

## TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Yeah, they're doing some painting. Probably the next time it'll be the new furniture.

CLIENT: Oh wow.

THERAPIST: Yeah. So painting and furniture. Rugs.

CLIENT: So I defended my dissertation.

THERAPIST: Oh, congratulations.

CLIENT: Thank you.

THERAPIST: How did it go?

CLIENT: It went fine. It was not the best presentation I've ever given, but it was good enough, so. I got the dissertation done early Friday morning, flew to Ohio on Sunday, made my slides and I finished those Tuesday morning, and then gave the talk an hour later. So not the way I would recommend doing it to anyone, but it got done. [3:00]

THERAPIST: That's a milestone.

CLIENT: Yeah, it's a big milestone. Yeah. [pause] We talked some last week about why was it- why didn't I finish it on Tuesday when it was due. We talked about trusting the system and kind of other things like that. I think there's pieces of that involved that I think [noise]. One important piece is that I was trying to do something that was at the edges of what was possible, in terms of like two weeks before that I had nothing formatted for the dissertation, and my papers separately. So I essentially put everything into the dissertation and wrote half of it entirely in the two-week period-or two-and-a-half week period, because it took me little longer. So I wouldn't really recommend that either, but that was what I did.

And I feel like there's an important question in why did I do that there. And some of that is related to the deadlines and so forth. But part of it is I have a difficult time estimating how long something's going to take. Sometimes I do things like this, where that should not have been possible but I did it. So that makes it harder to estimate the next time how long is that task going to actually take. I have no idea how long that task should have taken now, all I can say is that it took a whole lot of work and I did it in that. So there's that piece. [5:10]

There's also I didn't want to reschedule it. I didn't want to because-that's a little less clear why I really, really didn't want to reschedule it. Part of it was like there's a hassle to scheduling to get all of the right people in the same room at the same time. Most of it I think was I think I felt like rescheduling it would be admitting defeat of some kind, despite that not really being true in any meaningful sense. And I felt like my circle of close friends has had a lot of negative incidents in the last year. You know, Tanya's been hospitalized multiple times and left her program, Franco almost applied for faculty jobs and then had to not because it was driving him crazy. I felt like in substance the people around me needed success, and I needed a success for me, and so. I thought you might find that interesting, so I share that with you. But you don't have to find that interesting, that's okay.

THERAPIST: Well, I was going to say you thought it was important-you're thinking it's important to talk about it is different than my finding it interesting. [7:00]

CLIENT: Mm.

THERAPIST: I mean, there's a relationship, but-

CLIENT: I feel like there's probably some overlap in the topics. But maybe not.

THERAPIST: Well, one is about me, and the other would be more about you and what you need.

CLIENT: [pause] And one of the ways those two things overlap is that you've suggested you were trying to help me figure out what I need. So I feel like that description at least bears on that. Whether or not it actually is about whether I need to talk about, I feel like what I just said describes some piece of me in a way that might be helpful in that task for you. That might have sidestepped entirely what you were trying to get at.

THERAPIST: No, the thoughts are related. Because one of it is about me figuring out what's important, and the other is your feeling that something is important.

CLIENT: Right. So that felt like an important thing to say here. Other than that I'm not really sure. And there's a sense in which like me recognizing that's what's going on is important, but then I don't really need to tell you. But I feel like it's more helpful if I do tell you when I notice things like that or feel like that's how things are going, in an information gathering sense I think, but I'm not sure. [pause]

THERAPIST: Is it a matter of how much of your experience you feel should be private or not?

CLIENT: [pause] That's really interesting. Um... [pause] I don't know. I tend to feel like... less of my experience should be private here than I often maintain elsewhere. [10:00]

THERAPIST: Mm hm.

CLIENT: But I hadn't really thought about it in terms of privacy. [pause] You're looking at me very intently.

THERAPIST: Yeah, I'm just trying to parse it. It seems like a lot's coming up so far in the session, so I'm just trying to sort of parse it out.

CLIENT: Okay. You're allowed to look at me intently, I don't mind.

THERAPIST: But it's noticeable.

CLIENT: Yeah.

THERAPIST: Okay. [long pause, over one minute] [12:20]

CLIENT: So the following week has been a little bit strange. So... yeah. A whole lot of people have been excited for me and congratulatory and all of that. It took me most of Wednesday to fly back, most of Wednesday to fly back last week, because when I booked the flights I was... A lot of travel. I had sort of thought that I would be very pleased afterwards. And certainly after I finished the dissertation and sent it off I had very like intensely peaceful feelings. That was really nice. It lasted about ten hours. So I slept for four of those, and then after about six hours of being awake I felt like I really had to start making travel plans for how I was getting to Ohio and then what slides was I going to present. So mostly after I defended I felt tired, because I hadn't slept very much the last couple of days making the slides.

So on Wednesday I was more rested, and mostly I felt something closer to like I guess there were kind of two separate things. One was like loss of purpose. It's like it's been a very intense and focused experience, and that's clarifying in some way, that's nice. And so there was sort of some sense of loss in that going away. It's still clear what I need to do next, but there's no urgency to it, even if the urgency was entirely artificial and mostly self-imposed. [14:30]

The other thing was sort of like a dread of coming back. [pause] Even when Tanya is well these days she's still very depressed. [pause] And that's hard to be around all the time. It just is a-it's a hard thing. So. You know, I might say something like I don't want to live that way for the rest of my life. But I also recognize that I do have a tendency to despair about some situations, and so I'm trying to find the realistic balance between this-

THERAPIST: [sneezes]

CLIENT: Bless you. -between those things.

THERAPIST: Mm hm. [16:00]

CLIENT: [pause] So that was sort of the end of that set of thoughts.

THERAPIST: Right, you felt despairing in that way.

CLIENT: Yeah. Yeah.

THERAPIST: And when you say this way for the rest of my life, can you be more kind of-flesh that out a bit?

CLIENT: Sure. [pause] As Tanya's depression drags on for more years it feels more like it is a drain on me emotionally and time-wise. And there is... [pause] There's not much else in the relationship for me besides that. That's a particularly bleak picture of it, if not totally accurate, but... [pause] It's like the most important feature of a relationship is not doing things together, caring about each other, taking care of each other in like a normal way, it's service to her depression or something. [18:10]

THERAPIST: Do you feel that in addition to there not being more than Tanya's depression in your marriage do you feel that that's true for Tanya as a person too, that that is much of her life right now?

CLIENT: Yeah. Yeah. I feel like she has worked hard in the last, I don't know, eight months, to make that less true, but... something can be less true and still very true. So. [long pause, over one minute] [20:25]

One thing I haven't really said anything about to anyone else, but in the last week a number of people, particularly her friends, but a number of people, have sort of like... been congratulatory and said things like, "I'm so happy for both of you," things like that. And while in a general sense I sort of appreciate the sentiment I think, I find it irritating because I don't feel like this is a thing we did. This is a thing that I did in spite of circumstances, some of which were Tanya. So. I mostly wanted to say that. So now I have and that's better, thank you.

THERAPIST: Do you feel trapped in any way? [21:30]

CLIENT: [pause] Absolutely, yeah. No, but I think we've talked about that some before. I've felt trapped in a lot of ways. And one of the things that I do when I feel trapped is I try to find a way to like get out of it. And so one of the ways that I have gotten out of it is by finishing my dissertation. So I feel less trapped in a... My advisor's still paying me, and I'm still doing like some revisions and writing up papers, but I'm not trapped in that relationship that's in this

weird place where I'm half-way across the country, we meet by video conference when I'm Biomechanics should be in a laboratory. Like so that's gone. If that makes sense. And so that has dramatically lessened my feeling of being trapped I think, at least for now.

THERAPIST: Do you know-we've talked about this a little bit before, but do you know what you'd like to do next? [22:45]

CLIENT: [pause] Not in an ideal sense. I don't know what the ideal thing would be to do. But I also know that I want to eat, and I would like to do biomechanics I think. So I think that I will apply for a post-doc with a couple of people that it seems like I would be relatively happy to work with. There are a few other people I could apply for a post-doc with that I don't think I will.

THERAPIST: Do you and Tanya talk about this?

CLIENT: Yeah. Yeah. [pause] Yeah, mostly in the context of where. Who it would be. [long pause] I think I told you that I fixed that chapter of my dissertation that was falling apart. Did I mention that? Okay. So that part's now perhaps my favorite section of the dissertation, both because I fixed it and because it's so My advisor Kevin really likes chemistry that changes the way he thinks about the world in some way. And so the answer to that puzzle, which he'd had in front of him for five or six years now, is relatively simple. But it requires considering an element that normally we don't consider-or a piece that we normally don't consider. And so there's a sense in which that has changed the way he thinks about the electron structure of these compounds, and that's [26:00]

So it's nice, because it's like one of my... One of the things that I really hoped that I could do is do chemistry that he would find like in that class of things that really change the way you think about something. And so... you know, I guess I'm proud of having done that. And so that changed my general feelings about getting it done I think. Put me in a place where I feel less like... Put me in a place where I feel more like it would be a very reasonable choice for someone to hire me. So I feel less trapped in that regard also. And that's sort of unrelated to the question you just asked, kind of in the same theme. [27:00]

THERAPIST: What would make you feel less trapped in your marriage with Tanya?

CLIENT: [takes deep breath] [pause] That is a fantastic question. I don't know how to answer it. I mean, I think it's really the right question in some way, but I don't even know how to begin tackling it. [pause] My first response is to say, well, why do I feel trapped? Because if I can identify that, then in theory I could alleviate some of those things. And I think we've just talked about that in some sense. She's unhappy most of the time, and that... [long pause] And I guess I feel like I don't really trust her to... [or the same extent? 29:10] at all. Like I just... I meant to say more there, but then that seemed like the appropriate place for a period.

THERAPIST: But that's not ultimately what makes you feel trapped. Because you're trapped by your sense of obligation.

CLIENT: Right. Right.

THERAPIST: I mean, if what was going on-if Tanya didn't have the problems she's having the question wouldn't even come up, and so you wouldn't feel trapped. But given that this is the situation... [30:00]

CLIENT: [long pause] Yeah. So I feel trapped I think because I can't leave, or I can't leave without breaking a vow, which is a thing I don't want to do. And I can't make her better. And it's... [pause] I don't know, I'm not sure how to say it other than like it's emotionally draining to be in a relationship with someone who's like-who's depressed.

THERAPIST: And the draining part, is it that you get little of what you need, or is it that being around that sort of mood or atmosphere brings you down? [31:30]

CLIENT: [long pause] Yeah, I mean, I think those are related things. [pause] Yeah, I think it's not strictly fair to say I get little of what I need. I think maybe it's better to say I cannot predict when I will get anything that I need. Or when it will be like, no, having needs is totally unacceptable, or intolerable or something. So that does one thing. And then like feeling like it's a burden to ask for anything is another thing. [pause] Yeah, if I don't distance myself from her, at least internally, then yeah, it is-it is-does impact my mood for her mood to be low. But then if I distance from her internally then we're distant in some sense. And that itself is like not necessarily what I want in a relationship. And I'm not saying like I want our moods to be tightly coupled at all times, but like isn't that a feature of relationships? Like shared experience, or something like that? That was actually meant to be a question. [34:00]

THERAPIST: Really?

CLIENT: Yeah.

THERAPIST: Well, what'sSo if theSo that means that there's more than one answer to that question. So what are the different answers?

CLIENT: Uh, yes and no. [laughs] Or, "That's not the right way to think about it," or something.

THERAPIST: Well, it's something that you want in a relationship, so it seems like that's a good-

CLIENT: Right. But I feel like sometimes we want things in relationships that we should not want, or that like that reflects a problem in itself.

THERAPIST: Mm. And do you feel like that's part of the concern, that some of the things that you might be looking for aren't sort of realistic, or... [pause] [35:00]

CLIENT: Yeah, I think there's an element of that. [pause] But that more rises from like not having a clear sense of what [does a kid? 35:24] need, or want, or something like that, than as a like intrinsic question to me or someone. Sort of like, "Well, it seems like I can't have these things. Is it even okay to want them?" Or something like that. [pause] A way in which it's draining is I like to be around people who are excited about something. You know, about-particularly about what they're doing, or what they're reading or thinking about, or something. It's just... But...

THERAPIST: And you've felt like that's not present in Tanya. [36:30]

CLIENT: Not very often anymore.

THERAPIST: Does she have future plans for herself?

CLIENT: So she's talking about wanting to be a priest. [pause] And so she's a little bit excited about that and a little bit terrified about that. And those are... I understand both of those, and that's fine. I feel like wanting to be a priest is mostly a response to feeling like she can't be academician and feeling that's the closest thing. [pause] Given the type of schooling that she's done. [pause] [38:00]

THERAPIST: I have a couple of different kinds of thoughts. My first thought was getting back to something that you said early in the session, where you said, "I thought this would be interesting to you." And I was thinking about [being tilt to? 38:08] orientation it is toward another person, in this case me.

CLIENT: Hm.

THERAPIST: And not about, "I really want to talk about this." Sort of like almost And I understand there's-they're not completely untied. But it's not about you and what you want and what you need in your session and what you're going to talk about today. [pause]

CLIENT: Yeah, that's interesting. [pause]

THERAPIST: It's like you being here for me, rather than me being here for you.

CLIENT: [laughs] Um... [pause] I certainly don't think of the session that way, so.

THERAPIST: Yeah, I understand that. I certainly don't experience the totality of our sessions like that. But there's something in you that feels that way, and I imagine it's related to Tanya, I imagine it's related to a lot of things. [40:00]

CLIENT: Yeah, I mean, I don't know whether it's related to Tanya, or whether they're like both related to the same thing. I think it's more like that.

THERAPIST: Right, right. Yeah, right. I meant it that way.

CLIENT: Yeah, I guess you probably did mean that, yeah. So that's kind of a big-probably a deep feature of how I like to exist in relationships. I don't want the relationship to all be about me. And so it's-we've talked many times about this being a strange relationship for me, because like I come and tell you my problems and that's what we talk about. So yeah, I definitely feel like I also try to alter that narrative, at least internally somewhat, in order to feel better about it or something. But also in the real world like I actually want to talk about things that are interesting to you. Maybe I want to be interesting to you. Which is... [pause]

THERAPIST: That's a funny thought. I'm sorry, what were you-

CLIENT: I didn't have a follow up to that. Or I thought that there was more, but that was...

THERAPIST: Well, the thought I had, which certainly, you know, can relate to Tanya, although not necessarily produced by the situation, is like sort of what makes people want other people to stick around?

CLIENT: Hm.

THERAPIST: The idea of your saying things that interest me is maybe a way I would want you to stay around.

CLIENT: Hm. [pause] Seems reasonable. [long pause] Yeah, that one's complicated. I assume you don't have anyone that comes in here and tries to alienate you. Like that they're so above they're going to throw on, I don't know... [43:00]

THERAPIST: People who try to alienate people in their life in general for complicated motivations will probably come and try to alienate me too.

CLIENT: Fair enough.

THERAPIST: It's probably hard for you to imagine.

CLIENT: I mean, I guess I have had the experience of people who seem like they're trying to alienate everyone around them.

THERAPIST: Mm hm.

CLIENT: But that's a mindset that I have a really hard time like grabbing.

THERAPIST: Mm hm, I would imagine.

CLIENT: [laughs]

THERAPIST: But you were-that was on route to your saying something else.

CLIENT: Well, so that-yeah, that was mostly just saying, like that seems like one limiting end of it. I wouldn't expect anyone to come in and do that, although obviously people do, so. But in saying obviously people do, I think that actually resolves some of what I was trying to resolve. Because-

THERAPIST: Well-

CLIENT: Go ahead. No, go ahead.

THERAPIST: Well, there'sRight. So there's the counterpoint to wanting to interest me, which is alienate me. But then there's also the-it's just not a-it's not a concern, so it doesn't come up. [44:00]

CLIENT: Yeah, there's that like don't care about you as a person.

THERAPIST: No, it's that it's not a concern, it's felt like to be a given.

CLIENT: Hm.

THERAPIST: So that it wouldn't be something that you would need to sort of have on your mind and work toward.

CLIENT: I see.

THERAPIST: It would be a given.

CLIENT: [pause] Yeah, that's not a given.

THERAPIST: Yeah.

CLIENT: [laughs] [pause]

THERAPIST: And then the question is-which is I think a big question-but, you know, why not?

CLIENT: Yeah, so that's one of those like really deep questions that I have a hard time grabbing. Because it's sort of like, well, how is that even a question? Do you walk into a room and expect everyone to be interested in you and what you have to say? [45:00]

THERAPIST: Hm. Hm. This-yeah, we-I'm realizing we need to stop, and we definitely have to come back to this I think, because it's so important.

CLIENT: Okay.

THERAPIST: We defSo the next few Wednesdays are holidays.

CLIENT: Right.

THERAPIST: Are you away forI'm here, so I'm happy to reschedule if you were here, or else-

CLIENT: Yeah. So I'm not here next Wednesday.

THERAPIST: Right.

CLIENT: But the following Wednesday is January 1st.

THERAPIST: Right. So I'm not-

CLIENT: I will be here, but I assume you are not working on January 1st.

THERAPIST: Right. So I'm not here on those Wednesdays, but I am here the other days.

CLIENT: Okay.

THERAPIST: So I'm happy to reschedule.

CLIENT: Okay. So I guess I could do any other time in that first week of January. I can't do next week.

THERAPIST: Mm hm.

CLIENT: Well, I think we're getting back Monday or Tuesday.

THERAPIST: I have time on Thursday, the 2nd.

CLIENT: That would be great. [46:00]

THERAPIST: Let's see. I have a-I could do 12:45.

CLIENT: That's fine.

THERAPIST: You want to do that?

CLIENT: Sure.

THERAPIST: So-let's see, so not next week, and then the following week rather than the 1st I'll see you on the 2nd at 12:45.

CLIENT: That's sounds great.

THERAPIST: And then we'll go back to Wednesdays.

CLIENT: Okay.

THERAPIST: Okay, great. Okay, take care. Have a good Christmas, okay.

CLIENT: Thank you, you too.

THERAPIST: Okay, take care.

END TRANSCRIPT