it didn't sound like he did right by you.

CLIENT: Well, thank you. I'm not upset with you so just... (pause) But thank you. Yea, I think we would like another recommendation from you but... so that that gets into the other part of your question which was, do you just not want to be in couples counseling? The answer to that is that (pause) I think couples counseling can and, with the right person, will help us. But ultimately if we are going to be OK, we are going to do that. And then couples counseling is a particular venue to do certain things and to find certain insights and to be together. [00:24:11]

And that was actually a very helpful experience in the sense of uniting us against a third party. So it wasn't all bad in a lot of ways. Like it was... we did become closer through that experience if that makes sense.

THERAPIST: Although that's how Nazi Germany did it, too.

CLIENT: (chuckling)

THERAPIST: That's probably actually one of the best binding experiences for people, is to have a common enemy.

CLIENT: (chuckling)

THERAPIST: I'm just not encouraging that as a... I understand...

CLIENT: Go find enemies to see you get closer.

THERAPIST: That's right. But it is a temporary fix. It may not because maybe you understand certain things about each other that you share in common and that's... I don't mean to...

CLIENT: Yea, well and also like we have been very close at some time. So it's not like we're trying to create a relationship from nothing. [00:25:03] We're trying to re-find trust that we had. And so that finding in certain circumstances is helpful to that end, I think. But I hear you and I think you're right. (chuckling)

So we've... in talking about it, I suggested that we should be more deliberate about spending time together. So we live in the same place but that's not the same as deliberately doing things together. So we've (pause) I think tentatively sort of set aside Saturday to do things together. So last weekend we went hiking which is something we both really like. It was a really good time. So I think that that was a... so I was... I guess I was feeling that... (pause) I don't want to be in just any couples counseling to make a show of making an effort. [00:26:17] That's not really useful and it's not going to solve the problem. So we have to solve the problem. And good couples counseling would be helpful to that. So... (pause)

And I think Tanya (sp?) wants to be in couples counseling specifically more than I do. Because I think it's an environment in which she feels safe, sane, essentially anything which isn't as true in the rest of her life and so (pause) that seems worthwhile from that... from having more open communication. [00:27:04]

But I think her view in light of our recent experience is that she wants to wait until someone that you really like or trust is open and not so... (pause) So if you have a person that you do know and trust, then I would like that recommendation.

THERAPIST: I have a colleague in Westchester I really like and I remember this summer he didn't have availability. But I think... I had just spoken to him a couple of weeks ago. I think he might. But I'll check in with him...

CLIENT: Thank you.

THERAPIST: ...and see what his... I certainly can never guarantee...

CLIENT: Oh sure.

THERAPIST: ...a match but I don't know about Jannis (sp?) as much. I know him very... this colleague, I know very well. I think he's great. So yea, I'll check. I'll definitely give him a call.

CLIENT: And the other thing about Tanya (sp?) and I is that we're... I don't know. [00:28:05] (pause) We might be particular in some fashion. He may very well be quite a good match for a variety of other people, Jannis (sp?). So...

THERAPIST: Do you need sort of make an apology for your choice?

CLIENT: No, I just... (pause) I would feel badly if you were to blackball him based on our experience. And I'm not sure that... because I'm not sure that a single instance is a sufficient thing. But I should trust you to do your job so sorry. (pause) [00:29:05] He certainly wasn't ideal for us but he might be good for other people. (pause)

THERAPIST: Well, yea. I have a couple different thoughts about it. One thought I had is sort of even for us therapists, hearing about someone or working with someone who is suicidal and can't really guarantee their safety can be overwhelming. I'm not justifying him. I'm not saying that. But...

CLIENT: No, no, no, no. You've already been pretty clear about that.

THERAPIST: Yea. But just sort of I think... I'm trying to think about why I chose this to say but I think to sort of help you have perspective because it's been such the fabric of your life. [00:30:04] And so in some ways it's overwhelming and in some ways it's an overwhelming situation that's you've kind of accommodated to, to some extent so... yea. (pause)

CLIENT: Yea, I think that's helpful as a plausible explanation of what happened. Thanks. (pause) I guess there's a sense in which I'm aware that my life is very different from other people's lives at the moment. Particularly people that I know and was in grad school with for several years. There was a time in our lives were very similar and they're not similar now. So there's always... (pause)

In talking with them, they ask how Tanya (sp?) is doing. [00:31:03] And so I have this decision of like how much do I say? So usually I just say she was very not well. She's doing better now but it's not ideal or something along those lines. And so I think on some level, I sort of understand what you're saying about perhaps having a difficult time handling that. (pause) And I'm definitely seeing Tanya's (sp?) situation confusing for a variety of mental health

professionals. Because she's very bright and she's very together when she's at all together still in terms of like just very focused and (pause) articulate. Amusing that I couldn't remember that word. (pause) [00:32:02]

But that doesn't mean that she's OK. And so I think that that disconnect is confusing for a lot of people, particularly when they first start meeting her, as is the case in an intake. So... (pause) So you had a lot of thoughts and you shared one of them. Would you mind sharing some others?

THERAPIST: Sure. But I'm so interested in this dynamic today. There's a particular... it's kind of a sort of a back and forth between us today about who's going to talk and like... yea. It's sort of interesting. I don't know what to make of it. It's interesting. [00:33:05]

CLIENT: (chuckling)

THERAPIST: The thought I had earlier in the session was that we went a week without seeing each other. So actually two weeks we haven't seen each other and I wondered if that was a piece of it, too, to sort of to getting back into the groove after that sort of mini break.

CLIENT: Yea. There's certainly some of that. (pause) That was certainly a problem when I didn't see you for a month was getting back into the groove of it.

THERAPIST: So yea, I did have a couple of thoughts. My other thought is we haven't really talked much about yours and Tanya's (sp?) sex life and how that's been impacted or if it's been impacted or is it present after all of this. I don't know.

CLIENT: (pause) [00:34:00] Yea, I'm thinking. I don't think that's sometimes we've ever talked about. Is that right?

THERAPIST: Mm-hmm.

CLIENT: Yea, OK. (pause) [00:35:00] I don't want to get two minutes into talking about that and I have to leave it for a week. Is that...

THERAPIST: I feel like in that silence, I want to sort of make the qualifier that I don't want to do a Jannis (sp?). Make you talk about something you don't want to talk about.

CLIENT: (chuckling) Well, thanks. I appreciate that. It seems like something important and it's not something that I am going to volunteer information about in the sense that like I'm not going to comment and start talking about that just...

THERAPIST: Because it feels too private?

CLIENT: Maybe. (pause) It certainly feels very private. (pause) I also really trust you, though. So it's not like that. (pause) [00:36:01] But I think it's also one of those things I just don't talk about in general. So it's particularly something to talk about. (pause) And it's one of those questions I feel like particularly since we've never really talked about it there's a lot of context that seems relevant. I'm not really sure where in the context to... so I'm just going to jump in, I guess. [00:37:06]

So Tanya (sp?) and I were long distance for a long period of time. So like she was living in one city and I was living in another and so... (pause) I have a higher sex drive than Tanya (sp?) does but that isn't really a problem when we're seeing each other once a week or once every couple of weeks. (pause) [00:38:00] (pause for two minutes)

So having a higher sex drive than has been more of a problem during times that we've lived together in the past. We've spent a couple of summers in the same place. (pause) And it's sort of a thing that we would... (pause) Yea, sorry. It's a big topic and it's uncomfortable. And I keep displacing myself from the thread. (pause) [00:41:00]

It was sort of a problem that we never really solved because we never really lived together long enough to figure out a good answer. I would be delighted to have sex every day or more frequently. Tanya (sp?) would be delighted to have sex once a week or less frequently and less so as she's more depressed (pause) whereas even when I'm depressed that doesn't really affect my sex drive so... (pause) Anyway, so it's been... so we haven't had a good solution. It's still difficult and so we have been having sex occasionally. That's hard. So I end up masturbating a fair amount which is something I guess I've done since I was 13 but have always felt guilty about or shameful about. Not for any good reason. [00:42:06]

I know essentially all statistics there are on the subject... my parents never really said this is wrong or bad that the text that we took as holy don't really forbid anyway. I guess that story about Onan but you have to read it wrong in order to interpret it as being opposed to masturbation as opposed to not doing his duty to his brother's wife. I guess it's very clear in that context, that sort of thing.

So that's hard in two ways in terms of one is like there's a distance in not sharing that intimacy. And then there's also like the associated guilt that I feel also which is in some ways silly because Tanya (sp?) I mean, Tanya (sp?) and I have talked about this a number of times and we've been dating for a long time doesn't have those same feelings about it and doesn't care. And in fact, would prefer that I masturbate to not. So it's complicated all of those ways. [00:43:15]

THERAPIST: But masturbation is still not... it's still a qualitative and different experience than having sex. And it's sort of in that sense in people's sexual lives are distinct and they're also kind of woven into the narrative of their relationship. And this idea of negotiation of needs, having a mismatch of needs, in the extent to which you have to give up some of your needs or at least displace them or I don't know, however you say it is certainly part of that larger issue perhaps.

CLIENT: Yes, yes. (pause) And obviously that's a particularly private need and so that gets harder to talk about or balance. It's not like the first one that comes up when we talk about needing to balance things. [00:44:01]

THERAPIST: Pretty important.

CLIENT: Yea. (pause) Yea. (pause)

THERAPIST: And so I was thinking about why it came to my mind specifically today and I'm not exactly sure. I think mostly it's just a lot of what... I hope not everything but a lot of what we focused on is your relationship with Tanya (sp?). And I realize as a part of your relationship, I knew really very little is inaccurate. I knew nothing about... it's also a part of you. It's not just about your marriage. It's a part of who you are as a person. But I think that's why it came to mind to maybe just as you talked about the couples counseling in particular. I mean, you think about that since something that most couples talk about in counseling.

CLIENT: Makes sense. [00:45:00]



THERAPIST: One thing I do realize we're going to need to stop for today. So you can... we can talk about this or other things again.

CLIENT: (chuckling) OK.

THERAPIST: It's not my place to talk and tell you what you should talk about.

CLIENT: No. But you sort of help steer the conversation because I can't always pick out what's important to talk about. It is a conversation.

THERAPIST: So I will see you next week then. Take care.

CLIENT: Thanks a lot.

THERAPIST: Sure.

END TRANSCRIPT