

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Hi. (sigh) So James, (pause) while I was in the hospital, as other than the (inaudible at 00:00:24), sending out like a daily update to family. And so he sent me (pause) he like copied me on sort of the last one yesterday. And (pause) (sigh) it seemed to me that was a lot more detailed than ones in the past. So like stuff about my psychiatrist -

THERAPIST: [You certainly liked that] (ph).

CLIENT: Why? (chuckle)

THERAPIST: Yeah. (pause)

CLIENT: Saying that like (inaudible at 00:01:06), and like (sigh) basically said that I would not have chosen to tell my mom for example, or James' mom, or you know, my little brother. Like I love them, but it's not necessarily even that I don't want them to know, but I didn't know that they – like I didn't know that when I was having these conversations with James, that anything in the conversations was fair game, which is pretty much how it's panned out. (pause) (sigh)

So I'm really freaking about this, like great. I mean I don't; it's all right, I just sort of (inaudible at 00:01:53). Have you seen Super Troopers? It's sort of like an iconic like sort of them. "Like I'm freaking out man." And (chuckle) I can never take myself seriously when I say that word actually.

So I – (pause) (sigh) surprising to me, and so I went "Oh." And he's like "What." "It's just you e-mailed a lot more detail than I probably would have wanted or would have written." And like I didn't say anything after that, because I didn't really have anything to talk – and I was also like (pause) it was like ten minutes before I was getting into bed. I was checking my e-mails one last time before I went to bed.

THERAPIST: Last night. [00:02:48]

CLIENT: Yeah. (pause) Then I checked e-mail today, and James posted like, you know, clearly upset, and he then before I went to bed, he was like, "I'm very upset at the like agitation that I did something inappropriate by sending these updates."

I was like, "Well, I'm pretty upset that stuff that I was talking about in my psychiatrist appointment is in the e-mails." (pause) And he's like, "There's nothing different than the ones he sent in the last hospitalizations, which you were fine with."

I was like, "Well, it seems like there's a big difference to me between saying, 'Tanya had a rough day today, but is feeling better toward the evening.' Or like, 'Tanya's doing well and will go home tomorrow.' It seems like there's a big difference between that sort of e-mail and (inaudible at 00:03:47)." And then I was like, "I'm going to bed." (sigh) (pause)

It's not – I'm not even sure whether I'm upset with him for sending the e-mail. Like I'm clearly upset with him for being upset with me for having a problem with it. (laughter) I feel like that's just the thing. (chuckle)

But it's more like I just got really scared and I'm really scared. And I – (pause) (sigh) I don't know, I – (pause) this is a very kind of interesting thing where I sort of feel like my whole was tense. I feel like, "Okay shoulders, relax." (chuckle) "Relax." Then I'd be like, "No, no, that's not okay." And like tense up again. (chuckle) [00:05:00] (pause)

I don't (sigh) (pause) I don't know whether I'm like angry about this, or just scared, or I just don't feel good about having like, you know, (pause) (sigh) I don't feel good about having my family like know these things about me. And I don't feel good that I wasn't the one who got to tell them that, or got to decide whether they know that. I don't feel good that (pause) I – (sigh) (pause) that like the conversations that I have had with James in the last week or so, that felt most sort of intimate, and understanding, and relaxed, and (pause) supportive, you know, then ended up passing on to other people. [00:06:18]

That's why I don't feel good that I'm not allowed to be angry about that. Like, that sucks. (pause) So that's what I'm learning.

THERAPIST: Yeah. [00:07:00] (pause)

CLIENT: And so when I take James' mom out, she'll have very much and hold very much; our dyer relationship over ten years has been like her sort of wanting to like be a mother to me, and me sort of like (pause) tiptoeing into being able to share things with her, and trusting her. And a part of that is like, she really doesn't understand the all of this. It's not that she – she's really sympathetic, but she doesn't – it doesn't resonate with her; it doesn't make sense. [00:08:19]

And so it's – in the back of my mind I'm always like I'm the person who's putting her baby through this horrible ordeal.

THERAPIST: Yeah. (pause)

CLIENT: And – (pause) [00:09:00] (pause) You know, and my mom, I know will sort of use this to further like blur the lines between me and her. And say, "Oh, I did this thing too. I mean we're exactly the same." And I just don't want to have that conversation with her, and tell her why I was in the hospital in the first place.

You know, I'm glad that James told her I was in the hospital, because I feel like she had a right to know, but I don't feel like she has a right to know (overlapping voices) all of that.

THERAPIST: You know, I imagine you sort of like you was afraid what this was going to seem like to her. (pause)

CLIENT: Yeah. I don't know whether like the last time I was in Frederick I just – it feels like sharing like the externals of the situation, or versus the internal. Like when I was Frederick last time, I think I was not sharing the internal parts with James either. So he doesn't necessarily see a difference. You know, I was doing UCT, so like nobody had access (chuckle) to my (interior) (ph) like that, including me. [00:10:19] (laughter)

THERAPIST: There wasn't a whole lot apparently. (laughter)

CLIENT: Yes, exactly. (laughter)

THERAPIST: At least that we can know about it. (laughter) (pause)

CLIENT: (sigh) (pause) Like (pause) I started to feel like James was upset with me because I wasn't successful in my effort not to react in any way until I could assess what the best way of approaching the situation was. I literally had an involuntary exclamation when I read the e-

mail. (overlapping voices) And that, and he was like, “What is it? What is it? What’s wrong?” And I couldn’t not answer then. [00:11:27]

THERAPIST: Sure.

CLIENT: Because he knew I was reading that e-mail.

THERAPIST: Yeah.

CLIENT: And I feel like that’s what he’s upset about.

THERAPIST: I see.

CLIENT: Or (pause) (sigh) you know I didn’t say I was angry with him; I didn’t say I was angry with what he’d done. I said I was upset about what had happened. (coughing)

THERAPIST: And even that.

CLIENT: And that was – yeah. Actually, I didn’t say I was upset about what had happened, I said that like I wouldn’t have chosen to share that much, which is not the same thing at all. (pause) I feel like my problem is really bottling up emotions; this isn’t going to help very much. [00:12:34] (laughter)

THERAPIST: I felt the same. You must feel like this means you’ve been right.

CLIENT: (laughter) Yeah. (laughter) (pause) (coughing)

THERAPIST: I think it’s even more particular than that. (pause) [00:13:00] That the point of keeping people out, or away from what’s going on, especially like bad things you feel, I think has been because you anticipated that like that would give them a kind of – that would give other people a kind of access to you that would be very dangerous. (pause) That would sort of – that they would react to in their own way, or from their own frame of reference without taking yours into account, in a way that would be very hurtful to you.

CLIENT: Yeah.

THERAPIST: I mean I don’t think this is like what you’re describing with James’ mom, your mom and James are all sort of different types of examples of that I think (pause) [00:14:00] (pause) that it might seem clear like that.

CLIENT: Mm-mm.

THERAPIST: Yeah. Like your mom makes it about her. (pause) (coughing)

CLIENT: I have like a tickle. (coughing) (pause)

THERAPIST: That’s okay. Well they each have sort of (pause) (coughing) agendas that feel very destructive or hurtful to you.

CLIENT: Yeah. (pause) [00:15:00] (pause) (sigh) Could you (pause) see why James is upset? I mean I sort of see it clearly enough that I can’t push past it to get to how I’m upset. (pause) But I don’t know what to do about that. (pause)

THERAPIST: Well it kind of struck me is that there’s really no room for both of you to be upset, somehow. In other words, I mean I think (pause) this is a very sort of in part a construction on yours, or maybe both of yours; I don’t know. [00:16:13] (pause)

For which I mean, like (pause) it seems to me as though it feels like (pause) you can't both be angry, and upset about it, and scared, and partly angry at him. (pause) Also recognizing that, you know, (pause) there's some sort of (pause) as yet to be determined (inaudible at 00:16:51), it's not entirely his fault, in that the situation has sort of changed (inaudible at 00:16:55), you know.

CLIENT: Yeah, absolutely.

THERAPIST: And where at least in your sense of it, he can't be upset that, you know, you're mad at him, and (pause)

CLIENT: Yeah I imagine that -

THERAPIST: he was trying to do something he thought was helpful at least consciously, (pause) and that you're angry, and disappointed anyway, (pause) and, you know, where he can feel that way, but also kind of see where you're coming from. It sounds like it's way too kind of jammed together. (pause)

CLIENT: Yeah.

THERAPIST: Does that -

CLIENT: It's like I'm trying very hard to have both of those in my head at once, but like I can't one, because that they both make sense. But like the one pushes out the other; I feel like I can't sort of (pause) [00:17:54] you know, if I think too hard about like the ways in which it's reasonable for James to be upset, and like well it's just reasonable for him to sort of feel hurt about how (pause) (sigh) that (pause) I'm giving him a hard time trying to like both take care of me and take care of our family in this way.

But if I think too hard about that, then I say, "Well, I'm just a terrible person for being upset in the first place." (pause) Yeah, I can't hold it.

THERAPIST: Yeah. Yeah you have sort of a split. (pause)

CLIENT: Which is a strange feeling, because it's very different from not being able to conceptualize it.

THERAPIST: Yeah.

CLIENT: Like (pause) yeah. (pause) Thank you for not explaining to me how both of those can be true. (laughter) Sorry. I've had a lot of people explain stuff to me last week. [00:19:08]

THERAPIST: Right.

CLIENT: Like, "Yeah; no, no, I got it." (pause)

THERAPIST: In a way, the irony is, as far as I can tell, like that's why we all have jobs, is because of the difference. (pause) [00:20:00]

CLIENT: So today is Ash Wednesday.

THERAPIST: Right.

CLIENT: Which I don't know how much you know about this, but I'm going to go to church this evening, and they're going to take some ashes, and put them on our forehead across, and say, "Remember that you are dust, and unto dust you shall return."

It's like one of my favorite services in the year, actually. But, (pause) Lent is hard, because it's sort of traditionally about like repentance, and atonement, and thinking a lot about (sin) (ph).

THERAPIST: I see.

CLIENT: And it's virtually impossible for me to do that in a healthy way. Like I just – I get swallowed.

THERAPIST: Yeah, like you're just talking about in a way.

CLIENT: Yeah, yeah. (pause) [00:21:00] So you know, (pause) a lot of times, people give up chocolate, or something like not eating it on Fridays. So I decided I was going to stop self-injuring myself, or stop injuring during Lent, and that's going to be my discipline.

I'm not really sure I'm going to make. (laughter) It feels pretty ambitious today.

THERAPIST: And Lent goes 'til Easter?

CLIENT: Yeah.

THERAPIST: Which is -

CLIENT: 40 days. (pause) It's not really one I can talk about with people. People are like, "What are you giving up for Lent?" Like that's something people actually ask, which I don't know, I feel like I'm only now realizing like how glaringly inappropriate that question is. [00:22:02] (laughter) (pause)

Like if they're asking intrusive questions, then that would be a lie. (laughter)

THERAPIST: Then you make your point.

CLIENT: (laughter) (pause) Camilla, one of the priests at my church visited.

THERAPIST: Right.

CLIENT: I like her a lot. (sigh) (pause) I think she didn't quite get like (pause) she sort of like gets really excited, like talks about theology, and gets really excited about it. And I do the same thing; it's like that's very fun. But so like she visited the first time, and she visited twice briefly. [00:23:28]

And the first time we were talking, and (sigh) I don't remember what I was saying, but we were sort of like talking about like the intersection of mental illness and theology. And she was sort of talking about my experience, and got really into it. Then she was like, "I'm really sorry, like this is your life." And I'm like, "I know, but it's interesting, right?" She was like, "Yes!" (laughter) So that was good. (chuckle)

But (pause) then like the second time she visited, we were sort of doing the same thing, and (pause) I don't remember exactly what she said, but like (pause) something like (inaudible at 00:24:20) touched in her, or like very much sort of hit me. And I'm like, (sigh) hit that sort of (pause) horror of it, and I think that came out either in like what I said or how I looked.

I think it sort of scared her. She reacted really well, like she sort of just sat with it. Then like, you know (pause) I told a (halfway) (ph) made a joke, and that was fine. (pause) I guess like I can't (pause) it's hard – it feels sort of hard for me to understand that like people can't see that in me. Like that she wouldn't have ever been around me in a context where like (pause) like she would know that that's what it's like. [00:25:28]

I don't – am I making any sense? I can't tell whether like the sort of shorthand that I'm using is actually expresses what I needed to express. I guess I mean like, I talked with her about like being in the hospital before, and like being mentally ill, and having really severe depression, and trying to describe that. (pause) (sigh)

Sometimes I'll talk about it, and like feeling like I'm in this pit. Or (pause) (sigh) but I don't – (pause) and so it doesn't occur to me that like people don't necessarily understand what that means, because when I talk about it, I'm just sort of talking about it like this. (pause) I don't know; I don't know. [00:26:34]

You know, I started crying when Mark was there, and at the end of the visit, he was like, "Yeah, I've never seen you cry before." (pause) And you know, he has visited me in the hospital before, like I don't – that hadn't occurred to me.

THERAPIST: Yeah. I mean it seems like you're sort of sandwiching between talking about it and conveying it.

CLIENT: Yes. [00:27:03] (pause) (sigh) You know in some ways like, I talking about it, because I feel like (pause) (sigh) I feel like that helps me sort of get my head around it or have some power over it. (pause) But it also seems to maybe leave out everything essential. (chuckle) Or (inaudible at 00:27:33). (pause) [00:28:33] (pause) (sigh)

THERAPIST: Well I think you have two worries about conveying it. One is sort of the word that's just come up. I mean in a way, it seems to me like that's actually what James did more than you wanted. You know the level of detail which he was describing; it felt more like he was conveying it in some way. [00:29:13] (pause)

CLIENT: I don't think so; I think really more of what something is there like he was conveying a lot of like sort of theories about it, and I feel like (pause) I mean, one of the problems that I run into with James, is that like I'll tell him about something that like I've talked about with you, or that I've talked about with somebody else; he's like, "Maybe this is what's going on." And he'll just get stuck on that.

And then I won't be able to say like, "No, but there's like that's sort of a simple certain way of thinking about it." Or like, "Things are more complicated." Or, "That's not the way I'm thinking about it now." And I just feel like that would sort of be a little more [00:30:09] (pause)

I don't know. I don't -

THERAPIST: Clearly, I (inaudible at 00:30:17) only because it (pause) it lines up for me in sort of the way that it's unending kind of parallel to like, you know, the humanities versus the hard scientists. Like, "You know, today it's one thing, and tomorrow it might be something else. I'm going to revise and update." Whereas like, "This is how it works."

CLIENT: (laughter)

THERAPIST: I know that's not – (pause)

CLIENT: It's close anyway. (chuckle) (pause) I don't know, but I think – I think actually what I'm sort of objecting to, I'm not getting mad at I don't know.

THERAPIST: Sounds to me like what you're describing is the sort of provisional aspect of what you are saying gets lost.

CLIENT: Yes.

THERAPIST: And so it's kind of like you're held to whatever you said? [00:31:23]

CLIENT: Yeah.

THERAPIST: Or whatever the idea was?

CLIENT: Yeah.

THERAPIST: In some way that (pause) I guess leads to (pause) like it's both misunderstanding and a kind of shaming. (pause)

CLIENT: Yeah. But I think that like I'm sort of trying to revise, because I think that that's like what I'm upset about, but it's clearly not why I'm upset, if that makes sense. Like I – (pause) I think you're right that it's some sort of (sigh) (pause) some like (pause) I don't know, it's like some part of me that I (pause) would not necessarily have chosen to give to people. [00:32:31] (pause)

I'm sorry, I think I interrupted you.

THERAPIST: That's all right. If my – what I was going to say that, I think for you there are two dangers in that; one which is what happened, which is that (pause) people that will use that according to their own agendas in ways that are very hurtful.

And the other is that (pause) that becomes your agenda which really hurts somebody else. (pause)

CLIENT: Yeah. So if this awful, why would I want to share that with anybody? But I think [00:33:40] (pause)

THERAPIST: I mean it doesn't seem like (pause) you seem to sort of feel a bit more anxious, and upset, and a little pressure even when you came in, knowing that you (pause) were going to tell me about what just happened. And, I think in a way relieved that (pause) or less fear than you often are, that what you were saying was going to either, you know, hurt me or that I was going to respond in a way that was kind of using it in some way to hurt you. (pause) I mean you're still probably pretty worried about those things.

CLIENT: I don't know. I don't feel like it.

THERAPIST: Oh good. (pause) [You think you'll ask your mom about that] (ph)? (pause) [00:35:00]-[00:36:00] (pause)

CLIENT: Yeah. (pause) I don't – (pause) I don't think that (pause) that I'm worried going forward, because (pause) I cannot tell James things. Like (pause) I can't like (pause) (figure) (ph) him out, and so I just don't (pause) [00:37:00] (pause) you know, but I – that vulnerability is just there. I'm like yeah, it was always there, but now I have to like pay attention to it. (chuckle) (pause) I don't know what I'm going to do. (pause) Probably just try not to think about it or anything. (pause) [00:38:00] (pause)

I shouldn't read through all the e-mails. I think I read the first couple, and then like I just don't really know that [it's necessary] (ph), or at least right now; I can't deal with it anything else. [00:39:03]

THERAPIST: Yeah. (pause) [00:40:00] (pause)

CLIENT: I think James was really angry; not like about this, but about my being in the hospital. (pause)

THERAPIST: Which means I think that (inaudible at 00:40:45) that either he maybe was right. I mean because (pause) I too also wonder if you (pause) I don't entirely – well, I wonder about the extent to which you feel like you've done something terribly wrong, or you deserve sort of maybe like really angry or punishing, because you will allow yourself to really be taken care of. And to kind of (pause) like (pause) I don't know.

I think you were still wanting to be taken care of in a way that you usually can't or don't. (pause) And it could also both be true. [00:41:40]

CLIENT: Yeah. No, I mean I think for me saying is that's probably true. I (pause) I'm not sure whether it would have come up if I hadn't sort of seen James now, like after I came out, James dealing with the stress of it for him. (pause)

THERAPIST: Yeah. (pause) I guess when you say that, I think of what more of my concern is like (pause) when he conveys that he's angry, and it seems like part of the problem is you feel (pause) a part of you that – of course even though you should be.

CLIENT: Yeah. (pause) No, yeah, that seems so obvious to me that it only just occurred to me that you were questioning that. (chuckle)

THERAPIST: Right. (pause) [00:43:00] (pause) We should stop now.

CLIENT: Sure.

END TRANSCRIPT