

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Let's see. I got a call from Dr. Vaughn [ph 0:00:16]-

CLIENT: Yes.

THERAPIST: yesterday like right after noon and I'll call her back today. I think she just wanted sort of-

CLIENT: I think she wanted to know for about it

THERAPIST: more information about what's going on.

CLIENT: So I sent her kind of a pretty detailed outline of what happened to me. It was pretty hard. I'm assuming it was okay for her to call you.

THERAPIST: Okay with me?

CLIENT: Yeah.

THERAPIST: Of course.

CLIENT: Yeah. So [inaudible 0:00:49] for, but I like long-term sub like she's doing in the spring. Didn't apply for anything yesterday or [inaudible 0:00:58] yesterday because the sense of doom was a little bit too overpowering. When I'm sure that I think it's a job that if I do get the job, I'm going to fail at doing it, it's not usually the best time for me to fill out the application. [00:01:26]

Yeah, I think I'm getting on James's nerves. I don't know. I think he expects or wants me to or thinks I have a kind of control over this that I sort of think I should have also.

THERAPIST: Um hm.

CLIENT: I don't know. What I think he has now [inaudible 0:01:57] I think I have to have, but...I don't think that I-I'm not sure that I do. Yeah. (Pause)

Then I feel like a prisoner in my life. (Pause) But then, second guess all of this, you know? How much is (pause) how much of it is I don't actually want to die and so I'm looking for an excuse to stick around. (Pause)

THERAPIST: You lost me there a little bit. I know [inaudible 0:03:27] what you meant. I'm not sure how it connects.

CLIENT: Oh, it's just that I don't know how much of my resentment against James for being the person who wants me to be here is real. Does that help at all? [00:03:54]

You know, that I don't hurt myself because James doesn't want me to and because I feel like I have a responsibility toward him. But I don't know how much of that is real and how much of it I'm really actually [interposing].

THERAPIST: You're using him as a stand-in.

CLIENT: Yeah. [inaudible 0:04:23] it doesn't matter, but...

THERAPIST: Right, but I guess you'd want to know how much you're kind of putting your desire to not hurt yourself and to be alive into him. And how much it's just not there. [00:04:41]

CLIENT: Um hm. I feel like such a coward; like [inaudible 0:05:06] different, but I can't do anything-I'm not doing anything to make it different.

You know, and then I wonder how much of that is me just not wanting to feel like I'm totally out of control (chuckles). A lot of navel-gazing.

THERAPIST: Hmm?

CLIENT: A lot of navel-gazing in the last day. (Pause) But not actually more than usual. A lot of [inaudible 0:05:54] if I make it. (Pause)

THERAPIST: Well it sounds like you're pretty mad at James or pretty resentful of him and we don't know if -just like what you said before-if that's 'cause of what he wants or what you want, what you're giving him to want, whatever for the moment.

CLIENT: Yeah, but I'm pretty resentful of him. [0:05:54]

THERAPIST: Yeah, and I guess the idea is that if it weren't for him, damn it, you could just be dead.

CLIENT: [inaudible 0:06:35]

THERAPIST: And that would get you out of this; you would stop being a prisoner in your own life and you'd be done suffering. [00:06:48]

CLIENT: Yes.

THERAPIST: I guess that's what it feels like, whatever the hell else is going on.

CLIENT: Yes, yes. Yeah. I can't just accept that that's how it feels. I have to second guess it, but that is how it feels.

THERAPIST: Yeah. (Pause) I guess another aspect of that is that he's really betraying you. Like your loyalty to him is keeping you alive and his disloyalty to what really matters the most to you, which might be being dead, is also keeping you alive.

CLIENT: I hadn't thought about it in those terms. [00:08:15]

It's funny. I'm not angry at you, which I find interesting. (Pause) Also interesting that one of the reasons I'm not angry at you is because I don't think you care all that much and that's kind of a stance that I need to take and it's a relief, honestly, that I don't feel like you are personally invested in me in the way that James is personally invested in me or like the other people that take care of me. (Pause) You know, maybe I just need to have somebody that I'm not angry at. [00:09:36]

Pretty angry at myself. Pretty angry at most of the people in my life. (Long pause)

THERAPIST: I had the impression that there's something dangerous about the possibility that I do care about what happens to you.

CLIENT: Yeah. I'm not sure what or why.

THERAPIST: Me either at the moment. But one thing that makes me think that is, I'm pretty sure with some of the [inaudible 0:10:52] including, helps kind of both of you, in a way, overlooking what you-[inaudible 0:11:01] feel like you want the most. I think that probably felt like me taking your side a little bit or at least seeing your side.

CLIENT: Seeing my side.

THERAPIST: Yeah, seeing your side.

CLIENT: Yeah. You're pretty careful not to take a side.

THERAPIST: [Chuckles] And I guess it seemed to me, relevant, that when I was seeing your side, you had to remind both of us that I don't really care what happens to you.

CLIENT: No, I was just thinking about that last night and I was thinking about being angry and was kind of thinking about not being angry with you and trying to figure out why that was.
[00:11:51]

THERAPIST: Um hm.

CLIENT: So [inaudible 0:11:54] maybe, but it feels like it was more like the natural correction.
(Pause)

THERAPIST: Probably it'd be harder to talk to me if I cared what would happen.

CLIENT: Yeah. It would be much harder. (Pause) I feel like I am (pause) like both James and I are blackmailing one another with caring about each other. (Pause) I feel like sometimes I'm coercing him into (pause) you know, bending over backwards to take care of me and I feel like he's somehow coercing me into sticking around. [00:13:25]

THERAPIST: Um hm. (Pause) I imagine you feel like this is pretty torturous for both of you that way?

CLIENT: Yes. James was very upset and he doesn't feel like he's allowed to be upset because it upsets me so much. And to some extent, no, he's not. It does upset me too much. And that's just not a tenable position for us to be in. [00:14:16]

[inaudible 00:14:27] I feel like I am working just as hard as he is. I'm working in that-state his way rather than and act of [inaudible 00:14:40] harder to see. You know?

THERAPIST: Yes, that's right.

CLIENT: Fruits of my work are I am still here (chuckles) or I'm enduring or whatever. And I'm a little resentful of the fact that it's hard to see that that's really hard. [00:15:02]

THERAPIST: And you've been somewhat functional, which I think has also taken a tremendous amount of effort and work [inaudible 00:15:12] and not hurting or killing yourself, but still, it's a lot of work.

CLIENT: Yeah going to work-not in the last couple of days, but before that.

THERAPIST: Yeah. (Pause) And he's forcing that on you.

CLIENT: Yeah. [00:16:08]

Yeah. And part of me really wants just for him to say, "It's okay. Do what you need to do." But, like, he's not going to say that.

THERAPIST: Um hm.

CLIENT: Nor should he. But...that's not really the most important thought in my head (chuckles).

THERAPIST: Um hm. (Pause) [inaudible 00:16:51] where you want him to say that so you can just end it?

CLIENT: [inaudible 0:16:57] Or even assured of that-not going to work [inaudible 0:17:04].

(Pause) Been writing a lot and I don't know, to some extent, it seems helpful and to some extent it seems like it gets me worked up.

THERAPIST: Um hm.

CLIENT: Which, again, makes me feel like maybe I ought to have control over it and [inaudible 00:17:53] don't. Or maybe I do have control over it and I'm just choosing to be like this. [00:18:01]

THERAPIST: Yeah, you really have it in for yourself, huh?

CLIENT: (Chuckles) I do. Yeah. [inaudible 0:18:31] James last night and one of the things he said was he doesn't feel like I should be able to be-feel ways that I don't feel-or not feel the way I feel but he doesn't understand why I don't cry, why I don't get upset. Why get upset? [inaudible 0:18:55] But it's like I can't. (Pause) Except when I have to and then it's really, really bad. [00:19:23]

[inaudible 0:19:25] memories we have. (Pause)

THERAPIST: I don't know. You seem angrier to me than you seem sad at the moment. Not that I don't imagine you're feeling both.

CLIENT: Yeah, right now a little more angry. You know, it's earlier in the morning so I'm not feeling that much of anything. (Pause)

I'm so angry with myself. (Pause) I keep thinking like what is this anger doing for me? Not getting very far with that (chuckles). [00:21:14]

THERAPIST: Well let's back up a little bit. What are the angry thoughts you have?

CLIENT: That I should be able to see a way out of this. (Pause) That I should be able to (pause) do something more active. I don't know what I'm doing. I should be able to just cope and go to work or I should be able to kill myself or I should be able to find some other option. I feel like my existence is hurting people I love but that if I left that would hurt them more. (Pause) I feel like I'm not good for much. I'm not (pause) like I don't have anything to offer. (Pause) [00:22:57]

THERAPIST: I feel like your choices are between (pause) leaving people you care about quite upset and unhappy in how you're feeling, or killing yourself and making them [inaudible 00:23:16] even more, and that if you had any use at all you'd be able to figure out a way out of this or would make it better. But you can't do that either-so this is like another job, in a way, that you're [inaudible 00:23:37].

CLIENT: Yeah. (Pause) What I really want to do is just sit around and read books. [inaudible 00:24:01] (Pause) You know, and sometimes when I'm going to bed or I (pause) can kind of snap into a mindset from which I can change things and I make change in my life and feel okay about where I am even when I feel really bad. And I just can't get there. I can't remember any of the things that used to be comforting. [00:24:44] (Long pause.)

THERAPIST: Um hm. (Long pause) Um...I think it seems like the times you felt the worst when there is something you feel you should be able to handle, that you just can't, like, attack.

CLIENT: Yeah.

THERAPIST: Like with the apartment-in showing the apartment or stopping school. Or work like Starbucks.

CLIENT: That's about right. There are things that it's important to other people that I be able to do. So there's no reason I shouldn't be able to do them. And I just can't. [inaudible 0:26:34] I can't. But then I wonder is it just that I'm not organized enough or that I'm not willing to hurt enough. [00:26:48]

Maybe I could (long pause)...

THERAPIST: Or maybe there's a moment you (pause) start to listen to yourself and take how much you're hurting more seriously.

CLIENT: Yeah. I feel like I did that all-if I did that all the time, I'd never be able to do anything. I was clear to work a month ago. (Sighs) (Long pause)

THERAPIST: Yeah, I think what I said just probably made you feel worse.

CLIENT: Maybe. I was already thinking it. [inaudible 0:28:42] turn up.

THERAPIST: Hm. (Long pause)

CLIENT: So it feels like, with things like work, (pause) it feels like I say to people, "Okay, this is hard. This is getting pretty hard. Maybe this is too hard for me." And they say, "No, you have to do it." And I say, "Okay, I'll try to do it." But this is-I don't think I can do this. This is too hard. And I just, meanwhile, you know, continue to do it. And they say, "No, there's no choice. You have to do it." And-but eventually, I just drop everything and say, "No, really. Like, I am going to die. I can't do this." And so they say, "Why didn't you say so?" (Sighs).

It's not like I don't complain. (Chuckles)

THERAPIST: Um hm.

CLIENT: [inaudible 00:30:18] don't-I don't know how to hit the right note to let people know that (crying) I'm really serious-that it's-

THERAPIST: You really can't do it.

CLIENT: Yeah.

THERAPIST: It's really just too much.

CLIENT: Maybe that's because I do do it well up to the point where I just can't do it anymore at all. So why couldn't I just do it a little less well? [00:30:54]

THERAPIST: Do you say you're done with Starbucks and go [inaudible 0:30:57] what you're saying?

CLIENT: It's part of it. I need to be done. I don't-I don't know what's going to happen. I don't like it, but-you know, maybe I don't absolutely need to be done, but I need to be done enough that maybe she's not to fuck around with (long pause). And you know, I'll probably give two weeks' notice because that seems like the fair thing to do. I think maybe say I can work up until Christmas Eve. You know, I was going to have a week off after that anyway.

THERAPIST: Um hm. (Pause) Does that feel like something you can do?

CLIENT: I don't know. It feels like something I have to do. So... (long pause) you know, I feel like I can work the rest of this week because I'm only working two days this week. (Pause) Yeah, I don't know. So much of what I do, I think I can't do until I do it. So... (pause) I think probably yes; I probably can do it. (Long pause) [00:33:47]

I just feel so bad. I just got a job. (Long pause) I don't know what's wrong. [0:35:01]

THERAPIST: Well (pause) if, because of what it means to you, you know, it's not about physically making coffee and running around for eight hours, difficult as those things can be as I understand-

CLIENT: Running around for eight hours, yeah.

THERAPIST: But that's not why you can't go back there. It's because of what it means. I think to have to be forcing yourself to do that. [00:36:03]

CLIENT: Yeah. (Long pause) It's hard to have to feel like I [inaudible 0:36:57] every day. It's hard to police myself. [inaudible 0:37:19] that for eight hours.

THERAPIST: I (pause)-[inaudible 0:37:40] thought-I wonder how much you are also feeling really worried about whether you're going to be able to do this therapy.

CLIENT: It's partly that.

THERAPIST: I mean, this was triggered by stuff we talked about on Friday, which is just what the doctor made you so scared about.

CLIENT: That thought had crossed my mind.

THERAPIST: [Interposing] I do not doubt that it did.

CLIENT: (Chuckles) Yes. [00:38:20]

THERAPIST: And this really is the main thing you're doing these days-probably in-in addition to like, keeping yourself alive and keeping yourself married.

CLIENT: Yeah.

THERAPIST: And I know like for a moment it feels like a lifeline, but I imagine you're also really scared you're going to lose it, that things are going to get stirred up that are going to make it impossible or too overwhelming for you to do or maybe that I'll think so-I'm not sure if I'll think so, you'll think so, or what, but[00:39:21]

CLIENT: Yeah. Yeah. I worry that I'll need to be hospitalized again.

THERAPIST: Um hm.

CLIENT: Um... [inaudible 0:39:37] in other ways, like I can't [inaudible 0:39:44] but it's just the holding pattern. And I don't know who my [inaudible 0:39:53] would pretty much be. I don't know who would run into. You know, like if I had had to be hospitalized this weekend, it would be a lot harder for me to say, "You know, I think we're doing the right thing." [00:40:06]

THERAPIST: Um hm.

CLIENT: Yeah, and I worry I won't be able to handle that.

THERAPIST: Yeah. I think that-I hope it's very clear that I am not in any way making a case about what you should do, but I imagine Starbucks may be taking some of the heat from therapy here.

CLIENT: How do you mean?

THERAPIST: Like (pause) Starbucks may well be impossible in some way. Again, I'm not trying to say otherwise. But I wonder if (pause) you're turning a little bit from really worrying about being able to do this to that he definitely can't do that.

CLIENT: Mmm.

THERAPIST: You may not be able to do that entirely independent of this. I don't[00:41:08]

CLIENT: Yeah. It feels like Starbucks and this are conflicting in some ways. Like the things that make me good at my job there are the things that make me shut down here. Or too upset to deal with anything. [00:41:31]

[inaudible 00:41:33]

THERAPIST: Um hm.

CLIENT: And I feel like this is more important-

THERAPIST: Um hm.

CLIENT: [inaudible 00:41:45]

THERAPIST: I think another thing that makes this scary is, in addition to the lifeline aspect of this, (pause) I suspect you-or I'm pretty sure-that you have done something-one of them very interesting that you have done here is invest in hope. Which is in pretty short supply. And that makes the prospect of not being able to do this, I think, all the scarier. [00:42:31]

CLIENT: Yeah, I pretty much just don't entertain it because it's painful [inaudible 0:42:40] would be impossible without it.

THERAPIST: Um hm.

CLIENT: So then it seems like it's impossible to do [inaudible 00:42:48]. I don't know what to do other than this.

THERAPIST: Um hm.

CLIENT: Yeah. I kind of keep saying to myself, "This is the shortcut." (Chuckles)

THERAPIST: Um hm. Yeah.

CLIENT: Just got to keep working.

THERAPIST: Yeah. Well we should stop. [inaudible 00:43:16] be in touch with [inaudible 0:43:17]. And, yeah, I'll get back in touch with Dr. Vauhgn.

END TRANSCRIPT