

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Good morning.

CLIENT: Good morning. I had a good day yesterday. It was feeling like Spring. Maybe one day it's feeling like Spring, but – you know – good enough. [] (inaudible at 00:00:52) so I took the kids out to the playground. [00:01:00] (pause) And I started packing. (pause) Part of me thinks that moving could be really good. I don't know. (long pause) [00:02:15] Back to waiting and seeing. (pause) I don't know enough what the options are. (long pause) [00:03:40] It occurred to me this morning that even if I had stayed at Brown and James hadn't moved us here, we would still be in this position at this point where I really didn't want to do a post doc, so I guess it's a little bit reassuring. [00:04:01] It would still be tougher now. (laughs) We are supposed to go to this party with most of James's friends from grad school who are in the Denver area this weekend. Our car is still not running, so I don't know. I think there is a commuter rail we can take, but it's like an hour's drive away by commuter rail.

THERAPIST: It's out in . . ?

CLIENT: Out west. It's way out west on 2. I don't know. (pause) [00:05:02] I don't know. But I did find out that Monica only wants me to come in for a couple, three hours on Friday, if that, so that would be nice. (laughs) (long pause) I have a tough time with the people from James's grad school grad program. [00:05:59] It's just always sort of stressful. I like them; they're fine; they're just really different from me. Then I think well, they're also really different from James. I don't know. I think that was one of the things that was tough for James in Ohio. He had trouble finding people to talk to, which is why it was so great when his friend from undergrad, Cody, and his wife, Kerry, were there because Cody is a poet. (laughs) He could talk to him. Cody is sort of crazy in some ways. [00:07:00] I can never tell whether he believes the ideas he is putting out there or whether it's more that he thinks the world would be more fun if it were true, and so he's just sort of hoping that they're true. I don't know. (pause)

I have a much easier time finding friends than James does and I don't know whether that's because I am – I don't know – better at finding people or less picky about the people that I want to be friends with or whether it's because I'm just positioned right in a way that James is not. [00:08:07] (pause) I don't know if the types of people who tend to do graduate degrees in chemistry are all that different from the types of people who tend to do graduate degrees in theology. It's not a difference both groups seem to want. (laughs) I don't know. (pause) [00:08:59] If we did move, this would be the first time that I moved to a new city where I didn't know anybody or didn't know more than a couple of people and wasn't already in some sort of graduate program or a workplace or something to anchor me. (pause) It doesn't make me anxious, but I feel like maybe it ought to. I think that that could go really badly, but I can't get worried about that. I don't know. (pause) [00:10:03] Even with knowing so many people, it hasn't really kept me from being really lonely here. (pause) It's this weird thing. One day I'll be talking to James about it or thinking about it and be like, "Yeah. Yeah, let's go somewhere else. Let's find a new place and see what the options are." There is almost nowhere else in the country where my skills would be less valuable than they are here in terms of there just being a critical mass of people with a Humanities degree here. (laughs) [00:11:06]

THERAPIST: I see.

CLIENT: There are a lot of people who are Brown-educated in some obscure discipline here, just a lot of them. And it's really fun, but it also means that finding a job is that much harder; and that's not going to be the case in other places. (pause) I feel like there is almost no situation that would not be better for James than what we're in now. It makes a huge difference in my life when he's doing well, when I'm not the only person that he has to talk to about interesting things like this is for us. [00:12:04] (pause) Some days I think that and then other days, it's just like terror. Yesterday was sort of the latter and today is sort of the former and I don't know. (long pause) Obviously, you come into that, but it's not clear to me how. (pause) [00:13:07]

THERAPIST: One thing that occurs to me is you are feeling relatively well, good I guess – like yesterday, the other day and today – and it's like you don't need me in the same way if you're feeling good.

CLIENT: Yeah. (long pause) [00:14:21] It's hard to make decisions across emotional states. I always wonder whether everyone is like this, like the whole landscape changes on your having a bad day or when you're having a good day. I imagine, if I think about it, most things are a spectrum and blah, blah, blah. (laughs) [00:15:04] I don't know.

THERAPIST: I think that's a little more for you, not then for everybody, but more than for most people.

CLIENT: Thanks. Yeah. It's certainly not the case for James and it's certainly like every once in a while, we'll have an explicit conversation about it where I'll say, "James, this is how I work. When I'm having a good day it looks really different than when I'm having a bad day. I can't see anything outside of my emotions [in some ways.] (ph?)" I think it makes things very confusing for him. [00:15:58] It makes things very confusing for me also at times. (laughs) Oh, well. I feel like if I can tell something and get other people to help remind me of that, maybe it won't matter so much that I can't remember it myself. (chuckles)

THERAPIST: I guess part of it is that it's not just that it's different, I think, but that less now, but still to some extent, without realizing it, you lose touch with what it's really like the other way. (pause) [00:17:02]

CLIENT: Yeah. I feel like the extent to which I've sort of changed that has been more like remembering that I lose touch than actually not losing touch; and that's even not that great. (laughs) (pause) So it's like in the last couple to three weeks even, I'll be like in this awful place, just totally miserable and desperate and kind of crazy-making and then I go to do something, usually it was something for church, and act like I'm okay and after about a half hour somebody will ask "how are you doing?" and I'll be like "oh, I'm great." And it's not like I'm lying. I believe it, but it's just like, at that moment, I'm only thinking about the part of my life that is right here, right now, which is that I'm having an interesting conversation or I'm doing okay. Sometimes I feel like it helps me survive, like it helps me get through those really bad times. [00:19:03] It's weird. (pause) I feel like it's impossible for me to be honest, in some ways. If I say "actually, I'm not doing so well," that is true with regards to the macro state, but it doesn't actually reflect what's going on in that moment. If I say "I'm doing great" then that reflects what's going on in the moment, but it's a very small moment compared to what's really happening. (pause) [I wonder when] (ph?) people stop believing what I say. [00:19:57] (long pause) [00:21:50]

There was this pretty [] (inaudible at 00:21:55) Facebook conversation last night about deaf children and cochlear implants, a bad choice and all of that. I don't know if it was talking like people clearly didn't know very many deaf people or weren't in touch with that community because it was very why ever would you not give your child a chance to hear? That is an incredibly cruel and terrible choice. Yes, language is culture and that would be bad if that were lost, but no, really, it's more important to be hearing. I don't know what I think about that, but it's not really important. Joanne is a [] (inaudible at 00:22:42) interpreter and she's really involved with the deaf community and used to teach primary school kids who were deaf, so she's pretty anti-cochlear implants and pretty firmly an advocate for the deaf community. [00:23:08] I was sort of seeing both sides of it and I guess I was just thinking about how you don't see what is outside your experience. People say "why do parents choose not to give their children a chance of having a whole other sense?" Well, they don't have it and they like their life and they don't know, in some instances they can't know what they're missing and, also, people who have that extra sense can't know what they're missing by having it.

THERAPIST: I follow. Like the people in the conversation yesterday on Facebook are sort of making these comments and judgments very much within their own world view without necessarily realizing how much they are in their own world view. There is kind of another side. [00:24:07]

CLIENT: Yeah. And since it's about perception, it's sort of a nice link to the conversation to be having. I was reading a poem called, Monet Refuses the Operation. It was about the painter describing, "It took me 55 years to learn how to see like this and now you want to fix my eyes?" It was a nice poem. (pause) I guess I was just thinking how it was relatively recent that it occurred to me that other people might not work like this, like be so controlled by their emotional states, like have their landscape be so dependent on emotions. [00:25:16] Maybe everyone else is like that, just in different ways. I don't know. I just feel like people who say their judgments are wholly dependent on their emotional state are mostly full of bullshit. (both laugh) my favorite Old Testament scholar gave a lecture on Saturday and the line I really liked was, "Up until about the mid-20th century, scholarship was all about objectivity and that was the gold standard of objectivity. And then we eventually just realized that objectivity was just white male experience." (both laugh) [00:26:03] That was nice. (long pause) You would think that I was going somewhere but . . . (long pause) [00:28:45]

I know this is how Amanda works, so that also makes it hard. She has much more polarity than I do, in some ways. (long pause) So I feel like sometimes I talk to her from time to time and it will be like she just has this completely different idea of what her life looks like in one conversation than a week later. That I get, but I feel like sometimes we're just really far separated and so, when we try to talk, I just don't know what she's saying at all. [00:30:04] Sometimes we're really there together and sometimes we just can't even talk. (long pause) Part of me wants to be like "is there a diagnosis for that?" and part of me is like "I don't think it really matters that much." I don't know which of those I actually want to claim as my opinion. (laughs) [00:31:02] I feel like I know which of those you would fall on, but . . . (laughs)

THERAPIST: You mean . . . ?

CLIENT: Your approach tends to be like I don't think that matters all that much. (laughs) (pause) It's funny talking with people in the hospital. People get very attached to their diagnoses. I think I only notice that because I don't have one in the same way. (pause)

[00:32:19] I don't think I'm really expecting you to weigh in on this much. I feel like sometimes when I talk about stuff, I really want you to say something about it or speak from experience, but I don't really feel like that's the case right now.

THERAPIST: Sometimes it is true because I do think there are times that it can be helpful to have one formal given diagnosis or informally something about, depending on what the dynamics are, having the sense of part of what you're [finding with me] (ph?) is that there are ways that people sort of hide behind that or use it to move away from what their experience actually is. [00:33:27] In other words, what I mean is depression is not very descriptive compared to something like paranoid schizophrenia or borderline personality disorder. Those things seem more descriptive than things like depression or generalized anxiety.

CLIENT: I think that depression is about as useful a description as fever, in some ways. [00:34:17]

THERAPIST: Yes, whereas I do think that something like paranoid schizophrenia or [] (inaudible at 00:34:27) disorder are a little more useful, I think. It doesn't say a lot about who the person is.

CLIENT: The one that I have seen in talking to people who have a bi-polar diagnosis, it is clear that that is a really useful thing for them to know about themselves.

THERAPIST: Absolutely; particularly a bi-polar one that looks pretty biological in the sense that, for some people, bi-polar is affected a lot by what is going on in their environment. For other people, it just isn't and for those people it's really good to know. (both laugh) [00:35:13] (pause)

CLIENT: I was just thinking about Amanda. I feel like from where I sit, it looks to me a lot like she is bi-polar, too, and she does not succumb to it. She doesn't want to be involved in mental health care, basically. She doesn't want to take meds and – okay. I don't know. I wonder how her life would be different if she were not making that choice.

THERAPIST: Like if she were getting treated and thinking more of herself in those terms, stuff like that? [00:36:07]

CLIENT: Yes. I don't know if it would be better. It would be different. I think it might be better.

THERAPIST: [Might not.] (ph?)

CLIENT: She's had some really bad therapists. (chuckles) So did I so . . . (pause)

THERAPIST: Another thing: it seems to be where we're at with some of this. In a way, I'm quite sure what to make of or what to do with how to think about when you're feeling more this way, the way you are today, well. [00:37:11] Not in my mind because it's feeling better, per se, but I guess for reasons that, at least to me so far, are not entirely clear – maybe because you're feeling kind of strong, I think?

CLIENT: Like I don't swing violently in this direction, so much as I just saunter over there? (laughs)

THERAPIST: When you're this way, at least to me, it doesn't seem like you're kind of as possessed by the things that you feel or, perhaps, you [don't know] (ph?) what those things are. You're talking about how it might be really nice to move, but I'm not really sure why. [00:38:09] It's not that I don't believe you, but I don't know what you really have in mind about the changes. I guess you mentioned that it might be easier to get a job, but I don't expect

that's all of what you meant. You said it would be better for James, although again I'm not sure why and I can certainly see how, if it would be better for him, it would also be better for you. It seems somehow it's a little less clear to me so far. (pause)

CLIENT: In some ways, I feel like when I'm doing well it's very common for me to want to be doing something else, to be like I want to explore. I want to go someplace else and see what else is out there. [00:39:07] (pause) I also think it would be nice to be closer to family, like it would be nice to be back in San Antonio. It's like I can remember other times when I was happy and the physical location of those times, so I guess that's less exploring and more like I want to go back there. (chuckles) I can't remember what it was like to live in San Antonio when I'm depressed because I remember that as being really happy, so it doesn't [] (inaudible at 00:39:53). (long pause) [00:40:40]

I feel like it's less important for me to tell you about it when I'm doing better, like when I'm sad or desperate I describe it constantly inside my head. [If I'm really down, I'll often try to think how I would tell somebody about it.] (ph?) What would I say? [I feel less urgent.] (ph?) (pause) [] (inaudible at 00:41:23) (chuckles) which is a little depressing in itself. (pause)

THERAPIST: Are you thinking that it seems a little less self-reflective or more bland or something?

CLIENT: I just think it's a little depressing that what I feel is so urgent for me to put out in the world is all the worst stuff that happens that is inside of me. (laughs) [00:42:06] The good things seem less important to spread around and – I don't know – I don't really think I'm comfortable with that idea. I guess I also feel like everyone would understand what it feels like to be doing pretty well and enjoying my job.

THERAPIST: To me it seems like you don't need as much help bearing those things – or maybe any – by contrast. I guess I can also see in a way how you are feeling like being well, if I'm thinking about how to tell people about this, it's because I want to spread it out into the world or put these bad things out there into the world. Do you know what I mean? [00:43:07]

CLIENT: Yeah. (laughs) [] (inaudible at 00:43:10)

THERAPIST: More something like you're looking for some help with how bad you feel. (pause)

CLIENT: I was talking with Camilla about how I was feeling pretty bad Sunday and I said something. I think I said that I don't understand how Denver hasn't been swallowed up in earthquakes with how sad I feel. She was like "that really sucks." That was really pretty . . . (both laugh) Thanks? [00:44:02] (long pause) The thing is I feel so bad about putting things on people. I want to find a way to make it bearable for them.

THERAPIST: We should stop for now.

END TRANSCRIPT