

TRANSCRIPT OF AUDIO FILE:

---

BEGIN TRANSCRIPT:

CLIENT: I guess last time you suggested that I should not monitor Tanya's mood on a day-to-day basis, which I think is good advice. I'm just sitting there thinking that it's maybe been a little bit harder than I anticipated, so I've been doing that; but Tanya also appears much better than I think she is in some ways. I think she's very anxious and very fragile still. We've talked about her not wanting control. [00:01:00] I think she wants control more now than she has for months, but maybe can't handle it fully either. (pause) With her wanting control of her life again she wants to take care of me because I'm important to her. As I mentioned some time ago, I don't know that I really trust her right now. There is a limit to what I can accept from her. (pause) It just is, I guess. (pause) [00:02:00] So we're in this place where she wants to take care of me and maybe I'm a little bit stand-offish and she just wants to talk about what's bothering her. That's fine, normally, but it seems like I don't know there's some strange sense in which the better she gets the less I can deal with her problems. It's kind of like when she's in an acute crisis I can just deal with that. That's not a problem. But when she's appearing better some of it just makes me angry or it brings out that I am angry or something. (pause) [00:03:10]

She's anxious that she's not going to get a job. She started talking about how she'd sort of been sold this dream that you can go and get a Humanities degree and you'll get a job afterwards. That was the dream she had always been sold. She had a whole lot of people give her bad advice. It's just factually inaccurate. It just is. Not the least because (chuckling) in her first three years she got a one degree and then she spent another year getting another degree instead of graduating early because she recognized that she couldn't get a job with the first degree. This is the conversation we've been having for our entire relationship, that there is some sense in which her degrees do not lead to jobs. That's not why she was doing them; but now she can't get a job and that's a problem. [00:04:00] (pause) I could recognize while it was happening that she was really just upset and looking for an outlet for being upset, but I couldn't stop also not being angry about her misrepresenting our conversations and the conversations she has had with a lot of good people who had advised her in one way or another that there are career things to consider also when one is getting an education. (pause) I think I feel guilty that I can't just handle all of it, but there's also a sense in which I acknowledge that I have limits and I seem to be running into some of them. Then this gets us back into our question of what are real limits and what are not real limits? So what should I just work harder at and what is actually a limit? [00:05:16]

THERAPIST: It sounds like you're feeling more angry. Maybe we should talk more about that.

CLIENT: I don't know exactly why. (pause) I have been feeling more angry at it. (pause) I think there's a sense in which Tanya wants to have her life back and have it be okay and wants to (pause) . . . yeah, I'm not exactly sure. [00:06:10] So eventually she asked if we were okay and so we had a conversation which, after thinking a while about whether I said anything or not, I acknowledged that I was angry that her illness or her actions or some spectrum in there has really hurt me over the last several months and that I just need some time to recover from that. I don't know if I should have had that conversation or not. I wasn't sure while I was having it. It seemed like the only path forward when asked directly. (pause) [00:07:20]

Yeah, I think it's something like, as you know since you've been seeing me the whole time and can remember all of it, I have been hurt a lot over the last several months. It's hard. There are some real ways in which she has abandoned me. She's threatened to kill herself several times not in the like "I'm going to kill myself if you don't do this" sort of way, but in a de facto sense coming close to a suicide attempt is a threat to kill herself. I think we were outside of the crisis. I have injured emotions. I think that's the primary source of what's been going on, but I don't . . . It's sort of like the more she goes back to being normal that part isn't acknowledged, so there's no sense in which I want to wallow in it or dwell on it or hold her accountable for it; but saying that makes it sounds like I just want the pain acknowledged. [00:08:55]

THERAPIST: Do you feel she could do that for you?

CLIENT: (pause) That's a good question. (pause) I didn't really feel like she could, no. But then we had the conversation where she asked me directly if we were okay, so I sort of put it out there anyway because there is a sense in which that, in itself, is an act of trust. For me trust is, in part, built by trusting a little more than might be reasonable and seeing what happens. You can build a considerable amount of trust in that way, but in smaller risk steps. [00:10:04] I think it's too soon to tell whether she actually can or not, but she could in that moment acknowledge that, of course, I would be hurt by those things. I don't think she thought about it very much. (snickers) She said she hadn't really thought about her coming close to killing herself hurting me, she was mostly just happy with herself for not having killed herself. (laughs) All right, that's pretty okay; but it is also missing the effects on me and on everyone else in both of our families.

THERAPIST: I realize I was thinking about this last week or maybe a few weeks ago that you haven't mentioned very much about her family, your family, just the impact. Maybe it has just not been a focus of yours, but I was struck by that because I imagine it had to impact, certainly her family, but your family, too. [00:11:07]

CLIENT: Yeah. Even if they didn't care about her at all, it impacts me so they would care about it but they do care about her. They all love her a lot and have for years now. It's hard. We talked some months ago I was talking with them a lot, but what am I supposed to tell them and not tell them? At some point I just don't need to tell in some sense I need not to tell them that she once tried to kill herself. [00:12:05]

THERAPIST: You didn't tell me that either.

CLIENT: Well . . . It takes me a while to trust people. I don't know. Maybe that hurts me less now so I'm more okay saying it. I don't know. That was back in November that that incident happened, I think.

THERAPIST: That's quite an incident.

CLIENT: Yeah. She didn't actually attempt, but I think . . . I don't know how you draw that line. There's a plan; there's preparation. (pause) [00:13:05] Our families gets into this question of how do I let other people take care of me and how do I take care of them also and not ask them to carry too much? And then how do I balance all of that with what Tanya needs or seems to need at the same time? It's been (pause) a very hard optimization problem. The end result is that her father finally visited two weeks ago, but she hadn't wanted to see him before then and, basically, just wouldn't let him come. [00:14:00] She wouldn't talk to him either, so it is like the burden is on me to communicate how she is doing and then also tell these people who love her and her family's impulse is always just to show up and be there which, in some ways, is a

really good impulse and in some ways maybe not a great impulse. I think mostly it's really good. A little planning is sometimes a good thing. It's how these people who really love her and want to be there for her, that's not what she wants right now. Even while not being sure that what she wants should count right now so, clearly, taking some of her desires off the table is reasonable. (pause) [00:15:20]

I have two brothers and sisters, and particularly my sisters really want to be there for me and take care of me but, again, it's like at what point? As far as the time issues, we're getting into half a dozen or a dozen people. I can't talk to all of them every day. I can't talk to I suppose if I talk to each of them once a week we could talk for a little bit of time. There's no continuity of the area of across people. (pause) It's just really bad. The whole thing is just really bad. There's often not an extent to which just talking about it helps. Sometimes for me acknowledging it, saying it, is a really useful thing. Particularly when you get to the third or fourth thing, that's worn off. Now I'm just passing on grief to someone else. Yeah, the whole thing has been pretty complicated in terms of our families. (pause) On another level it becomes another logistical challenge which is, I guess, how I'm talking about it, even though it's also a lot of other things. [00:17:06] There are so many other logistical challenges that I've been handling over the last number of months. I just don't have the energy for some of them, also.

THERAPIST: You had said that you didn't tell them about her going to the bathroom. I said that you didn't tell me that either. You said trust what was it you said about the trust? I was struck by that.

CLIENT: (chuckles) (pause) [00:18:02] I think it's something like the more important something is to me, the harder it is for me to talk about, so I have to trust someone more in order to be able to talk about it. The only thing I think that plays into that one is that I didn't start seeing you until the end of January or February, somewhere in there, as just us. So before then there was an extent to which I didn't talk about some things because we were still doing, in theory, something like couples counseling.

THERAPIST: We were meeting, just us, but it was still not the because I only met with you and Tanya three times, so it was just . . . I guess the context wasn't as clear, but it was just us.

CLIENT: No, sorry. It was just you and I, but the patient was our relationship at the time in an official capacity and not me. That changed some of the things that I talked about. Like I didn't tell you about Tanya having this emotional affair until you were treating just me. [00:19:16]

THERAPIST: So in feeling like with the more trust you can share more, is it partly how I will talk to you about it or feeling more trusting how we'll handle it together?

CLIENT: That would be a reasonable feeling. I'm not sure I have any reason that's anywhere as reasonable as that. I don't know as I have an articulated reason for it, which is interesting. (pause) [00:20:25] I think it relates to some knowledge of or trust in response, what response I will get immediately and where it will go from there, I think.

THERAPIST: And how might it go wrong?

CLIENT: (pause) [00:21:29] On the one hand, and this is not as much an issue in our relationship, but the other person may not be able to handle it. That one is alleviated by some sort of professional trust, in this case. (pause) Mitigated not really. Somewhat mitigated. (pause) [00:22:34] Let's take a different one. Say I was to talk to my mother about Tanya's

relationship with this professor. I don't know how my mother would respond, but it could go that my mother gets angry or hurt and then I have to deal with those also; and that hasn't helped me at all. (sniggers) (pause)

THERAPIST: So you said "mitigated," not alleviated.

CLIENT: Yeah. That has to do with there's some amount of trust I put in you because this is your job. But I think I've mentioned before that I don't trust that many people to do their jobs very well.

THERAPIST: Yes, and you've been underwhelmed by how some people are doing their jobs.

CLIENT: Absolutely. So that's why I said (sniggers) change that because it's not like just you having this job makes me trust you. In a sense, that's a way of starting to put trust in you. I feel like you've been very helpful to me and you have done your job very well and so I can trust you much more in some sense. [00:24:15]

THERAPIST: That's good to hear. (chuckles) I can sympathize a little bit, but the part about Tanya and this emotional affair being less likely to discuss that with your parents or whomever seems like a different category than Tanya's illness and the extent to which she was suicidal. But somehow you see that as similar maybe? I'm not sure.

CLIENT: Yeah, it's not like I haven't told anyone that she's suicidal, but how many details do they need? I feel like the details drive it home more, make it hurt more. [00:25:08] (pause) They make it more real. Suicidal is kind of a fairly vague word.

THERAPIST: As is abuse; a lot of things the devil is in the details.

CLIENT: Right. In both cases, we've talked before about me having some sort of need for control and need to protect other people and take care of other people. I feel like the same thing is going on in both circumstances. In a sense I am protecting my mother and I am protecting Tanya. In the case of Tanya wanting to kill herself I'm not protecting Tanya as much because (pause) I don't think there's that much more conveyed about her state, in some way, but the impact on my mother or whomever would be greater with more details. [00:26:22]

THERAPIST: It's interested, because I was thinking that when you share something that you really need help with, you're actually assuming that that person would be able to deal with it better than you, right? I'm not saying you feel that way, but that's sort of the reason about talking about this with someone, that it's too much for you. You're hoping they'll actually help you deal with it. (pause)

CLIENT: Yeah. I feel like you're either hoping that they can handle the same circumstance better or that for them the circumstance is less acute somehow. The only person I've talked to about Tanya's relationship is my best friend and that's because Tanya almost told him or told him most of it, but not enough, so he called me and said "what's going on?" [00:27:25] So then I was in this position of do I sit there and blunder about what's going on or I could tell him; and that seemed clearly less bad. But there's a sense in which it's not so much that he could handle it better, but it wasn't as painful for him, if that makes sense. Yeah, yeah, I think that's right. I think what I'm doing is just quibbling a little bit about your suggestion or I'm suggesting a way in which they might be able to handle it better. (long pause) [00:29:21] But of course, the place you're taking it back to is that I recurringly have been able to handle things better than other people.

THERAPIST: You're not sure of certain details, like Tanya taking the plastic bag into the bathroom. You're thinking that you can handle it somewhat, that somehow no one else could. It would be too much.

CLIENT: Yeah. There's also a sense in which how many people need to handle that simultaneously?

THERAPIST: Someone who is helping you would need to I'm not even talking simply about me, but anyone you would rely on to help you through this.

CLIENT: I'm sorry. You're going to have to expand on that a little bit. [00:30:17]

THERAPIST: I was thinking about this before with your siblings. You were kind of bringing a logistical formula. There are this many people and I can only have this many conversations. Usually people are closer to one sibling or two siblings than others. That's who you talk to about things that you need help with or that you share. There's a way in which you go into this very logical formula about time management. It's almost like kind of an information management or an information flow management, like that's how you think about it rather than "I'm so overwhelmed." You can't believe this just happened. "This is just catastrophic. I don't know what to do."

CLIENT: You don't think those two are the same thing? My response is exactly the second one, but I know how to manage information and I know how to do these logistical things so I go to those things because they're solvable or closer to solvable. What do I do that my wife want to kill herself? You handle the practical problems and they are the practical problems of who needs to know what and what do I need to do to make it from one day to the next. [00:31:47]

THERAPIST: Right. Well a piece of it is managing yourself and sort of figuring out how you could organize yourself to deal with it. Another piece of it what was the word that went through my mind? I can't think of the word something about taking care of it or how are you going to sort of you being in charge of this. (pause) Feeling de facto in charge. (pause) I have to say families are different and so forth, but I think, God, especially at your ages and I know it's complicated given who you are and given Tanya's family dysfunction, given her father's abusive marriage and so forth but it would be much more likely to be the parents and not the spouse, especially for people in their 20s who would be managing this. Like all of it. (pause) [00:33:17]

CLIENT: Eventually I just asked my mother to manage information flow to my siblings and I just talk to her. I guess, on some level, I agree.

THERAPIST: I was sort of speaking to a norm. There's not going to be a right about the norm. I guess it makes me think about I don't know if you or Tanya said this you were born 40. Something about the way you guys manage it makes me think about people more in their 30s or, especially 40s, where your parents are older and you, basically, don't want to always bother them. (long pause) [00:34:43]

CLIENT: I don't know. (pause) I always end up in charge of things.

THERAPIST: Yes. That's probably more than speaking about norms or whatever which may actually be irrelevant on some level. I think that's maybe the point.

CLIENT: No, I think the norms are good as some sort of benchmark. I don't know why I always end up in charge of things.

THERAPIST: Hmm.

CLIENT: Some things I end up in charge of because I want to be, speaking much more generally than like this specific illness. (pause) [00:35:53] There's a graduate student advisory council in Ohio in the department of Biomechanics that I ended up being co-chair of. I didn't want to be on the committee. I was elected while actively campaigning against myself. I did not want to be on the committee in the first place. I did not want to be the chair or co-chair of this committee and I ended up doing it anyway, in a sense, actually because no one else would and I could be convinced to do it. I don't know why I always end up in charge of things. (chuckles)

THERAPIST: The footnote it's not really a footnote "and no one else would" often seems to be attached to that, like the volleyball team.

CLIENT: Right. So then you have to sort of wonder if I weren't there what would happen. Something would happen. I presume these organizations would not fall apart entirely. [00:37:01] If I hadn't been here, what would have happened? I think Tanya's family would have come up and handled that or she would have killed herself. But then we're getting into (pause) if I weren't here this whole situation would be radically different anyway. We're so far off of counter-factuals we could actually observe that I'm not even sure what difference it makes. (long pause) [00:38:27] Yeah, I don't know.

THERAPIST: What were you just thinking about?

CLIENT: Just sort of . . . (pause) nothing that stuck, particularly, just how did we get to here? (pause) What would her family do otherwise? How do I end up (chuckling) in situations like these? What do I do? I sort of do what seems best, as best as I can figure it out, then I'm in charge of it again. [00:39:30]

THERAPIST: Because what seems best is never for you that someone else handle it. Because if that seemed best, (chuckles) then you wouldn't always be in charge.

CLIENT: Yeah. Yeah. (long pause) [00:40:28] Then again, I'm not Tanya's therapist so I feel like, at least occasionally, I've come up with a different answer to that question. (long pause) [00:41:21] You know I think it all would have been so much different if we would have been in San Antonio or in Austin, somewhere close to our families. (pause) The distance just adds some extra logistical dimension to it or something. It makes it (pause) I don't know. I guess it makes it so everything has to be planned somehow. I'm not sure.

THERAPIST: Which is, itself, interesting. I think the fact that you guys are married makes it a little bit less convincing statement, but when people in their 20s get sick they often go home and get treatment where their parents are. It's a logistical dimension that also has a meaning in itself. That's not at all uncommon. [00:42:30] (long pause) [00:43:27] You're working on that.

CLIENT: Yeah. I agree that, particularly in college, when people get sick they go home fairly often.

THERAPIST: It's a little bit more nebulous in your 20s, but it's still pretty common, certainly with a lot of different people under stressful circumstances.

CLIENT: Yeah. My friend, Franco our friend, Franco my best friend, is here in Andover. He went with me a lot. I let him take care of me a fair amount. It's easier because he's here. I don't know. The hurdle of traveling was large. But then, why are we here? We're here because . . .

THERAPIST: (chuckles) I was thinking that. It's not like you guys have to stay here because you both have jobs here and you can't leave. (laughs)

CLIENT: It's true. For a while we were here because Tanya was going to school. And then we were here because Tanya had Chad here and it has been hard for her to find a therapist with whom she can work well, or at least it seemed hard to her. [00:44:45] I think really she's actually liked (chuckles) everyone she's seen not in the hospital in Andover very well, so I think maybe there are some leftover biases from poor treatment when she was young. (pause)

THERAPIST: I guess we're going to need to stop in a moment. There is certainly more for us to talk about. I guess, in a sense, what we're talking about, what I'm communicating, is I'm challenging some of the assumptions about how it just logistically made sense that within the logistics there is a lot of meaning behind that, in terms of the amount of responsibility you have for Tanya. I guess that's what I was thinking about. And the way you started today about feeling more of the anger, especially as the exigency of the circumstance is subsiding. I don't want that to get lost, either. I have definitely noted that and I think that's important for us to continue talking about, too.

CLIENT: Okay.

THERAPIST: Okay? I will see you next week.

CLIENT: Thanks.

THERAPIST: Okay. Take care.

END TRANSCRIPT