

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Good morning.

CLIENT: Good morning.

CLIENT: I am at a loss as to what to talk about again although I think in a better way this week. In general, I feel better this week than I have for the last couple of weeks. That is a good thing. (Pause) The causes are not immediately obvious but I think some of it is feeling like I have been telling people that I'm upset and trying to deal with that in a, I guess, direct fashion. I don't know.

CLIENT: Yeah, I'm not sure where to begin so I it's a strange thing come and not know what I'm asking to consult with you on. But that's where I am.

THERAPIST: Well, I don't think of it as session to session but I think of it as what you've framed what you're asking for consultation on. This is part of the process.

CLIENT: Okay, well thanks. That's helpful.

CLIENT: Yeah, sometimes I'm not sure what thread is important to pick up this week, I guess. My parents are coming to visit this weekend. It's probably a good thing. We have a very small apartment so I'm concerned about hosting my parents in our tiny apartment. It's they have a house that's large enough for seven people to live in are used to living in that space and it's a different thing.

THERAPIST: And they've come to visit before?

CLIENT: My parents haven't visited me since I was in college in Texas. So it's an interesting and different thing. I was in Ohio for four years and after a couple of years my mother decided that she might want to visit instead of just me coming back to visit which in a lot of ways made more sense me visiting home because the rest of my family is there. It's one person far away and six people relatively close. The direction of travel makes sense for me to be going back home, but that's what my mother decided she wanted to know what I was doing and was curious where I was and all of that. Now, here in Andover that's not really going to happen because I was doing all the actual work.

(Pause): [00:05:56 00:06:24]

CLIENT: Now I'm sitting here sort of thinking about how good a question that was that you asked. It seems to get to a lot of the issue I think. They haven't visited before and so to a large extent I have no idea what to expect. I think we've discussed that generates some anxiety for me.

(Pause): [00:06:53 00:07:14]

THERAPIST: Is the anxiety that there are particular scenarios you're worried about or just is it just sort of really amorphous?

CLIENT: I think it's generalized. It's no particular thing that I am worried about other than there's no particular thing I'm worried about. Just a general feeling of unease about it.

(Pause): [00:07:43 00:08:12]

CLIENT: I think I feel sort of a sense of hosting responsibilities, hosting them that comes with certain, sort of make sure everyone has a good time sort of goals or requirements or something. I'm not particularly clear how to do that in this context. Not that my parents are hard to please. That's the silly part of it. It's like they're ridiculously easygoing, for the most part and if they're bothered, they're not going to tell me, so it will be okay (laughs).

(Pause): [00:08:46 00:08:52]

CLIENT: And they're coming explicitly to see us and to like help take care of us in this difficult time. So it's -

(Pause): [00:08:59 00:10:08]

CLIENT: So I think that's going to be okay. (Pause) Over the weekend and I guess into Monday, Tanya seemed to be getting a little more sad and sleeping more and kind of strange and I found out Monday that she had run out of her Synthroid or synthetic thyroid hormone and I think had stopped taking it Friday or before so (Pause) while I really don't think that that is like a primary driver of her depression and just all of the turmoil of the last couple of years, she did have a goiter in part of her thyroid removed and has been doing thyroid suppression therapy since about the time we got married. So it fits right into the same time window as everything else.

(Pause): [00:11:16 00:11:35]

ESPONDENT: One of the major symptoms of hyperthyroidism is increased anxiety and one of the major symptoms of hypothyroidism is tiredness and depression. For awhile I don't remember if I told you this, but for awhile she hadn't had the thyroid nodes checked in months and finally did get them checked and she had hyperthyroid numbers, which is the result of essentially taking too much of the thyroid medicine. She got that adjusted and has been less anxious in the intervening time period but this is sort of a I can pick out a signal. It's not clear if there is any meaning to the signal like there are so many things going on in our lives that that's not necessarily, it's not even clear there's a correlation. If there were it would not be sufficient evidence for any more causative role but it seems to me like when one has a mood and metabolism regulating gland, keeping the dosage of replacement hormone for that gland stable is probably a good idea when one already has difficulties regulating mood. So -

(Pause): [00:13:09 00:13:18]

CLIENT: This is one of the things where we've talked some about my difficulty with what is she responsible for and what is she not? This is a thing that I feel like she is very much responsible for and that is it like perfectly under control. You go to the doctor. You get the things checked. You take the medication they tell you to take. Maybe think about it a little bit and assess whether you're doing reasonable things with your treatment in that regard. And make sure that piece stays stable. That's it. And that's the thing that she's done fantastically poorly at. And is continuing to do poorly at in some sense like I don't know whether she does not understand that after three days she has only 70% or less of the thyroid hormone in her system, or what. But -

THERAPIST: Did you ask her?

CLIENT: No. Because she already feels guilty about not having gotten the medication and so like I intend to ask her but the problem with exponential decay is like impulse treatment it's easy to drop off very quickly. So after a week she would have half or less of the hormone in her

system, but it takes a long time to build back up. And so if this is actually a contributing factor, talking about it, particularly when I'm kind of angry about the fact that she has failed to do this simple thing again, because we've talked about getting her thyroid medication before. We talked about how I went and got her thyroid medication, like three months ago because she didn't have any.

(Pause): [00:15:13 00:15:19]

CLIENT: It did not seem like a good idea at the time. So it seemed like not an important issue to confront in the specific moment because she was already going to get it that day.

THERAPIST: So that was Monday. So you didn't find out that she wasn't taking it -

CLIENT: Until she I found out she wasn't getting any. So it wasn't I did not need to do anything to get her to get it. It just was a 'why on earth have you not been doing this?' And -

(Pause): [00:15:48 00:15:56]

CLIENT: I understand how one fails to do errands like sometimes you get busy, sometimes you don't feel like doing whatever particular errand I get that, but this is not an errand of the same magnitude as getting butter or something.

THERAPIST: That is, if you really need butter.

CLIENT: (Laughs)

THERAPIST: Bad policy.

CLIENT: (Laughing) Fair enough.

(Pause): [00:16:26 00:16:36]

CLIENT: There's also a sense in which I don't like (Pause), yes, this is the thing she's failed to do several times. She doesn't remember all the other times she's failed to do it at least not in the last several months. So, like me being upset about this, as a part of a trend is not a useful or perhaps, not even a fair thing. It's certainly not a thing that I think is worth bringing to the discussion to have in an emotional sense. Maybe in a factual sense it is important to know that this is a recurring problem and maybe we need a different solution than wait until you have run out and get it a few days later, but -

THERAPIST: There are a couple of questions that I have. One is what are you worried about in sort of saying in the moment when you're feeling upset about something like this?

(Pause): [00:17:40 00:17:48]

CLIENT: I mean we've talked since when Tanya was here that she has a hard time handling me being upset and so like I am concerned that me being angry is going to impact her negatively in a dangerous way.

THERAPIST: Is the dangerous part the important part?

CLIENT: I don't know. I don't know. It sort of makes it easier to justify like behaving in this fashion. I'm not sure that that's actually the I don't know.

THERAPIST: Well, I think this is the heart of the matter in your marriage, is how free are you how free are you? Maybe that's the end of the sentence.

(Pause): [00:18:34 00:18:40]

THERAPIST: And how much are you as you described very pointedly, held hostage? (Pause) You'd certainly feel more free than you did maybe two months ago, but clearly not fully free because you don't feel you can express yourself when you feel angry because you're very worried about the implications in a very dire way.

CLIENT: And I'm not always as worried about the implications in a dire way as I was this time not that she was doing particularly poorly, but like this is back into it. If my guess is about the thyroid issues is correct then she is in a more unstable place in this specific moment and so it's like so, yes, the concerns are more dire then.

(Pause): [00:19:31 00:20:07]

CLIENT: I guess I feel like you made a statement and I mostly agree with the statement and so I'm not sure what to say in response. Yeah, I think that's an accurate assessment. (Pause) It does not feel particularly free to say that I found this upsetting, not that I can completely hide from her when I find something upsetting but -

(Pause): [00:20:30 00:21:21]

THERAPIST: So are you saying 'nowhere to go' it's like you don't have any train of thoughts or you don't know what to do about it or -?

(Pause): [00:21:24 00:21:52]

CLIENT: Yeah, I don't know what to do about it. Yeah, I mean, I don't know what to do about it.

(Pause): [00:22:00 00:22:09]

CLIENT: Yeah, I feel like you're pointing to this thing and I'm saying, "yes, that seems like about the right thing."

THERAPIST: Now what?

CLIENT: Yeah.

THERAPIST: Um hmm [yes].

CLIENT: You know, we can spend time talking about that more, but -

(Pause): [00:22:26 00:22:37]

CLIENT: I'm not sure what further description of the problem will do if we both already grasp what the problem is. Or, maybe the point is, I don't fully grasp what the problem is, but -

THERAPIST: I think that's the part I'm not sure that you specifically don't fully grasp, maybe we don't know all of what's at stake. (Pause) I mean, you're not one to do something because you're feeling that it's going to set your already fragile way around suicide alley, over the edge. That construction, yeah. Okay. Well, that's logical. That makes sense. But then there are also assumptions in that that sort of needs to be thought about.

CLIENT: Yeah, and in this specific case, it wasn't so much like -

(Pause): [00:23:31 00:23:42]

CLIENT: It wasn't so much that I thought she was suicidal in the moment and that anything I said might push her over the edge, but it certainly has that subjects related to my behavior in those time periods. It's more than -

(Pause): [00:23:58 00:24:22]

CLIENT: So part of it is that since she's already made the or is about to make the call to get the prescription refilled, there is no practical value in asking, 'why did you do this?' Because she's already fixed it in some sense or as much as it is possible to fix it at that point. And so there's no immediacy to the discussion even to happen and at that time she already feels guilty and bad about not having done it and I feel angry and that's not a useful kind of combination of emotions for us to have a conversation. And so if I were to wait for a little while before bringing it up again, I can be less angry and she can be less guilty and maybe we can actually have a conversation in which the like factual piece that she has to do this in a more timely fashion can be discussed.

(Pause): [00:25:46 00:25:55]

THERAPIST: I was thinking there are a couple of pieces in that. One is that it's helpful to know why I'm not just commenting on the timeline of when you bring it up, but she may actually not think it impacts her mood the way you feel it might and so that's a useful conversation to have.

CLIENT: It's also a conversation she really doesn't like having. She really doesn't like it when I suggest that this I have watched this thing impact her mood.

THERAPIST: Do you know why she doesn't like it?

(Pause): [00:26:24 00:26:31]

CLIENT: That's a good question. I think it's just a piece where she feels like if someone else can notice it, she should have noticed it. I think there's a piece where she has had plenty of people tell her, 'oh, you should try this to cure your depression.' You know like, 'when I had a headache, I took some aspirin. If you have a migraine, you should take some aspirin, also.' And that sort of analogy and it doesn't she has a particular ire about that class of discussion. And I think any suggestion of 'this is a thing that is contributing to your mood,' taps into that emotion.

THERAPIST: It is this pedantic?

CLIENT: I think so. Yeah.

(Pause): [00:27:21 00:27:31]

THERAPIST: All these things seem like great openings to conversations. Like, if she does feel like you're being pedantic, maybe there's information in that. You're being pedantic, taking that you are I'm not (unclear) you are in response to something, in this behavior, she's doing this actually eliciting that response so it's an interaction. You're not just acting in a vacuum. That's an interesting kind of conversation to have. I mean there's a lot of interesting you're saying, these are the reasons not to have a conversation and I'm saying those are actually interesting departures for a conversation.

(Pause): [00:28:06 00:28:44]

CLIENT: Yeah, that was I was intending to give reasons not to have that conversation in the moment when I'm angry, and she has like in that moment. You're first qualifying statement was not commenting on the time scale. These are reasons to have that conversation and that sounds right.

(Pause): [00:29:06 00:29:18]

CLIENT: And so I guess now we're at the point of needing to talk about the time scale because I think -

(Pause): [00:29:25 00:30:14]

CLIENT: Yeah, I think you're right that those are interesting departure points for conversations. They are conversations that we haven't been able to have the way we would have two or three years ago in more recent days. Not days like in the last several months, but that's because there has been a sense in which the Tanya I would have those conversations with, hasn't existed in the last several months. There is a sense in which she really is there again. So, yeah, those are conversations that -

(Pause): [00:31:09 00:31:19]

CLIENT: would be good to have as conversations and not just me telling her that she needs to take this medication.

(Pause): [00:31:25 00:31:45]

THERAPIST: What were you just thinking?

(Pause): [00:31:45 00:31:54]

CLIENT: Just very vaguely about the strange place our lives are in in terms of like how do we get to the place where I'm telling her to take her medication. Like how's that like what would seem like a reasonable motive in her action for us it's just not.

(Pause): [00:32:16 00:32:36]

CLIENT: Yeah, it's just not really that's not really a partnership or a relationship so much as a, I don't know, how do I say I'm not sure what word to use, but -

(Pause): [00:32:46 00:32:55]

CLIENT: Guardianship?

THERAPIST: Stewardship.

CLIENT: (Laughing) Maybe. I don't know.

(Pause): [00:32:58 00:33:14]

CLIENT: I think that's a thing to grow, to regain. (Pause) And I really, I think that doing that in a normative, higher emotion is a way to work towards regaining that mode of interaction.

THERAPIST: Yeah, my thought on that obviously, whatever you want to do, you do. The issue at hand is you've felt for so long that you've had to bracket your needs for the sake of Tanya and in a sense felt a conflict that your needs, if they don't, maybe not to say, undermine her needs, at least undermine your ability to be present for her. So there's a conflict on that level. This is maybe more direct that maybe your need to be expressive at the moment actually undermines what you think her need is to stay alive her need is to stay alive. Whether it undermines it or not is the question. It goes to the heart of I mean you may not think that it's much to give up by waiting a day or so. It may not. That may not be a big issue for you, but it sort of gets to the heart of how much do you need to bracket your needs or hold yourself back, constrain yourself or confine yourself for the sake of Tanya.

CLIENT: Right.

(Pause): [00:34:49 00:36:07]

THERAPIST: What were you thinking?

CLIENT: I hate thinking, I can't you say that's right. What do I talk about in response to that? And I think the important thing is that I think that is impacting the way I interact with people more generally, particularly friends. I think that in a sense, habit of bracketing my needs, is in order to maintain it, I have done it more than just in my relationship with Tanya. And it's hard to notice at first, in some sense, because I usually try to be a considerate person, taking into account the needs of other people. So this, in a sense, plays directly into a worldview that I already have and so it's, I think it's hard to notice or has been hard to notice that.

(Pause): [00:37:14 00:37:40]

THERAPIST: And it's a fine line, it's on a continuum, they're not discrete categories being considerate of others' needs, sometimes means bracketing your needs a bit.

CLIENT: Sure.

THERAPIST: Then, sort of extrapolate out, you know, in (unclear) and being especially considerate of being desperate.

CLIENT: Right.

THERAPIST: You know, there's no there's not distinct categories that's a continuum which makes it more complicated. It's like on one level you're not wanting to express yourself in the heat of the moment for fear of hurting Tanya, it all sounds reasonable enough, but there is more complexity to it than that. Does that always have to be the case?

CLIENT: And if it does have to be the case right now, for how long does it have to be the case? Because I don't know that it's really a sustainable thing for years. I'm not even sure that's really a relationship again.

THERAPIST: I'm clear that when we've talked about this before, I put it in a very direct manner, Tanya's tendency to abdicate her responsibility and your tendency to fill in all the spaces of responsibility, whether it's your responsibility or not, even your entitlement or not to do so, does not fit well.

CLIENT: (Laughs)

THERAPIST: I mean, in some ways it fits very well, but in others -

CLIENT: It works perfectly together.

THERAPIST: It worked perfectly except it doesn't help either of you.

CLIENT: Right.

THERAPIST: And so when you say, "how is it that we've gotten to this point that I'm telling her to take her medication?"

CLIENT: Well, yeah. That's a pretty good mechanistic answer for how we got there. Yeah.

THERAPIST: And you're speaking to Tanya as you might kind of might tell a demented grandmother 'did you take your medication today?' I'm not saying you say it in that voice, but that becomes the structure.

CLIENT: Right. And so I try not to do that, to avoid that structure but end up in this place and then I'm angry and we're back into like it just is complicated in that way.

(Pause): [00:39:50 00:39:59]

THERAPIST: But you broadened it. What you started to think about as the extent to which you do that and this is in a very particular context in your marriage and also in terms of what's gone on for Tanya. But then you're sort of expanding it to thinking about how this plays out in other relationships for you.

CLIENT: Yeah.

(Pause): [00:40:14 00:40:39]

CLIENT: Yeah, so we were visiting our friends last week and you know, occasionally like the question of, 'what do you want to do?' and I found it nearly impossible to answer that question. I always find that something of a difficult question because I feel like my needs need to be balanced against some sense of group needs which I think comes from having four siblings and having a strong recognition that we all have desires like from an early age. But usually I find the problem, like where's the balance or something like that. Here I've found unable to identify a particular desire sometimes is also the case. Like sometimes I just don't care. But -

(Pause): [00:41:24 00:41:35]

CLIENT: But in this context it seemed or seems, or something, like I have suppressed the desires to the extent that I can't find them.

(Pause): [00:41:51 00:41:56]

THERAPIST: Where do you think they went?

CLIENT: (Laughing) I don't know. I don't know.

(Pause): [00:42:01 00:42:08]

CLIENT: It's sort of like in thinking about this problem of what do I want to do next, what is the next step in my career? Really, I have a hard time figuring out what I want. But I do have some desires still, like there is this sense in which I really don't want to live in a city larger than this. I'd rather live in a city smaller than this, but I can be sort of very clear that I don't want that. But it's taking me a little bit of time to like recognize that desire or anti-desire.

THERAPIST: Denver's a pretty big city. There are that many cities in the country bigger than this.

CLIENT: That's true.

THERAPIST: In general, if you count the metro-Denver area.

CLIENT: Sure.

THERAPIST: So that's actually not that hard. I'm sure there are a more concentration of jobs in those larger cities.

CLIENT: There is that problem. Yeah.

THERAPIST: But still, there are not that many cities that are larger.



CLIENT: No. It's not a problem like the issue is something more like, it took me a while to come to recognize that that is something that I don't want, although it's really obvious that I don't want that. I'm not that happy living in the city, like in a day-to-day sense. It's just really noisy and there's nowhere green or quiet. I mean there are trees, so at least there are trees on the streets. It's not like parts of Delaware. But yeah, so I don't know where they went, but I can recognize them as they come back or something?

THERAPIST: "Come back." Meaning that they were there but they are buried.

CLIENT: Yeah, I don't think that I ceased to have desires. I think I ceased to know what they were, but I could be wrong about that. Maybe I just stopped having any desires at all. I'm not sure. At some point I don't know that it matters like in a practical sense that I can't find them so they might as well not exist.

THERAPIST: It seems like a big difference that they're there but they're buried versus if they were never there. Because in one sense you then have to create something and in another sense you have to find out where they might be.

CLIENT: And those processes feel similar to me. But they may not be.

THERAPIST: This is sort of a strange metaphor but it's sort of like the difference between given a piece of paper and a pen or given a shovel like a paper and pen is creating something that isn't there and a shovel is going to dig around to see where they went.

CLIENT: Okay.

THERAPIST: So to me they seem like different processes but -

CLIENT: Okay.

THERAPIST: I don't know maybe that doesn't feel right. Maybe they (unclear).

CLIENT: You know, I do a lot of research and so the process of search and the process of research are pretty similar as far as the idea the process of coming up with something new and the process of figuring out what is already known. They have some, for me, some essential similarity. They may not be as similar as I think they are because other people certainly seem to find them very, very discrete categories. It's interesting. For me it's like here are the values of what we know. Obviously, the next thing to look for is this. But if you take away one of those pieces, presumably, it's the next obvious piece to look for in the so.

(Pause): [00:46:00 00:46:08]

CLIENT: Thinking about the shovel and the pen that's good for its contrast.

(Pause): [00:46:14 00:46:34]

CLIENT: And I'd much rather tell which of them never existed and which of them existed and ceased to be and which are just hidden.

THERAPIST: And on that note, we're going to stop today. See you next week?

CLIENT: Okay.

THERAPIST: Take care. Bye-bye.

CLIENT: You to.

END TRANSCRIPT