

TRANSCRIPT OF AUDIO FILE:

---

BEGIN TRANSCRIPT:

THERAPIST: Sorry I'm late.

CLIENT: That's okay. (Pause) Things are not too good. I don't know what to do. (Pause) I don't know. I keep thinking things will get better. Things just don't get better. So... (Pause)

THERAPIST: Let me change the subject and ask you something [inaudible] trivial because otherwise I am going to immediately forget about it, which is a scheduling question. Could you switch, at least for awhile, to 9:15 from 8:30 on Wednesday? [0:01:00]

CLIENT: Yes.

THERAPIST: Okay. All right. (Pause) What's happened since last night?

CLIENT: Not much. (Pause) I don't know. (Pause) I think a lot about killing myself and I'm not sure I have the courage. (Pause)

THERAPIST: To do it or not do it?

CLIENT: To do it. [0:02:09]

THERAPIST: Um hm.

CLIENT: (Pause) Yeah. (Pause) Yeah, that's one way out. [inaudible 0:02:37]. (Pause) [0:03:21]

THERAPIST: Well, I'm aware that there are sort of practical considerations, but for the moment, let's put those aside and do business as usual.

CLIENT: Okay.

THERAPIST: Which-we'll come back to them later today. But-yeah-I imagine you're telling me now both about your safety and about what's on your mind.

CLIENT: Yeah. (Long pause) [0:04:53]

It just seems like there's no good way out of this. (Long pause) [Sighs] (Long pause) [00:07:22]

THERAPIST: Well, I have some thoughts.

CLIENT: Okay.

THERAPIST: The first is-as usual, I think-I don't doubt your [inaudible 0:07:48] at all. The sort of-I don't know-pain and horror and feeling trapped and the fear that you felt starting yesterday afternoon I gather, except for being asleep, that you felt until now. At the same time, (pause) there are some things that are a little suspicious.

CLIENT: Okay.

THERAPIST: You do seem to have pretty thoroughly forgotten, and I imagine maybe unconsciously gotten rid of, how you felt-let me-for example on Friday-other times, too, but that was just the time we talked about it, so-which was considerably better and also since the beginning of last week, very cautiously and very warily hopeful.

CLIENT: Yeah. [00:09:47]

THERAPIST: I don't think what's going on now is just that you are feeling like, "Oh, shit, I've kind of crashed again so the hopes I had were dashed." I don't think this is just that. That would seem reasonable to me, but I don't think that's what's going on, actually [inaudible 0:10:10] that. I think it's likely (pause) that you have actually kind of gotten rid of what that felt like altogether.

CLIENT: Happy.

THERAPIST: I mean, this isn't like, "Oh, things are going a bit better, but now I've had a setback so I'm kind of feeling worse about things and not as hopeful or optimistic as I was. I think this is like that's gone and the-I don't know quite what to call it-like the horror; the depression isn't quite right-suicidality. The phrase that occurs to me is like, "It is back with a vengeance" I think. And it has obliterated what came before.

CLIENT: Yeah. I was feeling hopeful.

THERAPIST: Yeah.

CLIENT: I want that back.

THERAPIST: Yeah. You may be punishing yourself for having felt it.

CLIENT: Hm. Why would it [inaudible 0:11:39]?

THERAPIST: I'm not saying that it's going to make you feel hopeful again.

CLIENT: Um hm. [00:11:47]

THERAPIST: But (pause) I think the model you kind of have of it, to the extent that you have a model at all, and the way it was kind of sounding to me last night was it was almost like it was quite biological.

CLIENT: Hm.

THERAPIST: Like, you know, or-that's not quite right. Like something like that though were once you're out of the environment of the hospital or whatever-like basically it would be more like this. These things just come over you. There is no rhyme or reason. They undo whatever could possibly be done and the only imaginable way to feel any better is to be dead. [00:12:57]

Like it's the Plague. I mean, you get the Plague, you're fucked. Yeah, maybe like [inaudible 0:13:10] be in a hospital bed and to get some fluids or something, but basically, you get the Plague, you're fucked. You're dead now, you're dead later. You're going to suffer in the meantime and that's it. There is really nothing to be done. My impression is that that's what it felt like. [00:13:30]

But again, actually look at what has happened-that's not really what it looks like.

CLIENT: [inaudible 0:13:42]

THERAPIST: We don't know, ultimately, if the ECT is going to make a significant difference. I mean, it was, for a week and a half, it seems pretty clear-along with being in the hospital, that always makes a difference so it's hard to tell from what's what and hard to know how often these will come back. With ECT we don't know. But though there is uncertainty there, the intensity of your conviction that there is no real possible help ever is-I mean when I say it is a little [inaudible 0:14:35]. I imagine you know what I mean.

CLIENT: Yeah. Yeah. (Long pause).

THERAPIST: Moreover, this is something we've run into before, the feeling of a kind of inevitable and monolithic quality to the depression, especially the suicidality in a way that emerges later as like (pause)-

CLIENT: Not closer to quite adding up...

THERAPIST: Or not quite fitting. Like, I guess, there have been times where it's before where it's very much felt that way and then we sort of look back at what's happened and there were actually clear precipitants.

CLIENT: Um hm.

THERAPIST: And it doesn't make the horror of feeling this way any better, but it does sort of contextualize it a little bit.

CLIENT: Yeah.

THERAPIST: I think this has that, too. I think the context is probably like a kind of a guilty and vengeful reaction to feeling better, at least in part, or being taken care of. [00:16:20]

CLIENT: Okay.

THERAPIST: You know, maybe-now I'm clearly on a roll here-maybe [chuckles] maybe-you know, you said when we talked on the phone that-you were talking about getting help and you said-this was after you were starting to feel a little bit better in the hospital-and you were like, "Now I kind of feel like I have to leave. I feel a little better. I don't feel like I deserve it any more. I feel guilty about getting the help. I should just be out of here." And you said that in a kind of self-conscious way knowing that was still perfectly reasonable for you to be in the hospital, but I think you were saying, "Look, when I'm completely desperate I either don't care anymore or somehow it's okay to get the help. And then after I sort of am some little amount away from that"-actually it wasn't a little amount. It was hard to remember feeling that way when you were out of it, but anyway, the point is once you were feeling well enough to possibly not need that anymore it made you feel guilty to have it.

CLIENT: Um hm.

THERAPIST: And...I don't know. Maybe this is a reaction to that guilt. Maybe you do feel guilty for ever getting it. You just sort of suspend that for awhile when things are really awful. And then when you feel better or you go home, it falls on you like a ton of bricks. (Pause)

CLIENT: Yeah. [00:18:04]

THERAPIST: And in this sort of thoroughly crushing way that obliterates your recollection of things having been better or whatever hope or optimism you may have had, however guarded or wary-(Long pause).

And it is terrible, terrible, terrible that that happens to you. (Pause)

CLIENT: Okay. [00:20:05]

THERAPIST: (Long pause) That's also not to say that I know that you'll survive this. I don't. I hope so, but I really-I don't know.

CLIENT: Yeah. I don't either. [00:21:35]

THERAPIST: Yeah.

CLIENT: You know, I intend to, but... (pause) The hopelessness is just-it's so convincing. (Pause) Yeah. It really is just gone.

THERAPIST: Um hm.

CLIENT: And I don't remember it at all. [00:22:40]

THERAPIST: Yeah.

CLIENT: Yeah-you've pointed it out to me and I sort of remember it, but not really. It's like it was [inaudible 0:22:50] it wasn't even there.

THERAPIST: I see. [00:22:53]

Do you almost feel that impulse to make it clear to me that it wasn't even there?

CLIENT: [inaudible] yes.

THERAPIST: How would you like to explain it? I mean, that is a genuine question. I'm not trying to set you up; I really want to know. [00:23:34]

CLIENT: I don't know. (Long pause) It just feels like it clearly wasn't real. (Pause)

THERAPIST: Like you were probably taken in.

CLIENT: Yeah.

THERAPIST: And I was probably taken in.

CLIENT: Yeah.

THERAPIST: Now you see it like it is? [00:24:20]

CLIENT: Yeah. (Long pause) Yeah.

THERAPIST: And I imagine you feel so sure.

CLIENT: (Long pause) And I very much want to give up and want not to give up. I don't know. (Pause) It's really hard. [00:25:23]

THERAPIST: Mm. (Pause) Well what's the part about wanting to give up? (Pause) Is it almost like [inaudible 0:25:59] you, times that you were fooled into having hope made things worse?

CLIENT: I don't know. (Long pause)

THERAPIST: Is it like you don't know how you're going to bear it for the minute, let alone for years to come. [00:26:51]

CLIENT: I can-I can do it for the next minute. Yeah. I can bear it for this chunk of time. Just (pause) not much longer.

(Long pause) It's just really grim. [00:27:34]

THERAPIST: [Very long pause] [00:31:33]

I don't mean to be in any way critical of you saying this. I know you're working incredibly hard and that all this takes so much effort and takes so much out of you. But my thought at the moment is this is a little bit like when you saw a therapist as a kid.

CLIENT: How so? [00:32:08]

THERAPIST: And you were terrified that the therapist would find out that you were depressed and wanted to, I guess, talk about anything but. And I kind of have a different-a thought of a different perspective on that which is (pause) that there was something very dangerous about the possibility of getting the help that you were sort of desperate to protect yourself from. There's a layer of it which I guess I sort of assumed before and I thought was what you mean-that you were afraid that if you were labeled depressed that somehow that wouldn't turn out well for you. First of all, a therapist clearly was not going to help. Second of all, there would be something bad for like your dad or your mom or whomever knowing this about you. So it could only go badly.

And I guess what I'm imagining now is maybe there was something kind of more fundamental and sort of more terrifying about someone finding out how you really felt, what you really thought, what it was really like, that your being in a relationship with somebody who really knew those things about you was, for some reason-I kind of go through possibilities, but I'm not sure which it is-really danger. [00:34:10]

CLIENT: Yeah, I mean, it feels like it but I don't know why.

THERAPIST: Yeah. So, I mean, to be clear, I don't at all think you are sitting there like thinking all this stuff that you're consciously withholding from me. I don't have that impression. I think you've shared what comes to mind. But I do think that unconsciously you're pretty inhibited from thinking of things to say about what it's really like. In a context-you're not generally at a loss for words or ways of talking, thinking about, or describing things. So those things [inaudible 0:35:04]. I imagine that might be why. [00:35:17]

CLIENT: Yeah [inaudible 0:35:23] about it.

THERAPIST: It's okay. I mean, I imagine that level of-it probably makes you feel bad-we talk about that-but you really wish-like you probably feel like you're doing me a disservice-something [inaudible 0:35:40] before. [00:35:39]

CLIENT: Yeah.

THERAPIST: And maybe go back through some of what I don't know-or about yourself in some other way. Maybe you're terrified (pause) and feel like no good could possibly come from having more to say. [00:36:17].

CLIENT: (Long pause) I'm afraid I'm not going to make it. (Long pause) [00:38:11]

THERAPIST: Um hm. (Pause) Do you ever want to feel what's going to happen? [00:38:48]

CLIENT: (Long pause) I'm afraid I'll kill myself [inaudible 0:39:11].

THERAPIST: [inaudible 0:39:14]?

CLIENT: I don't know. Not really to get even.

THERAPIST: But safe [ph 0:39:56].

CLIENT: Yeah.

THERAPIST: You just won't be able to [inaudible 0:40:05] things you want.

CLIENT: Yeah.

THERAPIST: And you won't care so much about whatever courage it takes, but how bad things are hurting?

CLIENT: Yeah.

THERAPIST: It will just be [inaudible 0:40:29].

CLIENT: Yeah. It would be the best thing. (Pause) [inaudible 0:40:45] that. I never did.

THERAPIST: Yeah. I remember. And you don't want to go back to the hospital?

CLIENT: No. I have to?

THERAPIST: I'm not asking because it's going to be your decision. I'm asking because I at least consider taking into account what you want. Could [inaudible 0:41:32] but, yeah. I mean, if you were saying, "I would just feel so much better [inaudible 0:41:37] if I was back there", I would think about that. But you're, at the moment, saying you prefer to be home.

CLIENT: Yeah. [00:41:48]

THERAPIST: So obviously you're quite scared.

CLIENT: Yes.

THERAPIST: And pretty hopeless.

CLIENT: Yeah.

THERAPIST: Is there any plan for the day?

CLIENT: Um (Pause) I don't think I will (Long pause) [inaudible 0:42:23] the stuff, our stuff out of storage, so I'll have some unpacking to do.

THERAPIST: Yeah. [00:42:33]

And I have a question about the ECT.

CLIENT: Yeah.

THERAPIST: And you may not remember this, actually. Do you know when it's felt helpful and [inaudible 0:43:07] now it is not at all. It helped kind of soon after the treatment itself, or there was kind of a-

CLIENT: I think it-

THERAPIST: more like an SSRI where you just sort of build it up over time. You know, as opposed to like Adderall where you kind of get the boost straightaway.

CLIENT: I think I want to say it was helpful soon after the treatment itself.

THERAPIST: Yeah. [00:43:32]

CLIENT: Yeah. It's not easy for me to tell.

THERAPIST: Okay. Mostly because it's hard to remember or imagine that anything actually helped.

CLIENT: Yeah.

THERAPIST: Yeah. (Long pause) I guess my inclination is to send you home and ask you to leave me some kind of message a little later this afternoon to let me know where things are at. Obviously, if you need to call me before then, you can. But (pause) kind of at least let me know late afternoon kind of where things are at and whether they're worse or the same or better.

CLIENT: Okay. I can do that. [00:44:39]

THERAPIST: And then-I mean, we're scheduled tomorrow morning, then you have [inaudible 0:44:46] treatment tomorrow [inaudible 0:44:47].

CLIENT: I don't know.

THERAPIST: All right.

CLIENT: I don't know.

THERAPIST: Yeah. It's all right. You know, my thought is just kind of see what happens with that; if that actually makes a difference or not.

CLIENT: Okay. [00:45:06]

THERAPIST: And kind of go from there. But obviously, if things get worse or get even more dangerous than they are, you know, [inaudible 0:45:18].

CLIENT: Okay. (Pause) Okay.

THERAPIST: Do you have any other thoughts about that plan?

CLIENT: I think I can wait.

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: All right. Well let me stop for now.

CLIENT: Thank you.

END TRANSCRIPT