

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

~~CLIENT: Hi, I'll be with you in just a moment.~~

~~(Pause): [00:00:11 00:02:22]~~

THERAPIST: Hello.

CLIENT: Good morning.

THERAPIST: So we started couple's counseling last week. But we're still feeling out Dr. Jannis to figure out if he's the right person or not.

(Pause): [00:02:34 00:02:49]

CLIENT: That session actually started with a recount of what's going on, why we're here, you know, as it might reasonably start with.

(Pause): [00:02:58 00:03:22]

CLIENT: I guess how we got there isn't really the issue but at some point Tanya disclosed that she was still suicidal on a regular basis like multiple times a week.

(Pause): [00:03:35 00:04:06]

CLIENT: And suggested that that had been true for that it had never not been true.

(Pause): [00:04:10 00:04:40]

CLIENT: You know, it sounds sort of ridiculous, but I think I don't think she's correct about that. I think there was a period of time where it certainly was not every couple or three days or something. I'm not sure that's really the important point, though.

(Pause): [00:05:01 00:06:24]

CLIENT: Yet I don't know exactly what to say about that other than 'that happened.' So -

THERAPIST: Well, clearly, it was deeply upsetting.

CLIENT: Yeah. I mean I've been living with her for a while.

(Pause): [00:06:39 00:06:56]

CLIENT: You know, on the one hand I'm not surprised in the context of the last several weeks.

(Pause): [00:07:01 00:07:14]

CLIENT: I think I mentioned that I thought she had not been doing that well while I was gone. So I mean that's not such big of a surprise. They claim that it's like an unbroken string back to March or whatever. I'm not sure it really matters but it's -

(Pause): [00:07:53 00:08:14]

CLIENT: I think I feel like I should have a general sense of that and often I do without her saying anything. Just living with her. I guess I also feel like -

(Pause): [00:08:30 00:08:44]

CLIENT: Her not telling me is a sign of her not trusting me to do something or handle something. Just is what it is.

(Pause): [00:08:55 00:09:08]

THERAPIST: It could be that. It could also be that she doesn't want to further burden you.

(Pause): [00:09:12 00:09:28]

CLIENT: Yeah or it could be she suggested that she thought she'd told me or that I knew. I'm not really sure that that's not reasonable, but yeah, I don't know.

THERAPIST: Did it make you feel discouraged?

CLIENT: I sure sound discouraged, don't I?

THERAPIST: You do.

CLIENT: Yeah, talking about it's making me feel discouraged, or at least it's that's the emotion that's bubbling up. Yeah, I think probably that sounds about right. Just in the sense of like, here we go again.

(Pause): [00:10:12 00:10:40]

CLIENT: Yeah, I think on any particular day when she's not well I can either handle it just fine or I feel like there's nothing that we're going to do today that's any different from the last time we did exactly the same day, and nothing's changed. So -

(Pause): [00:11:03 00:11:44]

CLIENT: Realistically, I think she's coping with it better in the sense that if the claim is true, she's been off and on suicidal for several months without being hospitalized so that's probably good. Certainly her mood has not been as dire as it has been in most of the hospitalization circumstances because it's obvious when her mood is that bad.

(Pause): [00:12:12 00:12:51]

CLIENT: Yeah, I think discouraged is right. I don't have a very clear sense of "here's a strategy that will win out in the end." Just keep doing this. I'll come here. She's see Josh. Go to couple's counseling. She'll still be suicidal yeah, I think "discouraged" is right.

THERAPIST: Well, ultimately for you to feel, I don't know if "okay" is the right word I'll use "okay." It's more than just "okay," but is one of two options and I'm talking about not tomorrow but sort of ultimately, that you feel like your vows to her are the thing that's most important to you because that's who you are and you do love her and you'll see what needs in this marriage can be met and the needs you can't get met you'll (unclear) in some way and find satisfaction in your life the best you can or not the best you can, but in other areas and sort of acknowledge the limitations of your marriage or you decide to leave her and even though your vows are extremely important as does she, you want a better life with somebody else, with more potential and a less angst-ridden existence that just builds resentment. And those are one of the two options that will ultimately make you happier.

CLIENT: (Laughing)

THERAPIST: To put it in a nutshell.

(Pause): [00:14:38 00:14:45]

CLIENT: Fair enough.

(Pause): [00:14:44 00:15:57]

THERAPIST: What are you thinking?

CLIENT: I would just say that was a really good thing to say.

(Pause): [00:16:01 00:16:47]

CLIENT: Yeah, I think it's right, there are two fairly obvious end points that -

(Pause): [00:16:53 00:17:14]

CLIENT: None of which is ideal necessarily, but this is the real world (unclear) whatever.

(Pause): [00:17:24 00:17:36]

THERAPIST: No, neither is ideal and both have unpleasant and disappointing aspects to them for sure.

CLIENT: Yeah. And the path to neither is necessarily smooth or happy, but -

THERAPIST: Right. The former is a more internal process. The path is more internal. And the latter is internal but more external as well. (Pause) My saying that comes from feeling that that's true. But also what's framing it is that you're not trapped. You have a choice. You have choices. The third option is to go on the way you're going on and I'm not suggesting that you should ultimately that you should choose tomorrow pick a path, but sort of in the long run is to feel angry and trapped and maybe over time, resentful. That is an option. It would be an unfortunate one for you.

CLIENT: Yeah. I want the framing that you gave because it so that's not really an option in the original set up, right? You said, eventually you will feel okay in one of these two set ups.

THERAPIST: Right. Exactly.

CLIENT: I thought you framed the entire thing very, very carefully and there was a whole lot packed into it and I liked it.

(Pause): [00:19:20 00:19:27]

CLIENT: Yeah, there was a great deal about acceptance and loss built into the two paths.

(Pause): [00:19:35 00:22:33]

CLIENT: Circling around, repeating what you said sort of so it was very freeing to hear the first time. You know. Some things just ring very, very true and that was one of them. Like I said, it was very well framed and I'm just, yeah, those are the I don't know, points in the distance in some sense. (Pause) So then I think something like that and how it's helpful and freeing and then I think about the question or the (Pause) it will occur to me that that was the right thing to say, if such a thing exists. So then it's, 'well, how did you know it was the right thing to say right then?' Then I will think about this moment when you asked me, 'what are you thinking about?' and I say, 'that,' and then you would usually then respond something like you wonder how I came to this and I say yes and then we talk about something else. That's our pattern.

THERAPIST: I see. Right, right.

CLIENT: (Laughs)

THERAPIST: Got it.

CLIENT: And then I try to think about the other things since that's not going to go anywhere so I want to think about something else.

(Pause): [00:24:40 00:25:17]

CLIENT: Yeah, I think I'd like uncertainty to be bounded and I think that's more or less the correct bounding on uncertainty. I certainly don't know where we'll end up or where I will end up, but yeah. The space is marked in some way or something.

(Pause): [00:25:44 00:25:56]

CLIENT: So I'm going to a conference next week and making a poster. I finished the poster last night. The making process is so anxiety-inducing for me because I don't like making mistakes and I don't like correcting it in large letters when there are mistakes so I'm very careful not to make mistakes but there's also like, oh, I don't know, some not well-defined apprehension about the experience of presenting the poster so one of the main ways I combat that is to think about the other conference that I went to where the things I was talking about I was not particularly pleased with the work. I mean I was pleased when they got to the point they had gotten to but like it was mostly, the things we were trying really don't work and they don't work for these reasons. Which is a vaguely depressing experience, very depressing experience but vaguely satisfying to be able to bury it in that way. But I found that it was well received the experience was vaguely awkward because you don't know anybody but it's fine. So I can fairly well predict what it's going to be like even though I've never been to this particular conference.

(Pause): [00:27:40 00:27:53]

CLIENT: I guess I'm amused to have you do the same thing that I would do if I were trying to manage the emotion or deal with it or something. It was nice. Although (unclear). And then I hadn't really, you know we get to these points in the sessions and they happen sort of randomly distributed across sessions and in the time space of a session break.

(Pause): [00:28:37 00:28:50]

CLIENT: One of us will hit on something true. Usually it's you will reformulate everything into a concise whole, very nicely and then I don't have much more to say than yes.

THERAPIST: (inaudible).

(Pause): [00:29:04 00:29:19]

THERAPIST: And how do you feel about that? I mean, you're saying, yes, you agree. But then what are the feelings attached?

(Pause): [00:29:22 00:29:32]

CLIENT: Strangely comfort and joy. Like delighted by the process that we went through there. I find it amusing that that was how it went, but also I'm really pleased that that was very nice and I really appreciate you doing what you do and saying what you said.

(Pause): [00:29:57 00:30:03]

CLIENT: Yeah, I think it's comforting to have the problem understood thoroughly and the long-range answer to it described in careful detail. You're not painting rosy pictures in any sense but other pictures where things are okay and they'll (unclear) descriptions were how to get there in a long term scale sense, I think. How does that make me feel?

(Pause): [00:30:51 00:31:01]

CLIENT: So then I can sort of dwell on what it might look like to go along the path you know, to think about the intervening time between here and there where everything either ends up being and none of it is -

(Pause): [00:31:16 00:31:29]

CLIENT: And I know that it has sorrow and hardship and all of that attached, but yeah, it's okay because it's going somewhere.

THERAPIST: I've had a couple of other thoughts and one is and we've talked about this before all of your experiences, disillusionment in your life and how just deeply disturbing that is and has been for you. The other thought I had that maybe is part of I could see why what I said could be comforting for several reasons, but that you know you so hope for ideal situations in so many ways, the idea that things could be good even if they're not ideal I think is a very nice for you to feel that would be very, very nice.

CLIENT: (Laughs) Yeah. Yeah.

(Pause): [00:32:35 00:34:05]

CLIENT: Was that meant as a recommendation?

THERAPIST: What. What I said?

CLIENT: Yeah.

THERAPIST: Well, I guess how do you define recommendation?

CLIENT: Yeah, I guess the question is something like was that a more prescriptive or more a descriptive statement that it would be really nice for me to feel that things are good even if not ideal.

THERAPIST: It was a descriptive statement that implicitly it was prescriptive.

CLIENT: Okay. Okay.

THERAPIST: It was certainly descriptive.

CLIENT: (Laughing) Okay.

(Pause): [00:34:53 00:34:58]

THERAPIST: And I think when I think of prescriptive I think of 'this is what you should do.' But I think it would be more accurate my saying, 'this is what I want for you because I think this would be good.' Which is a little bit different.

CLIENT: (Laughs) Yeah, yeah.

(Pause): [00:35:11 00:35:34]

CLIENT: So people often use they describe situations as non-ideal that are really bad. Do you mean those also?

THERAPIST: I'm not sure. I understand what you're saying, but I'm not sure what you're referring to.

CLIENT: Yeah, so you you suggested that you would want for me to feel good about situations that are not idea.

THERAPIST: Um hmm.

CLIENT: Is the non-ideal intentionally unbounded there?

THERAPIST: Yes. Seeing equating non-ideal descriptions with situations that are bad is exactly the problem I'm trying to address.

(Pause): [00:36:27 00:36:49]

THERAPIST: I want to decouple that association.

CLIENT: Because (laughing) look -

(Pause): [00:36:54 00:37:04]

THERAPIST: Hey!

CLIENT: (Laughing) No, I hadn't appreciated having that quick insight. I think (unidentified emotional outburst laughing? Crying?) (Unclear).

(Pause): [00:37:13 00:37:21]

CLIENT: I think that's a hard problem.

THERAPIST: Yeah, and it shows up in so many areas of your life. You talked about it with respect to your career and how all the options seemed bad because there were some I don't want to say fundamental flaws, but flaws, yeah flaws and problems in them, they were not ideal.

(Pause): [00:37:45 00:39:56]

CLIENT: Yeah, we dealt with this in several different conversations also in the sense that like this is definitely related to the (unclear) of something in the sense that -

THERAPIST: Yes.

CLIENT: We're all going to die. What does ideal even mean in that context?

(Pause): [00:40:13 00:40:24]

CLIENT: Or bounded in the vastness of time and space and what sense does a small concept of ideal how does that fit there?

(Pause): [00:40:33 00:40:43]

CLIENT: But I think I normally make a distinction between ideal and like some range of okay and then some other range of really not okay, so like -

(Pause): [00:40:57 00:41:09]

CLIENT: Then I guess I don't know, I'm not sure it's a yeah I guess I need some argumentation that it is a reasonable task to try to get rid of the category of not okay. Like I don't really think that you would argue that you know using chemical weapons in Syria was a good thing or an okay thing.

THERAPIST: Oh, I don't want to get rid of the category, not okay. I certainly hope I didn't mean to imply that at all.

CLIENT: No, I didn't really take you to be but that was what I was asking you if you left not ideal unbounded.

THERAPIST: Um hmm.

CLIENT: Although the bottom floor of not ideal is really bad.

THERAPIST: Right. And I think I was more commenting that in listening to you, not ideal is often equivalent with not okay, or not encompassing a broader range.

CLIENT: You may be right. You listen to me and you listen very, very well.

(Pause): [00:42:25 00:42:32]

CLIENT: In some circumstances I feel like I'm drawing a line where this is okay and this is not okay. Like any use of chemical warfare not okay.

(Pause): [00:42:55 00:43:04]

CLIENT: But then I might say something as ideally in order to use chemical weapons which I don't think you really disagree with but -

(Pause): [00:43:13 00:43:22]

THERAPIST: Well, ideally you would have married the person that you thought you married and she wouldn't be suicidal and she would embrace the same values that you have. And that's ideal. That's not going to happen.

CLIENT: (Laughs)

THERAPIST: So within that what are the possibilities for you? That's the so I guess the equivalent of if nobody's going to use chemical weapons then what can you do within those options? People feel trapped when they feel that none of their options are okay. Then you're trapped. So the question is how can we make the options available to you okay? And then in that you actually probably could see more good in each of them than is apparent right now.

(Pause): [00:44:03 00:45:55]

THERAPIST: You know, I'd like to know more about what you're thinking but I'm going to need to wait two weeks to (cross talk). I didn't mean to disturb your reverie.

CLIENT: No, that's okay. Thanks very much.

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

CLIENT: Okay.

THERAPIST: Good luck next week at your conference.

CLIENT: It'll go fine. (Laughs)

THERAPIST: I'm sure it will. All right.

CLIENT: Bye.

THERAPIST: Sure.

END TRANSCRIPT