

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Good morning.

CLIENT: Good morning. Do you know any therapists in Maryland?

THERAPIST: I do actually. I know someone who's very good and I also have a pretty big network of colleagues here who will know some people there.

CLIENT: Okay. One of Tanya's friends visited over the weekend. Her sister has just moved to Maryland and is struggling to find a therapist that works for her. [00:03:05]

THERAPIST: I know someone very good I've got but I've been in contact with them a couple of years ago. But I can I bet you I can dig up his name. I thought he was very good when I spoke with him.

CLIENT: Thanks. If it's not too much trouble.

THERAPIST: It's fine.

CLIENT: Thanks. So I felt like last week's session was very helpful. So I've asked if you could prompt me more and keep (inaudible at 00:03:40). I really appreciate that. I felt much less like I was floundering.

THERAPIST: Good.

CLIENT: So thanks. I think you asked the question did I feel like I was floundering in my everyday life. I think I sort of said yes yes and no. The answer is probably more yes than no in some ways. But like this is an anchoring point in some sense. So, uh (pause) helpful to be here and particularly helpful last week so, thanks. [00:04:22] (pause)

I think I also expressed that I felt anxious while we were talking. I didn't really have a reason as to why, but after I left I think that because it's that I rely on the session that I was and sometimes am anxious that like we won't get to something, not that I have a particular thing I need to get to. [00:05:15]

But like the time is very precious to me so I might waste it or something. (pause) So those are my summary thoughts.

We were talking at the end about what constitutes a good reason or a bad reason for making relationship decisions. I thought maybe we could take that up again. [00:06:34] (pause)

THERAPIST: I'd be happy to do so.

CLIENT: Thanks. (pause) It's sort of it occurs to me that I should probably talk out some of the features of the last week.

So Tanya's friend Candace came to visit. Candace was Tanya's roommate at William & Mary. A very good friend; she's great. So one of the few people for who it's always good for for who for Tanya it's always good to visit so, it's helpful to have her be here. It's good. [00:07:35] (pause)

She got in on Wednesday and then left Friday evening, so it's kind of a strange time period but, she was on spring break from the teaching job that she works at. (pause)

So I think that the most salient piece of that is that like I think there's two pieces of it that in terms of preparing for Candace to visit, you know, cleaning the apartment, converting the room that we have a table in to a room that has a bed in it so Candace could stay with us, I did all of that work. [00:08:18] (pause)

So particular, you know, just how guests. So maybe the more important things is Candace got in on Wednesday when Tanya was at work and so Candace and I sat and talked for a while. Then her sister I don't know if I knew this and had forgotten it, but I think that I knew this.

Her sister is bipolar and that was a real struggle with she had been diagnosed with that in high school for Candace, so it was interesting to talk with her some about how this has affected Tanya's illness affects her and sort of her understanding of my position in it. [00:08:18] (pause)

I had the sense that I can express but not explain very well that like being able to talk with Candace in that way was something that is missing from my relationship with Tanya to a large extent. Not particularly about those subjects but those were part of the conversation. (pause) So that seems important.

THERAPIST: When you say talked in that way, how do you mean?

CLIENT: Yes, that's the right question but I don't know how to answer it. [00:10:00] (pause)

Did you ever like sit and have coffee with someone for a couple of hours? It's that I think.

THERAPIST: Sure.

CLIENT: You sit you might like sit and sort of talk about news events or talk about what's going on or what you're thinking about and progress through that to talk some about like what's going on in your life. And sort of here's a whole conversation that has many different parts that are not really related but in some ways like form the whole thing. Is that a am I describing an experience you understand? [00:11:01]

That. Sort of that thing. I don't know how to articulate it better than that. But there's a sense of like scope and depth to it sort of like. We talk about we can't talk about many things and it doesn't have to stay shallow in any particular way. There aren't like intense moments of danger of some kind in the conversation. (pause)

THERAPIST: And so with Tanya that feels like moments of danger?

CLIENT: [Laughing] Sorry, I said it and I sort of [Laughing] saw you grab on to that one. [Laughing] I think you should and I understand why you would, but yes. [00:12:02]

THERAPIST: But this doesn't come there are not intense moment of danger, implying that.

CLIENT: [Laughing] Yes, I know. Yes, so there are certain topics that like set Tanya off or that Tanya can't talk about. Those feel dangerous to me because I don't trust Tanya to handle her emotions. So I guess I don't have trust that it's going to be okay or that like.

So we're taking and I mean Candace and I were talking and you know she was essentially asking how I was doing in all this. She was here last year while Tanya was doing the ACTs so like I don't know, that was I think a very hard time for her, yes. [00:13:02]

And so I was (pause) I said well you know, we're back to there in some sense. It's not as bad but we're back to that like back in the hospital. This is a reset in some sense or feels like it. And so it sort of raised the question of like is this ever going to go away? What does our future look like?

And I think that was when she told me that her sister was bipolar and that like it had made her start to wonder also whether this was a thing that was going away or whether this what this meant.

And so we both sort of sat with that for a moment and she was okay, I need to talk about something else. That's too much, so we did. Tanya can't do that. [00:14:00] (pause)

THERAPIST: The sitting with it, the (inaudible at 00:14:09)?

CLIENT: No, no the last part, that I need to talk about something else.

THERAPIST: I see.

CLIENT: Like this is going in a bad place for me personally. Can we move to something else?

THERAPIST: So modulating somehow or moderating?

CLIENT: Yes, yes, yes. (pause) Protecting herself also and expressing her needs at a time when they can be met still. In that same situation Tanya would not say anything until it was like until she was already overwhelmed by whatever negative feelings there were.

That's not helpful to anyone. Not that it's not accepted to be overwhelmed by feelings but that like... [00:15:06]

THERAPIST: It seems like you're really important observation is interesting.

CLIENT: So I think that's a large part of what I mean about like intense moments of danger,

THERAPIST: That she can't take care of herself in that way?

CLIENT: Yes.

THERAPIST: Then maybe at times going there is okay. But to not be able to not go there at times when there are other things you need to do, you know, or just sort of function in your day, you've got to wrap it up and move on.

CLIENT: Yes, yes. And when you're exposed to situations where things like that are coming up or are going to come up, like some sense of being able to draw appropriate boundaries and say like I need to not go there right now, before you're there. [00:16:03] (pause)

So in couple's counseling Monday, I can't remember exactly how the conversation evolved over time, but it ended up talking about Tanya's work at her church being about like taking care of people, sometimes like going and so she would go to the morning service on Sunday sometimes and then like afterwards go with someone to visit someone who couldn't make it to church. [00:17:31] (pause)

Yes, and she talked about it in the context of like this is a thing that is normally very good for her but gets very, very hard as she gets worse.

Dr. Jannis [ph] picked up on it as a thing like this is a thing that helps you feel better which is true and a nice observation. But he also then like brought that to our relationship in the context that like maybe she would feel better if she felt like she could take care of me which is definitely a thing that she says or believes or wants to do, which eventually to me, expressing the view that I (pause) I don't particularly trust her. [00:18:38] (pause)

And that description of the issue, the one that he was giving sounds to me like you should let her take care of you as another thing that you do to make her feel better. Like you should extend some arbitrary amount of trust, not because it like because that will help her. And I

found it frustrating. [00:19:12]

THERAPIST: Did you share that with him?

CLIENT: Oh yes, yes. Perhaps less politely than I would have liked. (pause)

THERAPIST: Can you tell me how that frustrated you? [00:20:00]

CLIENT: (pause) Yes, I guess I started the summary of the things that happened that week by saying that I did all the preparations for Candace to come visit. That takes time in addition to like spending some time with Candace, it took all weekend to sort of catch up on the things that I had not done while I was doing those things.

It's very frustrating to hear like I guess it's frustrating any time. It's particularly frustrating in that context to hear like, well if you just do a little more, Tanya will be better. Like if, you know, which (pause) yes, if you do a little more Tanya would be better. [00:21:18]

Maybe that's true somewhere, but I don't think that's the point at the end of the day. I think the point at the end of the day is that Tanya can't take care of herself or can't always take care of herself. (pause)

I've certainly become frustrated talking about it. I'm not sure if I articulated why I'm frustrated but... (pause)

THERAPIST: Well let me make a running analogy which may not be helpful to you so, but I'll give it a try. [00:22:15]

So and I was thinking well you can tell me if this feels like part of the point. Maybe it's a little bit beside the point, but the focus of couple's therapy is different than the focus of individual therapy for a lot of reasons.

But specifically as it relates to someone relationship, the focus of individual for couple's therapy is not whether either partner wants to be in the relationship. The goal is to make the relationship the best relationship it can be.

Whether one wants to be in the relationship or not is a separate issue. A very important issue but not really the focus of couple's therapy. It's kind of like when a personal trainer answered and said I'm not really sure I want to get into this do this race or, you know. [00:23:02]

But that's not the personal that's not that's a separate issue. You go to a personal trainer, the personal trainer helps you get to that train for the race. Whether you actually want to take the steps to do the race is a very important question, but it's not one that you talk about with the personal trainer.

Does that make it's not a great analogy. It actually is a pretty good analogy but that's sort of how I don't know if that addresses some of the frustration that you're feeling.

CLIENT: (pause) Yes, so let me let me make the analogy a little bit worse by stretching it more than it probably needs. [00:24:24]

So now turning to your personal trainer the coach, and you're running a relay race and one of your relay race partners has a broken leg, but the coach is still trying to train you to win the race, that's I think more how it feels.

Well if you just run twice as fast like, you know, you guys will almost be as good as you were.

THERAPIST: That's actually a really I think that analogy I think that at least that analogy conveys to you what you're feeling.

CLIENT: I felt like it was good at doing that at least. I'm glad that it worked. [00:25:03]

So you know, it's and part of the thing about feelings is that I don't think that's actually what he's doing and, you know, I actually think he's very good and I'm glad that we go to him for the most part.

But right now I'm very frustrated with this idea of like trying to make our relationship better when in fact Tanya is out of the crisis where she was hospitalized but she's still pretty bad. Like she's not doing well.

So we go there and like [Laughing] we can't really talk about trust. I mean we did because that was where the conversation went. And I didn't avoid it like I do sometimes. But that ends up in the place where I say like I don't trust here and why should I so which I feel like is not particularly helpful to Tanya when she's, you know, struggling with her broken leg. [00:26:08]

THERAPIST: Well but it's the truth.

CLIENT: Yes.

THERAPIST: And I have to believe that the truth is helpful somehow.

CLIENT: [Laughing]

THERAPIST: I'm serious.

CLIENT: (pause) Sorry, I wasn't laughing to dismiss that. (pause)

Yes, that's a viewpoint that I am committed to also, but I don't always feel (inaudible at 00:27:05).

So yesterday so Tanya like in the morning Tanya will get up and then get ready for the day, and then I'll get up around the time that she leaves, depending on when she leaves because she leaves at different times of day. And so often it's the case that she'll like come say goodbye as I'm still half asleep.

So yesterday she sort of said in a slightly peculiar way, goodbye James, which she never really says my name when she's saying goodbye. I don't know why, I think.

And, you know, so I was concerned for a portion of the day that she was going to kill herself. (pause) I think that expresses my feelings about truth and dangerous or something, too. [00:28:16] (pause)

THERAPIST: This sounds like such a simple statement. And perhaps, live in a way I don't mean it at all, but ultimately you need to decide what you want and if you want this. And part of the problem with this is it's not clear what this is. Is this how Tanya is always going to be? Is this a very bad stage in her life that she will move on from at some point? Those are unknowns. And so that decision needs to be made with those unknowns because those are unknowns. [00:29:04]

It certainly seems likely that this is going to go on for some time. It's certainly not clear to me whether this is just going to be a life-long illness that will basically have this course. Or whether she will get better. It could really go either way.

And A, that you have to think about whether either of those situations are okay, and if you ultimately want this.

CLIENT: (pause) You know that was strikingly direct. I appreciate it. (pause) Yes, I don't know how to make that decision with what you think you know. [00:30:47]

(pause) So half this why would anyone want this, you know, that all hinges on the meaning of want or the variety of different maybe hinges on this; I don't know. (pause)

Yes, so in other contexts I have something like three responses to uncertainty. One is to formulate a test case that will differentiate between possible outcomes. That's not really I see no way to do that here when the large uncertainty is what's going to happen in the future that really becomes not a useful way of handling the problem. [00:32:49]

(pause) One is to reduce the uncertainty as much as possible and then leave the uncertainty uncertain, but that usually goes hand-in-hand with the other ones. So like here's a range of possible mechanisms for a chemical reaction. We can rule out all but two of them. We can't decide between them but leave at least ruled out all of the other ones. [Laughing] [00:33:16]

You did that some time ago, right? You presented the manifold of worlds in which I would be okay and hence, essentially two features on it. So, and that was helpful in the short-term. That's not particularly helpful in like which of those will I end up or should I end up on.

And the third is to sort of attempt to estimate the uncertainty we're bounded in some way. I'm not sure that's actually feasible here either. So I didn't hear real well beyond that, just said something about uncertainty. I don't know what to do about that. [00:34:02]

(pause) Actually I think there's a fourth thing too. So in terms of like personal decisions I think I will attempt to (pause) sort of observe other people making simple decisions and sort of monitor my reactions to them and, sometimes that's helpful. It's the reason that I like well written TV shows actually. (pause)

THERAPIST: Well maybe another way of looking at it, which sounds like it's missing a piece, but that sort of how Tanya will fare in the future. If you take that variable out and say what if that doesn't matter that much? [00:37:15]

I mean I is this the marriage that you want to be in now, and are there enough things about Tanya that you love and value? And are there enough parts of your moral system that you feel committed to that this is the marriage that you want to be in?

And so just to try to sort of assess, well if things go better, the future of this will be worth it versus not. Maybe that's not as important. It seems important in some ways, but then I thought about more and I thought, I don't know. Because even I mean you can sort of make your argument and say five years from now Tanya is doing better; well ten years from now she might not be. [00:38:00]

CLIENT: Yes.

THERAPIST: So sort of try to assess, based on your current investment, be very crude, you know, later outcome on current investment maybe is not a very good way to go.

CLIENT: Yes. (pause)

I think that's clarifying. I was sort of sitting here thinking about so, if I were to stay I this marriage it's clear to me that I need to construct the rest of my life in such a way that is fulfilling in the ways that this marriage is not, or else I won't be happy right, because that's

which is more or less exactly what you said many months ago. [00:39:02]

(pause) Yes, I was also thinking about I don't want this, but I also think that vows are important and I don't want to walk away from that commitment that I made. But if I hadn't made that commitment I would have my only reasons for not walking away would be concerns for Tanya's wellbeing in the short run.

Like I actually don't want to hurt her. I do love her but (pause) [00:40:15]...

THERAPIST: And if that's true that you will need to find a way to have that be more sustaining during these periods, meaning that, you know, your commitment to commitment answer that being your kind of moral code and value system, that sort of maintaining that; adhering to that, will need to sort of help you weather these more difficult periods. You know getting some satisfaction that you are adhering to that.

In other words this shouldn't only be a reason not to leave, it should be a something that sustained you while you stay.

CLIENT: Hmm. (pause) Yes that I hadn't thought about. (pause) [00:41:19]

That seems like an interesting topic for all on its own (pause) in terms of if it's that important to me, why don't I find it sustaining or something like that? (pause)

THERAPIST: (inaudible at 00:42:02) experience is something that's confining and is limiting your options. That's a very different thing than something that you've proactively committed to and that you feel fulfilled you feel good about fulfilling.

CLIENT: Mm-hmm, mm-hmm. (pause) Yes, I need to think about that a little bit more. I sort of feel like there are broader implications, but I can't pull them all out right now. And I also feel like it's a little bit my own thoughts on it are sort of distracting from the main point; if that makes sense. (pause) [00:43:14]

Yes, so I guess another way to describe it is I feel like there's a conflict between my, as you put it, commitment to commitment and my desire to not be unhappy forever or not be unhappy right now. And I guess there is some resolution to that conflict in what you were just saying. (pause) But I also don't know how to work out that conflict in general. (pause)

THERAPIST: I'll see you next week. [00:45:06]

CLIENT: Thank you.

THERAPIST: Take care.

END TRANSCRIPT