

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: He had said that a balance that I – I have new (inaudible at 0:00:03) that's incorrect, but it turns out it was more like, my bill crossed your check kind of thing.

CLIENT: Yeah, I think so. Yeah.

THERAPIST: So, yeah (inaudible at 0:00:19). (pause) Sure.

CLIENT: I'm not doing so well; continuing to not do well. Pretty crappy too. (pause) I don't – I'm supposed to go tutor after this. I guess I'll see how it goes. (pause) All the time that I had sort of blocked out this weekend for – for caring for tutoring and also preparing, researching for this talk during the week. Pretty much most of it, but like staring blankly at. (chuckle) [0:01:47]

So, I've been doing a lot of that. (pause) I feel like I have some creep disease, but like it doesn't look like it. And that's something like every five or ten minutes, I have to sort of decide not to kill myself. That takes a lot of work.

THERAPIST: Yeah. (pause) [0:02:47]

CLIENT: I become mad and (pause) I feel like I'm less concerned about how other people are going to feel about the things that say than I usually am, which in itself is probably a good thing. But nobody seems to mind. (pause)

THERAPIST: But I can see, in addition to that how, it reflects you're not doing well, partly because of – it sounds like you're saying -

CLIENT: Yeah.

THERAPIST: That you feel more abandoned.

CLIENT: Yeah. (pause) [0:03:54] You meant abandon, not abandoned, right?

THERAPIST: Correct.

CLIENT: Okay, that's what I thought. (pause)

THERAPIST: Maybe you feel more abandoned too, but that's not what I had in mind.

CLIENT: Yeah, it's not – yeah. (pause) [0:05:02] (pause) I don't know, I'm (pause) I'm afraid of dying, but I think I'm more afraid of just continuing to be like this. (pause) You know, just sort of frantically racing through my options, and if I do this, then this will happen, and if I do this, then this will happen, and these are the things that might happen; these are the things that probably won't happen.

Like I just can't – I can't come up with one where that doesn't keep (inaudible at 0:06:10). (pause) You know, that the best I can come with is, things get better for awhile. (pause) Which at this point is not so bad. I have lots of (pause) but I feel like (pause) I feel like the period where I start thinking maybe this will just be over, like maybe I won't have to feel this way, and then it comes back. I feel like that is really bad; that it's the worst. And so – [0:07:49]

THERAPIST: Sort of pulling the rug out.

CLIENT: Yeah. (pause) [0:08:49][0:10:49] (pause) (sigh) Somehow it still seems very important, because we have to learn now that this what my life is occurring now. (pause) I feel like the the little things that might – (pause) [0:11:49] (pause)

THERAPIST: You sounded worst to me actually than last week.

CLIENT: Yeah. (pause)

THERAPIST: At first, when you said about (pause) feeling freer less dependent, like putting stuff out there, I wasn't sure [in a way] (ph) good thing coming from it we talked about last time; it doesn't seem that way. As we talked more, it seems more like you don't care -

CLIENT: I don't care.

THERAPIST: In the way that even when you're feeling pretty bad, you generally still do? [0:12:44] (pause)

CLIENT: It's really bad. (pause) I mean it gets worse than this, but not that much worse.

THERAPIST: Yeah. I haven't forgot; I'm trying to remember the last time it was like this; it's been awhile. (pause) On one hand, it's mostly an (automation) (ph) of self hatred and fighting amongst yourself?

CLIENT: Yeah. Even like the (fault) (ph) isn't as much a thing anymore. Like I don't – I ended up hurting myself. (inaudible at 0:14:23). (pause) [overlapping conversation at 0:14:33] Yeah, I don't know, I – (sigh) I haven't been thinking about hating myself as much. (pause) And sometimes it's blank. (pause) [0:15:33] (pause) It's still there somewhere, but I don't have to deal with it all the time.

I – it took me the whole day to sort of tell myself like, “You know Tanya, really have to tell somebody at church about this. Like this is their job; tell them to do their job.” And so I like at the end of the – as I was leaving, told one of the priests that I'm doing really badly, and asked her to pray for me and she said she would . She said like, “You're awesome” at the end; that sort of undid me. Not like a “You're awesome so you shouldn't be feeling bad.” But more like, “You should remember that you're awesome.” [0:16:49]

THERAPIST: Yeah. (pause) Which I guess – at which I guess you're a complete disaster? (pause)

CLIENT: Yes. (laughter) I sort of fail a bit.

THERAPIST: I guess my point being – my box over there?

CLIENT: Almost sick. Man it's like the tissue box that will not die. (chuckle) (pause)

THERAPIST: I guess that my point was that that's how I imagined that it felt, or that that's part of what made it feel so awful. Is that so far? [0:18:01]

CLIENT: Yeah. (pause) Yeah, and my thought was that's completely the size of me. But, (pause) it's this weird thing, like I know why she would think that I'm awesome; like I can see how I look to other people, you know, at least to other people who think I'm awesome. (chuckle) I can see that, but like that doesn't matter. (pause) [0:19:00] (pause)

THERAPIST: So the main thing is, that you're like quite a bit miserable and in a tremendous amount of emotional pain?

CLIENT: I guess so. I mean if you poke at it like I'm miserable, because I feel like I'm a terrible person, and part of it comes around, but -

THERAPIST: Like kind of, it sounds like that part of the story isn't feeling as central as at other times it, you know -

CLIENT: Yeah. (pause) [0:20:00]

THERAPIST: And it sounds like also this doesn't have the kind of beat yourself up quality that feeling low can have? For you, it's more like, (pause) (whenever) (ph) like I get a sense that you're indulging yourself a lot, or blaming to yourself, or feeling (while) (ph) inadequate; sometimes you're just feeling awful.

CLIENT: Yeah. (pause) Anyway, when I like involve myself, or fend for myself, there's at least a presumption that things could be different. But I don't feel like that's a possibility. (crying) (pause)

THERAPIST: (inaudible at 0:21:12) (pause)

CLIENT: It's like the only computer game I remember playing ever. We never had computer games when I was little; we just didn't have any consoles, and never got any other. So, it was like a brief period of time where Golden Eye was like the game. (chuckle) It was a long time ago, but there was a time.

And so like a little bit after it came out, I was over like a family friend's house, and there were like kids downstairs playing a game. And so I picked it up and played it, and just like could not – like I couldn't get the character who walked around out of the corner. Like I was just in a corner the entire game. (laughter) It was like well, that was it for video game; like not much fun when you can't get out of the corner. (laughter) So that's what I feel like. (pause)

THERAPIST: Now, my sensation to not being able to get out of the corner in a video game, is that it's kind of disorienting, among other things. Like you can't – they move, and you can't figure out where you're looking, and -

CLIENT: Yeah, and in that game, everything's dark the entire time. I'm like (inaudible at 0:22:45). (pause) It feels like you, and James and Dr. (inaudible at 0:23:13) is like people who are trying to help me. (pause) It feels like with the best of intentions, you're all [a bit afraid] (ph) to continue down this incredibly painful and destructive path. (pause) That's disorienting.

THERAPIST: Yeah. And you're welcome. (chuckle) (pause) [0:24:28] But I imagine in some ways, it's actually worse, in that not only are we inviting you, but especially James is in some ways making you feel obligated. (pause)

I think that's especially (inaudible at 0:25:13) like, [I completely crave tuna.] (ph) I'm not saying you're saying.

CLIENT: I know. (pause) [0:26:20]

THERAPIST: Now I think about it, yeah, you're right (pause) that there's a language that people are referring to. (pause) You maybe think I don't understand what you mean by that, but (pause) there are ways in the short-term (inaudible at 0:27:29). You know?

CLIENT: Yeah. (pause) But, (pause) [028:29]-[0:30:29] (pause) I hear you.

THERAPIST: Okay. (pause) Are you surprised?

CLIENT: Am I surprised?

THERAPIST: Yeah.

CLIENT: Not really. (pause) [0:31:56] (pause) Yeah, I do. (pause)

THERAPIST: Kind of like keep going in spite of how excruciating it is? (pause) [0:32:56] (pause)

CLIENT: I don't feel good about that. (pause)

THERAPIST: I imagine that (pause) feels like a lot of things have been a failure for you?

CLIENT: Yeah. (pause) [0:33:58] (pause)

THERAPIST: [That's all beyond me.] (ph) (pause)

CLIENT: I don't really like the alternative either. (pause)

THERAPIST: How do you think there are no good options?

CLIENT: Yeah. (pause)

THERAPIST: [It's not really been unbearable.] (ph) (pause) [0:34:58]-[0:38:58]

CLIENT: (crying) (pause)

THERAPIST: The only thing in particular that I can (inaudible at 0:40:07]

CLIENT: Yeah. (pause) [0:41:16]-[0:42:16] (pause)

THERAPIST: But have you been thinking of doing it yourself? (pause)

CLIENT: Mostly (inaudible at 0:43:08] – things like the (sigh) highest likelihood of success, combined with what it's most likely I'd actually do. (pause) Yeah; logistics are hard, but not that hard. They're hard if I want them to be hard. (pause) This tutoring session's going to be more; I thought about just taking the car somewhere. I think maybe I just won't go to tutoring.

THERAPIST: When's it at?

CLIENT: 2:30. (pause) [0:44:56] (pause)

THERAPIST: Is James at home or out somewhere?

CLIENT: He's at home.

THERAPIST: [What did he say when you] (ph) (inaudible at 0:45:23)

CLIENT: Yeah. (pause)

THERAPIST: Did you watch anything yesterday?

CLIENT: I don't know. (pause) It don't matter.

THERAPIST: No. Are you sure of that? (pause)

CLIENT: Yeah. I [wasn't so sure] (ph) of making it through the weekend. [0:46:28]

THERAPIST: Yeah. (pause) I know I continue to put the decision about this in your hands, but I assume, and I want to make sure I'm correct that you really don't want to go to the hospital.

CLIENT: Part of me does, because (sigh) it's hard to have to keep the fight and not kill myself.

THERAPIST: Yeah.

CLIENT: And part of me; most of me doesn't, because it's a pain in the ass, and it doesn't seem I feel like I got to the same place that I started out in. I (foregoed) (ph) the option. (pause) But I continue to think that it would be worse to try and fail than not to try and fail; if that.

THERAPIST: That's something that's not a whole lot. (pause)

CLIENT: Yeah, I don't want to think about it. (pause) [0:48:50] (pause)

THERAPIST: You're pretty sure you'll cancel the tutoring session?

CLIENT: (pause) Yeah; yeah. (pause) If it were like two hours later and that's so long, then -

THERAPIST: How long is it?

CLIENT: It's like three hours.

THERAPIST: Around 2?

CLIENT: Yeah, 3.

THERAPIST: 3:00. Yeah.

CLIENT: But, there'd be either/or like three hours. I would feel like there was a (pause) Yeah. Sometimes I can rally.

THERAPIST: Okay.

CLIENT: But, I think maybe I need to not ask myself to rally right now.

THERAPIST: I think that's why, because particularly, after three hours of holding it together, (pause) you could (pause)

CLIENT: I hadn't thought about that.

THERAPIST: (inaudible at 0:50:40)

CLIENT: Yeah. (pause)

THERAPIST: In that case, (pause) [0:51:59] and then what? Like (pause)

CLIENT: I don't know. (pause) You know I can't decide whether it'd better to go to work tomorrow or not go to work tomorrow. That's seems like a long way off though.

THERAPIST: Yeah, let's wait on that one, I mean to use it - (pause)

CLIENT: I don't know. (pause) I could take a nap right now. (pause) (sigh) Sorry I'm just like - I don't even want to say like, "Okay Chad." So I'll tackle the afternoon. (inaudible at 0:53:06] (pause) (sigh) (crying) I'm sorry.

THERAPIST: You know, I'm imagining that you're feeling a bunch of pressure from me to make a plan not to kill yourself and to stay alive. And that feels pretty awful. (crying)

CLIENT: That's not quite it, but I don't know how I can explain it.

THERAPIST: Sure.

CLIENT: (pause) [0:54:30] I had a, I don't know, but it's like, it doesn't feel like you're trying to put pressure on me, or like it doesn't feel like you're asking this of me. It's more like (sigh) I don't know. (pause) Maybe it's a - (crying) I don't know.

THERAPIST: Forgetting for a minute where it's coming from, is that the pressure that you're feeling?

CLIENT: Yeah. (pause) [0:55:40] (pause) Right now, like you have a dial on your back; just the pressure that I'm not actively – to kill myself this afternoon. (laughter) (pause) [0:56:40] (pause) Yeah. I know I can make it through the next few hours, but I don't know if I want to. Well no, I know I don't want to; I don't know whether I'm willing to.

THERAPIST: I see. (pause) If you do, it won't be for you?

CLIENT: (pause) Probably. (pause) [0:57:47]-[0:58:48] (pause)

THERAPIST: Yeah, I'm up to my (pause) I mean I'm perfectly aware that at the end of the day, I can keep you from killing yourself; you know that? I also know that you don't often want to with the intensity, or with as much as yourself, or something like that.

CLIENT: Yeah.

THERAPIST: I also know that you might feel better in a few hours, or not this bad.

CLIENT: Yeah. (pause) I'm counting on it.

THERAPIST: Yeah, I'm actually sort of inclined to think that. I mean I don't need to be optimistic.

CLIENT: No, that's okay. Yeah, that's how it goes; I feel better for awhile and then I feel worse for awhile. [0:59:59]

THERAPIST: Yeah. (pause) (sigh) I mean I guess one that I have is, you know, if you're going to go home, most likely you'll take a nap, and then touch base a little after 6 or something. (pause) CLIENT: Okay.

THERAPIST: When you get home from the hospital.

CLIENT: Yeah. (pause)

THERAPIST: Which it could be probably be (anytime.) (ph), you know. (pause) [1:01:05]-[1:02:05] (pause) Why doesn't James have a [hand in it?] (ph)

CLIENT: He knows what's going on. He – we talked about it this morning, and he acted sort of trying to keep it in (inaudible at 1:03:10); scaring him too much, or would have doubted on him too much. So we talked about it this morning, but on the way home, he asked me whether you and I had talked about hospitalization or something. Yeah, I think he knows death's an option now.

THERAPIST: Yeah, it didn't feel to me like we were all that close to death until today. I mean I knew that death, you told me.

CLIENT: I know. (pause)

THERAPIST: He's absolutely right, of course, that like, (pause) he always seems like (inaudible at 1:04:10) current time or jag, but there's no guarantee about the next one will come. (pause)

CLIENT: Yeah. (pause)

THERAPIST: Sorry I'm taking a little time to figure this out.

CLIENT: Okay. I'll be (inaudible at 1:05:06). I could probably go home to stare at the wall, so you know, I can do that here. (pause)

THERAPIST: Do you have a (inaudible at 1:05:34)?

CLIENT: No. I don't know. (pause) I feel like it's equally possible that, you know, I could go home and watch some TV, and joke around with James, and have a nice night. And that I go home and decide that I'm done. I can't tell, and – yeah. Clearly, I usually end up the former, but –

THERAPIST: Actually, the truth is, it's always ended up the former.

CLIENT: Yeah. I usually end it always.

THERAPIST: So far.

CLIENT: Yeah. (pause) Well no, sometimes I'm miserable and don't go. [1:06:40]

THERAPIST: Yes, that's true, but as long as you're around -

CLIENT: Yeah.

THERAPIST: You know, I don't like it. (pause) I think James should come and you guys should go to the ER, and I think it's possible by the time they see you, you're feeling better enough, or you think you're feeling a little better; if you're waiting there three or four hours, and you start to feel better, call me, and you can come back here and we can talk.

CLIENT: Okay.

THERAPIST: You know this evening, either of them, you can come by. And, we can go from there; I'm happy to do that. But, (pause) there's something about that kind of angry abandon that's got me concerned in a way that (pause) I think I was at times last year. [1:07:55]

My worry about that, is – I mean my concern from like a psychological point of view is that (pause) this will convey to you that there's something about that kind of anger or hostility, being with James that (pause) you know, is always going to be too dangerous. So I'm somewhat concerned about that.

CLIENT: Yeah. I mean, I know that's not what you mean.

THERAPIST: Yeah, right.

CLIENT: (laughter)

THERAPIST: See what happens when you're unconscious. Yeah, I think that probably a good plan is, we'll have James come by; you guys go into ER; you'll probably have to wait awhile there anyway. If you do start to feel better, you know, call me, and you can come in a little later, and we'll talk some more and go from there. [1:09:25]

And if you don't feel better, stay there. I guess the first question is, does that seem – am I putting you in a reasonable position; I don't want to put you in a position where you're having to make a decision that's overwhelming to you sitting waiting in the ER. And if that's the case -

CLIENT: Yeah, no, I mean if it starts to feel absurd to be there, then I'll come home. I guess my question is, will they let me just leave?

THERAPIST: I don't know. I would have assumed so, but I don't know. (pause) They can – I'm sure they can get me on the phone, or you guys likely can call me on your cell phone or something, and I can come and get you and we can sort it out that way.

CLIENT: Okay. Thanks. [1:10:26]

THERAPIST: Yeah. (pause) Let's see, so how do you want to do this? Do you want to just call James now from here? Do you want me here while you call him?

CLIENT: No, I can just call. (pause) Sorry, I assume that was your lunch.

THERAPIST: Oh, that's all right, don't worry. No, I don't really (pause)

CLIENT: (phone call) "Hey – hey, it's Tanya. Hey are you there? James? Yeah, okay, sorry. I'm still at therapy. Chad wants me to go to ER, so can you come over? Okay, thanks. Thanks."
[1:11:41]

THERAPIST: Do you know how long he'll be?

CLIENT: Probably ten minutes.

THERAPIST: Okay. Will he want to talk to me? I mean how – I guess what I was -

CLIENT: I don't know. I would think he will want to talk to you briefly.

THERAPIST: Okay, all right, that's fine. (pause)

CLIENT: So what do I do now?

THERAPIST: He'll be ten minutes.

CLIENT: Okay. (pause)

THERAPIST: I'm going to eat some bread. (chuckle) Do you want anything?

CLIENT: No thanks.

THERAPIST: You sure?

CLIENT: Yeah.

THERAPIST: Okay. [1:12:26] (pause)

CLIENT: I don't how, but I have to get in touch with the person I'm supposed to be tutoring. (pause) It's like through one of those websites, so I don't -

THERAPIST: Do you like have their contact information?

CLIENT: No I don't, or I do somewhere, but it's not like my phone.

THERAPIST: You got it on that iPad?

CLIENT: I could actually. Okay.

THERAPIST: (inaudible at 1:13:40)

CLIENT: Yeah. (pause)

END TRANSCRIPT