

BEGIN TRANSCRIPT:

CLIENT: Thank you for being flexible yesterday. Having an onset of vertigo. (inaudible at 00:00:14) So.

THERAPIST: Okay. Do you I do have another time on Friday afternoon.

CLIENT: What time do you have?

THERAPIST: I have 5:15.

CLIENT: It's quite likely I can make that I just need to verify (inaudible at 00:00:33).

THERAPIST: Okay.

CLIENT: You know?

THERAPIST: Do you want to let me know either way or ?

CLIENT: I will e-mail you if I can't make it. How about that?

THERAPIST: Okay. So I will assume you can unless I hear otherwise.

CLIENT: Yeah.

THERAPIST: Okay. And do you know when you'll let me know?

CLIENT: Hopefully as soon as I get home.

THERAPIST: All right. No problem.

CLIENT: Yeah they of course I have some sort of mysterious onslaught of vertigo and nausea.  
[00:01:01]

THERAPIST: Right. I'm sorry. One other scheduling thing before we go any further.

CLIENT: Yeah.

THERAPIST: Next week.

CLIENT: Yeah.

THERAPIST: So I'm in both Tuesday and Wednesday as usual. I'll be around. I don't know if you will. (inaudible at 00:01:12).

CLIENT: I will be. As far as I know. Thanksgiving (inaudible) right?

THERAPIST: Right.

CLIENT: Yeah as far as I know I'm not going anywhere. So.

THERAPIST: Okay. Vertigo. Strange (inaudible at 00:01:24) vertigo.

CLIENT: Yeah. Yeah. I (inaudible) by the doctor.

THERAPIST: Yeah.

CLIENT: And luckily it was not anything too bad. Bad news is they because I have so many autoimmune problems they sort of lump everything together. They do know that I have inflammation in the inside of my ear right now that's not infected. They're calling it lamproitis. Which basically means that the inside of your ear is swollen. And they're like, "Yeah probably immune system." [00:01:48]

THERAPIST: (inaudible)

CLIENT: Yeah. So. I'm like, "Great. What do I do?" And they're like, "Well we can give you these pills but they're going to make you really sleepy." And I'm like, "Well that's fine I guess. If I get really bad again then I guess I'll take them."

THERAPIST: Uh-huh.

CLIENT: But yeah. More or less it's Dramamine type stuff.

THERAPIST: I see.

CLIENT: Yeah so. But it's just a little frustrating.

THERAPIST: Sure.

CLIENT: It's very disorienting and upsetting to have it happen. So it usually goes away which is good but yeah.

THERAPIST: How bad did it get?

CLIENT: It's still bothering me quite a bit but it got really bad. As in like gripping the wall of the shower throwing up all over myself kind of yeah. That was a very low moment in my self-esteem. Right then. So. But it's the reason why I think it's very disoriented (inaudible at 00:02:59). So. But it's supposed to get better. [00:03:03]

THERAPIST: Good.

CLIENT: Usually it does at least.

THERAPIST: Yeah.

CLIENT: I just kind of got mouthy with my doctor about it. If you're going to give me something that's going to make me sleepy I'm not going to take it. It's like I'm already exhausted enough as it is.

THERAPIST: Yeah.

CLIENT: And they were pretty much understandable about that kind of stuff. They'd tell me (inaudible at 00:03:28) last of it and then only when I have to. Don't just keep taking it. So. But I just needed to push out the fact that I can't have anything else that's going to sedate me at this point in my life. I'm just so tired all the time now. But they're going to test my thyroid too. So. Not to do with this but because I'm insistent that I'm exhausted. [00:03:50]

And I'm now officially thirty pounds heavier than I was this spring when I first started saying this. You know? And I'm doing a lot more exercise and I'm doing all of the right things. But they're being you know. So at least I've got them to give me a new thyroid test. So hopefully it will help. But yes that's been pretty much missed a lot of work. Which gives me a lot of anxiety. One for money but also for making waves. That kind of thing.

THERAPIST: Yeah. Which days were you out?

CLIENT: Sunday and Monday. So. And Sunday is a really important day for me to work because I get time and a half on that day. So.

THERAPIST: Yeah. So money wise.

CLIENT: Yeah. So eight hours (inaudible at 00:04:53) is worth a lot more than any other day of the week. But I just couldn't do it.

THERAPIST: Yeah. (pause from 00:04:58 until 00:05:04)

CLIENT: And so you know. It's kind of frustrating. I wanted to go home Thanksgiving. I'm not because I have to work that Friday. Which usually I at least get asked to work but this time I just got scheduled to work. So I'm a little frustrated but I'll be going home the week after that. So. For a few days. In it's own way kind of better because from what I understand due to the gas rationing. And a bunch of other things. Along with the fact that there is always traffic during that time so it'll be a lot easier. [00:05:46]

THERAPIST: Right.

CLIENT: But my friend has noticed that gas is up more than a dollar. Like (inaudible at 00:05:53) since they started rationing. So I don't know what that means. But yeah. But at least I'll get a chance to get home which is good. I miss home. I miss my dog. So. Yeah. I'm glad to know that she's having a good time. My parents took her out to this one place this big park thing. And they said she had a great time barking at the ducks and all this stuff. And I'm really happy to know that she's having a good time. I just miss her.

THERAPIST: Yeah.

CLIENT: So. (pause at 00:06:30 until 00:06:37) But that's pretty much all that's been going on really with us anymore. Just struggling. Day to day. Personally with my energy levels. Of course with my mood. You know. [00:06:54]

THERAPIST: (inaudible)

CLIENT: Yeah. Kind of (pause at 00:07:04 until 00:07:09). Everyone has like certain things that they certain symptoms that they don't deal well with. Nausea is one blow that I'm just it's a serious weakness for me. I don't deal with it very well at all. Not that anyone really likes it but some people are able to go to work hung over or feeling nausea doesn't bother them. Me it's just totally crippling to me. Whereas the pain I can usually find a way to sort of make through it. And I've done some pretty impressive things (inaudible at 00:07:45) pain.

THERAPIST: What was the nausea from?

CLIENT: Due to the fact that I had (inaudible at 00:07:53) thing.

THERAPIST: Oh from the vertigo.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Or at least right now. I've had nausea from I had my gall bladder out at one point. I've had nausea for other things in my life. [00:08:01]

THERAPIST: That's sort of what I figured. (inaudible at 00:08:02)

CLIENT: Yeah. (inaudible) chemo it makes you nauseous.

THERAPIST: Right. Right.

CLIENT: So yeah.

THERAPIST: (inaudible at 00:08:10) last few days.

CLIENT: Last few days have been a lot worse. Yeah.

THERAPIST: Yeah. Throwing up on yourself in the shower.

CLIENT: Yeah. That was like I said a low point. It's normally not that bad.

THERAPIST: Right.

CLIENT: I just feel (inaudible at 00:08:23). Not real pleasant but it's at least better than it could be. So.

But -

THERAPIST: How much have you been sleeping?

CLIENT: A lot. As much as I can. Pretty much. I mean for me I'm getting at least twelve hours roughly except for days that I'm working. Then I usually get closer to ten. That kind of thing.  
[00:08:56]

THERAPIST: Mm-hmm.

CLIENT: It's harder to work on my marriage when the first thing I want to do is come home and go to bed. (chuckles)

THERAPIST: I think I can see your point. Yeah.

CLIENT: And it's -.

THERAPIST: Like it's hard to work on anything I guess when you want to come home and go to sleep.

CLIENT: Yeah. So. And when you're fighting disorientation it makes it very hard to, first of all, sound sincere but also just find the words that you're wanting to say. Like as I'm talking to you things are moving around a little bit.

THERAPIST: Mm-hmm.

CLIENT: And so what sounds sometimes like angry, pregnant pauses are more like me just trying to rectify the world around me. [00:09:51]

THERAPIST: Yeah. Is there anything that would help? Like leaning back or -

CLIENT: Not right now. There are some tricks that I can do. Right now I can't do them because I'm not walking. If you're walking looking down helps.

THERAPIST: Uh-huh.

CLIENT: A couple of other just things like that. But nothing right now.

THERAPIST: Yeah.

CLIENT: So. It if it were in the brain, yes. But it's not. They were telling me about this. Like there are three different things. Basically if the vertigo is coming from the brain, from the inner ear or from your eyesight.

THERAPIST: Uh-huh.

CLIENT: And because if it's in the brain you can do things like positioning. If it's in the inner ear you have to do the things to prove to yourself that the world not proving yourself that the world isn't moving but looking down. Things like that. Or if you have to move kind of keeping your eyes focused on one point while you're doing the moving. And then if it's eyesight things, it's mostly tactile. Like instead of reaching out and grabbing for something, going like this the whole time so it doesn't feel like it's -. [00:10:54]

THERAPIST: I see. Yeah.

CLIENT: Just things to rebalance it. So. Trying really hard to just take things for one day at a time. So. (pause at 00:11:13 until 00:11:20) But it's hard. It's really hard when you have really no control over the day to day things in your life now.

THERAPIST: Absolutely.

CLIENT: I really am trying to get out and do things. Even if it's just errands with my husband just to spend time with him. Because I think that that's part of trying to rebuild this thing is spending time doing something that doesn't involve discussion or something negative. [00:11:54]

THERAPIST: Right.

CLIENT: And it's kind of hard to go out when you have no energy but I went out and at least did some vague shopping on Saturday which helped a little bit. So.

THERAPIST: Like food shopping or ?

CLIENT: Food shopping.

THERAPIST: Yeah.

CLIENT: Yeah. So it's funny because I thought it's actually kind of funny. This is how I realized that this was coming on actually. I had gone to Target and the place was just so crazy. And everything was going on and I thought to myself, "My God. I am becoming agoraphobic or something like that." Because the world just seemed like it was reeling and seemed really strange. Like I need to get out of crowds or something. I mean that's why when it's depicted on TV and what I imagine somebody who has serious fear of crowds it would be like.

THERAPIST: Right.

CLIENT: Like anxiety of being around and everything moving.

THERAPIST: Yeah.

CLIENT: But then like later on like, "Wait a second. I'm in the house and things are moving."  
[00:12:58]

THERAPIST: Right. Yeah.

CLIENT: Mike gets really disoriented in certain types of crowds.

THERAPIST: Oh really?

CLIENT: I'm normally very aware of him talking about the things. It's not usually like that big of a deal. It's mostly things that are super cramped and super, super crowded. Like Wal-Mart on Friday. Not that we ever go there.

THERAPIST: Right.

CLIENT: That kind of thing.

THERAPIST: Like mob scene?

CLIENT: Yeah mob scene. Not necessarily a party but something where you have to be hyper aware of everything that is going on around you kind of thing. Because there are kids and all this other this stuff. I guess like a crowd-related thing. So but mostly it doesn't bother him that much. So. I didn't really try to encourage him to try and do things that are positive but yet know when -I feel like because of the fact that he doesn't have that many people in his life right now. I mean he has friends but he doesn't really want to reach out to them and talk to them about any of this. So it's ridiculously isolating being put in the situation of being the person that's doing the coaching (inaudible) of stuff. So. [00:14:14]

THERAPIST: Yeah.

CLIENT: But trying to get him to go out there. So like I mentioned to you I've been trying to get him to go out to the gaming thing. And -

THERAPIST: For awhile he was going.

CLIENT: He was going.

THERAPIST: (inaudible at 00:14:23) going too much.

CLIENT: Yeah.

THERAPIST: (inaudible at 00:14:24)

CLIENT: Well I felt like he was going at times that really weren't great.

THERAPIST: Right.

CLIENT: But he went and he had such a really unpleasant experience on one day that I really feel like we had a conversation which I sort of coached him on how to properly readjust to other people's behavior so that it doesn't happen again. Because he was really upset. So. He had somebody who really, really wanted to talk about their political feelings to the whole thing and just ruined the whole experience for him.

THERAPIST: Oh that's too bad.

CLIENT: Yeah. Like it's the point the person was actually referring to things in terms of eugenics.  
[00:15:08]

THERAPIST: Whoa!

CLIENT: People who have certain political leanings shouldn't be allowed to breed.

THERAPIST: Oh my God.

CLIENT: Yeah. This really got him really upset. And of course he's not saying what he feels about this because he can't. And he's about ready to blow. He's really upset. Like he's never really blown up at anybody really but it's like you know. I was trying to teach him how to properly say things like this. Things like, "Okay so now the election is over. I was really hoping that we wouldn't have to talk about this kind of stuff."

THERAPIST: Right.



CLIENT: "Or if I really wanted to talk politics we would have picked a political game but we're (inaudible at 00:15:41) pirates right now." Something that get people back onto focus.

THERAPIST: Right.

CLIENT: This is something where I have a job where I have little old ladies who have no control over what they say. So I've gotten really good at finding a way to get them back. It's actually little old ladies and toddlers are actually very similar.

THERAPIST: Uh.

CLIENT: In that when they go off and do something you don't want go off in another direction (inaudible at 00:16:02) work really well with this kind of stuff. But just distract them. But this is not really what this is about today. Things that don't say, "I really find this deeply offensive. What you're saying." Instead of confronting it and saying what you want. [00:16:17]

THERAPIST: I see. You corral them.

CLIENT: Corral them into saying, "Okay well we're not playing (inaudible at 00:16:22). We're not playing a political game. Therefore let's keep focus with this."

THERAPIST: Right.

CLIENT: And which isn't even acknowledging what they're saying. I do that a lot with old ladies. Something like that. It's like, "I can help you be able to search for things if you're interested in researching politics but -" I think I've mentioned the fact that I've actually on the fly made up (inaudible at 00:16:47) policy about not being permitted to speak about politics.

THERAPIST: (chuckles) Really?

CLIENT: (inaudible at 00:16:53) My boss thought that was so funny. Yeah because it's like they put you in these really awkward situations.

THERAPIST: Mm-hmm.

CLIENT: And so. Luckily with my job they don't talk about it too much now because it's over. But apparently at Mike's gaming group there are a couple of people who are really really like to talk about it. Very assertive. And they are unwilling -. [00:17:17]

THERAPIST: Sound really obnoxious.

CLIENT: It's really obnoxious. I try really hard to empathize. I could never actually I can't because having been around people like that I am very open minded that everybody has to find their own path. Mine may be very different but I've never going to try and persuade somebody

else to do it. To do something that keeps them awake at night. They have to find their own. My leaning is extremely conservative. But it's my own. It's nobody else's.

THERAPIST: Mm-hmm.

CLIENT: And it really bothers me that people who are supposedly super open minded will tell me that (inaudible at 00:17:53) terrible things. And I'm the person being open minded about their end of things.

THERAPIST: I see.

CLIENT: Does that make sense? Like I feel like I understand. I can totally see where you're coming from on this. [00:18:01]

THERAPIST: (inaudible) open-minded.

CLIENT: Yeah.

THERAPIST: Maybe more progressive in certain ways but certainly isn't open minded when it comes to your point of view.

CLIENT: Not just that. But even just saying everybody has to have their own beliefs.

THERAPIST: Uh-huh. I see.

CLIENT: I am never going to call somebody evil or give them moral grade because of that. Never, never, never. But yet they will. You know? It's just it is what you are. And quite frankly I mean at the end of the day I don't necessarily believe that I'm right.

THERAPIST: Mm-hmm.

CLIENT: I believe that that's what I feel for myself.

THERAPIST: (inaudible at 00:18:41) person that talked outside on the cell phone. I don't think you can hear them. But

CLIENT: Yeah.

THERAPIST: Is it bothering you?

CLIENT: No not at all.

THERAPIST: Oh okay.

CLIENT: I can't hear it.

THERAPIST: You can?

CLIENT: I can't.

THERAPIST: Oh okay.

CLIENT: So there's somebody on their cell phone?

THERAPIST: There is somebody talking outside (inaudible at 00:18:57).

CLIENT: (inaudible) hearing I can't hear.

THERAPIST: Okay if it's not bothering you. If it starts to bother me I'll go say something.  
[00:19:03]

CLIENT: (inaudible) I'm pretty open-minded. Honestly I'm a live and let live kind of person. I'm never going (inaudible at 00:19:10) against anyone else's beliefs. I just really believe that for myself and my own personal behavior this is the way that it is. I cannot I could probably get disability if I wanted to but I won't. Because I feel like to me I am -

THERAPIST: Yeah I wondered about that at times.

CLIENT: Yeah.

THERAPIST: I figured it was because that would be one of the last things you personally would want to do.

CLIENT: Yeah. I will never judge somebody who has the same symptoms.

THERAPIST: Right.

CLIENT: What they have to do.

THERAPIST: Right.

CLIENT: To me I know that what I'm doing is a struggle. But in some ways it's what keeps me fighting.

THERAPIST: Uh-huh.

CLIENT: Does that make sense?

THERAPIST: Well here's how I understand it. That struggling to manage work even when it's really hard and painful and inconvenient helps to keep you going.

CLIENT: Yeah. I find it rewarding sometimes. [00:20:00]

THERAPIST: And you would I guess feel like (inaudible at 00:20:04) I think. You would feel sort of more passive and defeated if you decided not to work and go on disability.

CLIENT: I've struggled with doing it temporarily. And I'm okay with short term when I've had situations where I had to get the time off so I could be able to keep fighting.

THERAPIST: Yeah.

CLIENT: It's the permanent fight being lost. Does that make sense? I've had situations (inaudible at 00:20:35) surgery.

THERAPIST: (inaudible) bed for four weeks.

CLIENT: Or even just like a, "I need you not on your feet so that this (inaudible at 00:20:45) can stop."

THERAPIST: Doing what it's doing.

CLIENT: Doing what it's doing. Yeah. That kind of thing. And so (inaudible at 00:20:51)

THERAPIST: (inaudible) throw in the towel altogether.

CLIENT: Yeah. So. And I will never because of the fact that I know what it's like to be like this everybody has their own things. I will never judge anybody else because of that. [00:21:03]

THERAPIST: Right. Somebody else might feel incredibly stressed out by having to fight the battle everyday to get to work.

CLIENT: Yeah.

THERAPIST: And it might make their symptoms worse.

CLIENT: Yeah.

THERAPIST: And blah, blah, blah, blah, blah.

CLIENT: For me throwing in the towel would be more than I handle. I think I would feel worse about it.

THERAPIST: Uh-huh.

CLIENT: In fact I know I would feel worse about it.

THERAPIST: Yeah.

CLIENT: It's the fight that keeps me going. And I don't like to think of myself as handicapped.

THERAPIST: Mm-hmm.

CLIENT: You know?

THERAPIST: I know actually.

CLIENT: I really don't. Now if I were missing a leg or something like that that would be a very different thing. But you know for where I am right now I don't think I can. You know?

THERAPIST: What's the distinction?

CLIENT: One is a complete and total physical impossibility. The other one still opens up the possibility of having good days and bad days. Does that make sense? Like (inaudible at 00:22:01)

THERAPIST: (inaudible) do you have?

CLIENT: Not that many. But I have had them. And there is a possibility of more. Nobody regenerates legs. [00:22:08]

THERAPIST: (inaudible at 00:22:13) (laughing)

CLIENT: Just one of those things.

THERAPIST: Yeah.

CLIENT: And again like I say, everyone is different. And I'm never going to give someone a hard time about it because I know what it's like. And day to day it's a different thing. You know? And even somebody who has a very different condition like I know that what you can and cannot cope with is entirely personal. And sometimes it's entirely personal day by day. So I'm not going to be like that. And I'm not going to it's just one of those things where again I personally have very strong pro-life leanings but they're entirely just to me. I would never, ever want to legislate on somebody else. [00:23:03]

THERAPIST: Right.

CLIENT: People get very upset about that.

THERAPIST: Yeah you mentioned it. Yeah.

CLIENT: And it's sort of weird because it's like yeah, I believe these things for myself but not for anybody else. And so therefore that should be okay. I'm never going to try to change anybody else. And so I'm just live and let live. I live in a very glass house. I'm not throwing stones against anybody else.

THERAPIST: Mm-hmm.

CLIENT: Hell, you know, I regularly try not to judge my in-laws who are complete and total there aren't even swear words to describe what they are. You know what I mean? I regularly still empathize and feel like well, that I feel like I try not to even judge them.

THERAPIST: Mm-hmm.

CLIENT: So it's kind of hard at times. But it is I usually do. And this is something where John and I had a long talk about this. He and I have a lot of buttons pushed when people talk about certain things. And for me it's even more so because of where my family came from. My family had terrible things happen to them under Communism. [00:24:13]

THERAPIST: Oh.

CLIENT: When I was little I thought my grandfather lost his fingers in a mining accident which is really funny because he'd never actually been in a mine. His fingers were cut off by the government on two different occasions when he didn't sign things. That kind of stuff.

THERAPIST: What happened? What was the story?

CLIENT: I don't know the exact details. They are related to loyalty oath type things.

THERAPIST: I see.

CLIENT: I know in one situation he was tortured.

THERAPIST: Your grandfather?

CLIENT: Yeah. And I know in one of them they just cut it off because they wanted to teach him a lesson about speaking about his own rights. I have family members with lots of things missing. That is very common and it is very true. I have these things aren't urban legends. They are real when there are things missing. And there are real consequences. These are not people like to say, "Oh this is anecdotal evidence." Anything that came out of the Stalinist regime isn't anecdotal. It's really bad. It's really bad. [00:26:08]

THERAPIST: What are you thinking of?

CLIENT: (sighs) Artwork. I gave this little lecture because people were giving me a hard time about voting. Pressuring people to vote. And how like there was a cupcake place that if you could prove you had an "I have voted" sticker you get a free cupcake. (inaudible at 00:26:30) And I explained how really wrong that is. And how it's actually illegal here.

And how where my mother lived everybody must vote. Even if there was only one person on the ballot. And how there were sanctions. If it weren't people who were dead voted. Because if you did not have one hundred percent there were terrible sanctions. And how at different points in time they all sort of rolled their eyes at me. Like (pause at 00:27:01 until 00:27:06) there were periods of time when they didn't have access to the nutrients they needed. (inaudible at 00:27:12) scurvy. Because they didn't have (inaudible at 00:27:15) oranges or things like that there.

THERAPIST: This was in Moscow? [00:27:18]

CLIENT: Yeah. I have family in Moscow. (inaudible at 00:27:25) family around that area.

THERAPIST: Yeah.

CLIENT: And so you didn't get access to the right food if you didn't vote. There was really I mean they lost teeth because scurvy is just terrible.

THERAPIST: Yeah.

CLIENT: And I'm really passionate about this because I really feel like I'm not saying you should or shouldn't but you have the right not to.

THERAPIST: Mm-hmm.

CLIENT: And I really feel like (pause at 00:27:52 at 00:27:57) when people pressure somebody else to do something, they don't really understand the slippery slope. It's really bad. And I was both fortunate and unfortunate enough to have family members who went from imperialism to communism.

THERAPIST: Mm-hmm. (pause at 00:28:17 until 00:28:25)

CLIENT: The slippery slope happens faster than you think. [00:28:26]

THERAPIST: Mm-hmm.

CLIENT: Really fast. And I'm so grateful that my mother and her family was able to leave because it got a lot worse. (inaudible at 00:28:39) got a lot worse. Some people they were okay. But the kind of things you had to do to survive were really bad.

THERAPIST: When did she get out?

CLIENT: She got out during the Khrushchev. I don't know if I ever told the story. This is actually it sounds very rare and strange but apparently it is more common than you think in Ohio. There were an awful lot of people who during Khrushchev they opened up the ability to leave.

THERAPIST: Mm-hmm.

CLIENT: For people who were Jewish. My mom's side of the family quite a few people faked documents and other things to be so they could get a visa to go. My mother lived in (inaudible) for two years. [00:29:27]

THERAPIST: Oh really?

CLIENT: Yeah. And so a good bit of family actually converted because they believed that that's what saved their lives.

THERAPIST: Wow. I'm smiling I guess mostly because there are not too many times or places in history where you're safer or better off in any way pretending to be Jewish.

CLIENT: Yes. And so I thought this is was really rare but apparently there is a whole phenomenon of people in the Ukraine and a couple of other places in the Baltics that did this during the '60s when there was that window. And apparently lots of people in Western Ohio don't talk about it but that's how it happened. And so (inaudible at 00:30:05) there are quite a few people who did convert. Especially in my family. And so it's a very blended, weird I have a lot of weird traditions.

THERAPIST: How old was she?

CLIENT: She was in her teens. By herself. Because different people left at different periods of time. [00:30:28]

THERAPIST: Oh I see. She wasn't with her parents?

CLIENT: No. Different people were able to get out different times. And different people were (inaudible at 00:30:34) live.

THERAPIST: (inaudible)



CLIENT: It was almost like an Underground Railroad kind of thing where people who knew people would take you in.

THERAPIST: Yeah.

CLIENT: And then you would get reunited. It was very bad. And so and then there was a really big push to lose your accent because it was still (inaudible at 00:30:53) time period. And so she actually has very little accent unless she's really upset. Because of the fact that there was a lot of you were desperate to get over there and then people looked at you and judged you.

THERAPIST: Yeah.

CLIENT: Because you were there. But I'm actually not angry with my family for lying to me about so many things anymore. I was very upset when I found out that they had told me stories about things that never happened. But it is much more believable for a little kid to be told it was a mine accident than like my grandfather was tortured by the communist party. (inaudible) [00:31:43]

THERAPIST: Yeah. I can see why -

CLIENT: My mother's sister actually I've got a couple of family who are in . They were in Spain actually. Basically my mother's sister still lives there. Who got out just before the revolution or (inaudible at 00:32:04) had family (inaudible) spent time in Spain too. It's sort of it's so weird. And it's strange because of the fact that it had to happen in these small little pieces and parts to get out. Such that yes I have a lot of biological family too but I have a lot of family who these people are maybe related to me. Hell if I know. But they're uncle. [00:32:35]

THERAPIST: Mm-hmm.

CLIENT: And these people know my family. Like my Uncle knows my mother longer than any person. Like any of her younger siblings that were born in the U.S. Because of that. And so (sighs) it's something that just really pushes buttons for me. And for John a little bit too because of the fact that he knows quite a bit of it. Especially when my grandmother passed on. A lot of things were related. Stories. It was really important for us to have these stories passed on because it is very easy to forget and very easy to dismiss them. Like we don't really have a good idea of when my grandmother was born for lots of reasons. One of which being that documents when they came over things were altered. [00:33:28]

THERAPIST: Yeah.

CLIENT: So things like that. You know? But it just makes me so angry when people try to force something down my throat. And I say to them that I have reason to be the way I am. I'm not saying that you can't feel this way.

THERAPIST: Right.

CLIENT: I don't like this idea of telling people what is and is not patriotic. What is and is not (inaudible at 00:33:56) that you must do. That is a very (inaudible) slippery slope. You know? And one of the things I've never actually admitted to anybody is (sighs) (pause at 00:34:12 until 00:34:17) well maybe I've admitted a little bit but not really. The recent branding of campaigning made me very, very upset because they reminded me a lot of things that I've seen and stories that I've been told about things related to propaganda. So. [00:34:35]

THERAPIST: Mm.

CLIENT: And I'm not saying that they are that way.

THERAPIST: Right.

CLIENT: The cult of personality is really -

THERAPIST: What in particular in the branding of campaigns?

CLIENT: Things like Okay. They're selling Obama nail polish. I'm not saying Obama is in anyway a communist by the way. That kind of thing. My mother has Lenin perfume. It has his head on it and everything. You know?

THERAPIST: Yeah.

CLIENT: All kinds of stuff like that.

THERAPIST: I see.

CLIENT: There are all kinds of domestic products that have different pictures or things like that. And I guess that creeps me out. It really creeps me out. And unlike her because she's got the spirit and like she's such a little spitfire about that too. She will tell anybody about it. And she's the person like you don't agree with the laws you should fight it. I mean that's why she became an attorney is because of becoming an American. I'm not like that. I'm much more fearsome but that's just part of who I am. [00:35:52]

I don't I mean I'm in awe of her but I don't really wish to be that person who is really upset about something therefore I'm going to make a big deal about it. You know? Partially because that's part of her skill set that she knows how to set the political machine going. Such that like if something is illegal or somebody's rights have been violated that's even though she hasn't practiced since officially practiced since I was born she still does a lot of stuff. But yeah so it's something that's really very personal to me.

And I just I've gotten really good at deflecting it in certain situations. But I really wish that people could just respect that I don't really want if you're going to push me I'll talk about it but I don't

really want to have the conversations that you want to have. Like giving away cupcakes makes me think about my family getting scurvy if they voted. You know? Yes that is a huge, over-rationalization -. [00:36:59]

THERAPIST: Sure.

CLIENT: But at the same time you don't compel somebody to vote. It's illegal. And actually it's not even funny about that because I remember as a kid I was taught about that too. Because in school my schools were the voting thing. And it was like, "Bring your parent. You're going to go vote with them." They made a big deal. "You're going to go in and you're going to see the vote and things that we're going to talk about." And it's like no. Especially no. You can see the voting booth where the curtain closes but you don't get to go in. That's like you don't go in the bathroom when we're peeing. You don't go in the voting booth. Like they told me all these (inaudible at 00:37:41) because it's very Russian to be take anything and make you embarrassed by saying you don't go to the bathroom with me either.

THERAPIST: (chuckles)

CLIENT: It's very much that kind of personality. So but like they were very much like that. And so being a kid a I knew I was different because everybody else's kids' parents and they went back and talked to the school about this I think this was the Reagan election. My parents were like, "No that's something that nobody gets to go in with you. That's your right." And you should be proud of this. And it's like okay, I already knew I was a little different by that point already. But I don't know. [00:38:23]

THERAPIST: No, (inaudible) how rights and rules and privacy and (inaudible at 00:38:32) (inaudible) how especially your mom -

CLIENT: Yeah.

THERAPIST: To most people who grew up here. And that your parents kind of passed some of that on to you.

CLIENT: Yeah. They really were the (inaudible at 00:38:46) especially so. And it's very easy to fall into not thinking of my mother as an immigrant because she has no accent and she in many ways is very Americanized. Unless you get her really pissed off or occasionally she says something that doesn't translate well.

THERAPIST: Mm-hmm.

CLIENT: But it's very, very rare. You have to know her well to see it.

THERAPIST: Yeah.

CLIENT: It's really subtle but at the same time it is very different. I am was raised with those ethics of things. And I do have a lot of tradition. And I have a lot of -

THERAPIST: And also sorry. You (inaudible at 00:39:29) things and also those ethics. And also it sounds like relatedly like memories of what happened.

CLIENT: Yeah. Memories of what happened. Even though they didn't happen to me. They're very related to me. [00:39:43]

THERAPIST: Yeah.

CLIENT: (inaudible at 00:39:45)

THERAPIST: (inaudible) people who matter (inaudible).

CLIENT: The years my mother was in the East were very, very scary years of living there too. That was a very violent time too.

THERAPIST: Sure the '60s and '70s.

CLIENT: Yeah. Very violent time. And so I sort of get her point of view. I disagree with her on certain things she's extremely against war at all because she's seen some terrible things. I respect but disagree. But at the same time the things she's told me about were just flipping horrible. But at the same time I really wish that I was as strong as she was because she had to be more or less on her own in a place (inaudible at 00:40:29) language.

CLIENT: She does now.

THERAPIST: Sure. She was there as a teenager with nobody and not speaking the language.

CLIENT: Yeah.

THERAPIST: (inaudible at 00:40:39)

CLIENT: (inaudible) she found enough people who spoke French. Something like that. She was able to speak enough French to get by. [00:40:57]

CLIENT: (inaudible at 00:41:03) actually.

THERAPIST: Wow.

CLIENT: Yeah. So I don't like to mention the aristocracy thing because it's extremely tentative. But at the same time it is unfortunately a big problem with me genetically. And I don't like to talk about it a lot because I don't like to believe in it.

THERAPIST: What do you mean?

CLIENT: Most of my genetic problems are due to thousands of years of inbreeding.

THERAPIST: Oh.

CLIENT: Yeah. (pause at 00:41:37 until 00:41:46) Doctors are pretty flippant when they talk about it which kind of annoys me. But yeah. It's -

THERAPIST: (inaudible at 00:41:53) life.

CLIENT: (inaudible) The first like significant new genetic introduction to my family. They talk about people who died in 1066 like they just went off to the bathroom and you're gossiping about them. [00:42:15]

THERAPIST: Mm-hmm.

CLIENT: And just before my grandma passed away like all of her sisters are like that too.

THERAPIST: Mm-hmm.

CLIENT: It is an old country with a lot of traditions. And everything blends. Because of the way that in 1090 when they forced Christianity into the area well they didn't actually. That's the reason (inaudible at 00:42:38) religion too. There is a (inaudible) mix of what we would call fairy tales but they were very much real in their lives. Like people talk about Baba Yaga. It's actually Boba Yaga. [00:42:58]

She's a force of both good and evil. She's very mercurial as a force. And my grandmother who like I swear to you was extremely well educated honestly believed that there is something about appeasing her that would help you find things that were lost in your house. (inaudible at 00:43:21) is the spirit of the house that doesn't like you to trip over things. And there are things that you do on Fridays I mean like yeah. (inaudible at 00:43:32) Fridays. Like seriously.

But this is like right there with Christianity so it was not very hard at all for my mom's family to add something else to the mix of things. And so (inaudible at 00:43:52) such that it was very, very easy because the family and talking about things with thousands of years of tradition sounds weird but they're very fluent in terms of being to take whatever is there and add into it. Which is also part of the reason why speaking of forces of superstition. [00:44:22]

My aunt's calling me. But it is a very weird thing where like I said so much is already blended in there. And so I once asked my grandmother about this. And she told me that the act of doing this actually just made she really believed it made you perceive more things around your house

and so you could find things. Like the act of doing this is setting your mind to thinking about the fact that you need to find something that's missing around your house.

THERAPIST: I see.

CLIENT: She really believed that these were psychological things but that doesn't mean that's who we are.

THERAPIST: Right.

CLIENT: And she saw the ritualism as being important. So and we talked about why it is that (inaudible at 00:45:05) doesn't like to have things lay on the house. (inaudible) tend to be very crowded and so if you leave something on the floor he doesn't like that. In theory though you don't want to trip. [00:45:17]

THERAPIST: Right.

CLIENT: There are a lot of these like wisdom in them.

THERAPIST: I see.

CLIENT: And so it's (inaudible at 00:45:26) weird. Like I said it's a too weird a thing to talk about but I'm very protective of this. Very protective of it.

THERAPIST: We need to stop.

CLIENT: Yeah.

THERAPIST: I know.

CLIENT: But I will be here Tuesday.

THERAPIST: Okay. And if hear from you -

CLIENT: Oh yes. Friday. Yes. (inaudible at 00:45:48) I'm almost positive. 5:15, right?

THERAPIST: Oh yeah 5:15.

CLIENT: I just want to make sure. (inaudible at 00:46:02)

THERAPIST: (inaudible) [00:46:14] [end of audio]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Oh gosh. It's been a crazy couple of days. Not crazy so much as just cranky. Mike's home right now with a kidney stone.

THERAPIST: Ooh.

CLIENT: Again.

THERAPIST: Another one.

CLIENT: They swore up and down first of all they swore up and down the first one was only going to be two millimeters. So it was okay just to pass it. Which by the way is still larger than you think.

THERAPIST: Yeah. (inaudible at 00:00:32)

CLIENT: Then they're like they said that the other (inaudible at 00:00:36) for at least a year.

THERAPIST: How long has it been?

CLIENT: Three months. Four months.

THERAPIST: Oh, poor guy.

CLIENT: Yep. So. So that's what he's home with. It's sort of a running joke because just about every Thanksgiving we have something really weird happen like this. Like Mike had to get nose surgery. Or wisdom teeth or something. You know? So that's about par for the course at this point. But and then next week we were planning to go home. I'm not sure whether or not because he's going to stay home all week for the kidney stone thing. Because they've got him pretty (inaudible at 00:01:20) out. For something. A pain (inaudible at 00:01:22). So he really shouldn't be at work. I don't even want him using the stove really. [00:01:26]

THERAPIST: Yeah.

CLIENT: Yeah. So.

THERAPIST: So that means you're not sure if you're going home next week?

CLIENT: Yeah. So.

THERAPIST: (inaudible at 00:01:38) Well I guess let me know. (inaudible)

CLIENT: Tentatively I don't think I'm going to be here Wednesday. We'd be leaving like Wednesday morning.

THERAPIST: Oh next week.

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: So. But yeah. So but I don't really know what's happening at this point. It's really frustrating.

THERAPIST: Sure.

CLIENT: The thing that's mostly frustrating about it is because sometime on Thursday he started having back pain. And there was like nothing that could make him happy. And the problem was that because there is already a lot of other stressors I was pretty much on my last nerve in terms of trying to be nice. "Like can I bring you heat? Can I bring you cold? Do you want to lay down? Do you want to stretch?" [00:02:19]

Nothing made him happy. In fact most things made him worse. And so after a certain point maybe like Sunday I'm like, "You know I bet you have kidney stones." He's like, "No this isn't anything like kidney stones." And then yesterday he's like, "Yep. It's moved over to the right side. (inaudible at 00:02:35)" Because nothing would make it better.

THERAPIST: Yeah.

CLIENT: And so (pause at 00:02:41 until 00:02:47) yeah. So that's been pretty much that's been going on which has made things a lot more complicated.

THERAPIST: Mm-hmm.

CLIENT: I guess just in general because he's been in so much off and on back pain. It's like I said I've just been on my last nerve for just everything. And so I haven't been really all that easy to be around. You know? Especially with the point he is trying to tell me when he has certain thoughts. I understand that he's trying to tell me these things because he's trying to recognize his processes and all but in my mind I'm freaking evil. I'm mad at him apparently for everything. [00:03:35]

THERAPIST: Uh-huh.

CLIENT: You know? And it's kind of I knew that. I knew it for a long time. I knew that like a lot of stuff but knowing how much -. Like apparently he had this thought process of "Oh my God I'm in



pain. But I'm not in as much pain as Debra is so I can't say anything. Damn I'm so bitter with her because she's going to be mad." I'm like, "No you can say that you're in pain."

THERAPIST: Right.

CLIENT: I was never in this loop of anything. You know? And it's really frustrating.

THERAPIST: Depression in its way is an aggressive act towards the people one is closest to. Even if in a sense it has nothing to do with them. [00:04:23]

CLIENT: Yeah. It just yeah. I did nothing. And the thing is that I'm learning (inaudible at 00:04:34) how annoyed by things that I'm supposed to be annoyed by. Because I'm very (inaudible) for that kind of thing.

THERAPIST: Mm-hmm.

CLIENT: The first time that he actually pulled away while I was still getting something on the backseat to go I became from now on paranoid that the car is going to move. Because I'm just easily I'm just really easily trainable.

THERAPIST: What happened?

CLIENT: Well just little things.

THERAPIST: You were like leaning-not leaning back.

CLIENT: No like I was just getting something in the backseat of the car. He didn't know I was gone.

THERAPIST: Standing on the ground?

CLIENT: Yeah.

THERAPIST: In the backseat reaching for something and the car starts moving.

CLIENT: Yeah. Yeah.

THERAPIST: He doesn't know you're back there.

CLIENT: No because he thinks I've left. So that happened years ago and I'm still at this point kind of afraid of it happening again.

THERAPIST: Yeah.

CLIENT: I'm very easy conditionable with negative results. I mean extremely. And so being like having him apologize for things that may need to be apologized for and him being afraid of it is starting to slowly make me doubt my own like am I getting annoyed? Am I getting annoyed by this? I don't know. And now I'm now starting to become the person that he sees me as. And it's really it's a huge struggle. And I'm not like that. And I'm so bitter because I'm really a nice girl. I really am. I don't have any of these motivations. [00:05:55]

THERAPIST: Right. (pause at 00:05:56 until 00:06:01) Does it feel like he is sort of either more open about or more active in a way about playing these things out with you? I mean is this stuff that's sort of been -

CLIENT: I think it's been going around in his head for years.

THERAPIST: Yeah.

CLIENT: He is trying to tell me about this so that I can say, "No, no I don't feel like that."

THERAPIST: Right.

CLIENT: But he's told me in the past but he's trying to be more obvious about it. Because he's like, "Yeah I'm stewing over this. I just needed to let you know that this is absolutely ridiculous. I think that you're mad at me for this."

THERAPIST: Right.

CLIENT: You know?

THERAPIST: Sort of reality testing.

CLIENT: Yeah. But some of it is so absurd. Like he's in another room. I drop I'm on a ladder trying to get to a bottle of wine that's way up high on the shelves. I drop the bottle of wine and he thinks I'm mad at him because I'm swearing and pissed. I'm just mad at gravity. You know? [00:07:00]

THERAPIST: Yeah. I understand.

CLIENT: How in the world could I be mad at him? He's not even in the same room!

THERAPIST: Right.

CLIENT: You know?

THERAPIST: Right.

CLIENT: There is no cause and effect. But I mean this is obviously learned behaviors from somewhere. You know? He has to be I mean to have this strong feeling towards this.

THERAPIST: Sure.

CLIENT: Obviously this was some sort of survival instinct. Of like his mother being flipping or somebody in his life flipping out because of something. Like "You didn't go up on the ladder and get this for me." Or something like that. You know?

THERAPIST: Right. It also sounds like he does manage, without intending to, to kind of get under your skin with some of this stuff.

CLIENT: Only at the moment. For the most part I don't feel it that much. I really don't.

THERAPIST: Uh-huh.

CLIENT: It's just having to deal with someone who has had nondescript back pains for most of the week that nothing can make them feel better. They can't sleep. They can't like they're just miserable. [00:08:03]

THERAPIST: Mm-hmm.

CLIENT: That really is just like pushing everything to the surface. You know?

THERAPIST: Absolutely. What I also, unless I'm misunderstanding, sounds as though it starts to make you really not like really doubt yourself but like kind of emotionally doubt yourself. Or feel like you're not a good person. Or (inaudible at 00:08:26)

CLIENT: That and -

THERAPIST: when you step back from it you really think those things. But in the moment -

CLIENT: No but even more along the lines of, "Why the hell am I doing this?" Because I've already gotten a bad rap in his head. I'm a really awful person.

THERAPIST: (inaudible at 00:08:30)

CLIENT: At this point (sighs) total tangent but since we've together for almost twenty years and married for almost fifteen. Like at what point does this get into his head? I don't think it's going to. I don't know. [00:08:52]

THERAPIST: Right. Well that is something that's workable in therapy although it takes awhile. It sounds like to me like he is working on it. And that his (inaudible at 00:09:09) you is part of that. (inaudible at 00:09:12)

CLIENT: Yeah I just wish that there was a better mechanism that wasn't already making me feel like I knew about a lot of this stuff. He's called himself out before. Like, "Hey ridiculous behavior here. I'm blaming you for something that has nothing to do with you." Kind of thing.

THERAPIST: Right. And he's making you feel a little bit of the weight of his projections.

CLIENT: Yeah.

THERAPIST: And that's not unusual. Especially when they're deeply entrenched. Yeah.

CLIENT: And it's just like it's (inaudible at 00:09:45)

THERAPIST: (inaudible) Yeah.

CLIENT: And it's like Friday night he was like, "Hey let's rent a car and go on a date. And go see a movie or something like that." And by the time he came home I was just getting ready to go out. And he was just not in a good place. And I'm like he wasn't really trying to put a good face on it. So I'm like, "You know what? Just go out and game. I really would rather have you go out and be happy than try and make something happen that's not going to happen right now."  
[00:10:11]

THERAPIST: Yeah.

CLIENT: I'm really trying to get him to fake it a little bit. In terms of being happy. But he's always faking for everybody else but me. You know? For the most part. He was on the phone with his stepmother because it was her birthday yesterday. And he was trying to make it seem like it was not that big of a deal with this whole thing because he didn't want to ruin her birthday. Mike's father called Mike on his 30th birthday and let him know that he had cancer. This is not his family's social thing to worry about you know. Maybe it was his 35th. I don't know. Some birthday like that.

This is not like a traditional thing of, "Oh you don't do this on this person's day in any way, shape or form." You know? So it just I don't know. I'm trying to get him he's very grumpy with my mom too. I'm trying to get him to be nicer on the phone with my mom. Because my mom is really taking it badly. She's trying really hard. (inaudible at 00:11:19) headaches. He's got a lot of this. And she's like, "He just sounds so angry on the phone." I'm like, "Yep. Don't take it it's not you." She's really worried that it's something she did. I'm like, "No. He's just in a bad mood. The pressure cooker up here. And he's got headaches. And he's got this and that." [00:11:38]

THERAPIST: (inaudible) you're picking up the slack kind of all around.

CLIENT: Yep.

THERAPIST: And sort of slack in the form of extra energy, extra emotional resources. Not something you have a lot of as I understand.

CLIENT: Nope. But in a crisis situation I always am able to come through. This is just not a crisis. It's just really bad. You know? And I even try and think of things. Like (inaudible at 00:12:22) yesterday. I was like, "(inaudible) Redbox movie so you have something to watch while you're stuck passing the stone." He was like, "I don't think it's going to be that bad." I'm like, "I am going to get this Redbox movie so that while you're passing the stone tomorrow -." And he's like, "Okay." [00:12:41]

THERAPIST: Yeah.

CLIENT: Of course it happened that way. And I understand. When you're starting and you're in the middle of this you're just so not aware really of what's going to happen. You're trying to fool yourself etcetera, etcetera. I have not ruled out the fact that tonight we may have to drag him out to go get some IV medication again. I don't want to. But it's possible.

THERAPIST: He passed the stone yesterday?

CLIENT: No he hasn't passed anything yet. It's not even close to being passed.

THERAPIST: Oh okay.

CLIENT: It is just simply moving.

THERAPIST: (inaudible at 00:13:12) pain is?

CLIENT: It's kind of like this has happened before. Like earlier this is what happened. And on top of it the timeline from last time seemed like (inaudible at 00:13:23) true. And there is only a very small amount of blood in his urine that they found yesterday. We just dragged him over to health services for a little bit.

THERAPIST: Yeah.

CLIENT: And they have limited resources but they could tell that there was blood in his urine. But not very much so probably it just moved out of his kidneys. Which is why all of sudden it is now being more localized. Before it was like this extremely generalized non-localized pain. So. But he probably won't pass it until Thursday. If this is on the correct timeline. So basically I've got him set up with video games and movies and stuff. [00:14:06]

THERAPIST: Yeah.

CLIENT: So that he can and asking him not to use the stove and stuff like that. And I explained to him, "It's not because you're I'm treating you like a child. I want you to know that oxycotin does not make people normal."

THERAPIST: Right.

CLIENT: You know?

THERAPIST: Yeah.

CLIENT: So. And it's very important for me to tell him that because he's been infantilized way too many times in his life. Which is more of a anybody can make these kind of mistakes when they're like this. You know? So. But it's just been a lot. I haven't been feeling so great myself. And so (pause at 00:14:48 until 00:14:56) it is a lot of what we talked about earlier this week is kind of moot. Like putting a good face on things. Because obviously he's been having kidney stones. But it I'm just so sick of every conversation we have is and I hate people who do this. [00:15:12]

Every fight becomes about everything. Like you fight about the trash and the next thing you know it's about something that happened in 1976. Because it's anything and everything. But right now so many things are so connected and the behavior and being so upset about it that it just it is all interconnected. It is (pause at 00:15:29 until 00:15:34) it is about everything. It is about more than just any one thing. You know? And (pause at 00:15:45 until 00:15:54) (sighs) It is frustrating. You know?

Because I don't like to be that girl. I don't want to be the person that fights that these little fights bring up major problems that never got resolved but everything is about everything else. Like your lack of willingness to take on taking something to the mailbox is actually showing your problems with initiative in life. That kind of I hate people that do that. And so when I get upset like this I spend so much time not like spending time editing my thoughts and feelings. It almost never works. It is kind of like that but I'm trying so hard because I don't want to be that. [00:16:32]

THERAPIST: Yeah.

CLIENT: You know? I don't want it to be the "I've noticed that you're walking around funny. And things are strange. So you can you tell me if you've been acting out?" I will have a normal conversation. I don't want to have anything being I've noticed something going on that is negative therefore I need to ask you about acting out. I want a life. You know?

THERAPIST: Yeah. Yeah you're really hemmed in.

CLIENT: Yeah. Really hemmed in. And he's so vague about so many things that it's like and there is only so much energy that I've got for that. Like if I ask, "How's your sobriety?" He's like,

"You know I've been having trouble." Having trouble could mean a lot of different things. Sometimes having trouble meant I've spent the past nine hours downloading porn. You know?

I talked to him about being concerned about me being gone all damn Sunday. And he said, "Don't worry about it." Blah, blah, blah. And then he sort of when he said he was having trouble etcetera, etcetera because he seemed really weird. He's like, "Because of my back problems I wasn't really able to act out more than a little. More than looking at the pornography." I'm like, "That's so great. I'm so glad that the back problems were limiting this. But that doesn't matter." You know? It's just It's just exhausting right now. [00:17:51] (pause until 00:17:58)

THERAPIST: Uh (pause at 00:17:59 until 00:18:05). (inaudible) really sounds to me completely infuriating.

CLIENT: Yeah.

THERAPIST: Like I know you don't like to be infuriated.

CLIENT: No (inaudible at 00:18:16). It's not the only thing in my life that I'm infuriated with. It's just the only one that's so consistently it's the only thing that I go round and round consistently with but it's something that it's hard. It's really hard.

THERAPIST: (inaudible at 00:18:22)

CLIENT: And if I didn't feel so strongly for him this wouldn't bother me that much. There are a lot of people in my life who have pissed me off a lot that I was just like, "Okay. That's the price of admission to having to be around them. That's okay." You know? I don't need to deal with them today because whatever. I can pick and choose that. But that's because I don't care that much. You know? [00:18:50]

THERAPIST: Yeah.

CLIENT: And a lot of it isn't his fault. (sniffs) (pause at 00:18:58 until 00:19:09) But that doesn't mean that it's not hard. (sighs) (pause at 00:19:14 until 00:19:21) So yeah. (pause at 00:19:21 until 00:19:40) I don't know if he's getting worse or not. I don't remember having to teach him this much and maybe it's just he has a different role in life. When we first got married I don't remember having to teach him this much about like social graces as I do now. You know? (pause at 00:19:57 until 00:20:08) Maybe. Maybe not. Maybe I'm just warping things to be different than the are. It's just like I said it's exhausting. It's infuriating. It's you know. It's my life. [00:20:22]

THERAPIST: Mm. (pause at 00:20:24 until 00:20:47)

CLIENT: Yeah. Pretty much. (pause at 00:20:48 until 00:20:57)

THERAPIST: Are you pretty worn out?

CLIENT: Yes and no. I am worn out of words. I guess maybe. (chuckles) I'm tired but I'm not as tired as I could be. I have been going home and just going to bed though lately. It's just hard. You know. I just feel like my life is just passing me by. But yes the amusing thing was that a couple of people at work pointed out that they could very easily be my love child because I have been with my husband longer than they have been alive. That was very weird. I'm like, "Great. I didn't know that." (inaudible at 00:21:44) long term like this can't happen but it has to happen. Like over time things take time. I'm starting to really get frustrated. Because yeah, I've given things a lot of time. [00:21:57]

THERAPIST: Yeah.

CLIENT: He attended SA meetings for 10 years. You know?

THERAPIST: That's a long time.

CLIENT: Yeah. Especially when not really ever working any steps really but still going. You know? And the first one is supposedly very hard about being powerless. But I don't know. And I can't even begin understand that level of things because I've never really felt that compelled. Like that this is out of my control yet I am still doing it kind of thing. So it's not something in my reference point. (pause at 00:22:42 until 00:22:51) I feel like it's part of the problem. We were discussing the fact that I'm so tough. And (inaudible) having lots of people see that this way. [00:22:57]

Because of this I have a lot of weaknesses. A lot of weaknesses. But apparently because I'm perceived as tough that I can often be ignored or not necessarily thought of in terms of things being terrible.

Like I can tell Mike something. Something that is happening. And it's like he's sitting there staring at me. I'm like, "Okay so I'm going to tell you what you're supposed to say. 'Oh, my gosh that must be really horrible to feel that way. If that happened to me.'" It's like -

THERAPIST: Right.

CLIENT: Telling him that. This must be really devastating. Teaching him these like social graces. Now I've taught like an 18-year-old, 20 year old kid this too. Like at my job. So I kind of teach them that when someone comes in with an Ipad that's broken saying, "Well that must be horrible. I'd upset if that happened to me." Like I can teach them to say that too. So it's not entirely like fake for me to do this but having to do that all time is really hard. (inaudible at 00:24:02) But like teaching him that kind of thing. It's like, "You know I really am really, really not that tough." Just because I've been able to break a lot of habits does not mean that I am infallible. And not that things are not extremely difficult for me. [00:24:26]



THERAPIST: Sure.

CLIENT: It's not that I'm not in as much emotional pain as much as anybody else.

THERAPIST: Absolutely.

CLIENT: And (pause at 00:24:34 until 00:24:46). I have when I want to a lot of willpower is true. But I guess that's part of the reason why I don't really know how to (pause at 00:25:01 until 00:25:12). I don't really know how to understand that (inaudible at 00:25:13) things. Because there is nothing that I do if I had like seriously. If I knew that all I had to do was give up a limb and he would be sober for the rest of his life I wouldn't be bitter. I would gladly do that. And it might painful. I may have to do a lot of coping in my life. But I'd just do it. [00:25:38]

THERAPIST: Probably (inaudible) [wasting your time].

CLIENT: Probably. (pause at 00:25:45 until 00:25:51)

THERAPIST: (inaudible)

CLIENT: Yeah. (pause at 00:25:53 until 00:26:00) But even if I just knew what the price was I could do it. The fact that I don't know what it is -

THERAPIST: Well (inaudible at 00:26:09) there is no price. You have no control over really over this.

CLIENT: Yeah. I have had situations where I mean they (inaudible at 00:26:20) less than that. But you know it's like if I do this it seems like it's ridiculous to do this but I can do this. You know? [00:26:28]

THERAPIST: Mm-hmm. (pause at 00:26:29 until 00:26:38)

CLIENT: I guess I just (inaudible at 00:26:39) power for that kind of stuff. (pause at 00:26:41 until 00:26:58)

THERAPIST: Yeah. (inaudible at 00:26:59) very (inaudible) focus. And follow through very well. And be sort of very pragmatic about things. I think you have a lot more trouble with things that you have no control over.

CLIENT: Yeah.

THERAPIST: And things that you don't know or kind of couldn't know. [00:27:23]

CLIENT: But the (inaudible) I really don't want to have all the power in the relationship either. You know?

THERAPIST: Course.

CLIENT: I really don't. I'd like to relegate a lot.

THERAPIST: It's nice to be taken care of. It's nice to have somebody else be responsible for things. It's nice to have them looking out for you in lots of ways.

CLIENT: Yeah.

THERAPIST: It's nice to not have to worry about a million things. (inaudible at 00:27:50)

CLIENT: Yeah. (pause at 00:27:50 until 00:28:02) It's just like I said it's really exhausting. I don't really want to be in control. Takes charge all the time. I have to.

THERAPIST: Mm-hmm.

CLIENT: Because otherwise nothing will happen. And I have to pick and choose at least with him what I'm going to make a big fuss about and what I'm not going to make a big fuss about. Sometimes certain things. You know? [00:28:25]

THERAPIST: Mm-hmm.

CLIENT: There is nothing I can do. Exhausting. (pause at 00:28:31 until 00:28:39) (inaudible) just (pause at 00:28:39 until 00:28:54). The problem I really have with this is that there are lots of things that have been told to me that this can't be done. Or that it's not something you can control.

THERAPIST: Mm-hmm.

CLIENT: And I found a way to do it. And therefore whenever I'm up against a really, really big wall I haven't really experienced the disappointment of not being able to control certain things. You know? Like for example it would be very easy to say to somebody, "You really can't stay out for a week. You cannot get all this information memorized in time for this. It's just not possible." Back in the day I figured out this whole system of when to sleep only to get rid of eye fatigue amongst many other things. Like I had this whole system because I had to. I had to get this done. I had no other way around it. [00:29:42]

And I mean I'd gotten myself and thing is I was willing to accept it because I'd gotten myself behind the eight ball on something. I didn't keep up with the information I needed. I needed to get it done. Did I retain it? Very little. But it was something of a sacrifice that I had to make. And there have been so many things like that. The "You can't do anymore to change this". And I have found some way to do so. You know?

THERAPIST: I see.

CLIENT: And I guess that just when I do run into something that I literally have no ability to do so you know? It's I guess maybe I've been a brat about it all these years. About not like learning how to handle things that I can't change. I mean there is a few things in life that I can't change. But there's not that much. You know? I have lived in the dark when I had to. Like literally. [00:30:50]

THERAPIST: Mm-hmm.

CLIENT: Just stuff. I have sold my plasma when I had no money and I had no easy way of getting money. I have done many, many things to make things happen when they needed to. And so now when I'm running up against this stuff I just (pause at 00:31:07 until 00:31:16). (sighs) I just have no easy way of fixing it. And (pause at 00:31:21 until 00:31:39) yeah. Guess so. (pause at 00:31:40 until 00:32:03) (sighs) So I just keep going everyday. I don't even really know if I (inaudible) things are ever going to feel okay for me in terms of waking up and feeling like my life is okay. [00:32:17]

THERAPIST: Mm.

CLIENT: (inaudible at 00:32:20) (pause at 00:32:20 until 00:32:29) (inaudible) degree of confidence. There are so many things I want to be able to say. That I can't because they're going to sound so (pause at 00:32:43 until 00:32:55). Cruel and mean. And generally just being a jerk but they are true.

THERAPIST: (inaudible at 00:33:02)

CLIENT: Yeah. I've thought about saying (inaudible at 00:33:08). I want to sit him down and say, "You know if I waste my entire life like what I have left of my youth waiting for you to get sober so that we can adopt and we don't get a chance to; I will hate you for the rest of my life. Like I will really hate you for the rest of my life. You don't have worry about anything that is in your head because I have been waiting around for this for years. And it's not going to happen." [00:33:32]

And that's the kind of ready that's already the kind of (inaudible at 00:33:45) that goes on in his head already so I don't need to like confirm any of this. Because that just gets him to the point where he can't really associate and talk to me about things. He's so stuck in the "Oh my God. She's going to hate forever" thing that he can't get past the "Okay so what do I need to do to get past this day?" It's also just really a shitty thing to say to somebody like, "If you do this to me I will hate you forever." (pause at 00:34:08 until 00:34:22)

THERAPIST: Um. Well that kind of takes (inaudible) about what's actually being done. Which is even shittier. [00:34:33]

CLIENT: Yeah. It's a little bit everyday so I don't think he sees it. But if he sees that also then he's going to think about how bad the point in which he has any perspective on how bad this is for me he collapses. He can't even handle it.

THERAPIST: I think I get your point that it would do nothing constructive for him to hear it.

CLIENT: Yeah.

THERAPIST: And yet it makes a whole lot of sense that you feel it. And (inaudible at 00:35:25) him all the time. All the time having to make sacrifices in order to take care of him. (pause at 00:35:32 until 00:35:40)

CLIENT: Yeah.

THERAPIST: And you're talking about never having kids. [00:35:47] (pause until 00:35:53)

CLIENT: But at the same time the choice is mine. I just don't feel like we should adopt if this is all going on.

THERAPIST: No it's not as simple as to say the choice is yours.

CLIENT: I'm the one that's saying let's not do this because of this.

THERAPIST: Yeah but you're trying to protect the kids you'd have. You're not deciding you don't want them.

CLIENT: Yeah.

THERAPIST: Totally different thing. (pause at 00:36:19 until 00:36:25)

CLIENT: (whispers) Yeah. (pause at 00:36:25 until 00:37:15) I need (inaudible) future. (inaudible) without that. (pause at 00:37:18 until 00:37:32) (sighs) I have (inaudible) parents are getting older. Health has not been that great. I have no relationship with my in-laws so it's going to be just us. You know? [00:37:52] (pause until 00:38:18)

I just don't know how to keep him focused. The worst part is I really feel like if he could just get enough momentum that he would just find some other way to get past these uncomfortable feelings or at least bide his time or what have you. You know? That was vaguely non-destructive. That it would be a lot better. You know? If he could just get a certain amount of sobriety then it would be a lot easier. [00:38:58] (pause until 00:39:11)

THERAPIST: I -

CLIENT: But that's just my feelings.

THERAPIST: I sure hope he will. I think there's a chance that he will. I think there's a pretty decent chance that he never will.

CLIENT: Yeah.

THERAPIST: It's been going on a long time. And it's really entrenched.

CLIENT: Yeah. (pause at 00:39:35 until 00:39:42)

THERAPIST: And sometimes things like that don't change. Sometimes they do. But often they don't. [00:39:50]

CLIENT: In my heart I gave up a long time ago. (pause at 00:39:55 until 00:40:05) He is (inaudible) so I have something to look forward to.

THERAPIST: Mm. (pause at 00:40:10 until 00:40:22) [When did you give up?]

CLIENT: Five, six, seven years ago. (sniffs) (inaudible at 00:40:30) I've been trying to for his sake because I figure that if I give up on him that (pause at 00:40:36 until 00:40:48). I have these outside ideas in my head that I think that might work occasionally but (inaudible at 00:40:56) cut him slack on some things. Like a lot more slack than any other human being ever would be given. So you know I've often thought that if he could just get scared straight he's been very lucky. He hasn't had any repercussions really. So. [00:41:16]

(inaudible) like spending a night in lock up. Or getting his ass kicked by somebody or something. You know? I don't know. I guess I don't know what to do. (sniffs) (pause at 00:41:40 until 00:41:48) Worst part of it is I'm super ashamed about this coming out. Very few people know about this. And I don't want anyone ever to know about this. You know? (pause at 00:41:56 until 00:42:29) So yeah. (inaudible) (pause at 00:42:36 until 00:43:25) So. I don't know what else to say.

THERAPIST: Mm. We need to stop. [00:43:37]

CLIENT: Yeah. I guess I'll be back tomorrow.

THERAPIST: Yeah. (inaudible at 00:43:44)

CLIENT: Oh I wanted to ask you next Tuesday. Is it possible to potentially come in earlier in the day? I normally come at 3:45. Is it possible to come at 2:45?

THERAPIST: I don't think I can do 2:45. I can double check but probably have a slot at 12:40. Does that help you at all?

CLIENT: I have to work till one so -

THERAPIST: Oh okay. So no. I don't think I can do that. Let me -

CLIENT: Not a problem. If you can let me know.

THERAPIST: Okay. You're coming in tomorrow.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: (inaudible at 00:44:21) as much as possible before getting out of this. Getting out of town. So.

THERAPIST: Sure.

CLIENT: Okay. I'll see you tomorrow.

THERAPIST: I'll see you tomorrow. [00:44:34] [end of audio]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: All right, well just...

CLIENT: It's only been a week and, you know, it's my first week back.

THERAPIST: Do whatever you can and just, you know, let me know. (inaudible at 00:08) for you.

CLIENT: Sorry I never called you back. What happened was that I was supposed to get surgery on Thursday.

They came in and they told me that it's subject to infection and they took my appendix out. Then it became like a wait, wait, wait because, you know, they also told me there would be a lot of problems with it, this and that.

(crosstalk)

CLIENT: Because of bleeding issues, this and that. I have a bleeding disorder called (inaudible at 00:41), which they're not really familiar up here with treating it. Apparently I didn't realize that but that's weird because it's just what everybody in Brooklyn has. It's an Eastern European genetic disease.

THERAPIST: I see. Is it (inaudible at 00:51)

CLIENT: No, no. I was over at (inaudible at 00:55).

THERAPIST: Oh really?

CLIENT: Yeah. It was the closest place I could get.

(crosstalk)

CLIENT: I didn't think it was going to... So, blah blah blah. But they admitted me into the hospital and they had me on an IV for days and days and days. Like, I was there for, like, five or six days.

THERAPIST: Wow. (inaudible at 01:14) in a hospital five or six days.

CLIENT: Yeah. They want to, like basically the problem is I have an infection in my appendix. It's not like the way normal people do it's due to the immunosuppressants. The steroids keep it from swelling up, so that's why I've been walking around with this sort of infection for months, they think. So they've got me on, like, serious (inaudible at 01:42) antibiotics now and they're just sort of, like, trying to figure out who wants to do this or what would be the appropriate method to do this because I have a bleeding disorder, I have very high dose steroids, I have immunosuppressants. If I stop taking those though there could be a lot of other things that go wrong.

So they just have me keep getting blood tests and trying to figure it out. It's really frustrating because I am not in a really Good position to be my advocate, you know, because I'm not feeling so great.

THERAPIST: Yeah, sure. (laughter) You're not in a good position to do anything.

CLIENT: I have never really spoken with many surgeons who seem, like, seriously reticent (ph) to do a surgery that was possibly needed, you know. And I understand I've had a lot of orthopedic surgery mostly and so that's been much less bloody surgery I guess, I don't know. And so it's very unusual, to say the least.

THERAPIST: So I follow they're deciding whether and when and how to take-

CLIENT: And maybe if I need to go to someone who deals with a lot more, like, people who have problems with it. [00:03:00]

THERAPIST: [With that disorder] (ph)?

CLIENT: Yeah. Not just that but also, like well, we had to come back to Brooklyn to find out what they gave me. And it was just really, like, a really complicated thing. Not just that but like somebody now, like, the last so, the residents, like I said, very hesitant. The attending's like, "Well, this gives me an autoimmune feel thing. So if we can just get you like the infection could go away if we could just like" I'm like, you know what, I want to talk to someone who does immunology or rheumatology or something because at this point I've gotten all these different ideas and answers. They know that there's an infection. They know that there's a swelling in that area. They couldn't necessarily tell me because I couldn't get a contrast in me to tell me if it's actually (inaudible at 03:48) but most people have their appendix. So they just put me in the hospital for a long time until my white blood cell count got low enough that, like, they could release me. Because, you know, I have a very, very high white blood cell count. So that's very odd.

And of course everyone from work came to visit me. I hate being like this because it's like, it would be easier if I just had normal appendicitis so that people come to see me and see what's happening but I can't have the normal, so it's, like, these awkward conversations about what's wrong with me, you know. Like, well, this is the perfect storm (ph) of no immune system but yet having my swelling, of (ph) all things, being dampened so that, you know, I've just been walking around like this for months.

THERAPIST: How much do they think it's been contributing to the way you've been feeling everyday (ph)?

CLIENT: Surgeons don't really talk about feelings. You see what I mean?

THERAPIST: I don't mean, like, emotions. I mean -

CLIENT: No, I'm talking about feelings. Yeah, yeah.

THERAPIST: (inaudible at 04:46) on their radar.

CLIENT: Honestly, yeah. That's not even really all that much on their radar really that much. I think that when I talk to a gastroenterologist that will be a different story, you know. But no, that's not really yeah. I knew it was getting better when they started to it's funny because they're being so hesitant because I have a bleeding disorder. And at one point this lady's like I had this really bad nurse and she's coming in and she's trying to give me Heparin. First she's insistent that I have been getting this the whole time. I'm like, I would know if I were being in the stomach, thanks. But second of all, you don't give the Heparin to someone with a bleeding disorder. That's a blood thinner. I had this argument back and forth and she's like, "Are you refusing this treatment?" I'm like yes, yes I am. Obviously she's [getting better] (ph) because she's thinking this through. We aren't supposed to be just letting things happen.

And I went through, like, back and forth. I actually was on morphine and it wasn't helping. That's bad. So I was being put on this other stuff that is apparently, like, this new type of one that's very



similar, which made me extremely lightheaded. (inaudible at 06:03) what the stuff's called anymore but it's basically stronger than morphine. OK, so then they're, like, pressing on me. You know, I really don't like the feeling of pain but I really want to get this out of my system so I can tell you where things hurt because at this point I can't tell you anymore, you know. It was just monolue (ph), very (pause) confusing, you know? [00:06:25]

And In the middle of this my husband has a kidney stone and he's not feeling very well and he's very cranky and just like, you know. It was very hard. But luckily I had, like I said, some friends that came to visit me and seeing them helped out but I'm still not remotely well. I was very lucky it worked. They actually had me just answer the phone today and yesterday, so I didn't have to get up and down and all that kind of stuff all that much, which is good. This is sort of at this point though I'm just completely and totally wiped.

THERAPIST: Mostly (ph) exhaustion?

CLIENT: Yeah.

THERAPIST: Are you in pain?

CLIENT: A little bit. I sort of fight through this. Like, at night I take the pain pills but during the day the only way I'm going to gauge if I'm getting any better is [I stop it] (ph). Does that make sense?

THERAPIST: Yes.

CLIENT: On top of it, I've never been especially fond of the way that those kind of pain pills affect me. They make you very dizzy, lightheaded. It's never really although I've been on these kind of things long term before it's just something that I don't like the way it feels. But this is the first time, today especially, so I got up and got to work on my own. I got back from work on my own. And although I only worked like four hours, I am beat.

THERAPIST: Oh, I bet.

CLIENT: And I still have ten more days of antibiotics, maybe more than that. The worst part is now they scared me. Apparently now I found out that I could potentially have another infection from these antibiotics because apparently there is a bacteria that lives in your gut somewhere called c. diff, that if you kill off all the other things it takes control and that's the one that you end up with a colostomy. So every few days they test me to see if my c. diff's out of control. I try to be so I have not been compliant. This time around I'm being really compliant. I am taking the antibiotics when I'm supposed to be. I'm eating tons of yogurt. I'm doing everything they tell me I'm supposed to be doing, just because I want it to go away. And no one's telling me that I'll have to have surgery but no one's saying that I won't. And I really find this strange because there's nobody I mean, supposedly there's this possibility of never having your appendix out if it's, you know.

THERAPIST: (inaudible at 08:48) infected.

CLIENT: I would like to believe in this town that if they're hesitant for it there is a really good reason because it's normally extremely straightforward surgery.

THERAPIST: You would think there's a doctor around here who'd know what they were doing.

CLIENT: And I think that the reason why they are hesitant is because they do know what they're doing, you know what I mean?

THERAPIST: Yeah.

CLIENT: But, like, when the nurse told me when I called, like, the she called me. She had this (inaudible at 09:15) "we're going to have a surgery in a few hours. I'll have the surgeon come down and talk to you. This and that. We're going to be worried about this and that because you're having a lot of problems with bleeding and you have this in your system and it has to be done." So I just called them like, "I am freaked out because I have just been told that I could die. I could bleed out but I have to have surgery." It was, like, panicking (ph) call. But then the doctor's like, "Yeah, not tonight and we have to get you off steroids because I'm not doing it, not on my watch." But the surgical nurses were prepping me to have to have a very bloody nonlaparoscopic surgery.

THERAPIST: Wow. I assume you just can't take out an appendix (inaudible at 09:55)

CLIENT: Oh they do, most of the time. I can't because I've already had one laparoscopic surgery and apparently if this is going to be so strange to explain. Apparently things rearrange themselves. This is also why they can't really tell if it's my appendix or not.

THERAPIST: I see. Like your guts rearrange themselves?

CLIENT: Yeah. So I have my gallbladder out and therefore, you know, if you measure this many like, they have these things where they say, "OK, this is 3.5." You know, based upon your size and weight, like, this is there. They can't guarantee that that's where it's going to be. So they likely will not. I mean, there's a possibility it could be laparoscopically done but they can't because they don't immediately know that's exactly where the position of this organ is, which I think is weird. Again, I think there has to be some sort of philosophy -

THERAPIST: (inaudible at 10:40) and try to find it, yeah.

CLIENT: Yeah, but I guess the problem is if they find it they may have to do more than one, like I don't understand it either. I find it weird but they seem to think that, like, if you've had one laparoscopic surgery that you're they explained that how did they put it? They put it in, like the not geology (inaudible at 10:57) put that. Something like the landscape of things are different

and therefore, like, we put one hole in but we always end up having to make it into a full surgery afterwards. And it's like, yep, that's my luck. So I'm just...

THERAPIST: Are you very worried?

CLIENT: Yeah I'm worried. I'm worried because I'm not getting a straight answer. I have a very dear friend of my father who is an anesthesiologist who seems to think that if I really needed to that he could he did his residency up here. He was in school up here up at a medical school. So it's not that big of a deal. But he seems to think that if there is a reason why that it (ph) has to that he could potentially arrange to have me (inaudible at 11:43) down there. And he could justify it because of the fact that I have enough medical conditions. It's not a lack of medical expertise but it is a lack of rapport with the -

THERAPIST: History with the (inaudible at 11:55)

CLIENT: The history with the patient. But the thing is that's weird because I don't have, like, a gastroenterologist down there. But I don't know. We'll see. It's just exhausting. It's really freaking exhausting. I think I may very well try to get surgery down in Brooklyn, just because I don't have the kind of support network to have somebody to take care of me with an incision. John's took enough time off work and he really needs to be back.

THERAPIST: Have your folks been up at all?

CLIENT: No, they couldn't. my mom is right now going through a series of knee injections and therefore can't leave. Yeah, so. It's not bad. This was scheduled well in advance, that kind of thing. She couldn't come up. My friend offered to come up at one point just for the day when I thought I was having surgery just to make sure I you know, like, while Mike was at work (inaudible at 12:49) that kind of stuff but, you know, she owns her own wine shop so she can't spend much time. So she had to drive back. But it was just really, really freaking brutal. I still feel exhausted.

THERAPIST: Yeah, [sounds pretty hellish] (ph).

CLIENT: And I don't like the fact that they are saying the word Crohn's because Crohn's is heavily fueled that's another autoimmune disease, you know. But there's a lot of things that look very Crohn's like about this infection. And that one is extremely stress-driven. There's a 100 percent correlation. Not, like, one to one necessarily but between the amount of cortisol that is in your body and a Crohn's outbreak. So it is heavily stress-oriented and that stresses me out to no end because I do not need an autoimmune disease that I mean, all of them are influenced by stress, you know, but it's heavily fueled by cortisol being dumped into your system and, like, having problems with that. Yep. I do not need a disease that is highly correlated with stress.

So on top of it I'm very, in general, when it comes to gut pain, I'm almost like a I'm a big wimp about it. The type of things that people would shrug (ph) off as just being like a little bit of, like, a

hangover I'm just like, "I'm spending the day in bed, thanks." Like, you know, I am serious (inaudible at 14:24) about it. And that's OK, I know that. Because I have walked around. You know, I've walked around and broken limbs. You know, I know that that's something I can cope with. This is just not in my, you know, my repertoire of things that I can handle. And things, [like I said] (ph) have been pretty bad.

THERAPIST: It sounds like it's been awful.

CLIENT: It's been really awful. And, like I said, having both that happen and having my spouse still hasn't passed the kidney stone. And of course I can't push to advocate for him because I am, at that point, like -

THERAPIST: You can't do anything really.

CLIENT: Can't do much of anything. Like, for a little bit he wasn't taking his pain medicine because he had to be able to drive and yeah.

THERAPIST: Right. [That probably means] (ph) he's in a lot of pain.

CLIENT: Yeah. And so it's like yeah. And of course he was insisting he had to be at the hospital at certain times and I'm like, "Go home. Go home and do something. I don't care if you play Sims till the birds are chirping. Just go home and take care of yourself right now." No one's going to like, every time I went to the bathroom he desperately wanted to like, he's scrambling up to try and help me with my IV. I'm like, "I got it. Don't worry about it." Like, disturbingly enough, this isn't like the first or even the 50th time that I've had to, like, navigate with an IV pole attached to me. Before they [do that] (ph) injections for autoimmune diseases you have to go and get regular IV. So I got very good at "I'm healthy but I'm hooked up to a pole" kind of thing. But I was just like I just lost almost everything and I had problems with, like, my IVs this time around. I just didn't want to like, "Mike, I will tell you when I need you. But I need you to conserve your rest." He just doesn't get it though. He needs to be vigilant. And you need to conserve yourself now so that when things are really bad and I need you to be, like, have these things, you know.  
[00:16:18]

THERAPIST: Right. Should the shit hit the fan at another level you want him to be able to handle it.

CLIENT: Exactly. But I think that he wasn't able to rest for sleep knowing that I was in the hospital. And of course he's in pain and there's, like, all this stuff's going on, you know. I did appreciate that he wouldn't leave me for certain things because there was a period of time several years ago where I don't think I've ever told you this or not. But I had a seizure or something. They don't really know what happened. They know that it looked like a seizure on the thing at work. Something that looked kind of stroke kind of seizure-y kind of thing with, like, lots of things. So I ended up in the hospital. And while I'm there apparently they told my husband and my family that nothing was going to happen for a few hours, so just home. And of

course, my husband has my clothes, my glasses, my underwear, everything. I don't know what's going on. They put me into an MRI machine. When you go into these (inaudible at 17:23) in the IV they have contrast forcing through you and the contrast knocked the IV loose and started spraying everywhere. I'm in an MRI thing and I kind of -

THERAPIST: In the tube?

CLIENT: Yeah, in the tube, OK. Like, far in the tube because it's my head. So it's spraying everywhere. I'm pressing the panic button and apparently this person walked away and there's no one coming for the panic button. So I am freaking out because all I can do and there is blood but the thing is that I look a little bit and it looks much more like I'm just spraying blood everywhere because your blood tends I mean, if it's only little bit of it it's mostly contrast. I didn't know this.

THERAPIST: Yeah, you didn't know what the fuck (ph) was going on.

CLIENT: I was crying and peeing myself and everything for minutes, for like what probably was whole minutes but to me seemed like much longer than that.

THERAPIST: [Yeah, I'm sure] (ph)

CLIENT: Until they came and pulled me out and then they're like, "Where's your husband? Where's your family? Where's your clothes?" That kind of thing. Like, "I don't know. I'm in this MRI tube, you know." I just had this stuff happen and so while that happening he was acting out at home because he was freaked out, of course. I find this out much after the fact. It was not easy to find that out. But the point was that I felt really, really alone and so I think to him that conditioned him, like, not to ever leave me alone. If I knew I was going back into a MRI I would be calling him. Even now. Like, I've had two after that and I've told the story of what happened and they're like, "Yeah, we're giving you a Valium just (inaudible at 18:53)." To me it was a very, very traumatic experience.

THERAPIST: Oh, absolutely. Just being in one of those things can (inaudible at 18:58)

CLIENT: I don't mind being in one of those things. I am one of those people that kind of likes to be wrapped up and, you know. It's more like swaddling. It doesn't really bother me except for the fact that if it had happened and I pressed the, like, emergency button and somebody came to get me I think I would have been OK too. But the fact that this was happening for a very long time and I wasn't being helped, that's what really, at that point, made me panic. I mean, really panic. And so yeah. And apparently, I mean, it's very common to have, because the way that they're pushing the contrast, to have the IV pop out. It is not as common to have it mixed with your blood but it does happen. It's not all bad (ph). It's super uncommon but it's, you know. But the fact that everybody was shocked to find out that there wasn't somebody immediately there. Because there's actually supposed to be, like, as soon as the contrast pops, they're supposed to get an alert before I even press the panic button.

THERAPIST: Oh, I see. (inaudible at 19:59)

CLIENT: Yeah. So I never found out what happened and quite frankly it's, in theory, none of my business what was going on in the medical world of that. But it made me feel like crap, especially because I have a feeling this is the same person that told my family to go home. I have a tremendous in Brooklyn I have a really good community around me to care for me but also I have a lot of people in the medical field that can pull things up, that kind of thing. Although no family friends will actually do surgery on me (inaudible at 20:38)

THERAPIST: The anesthesiologist?

CLIENT: The anesthesiologist. He stopped in, you know, pre-op, made sure everything's OK, kept an eye on things, gave people real updates, that kind of thing.

THERAPIST: Wow.

CLIENT: Yeah, back in the day. He is able to pull up a lot of stuff. He can see at the time what my oxygen pulse thing. Because (inaudible at 21:09) he's going to be able to see that. So if I [sign off] (ph) on that, for him to see that, it's OK. So I feel like I'm not really taking too much of a gamble but we'll see. But quite frankly I think that the biggest problem I'll have is with these stitches and therefore I think I need to have someone around to care for me.

THERAPIST: This is just...

CLIENT: After the surgery.

THERAPIST: After the yeah.

CLIENT: I really just the biggest reason why I'm moving to Brooklyn is I need to have someone who can help me get to the bathroom and help me with my stitches, that kind of thing. But (sighs) yeah. So it's been pretty traumatic the past few days.

THERAPIST: Yeah, it sounds really awful. (inaudible at 21:51)

CLIENT: It's really awful. But I'm still here, which is good. I've got the energy to get here today, which is good, sort of. I'm getting a taxi home instead of walking, like I normally do.

THERAPIST: You know where to go?

CLIENT: Oh good, yeah. I just figured I just need to be a little extra careful right now.

THERAPIST: Absolutely.

CLIENT: Oh yeah. There's lots of stuff going on.

THERAPIST: Is there something else?

CLIENT: There is something. It's not that big of a deal but just, you know, I was just thinking through, like, what has to take place. I just don't have time for this to be honest, you know? I really don't. Losing this much income from not working is going to be brutal, you know.

THERAPIST: Is there some kind of short-term disability that you can do?

CLIENT: Not for part time employees.

THERAPIST: Really? No family medical leave or nothing (ph)?

CLIENT: I have to look but I don't think you get paid for it. Maybe (ph) just to protect your job.

THERAPIST: I'm pretty sure, like, for family medical leave you take a week or so unpaid but then you get I think you get [paid that] (ph).

CLIENT: Yeah, I have to look into it because, like I said, you usually have to be a full time employee to get those kind of benefits.

THERAPIST: I see.

CLIENT: The good news is that my usual pain in the ass customers, like, I got a chance to, like, they're like, "Yeah, I left all these messages for you. You never called me back." I'm like, "Yep, been in the hospital." I definitely was able to be like, "I assure you that while they were dripping (inaudible at 23:58) in my blood I was really deeply concerned about the problems that you have with Safari." (laughter) I didn't actually say these things quite like that but... I was able to at least not let a single person make me feel bad, which is good. Most of those people are, like, really good at guilt trips.

THERAPIST: I'm very glad they were ineffective.

CLIENT: I wanted them I ran into her today. She apparently was stopping by the store every other day to see if she can find me.

THERAPIST: Oh my god.

CLIENT: She thinks that I helped erase her calendar. What actually happened was that she got and she will never admit this. She got frustrated because having to sync she had never synced her phone in five years. And so she got frustrated and she thought nothing was happening, so she yanked it out the sync and lost everything.

THERAPIST: Yeah, that's bad, right (ph)?

CLIENT: That's not my fault.

THERAPIST: No.

CLIENT: No. She's like [it hung] (ph) and, like, yeah, again, nothing that I told you to do, you know. I'm sure that there's a potential we could find some of it but your impatience is not going to make me feel bad today. It's (ph) just been whatever (ph). A hard two weeks. [00:25:16]

Yesterday well, Sunday and yesterday I went home and just went straight to bed and I think that's pretty normal, at least for now, for having, you know, a hard core infection. But I am extremely grateful that everybody at work has been letting me take it very easy, which is good because I really, really can't be running around right now. And bad news though, one of my bosses, the one that's really, really been a huge advocate for me, is leaving.

THERAPIST: Oh no.

CLIENT: Yeah. So that's hard.

THERAPIST: That sucks. Could she possibly bring you over at some point?

CLIENT: I texted her saying, "Bring me with you." And she said, "Ha ha ha. Get better first." So we'll see. I would love that and we'll see, but like I said, she's been such an advocate for me in terms of, like, taking care of putting my health first, putting my life first that...

THERAPIST: (inaudible at 26:32)

CLIENT: Yeah. So, pretty much. But (sighs) I'm just glad that, you know, she's going on to bigger and better things, you know. She's a good person. It's not like she's going on to something that's unpleasant, you know. It's good for her though. Hopefully she'll think of me fondly and take (ph) me over because (inaudible at 26:59). The commute is just getting to be too hard for me. If things go well, it's not so bad but it's like today because of the fog it took, like, an hour and a half to get to work.

THERAPIST: Wow.

CLIENT: Yeah. Because the buses can't see and, like, nobody can see. And it seems, like, every in the winter time there's always something wrong. It's snow, it's rain, it's I don't know, you know, turkeys in the road or something. Yes, there were turkeys in the road once. They just take forever to get past. And then it's, like, I am some days and when I say some days I don't mean one per month I'm talking, like, probably one per week. It takes me longer to get back and forth than it does to actually the amount of work I do. And although I could work longer hours, that's not the point. The point is that...



THERAPIST: (inaudible at 27:58) that you had (inaudible at 28:00)

CLIENT: Yeah, so. A lot of people don't want to work short shifts because of that, because they feel like the cost of gas or whatever is not worth the shift. Unless I do the bus. But...

THERAPIST: It's harder especially, you know (inaudible at 28:24) to work a longer shift.

CLIENT: Yeah, pretty much. I did a longer shift on Sunday and yesterday and then today's the short one. And we'll see. I may have to just start pulling (ph) things back again. So, I have to see if it's I have no idea how [I will] (ph) feel. At least it is something. It sounds stupid but even if it isn't, like, they immediately know what they're going to do and where it's going to go with this, it's not like the ever popular "we don't know what's wrong with you so you're going to stay (inaudible at 29:09)." They know it's an infection. They have the actual, you know, they have white blood count and stuff. They've seen it.

THERAPIST: Pretty sure they know where it is, right?

CLIENT: Don't know really. They've got a general quadrant region, which is good. It's just a matter of getting it better. I don't have an easy way to explain to many people how much it doesn't contribute to my ability to get any better by thinking about the fact that I can have something that's stress-driven, if that makes sense. That itself is exceptionally stressful for me. And I'm not very good at people just saying, "Quit it." Like, yep, that's not really possible.

(phone rings)

CLIENT: [Give me] (ph) just a minute. (inaudible at 29:54) It's my husband. Hold on for just a second. Hello? Hey. No, I'm in therapy. OK, bye bye.

THERAPIST: Everything OK?

CLIENT: Yeah, everything's fine. (inaudible at 30:21) what time of day it is. (sighs) I figure since it was so dark out it must be time. But, you know, it's like the idea of having something that's going to be stress-driven is not something I really, you know. But there's nothing I can do other than sit around and worry (pause) and hope that whatever comes that there will be somebody to take care of me. But I think that right now, I think that I've sort of reached my limit right now in terms of pain and exhaustion. So if it's OK to sort of wrap things up early? I'll see you tomorrow?

THERAPIST: Yeah, sure.

CLIENT: I'm really out of it and just really tired.

THERAPIST: No, I understand.

CLIENT: I will be back tomorrow though.

THERAPIST: OK. I look forward to seeing you then. I (pause) hope you can get a little rest.

CLIENT: Thanks. It's not an easy thing to say to somebody else because it's, like, yeah, it's not easy to explain you won't feel better by tomorrow.

THERAPIST: (inaudible at 31:55)

CLIENT: I'll see you tomorrow.

THERAPIST: I'll see you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Well I've been still pretty sick, as you can tell. Yeah, I've developed a couple of other infections, which is kind of why I didn't want to take out the appendix, is because another reason was I knew the other problem was due to the immunosuppressants. So now I just play the game of one high impact antibiotic after another and it's just wearing me out.

THERAPIST: [I can imagine] (ph). What are the affects of the high impact antibiotics, in addition to killing what they're supposed to?

CLIENT: They kill other important digestive things (ph).

THERAPIST: Does that affect what you can eat or make you nauseous?

CLIENT: It does, it does. It makes it so that you have this is one of those deeply humiliating things, about occasionally you can easily lose control of function in your bowels and they (ph) don't smell great. They told me pretty much that antibiotics in general don't work well with birth control, so that's, you know. In general though, I may very well start getting multiple types of yeast-based infections because the bacteria keeps the yeast at bay. So people get things like psoriasis on their skin and things like that, so I've been trying to be really carefully with that. Like, certain types of eczema is actually a yeast-based thing, amongst a variety (ph) of other things like that. Infections in the mouth, that kind of stuff things that are non-bacterial. On top of that (ph), they make you nauseous. They make you do all kinds of stuff.

Apparently I did not know this until about a week ago Cipro also is known for tearing tendons. They don't really know why but the tendons get very brittle and it is really common to tear your Achilles' tendon, amongst other things. That's what's black box but it has to be (inaudible at 02:19). So now I have to go through the horrible experience in January, going and seeing my Rheumatologist (ph) and saying, "Is the mobility worth this kind is this quality of life going to

continue like this or, you know, what's going to happen?" Because this is not a socially affected infection. It was different when I was catching things like pneumonia. I could be careful sort of and not (inaudible at 02:46) other people. This is internal infections, so it's nothing I can prevent by washing my hands, you know.

THERAPIST: Right. So the question is are the things that are suppressing your immune system and improving your mobility worth it? Or are you better off letting your immune system recover so that you can fight off infections better [in fact] (ph) making sacrifices on mobility? Is that the idea?

CLIENT: Yeah. But they kind of told me that's one of the trade offs, that and a couple of other really bad things. So just (pause) today I wasn't able to work and I went to work yesterday and Sunday but (inaudible at 03:42) comes from a really devastating (inaudible at 03:45). And so it's been really hard.

THERAPIST: What percentage of your income, your, like, combined income is you?

CLIENT: It depends on how much I'm working. I could have had the chance to make a lot more money, I guess is the big thing. Like, days I would not normally work I would be able to work during the holidays, that kind of thing. And they are increased costs of living in winter time, like heat. We only heat in one room, so. And now. We can luckily (ph) shut it off. In other places we've lived we haven't been able to do that before. But things like that. So, yeah. It's been (inaudible at 04:43) brutal. I'm really lucky it hasn't gotten as cold as it could be or as bad as it could be outside.

THERAPIST: As in the heat in the apartment?

CLIENT: No, like, it would have been a lot more expensive if, like, you know. There's been winters in the past where I mean, we were lucky in that I was able to afford to work more and I had savings. So now I just, like, you know. A couple of times we've had to, like, go through and see what electronics we can live without and sell it. So I have no iPod now, which is fine. I mean, five years ago (inaudible at 05:20) in the world existed, so it's not like I [knew it] (ph). I should be fine, things like that. And this is the time of year where people might want that kind of stuff, like my arm mixer and things like that, that we got from when we got married. Some nice electric stuff in the kitchen. So just sort of finding ways to be able to keep afloat. But, you know, it's (inaudible at 05:52) right now.

THERAPIST: That's brutal.

CLIENT: Yeah. I'm just trying to keep from feeling it right now. I really am.

THERAPIST: What are the options (inaudible at 06:16) short-term disability?

CLIENT: None. I don't work full-time. I don't get short-term disability that's a full-time benefit.

THERAPIST: I see. For long-term disability as well?

CLIENT: Yeah. I mean, if I do something through the government, possibly, but I don't think I can. I don't have a permanent disability at this point. On top of it, I think that would be more than I can handle right now, in terms of emotionally. (pause) I just can't do it or at least not right now. If I get (ph) permanently disabled, maybe, but not right now.

Now I'm kind of on my last nerve. Luckily, work was very kind to me. They had me answering phones and things like that [for quite a few] (ph) days. (pause) But it's just not a good quality of life, you know?

THERAPIST: It doesn't sound like an especially tolerable quality of life.

CLIENT: No, plus the customers (inaudible at 08:00) tolerable, so they kind of...

THERAPIST: (inaudible at 08:04) or on the phone or...

CLIENT: Well, I've been working with actually physical customers too and they're more abusive than usual for not getting what they want or what have you and such. [I'm just] (ph) exhausted. (pause) I was really, really lucky yesterday. I had someone basically read me the Riot Act and I actually had one of my regulars saw me and she's like, "Oh my god, you're out of the hospital." She know I had been out for like a week or something like that but she did see that I was just being beaten up. And she's like, "You're out of the hospital finally. You really shouldn't be here," you know, and she like interrupted and interceded so this person would, like, you know. She's like, "Shouldn't you be sitting down or" I'm like, "Don't worry, I'll be OK." But I could tell what that was about. She could see that I was being...

THERAPIST: Yeah, she was running interference.

CLIENT: Yeah and that was just [kind of almost broke down crying] (ph). It was just really tight (ph), you know.

THERAPIST: (inaudible at 09:13)

CLIENT: Yeah. But I was very lucky in that at least quite a few of them most of the time, Microsoft very specifically, they will not tell people what's going on when somebody's gone but I specifically anybody that I could, I let people know or I had other people that were employees tell them that I was out, that way they didn't think that I'd moved on and been fired or just in general haven't been returning e-mails. And also sort of like a vaccine for my flakiness of things (ph) because, like, (pause) being feverish all the time doesn't exactly do a whole lot for your focus and attention on things. And that was actually what I was sort of being yelled at by that customer, because he felt as if I was getting a lecture about how today in society that we don't enough attention skills.

I was looking at what's an Easy Pay device. He thought I was texting my friends. I was looking at my Easy Pay device to find out if, you know, we had something, while he (ph) was talking to me about the problems, to make sure we had something in stock so that we [could just] (ph) swap it out. But he felt as if I was, you know, felt as if I was talking on Facebook or something with my friends, which I'm sure that people do but I could have never imagined I don't even do Facebook or anything of that crap anyways, but I can't imagine doing that at work, much less in front of a customer. I'm one of the few people who doesn't carry my telephone while I'm working because I find as if that's a distraction. [00:10:53]

THERAPIST: He was just being a douche bag.

CLIENT: Yeah. And it is true that maybe I haven't been doing kind of eye contact and riveted attention that I seem to be needing but...

THERAPIST: Well, of course you haven't, because you feel like shit and you're totally overwhelmed.

CLIENT: Yeah, but the alternative is not having any money, you know.

THERAPIST: Yeah, there's no good alternative to (inaudible at 11:20). Just (ph) bad ones.

CLIENT: It's a really bad one and, you know, my poor husband's who's, you know, also very upset because during the whole day he has no family either, you know. It's hard for him and so I've been sort of trying to keep mostly I'm just keeping my head down and going to sleep and not really talking to him about how I feel because there's nothing he can do about it and there's only, like, after the thousandth time of talking about how miserable you are. There's nothing new, there's no new information. So I'm just mostly sleeping, you know. But I can tell he's really upset. I know he's sad. I don't have the (pause) right now I don't have anything I can do or say, so the only thing I can do is minimize his worry about me. Because there's nothing he needs to do, really. There might be the occasional...

(phone rings)

CLIENT: Excuse me while I turn this off.

THERAPIST: Sure.

CLIENT: But, you know, I mean, the occasional rundown to get some, like, Ginger Ale kind of thing but that's really about it, you know. But (pause) I'm actually sort of in favor of him going out to [the game] (ph) tomorrow night because I rather have him have some happiness than stare at me and see how sick I am. There's nothing he can do. He works in the fucking (inaudible at 12:56) and he can't do anything about it, you know? Because he knows what it's like. He knows more than what it's like, you know. I mean, what he does is, you know, early morning testing but

he knows how (inaudible at 13:10) certain point [it becomes] (ph) very tricky, you know. It's not cut and dry, in terms of getting rid of infections. And so I would rather have him go and have a good time and sort of pretend like there are no troubles, you know. It's free. They'll (ph) never get a cold if it's the house, you know.

THERAPIST: It'd (ph) be easier for you at a sometimes, knowing that he's enjoying something.

CLIENT: Yeah.

THERAPIST: Even if you can't.

CLIENT: Yeah. Just before Thanksgiving he was (inaudible at 13:57) information that we really shouldn't have had, but it was really beneficial to him. And I think that he's just been sort of mulling it over in his head, which...

THERAPIST: Do you want to say...

CLIENT: I'll say it. You're a therapist you know this. You're not supposed to diagnose people who you've never met or anything like that. However, you know, he has been his entire adult life (inaudible at 14:23) stress over what the hell's wrong with their mother. And finally the therapist said, "This is not a diagnosis. This is not this and that but you may find some insight if you look up what schizoid personality [looks like] (ph). You may find some solace in it but this is not something unique this is something that is known." And he's actually really pissed right now but he went through ten years of therapy and no one ever told him anything about that. He had no idea that was out there. And so (inaudible at 14:54). I've been watching him but that too, like, being upset. And, like, he really sincerely thought that he was like, there's this unique situation that is so fucked up and there's no label for it and there's nothing like that. And there really was kind of maybe something that gave some insight as to what it is and how there's never going to be a cure. And so he's now, you know. That happened, like, maybe a day before I went down to the hospital.

And so that's just now he's not so angry as much as well, he's angry because he feels as if he had known that years ago, he would have stopped trying, he wouldn't have put himself out there. He would have done something (inaudible at 15:42) himself. (pause) So that's been kind of an ongoing thing.

THERAPIST: That must be awful for you to see him going through that.

CLIENT: (inaudible at 15:59) relief, anger. Like, it's the whole gamma of emotions in terms of that, you know. Whether or not that's really what it is it's giving insight into something for the laymen (ph) would never easily possibly, you know, fathom. And so he's really going through a lot. And so, like, quite frankly, just having him [go out] (ph) and be happy? I'm thrilled. (crying) I actually, disturbingly enough, if he was acting out and that just made him stop thinking about all the bad things in his life right now, I'm thrilled. I just want him to stop crying (ph).

He's really been trying really hard to get out. I mean, yesterday he wasn't at work. He was at home doing things that we needed to do to keep our family together but for the most part, you know, he's been trying to get out and go to work and do other stuff, you know. Like, yesterday was, like, drive me to work. So I'm like, you know, electronics. Be there to figure out why this mask (ph) isn't working right. It was not, like, in his office but it was things to keep us afloat. Because he's been trying (ph) so damn hard right now (pause) and I don't know what's going to come from this but I think it's I don't know. (pause) He went through a really, really bad (inaudible at 17:57) with the last stone but it passed. And I think that...

THERAPIST: He did finally pass (ph) it?

CLIENT: We don't know. It just has not hurt him, so it could be stuck in the bladder. It could...

THERAPIST: (inaudible at 18:08)

CLIENT: Yeah. It could come out later but it's not in a bad place right now. And, you know, I deal with a lot of chronic pain on a regular basis and supposedly that is worse. I don't know but the point though is that I would much rather go through a chronic pain on my own than see somebody I care about, anybody I care about, go through chronic pain. Because it was just brutal seeing him like that, you know. If I had the ability to completely not seem sick (inaudible at 18:49) some sort of worsening of me internally, I would totally do it because I can see that this is negatively affecting him and other people around me. If I had some way of suppressing this a little bit. And so that's sort of a really sincere wish for me. And I can't do that. And things (ph) are just getting frustrating because there's so many times where I've been able to somehow work things out so that I could do that. And because I can't now that I'm (inaudible at 19:23) I'm being a spoiled brat about this. Having to, like, deal with things that I can't control and therefore (ph) it makes me more stressed out.

I kind of lost it on my doctor about a week ago when I asked him if he thought that the stressed and anxiety was a component of this. And he's like, "Yeah, you don't seem like the nervous type." He(ph) basically was like, "Is it possible that, like, you know, stress and anxiety could be, like, fueling this because of those things, like" "Well, it's possible but you just don't seem like that type of girl." Although it's nice not to be dismissed as being a person that's not [all in my head] (ph), but that didn't give me any insight as to whether or not. That just means that I can act like I'm not a nervous wreck all the time. But people that have a lot of anxiety, like, a lot of present anxiety in their lives all the time do tend to have digestive disorder problems more often and, you know...

THERAPIST: Sure and there's stress that's independent of what type you are. [00:20:31]

CLIENT: Well, yes and no. But there really is. Like, having done some brief research to find out some things, there really is a strong type, you know. And it is almost always women with, you know, irritable bowel-related things. It is almost always people that are just nervous personalities

and they're very, you know, they wear their heart and sleeve all the time about everything. And it is true that I don't fit and as a, you know, as any (ph) surgeon of the bowels, I guess that's pretty much all he knows, is how to look for that personality type. But, you know, the kind of things I would think, like air traffic controllers or something like that, which you think would fit into that category, don't really and so it's like you know, I'm not qualified to be doing differential diagnosis but this guy isn't qualified either. So I just happened to decide, you know what, I'm going to play that card later on if this doesn't get any better.

They know that the infection bad but there is other things that are making it worse, you know, but they don't know why. And (inaudible at 21:44) sort of claiming it's a fluke right now but we're just not sure.

THERAPIST: That the infections are a fluke?

CLIENT: No, the fact that I'm not getting kind of usually, the digestive motility that is supposed to be able to at least flush out the parts that are infected faster than anywhere else would be is not happening the way it should. And therefore I was trying to find if it is stress-related that is...

THERAPIST: I follow.

CLIENT: Does that make sense?

THERAPIST: Yeah.

(crosstalk)

THERAPIST: The question is whether stress if affecting your ability to flush out your, like, GI tract, which would help you clear the infection.

CLIENT: Yeah.

THERAPIST: Which is the primary source of (inaudible at 22:27)

CLIENT: On top of it, what also will help me clear out what is left over from the antibiotics, which, you know, later on are precursors for things that are not real great for your body, you know. But right now apparently I do not fit the criteria for that and that's OK. But, you know what, I really almost...

THERAPIST: I mean, you're under incredible amounts of stress. I mean, your health is shot. You are selling, you know, looking to sell the mixer you got for your wedding because you're so short of money. You're heating one room in your house. You don't know how you're going to sort of balance out pushing yourself to work, which, let's be clear, in the right kind of world you wouldn't have to do, given your state of health. Your husband is depressed and just got told his mother,



you know, probably has had schizoid personality disorder and he's wrestling with that as well as pretty severe long term addiction. You have very little local support. [00:23:52]

CLIENT: Even when (ph) we do, we don't want to tell because we don't want to scare them off. I mean, that's a very valid reason to do that people get very scared when they they're emotionally prepared to handle a little bit of the Christmas blues, but not like this.

THERAPIST: I understand. You're under tremendous stress, unquestionably.

CLIENT: And the big thing is that, you know, there are people in my life that I've tried telling them about it and they're so powerless that it's not even (ph) comforting. All it's doing is upsetting them, you know, in my life. And so I don't really I mean, I'm not trying to keep it a secret or anything but I'm not really overly talking about it too much because it's like all it does is make them upset, you know. And (pause) yeah. [00:25:17]

THERAPIST: Well, you're certainly welcome to come in and talk to me about it as often as you'd like.

CLIENT: I know (inaudible at 25:23) chase you away. I'm just talking about the happy families who would want to, like, "Hey, come over for dinner" kind of thing, you know.

THERAPIST: Yeah, I know (inaudible at 25:31).

CLIENT: You have to keep it floppy (ph) or else it's just not working (ph).

THERAPIST: No, it's one of the worst things about really having this hard of time, is that it alienates you because, you know, unless the people around, like close friends you've known a long time or family or something, it's often, you know, causes problems to talk about it.

CLIENT: Yeah and [even friends] (ph) did things that they just it's very difficult to talk about, like, what's my prognosis because I don't know and, quite frankly, the doctors don't know really what's going to happen. And so it's very anxiety building to even talk about it because it's like, you know, they're doing it because they want to hear if you're getting better or worse but the answer is, "I don't know."

THERAPIST: Yeah, so you're really pretty completely in the dark about it.

CLIENT: But I did do something that I haven't done in a well, which is that I made myself Saturday night I was invited to my old boss, who just left (sp?), she had a party and I spent about an hour or so there. And I never really go out for that kind of thing and it was really important for me. Everybody knew that I was kind of frail, [the way that I was there] (ph), but understood that because everyone was there till, like, 3:00 in the morning, like, I was there between 9:00 and 10:00 pm or something like that. They all understood that, you know, that I'm

just there because I wanted to see people, wanted to be around people. And I think it did help. And I definitely felt like it was better than not going at all.

Usually when I make decisions not to go for (ph) things it's for the best, but this time I really needed to do it. (inaudible at 27:08) do it but, you know, it's just been really exhausting. Like it's been awful, awful, awful, awful, awful, awful, awful. But...

THERAPIST: Should I bug you about asking your parents for help?

CLIENT: (laughter) Well, the problem is that they're right now in a couple different things, one of which is that I don't think that (pause) I love them very much. I love them very much but they have both been through much worse times than me without help and therefore I think that I don't feel really comfortable with that kind of weakness, so...

THERAPIST: Well, excuse me for saying so because that's completely bullshit. Here's why. I am sure they would love to help you and there's probably nothing they would rather do with money they have. And this is where you got it from, I'm sure. In other words, like, you do the same thing you give your last whatever to help whoever that you are (ph) close to and go without whatever you have to go without to do that. And I'm guessing you probably got it through (ph) them (inaudible at 28:35).

CLIENT: Probably, probably.

THERAPIST: And, you know, my understanding is they're not going to have to give their last or whatever to help you. I mean, I understand that they're not completely flushed (ph) but...

CLIENT: They've been doing so much philanthropy and other types of readjusting of income that, you know, they're not super flushed right now.

THERAPIST: Yeah, but they have enough to help you pay the heat.

CLIENT: I do feel guilty though because my mom's been doing so much. About a year ago my aunt died from an overdose and she's been doing a tremendous of things, but financially and with their time, to make sure that this kind of stuff doesn't happen to other people. And so...

THERAPIST: Also, [this is something else you said that I have a particular issue with] (ph). It does not make you one iota weaker to ask them for help. It doesn't make you stronger to have a colder house or fewer electronics or more suffering from this (ph). Like, (inaudible at 29:36)

CLIENT: (inaudible at 29:38) mentality, do you?

THERAPIST: Well (laughter) yes.

CLIENT: No, but it does, it does. I understand. It's just that (pause) I truly do understand.

THERAPIST: There will be plenty of things that will be incredibly difficult and painful in your life and that you'll have to struggle with and will be overwhelming challenges, like, without your help making them more so.

CLIENT: I am. I think that it would be easier for me if I just find some way to make it not even, but there is some sort of equivalent exchange of sorts. Like, you know, I will do this, this and this in exchange for this. It makes me feel better (ph).

THERAPIST: How about you be a loyal and loving daughter and let them be helpful, supportive parents. How about that in exchange?

CLIENT: I know. But then also there's the other question of having to explain to them why it is that, you know, that they're the only ones that help. (inaudible at 30:43) answer. I don't like to have to explain that. (pause) I do (inaudible at 30:57)

THERAPIST: You don't have to explain that. Here's why. "There are reasons that we can't ask Mike's family for help, which for his and their sake I really don't want to go into."

CLIENT: I've been thinking about describing that she's broken inside and there's nothing that we can do. It seems to be the only easy way to explain it without inviting more questions.

THERAPIST: They're your fucking parents. You can just tell them you don't want to talk about it because Mike doesn't want to talk, you know, or because you don't feel like you want to be talking about your in-laws that way, whatever. You know, like, just tell them you don't want to say hey (ph). Like, they'll probably be worried but they'll probably completely respect your saying (ph) that.

CLIENT: Yeah, I think so. It's just (pause) this is something we've (ph) been sort of indoctrinated into me and this is something in no way from them, which is that I have been born strong, there are many people who are not and that I can handle adversity better than others. And therefore it is my job to make sure that others get things that I don't. [00:32:10]

THERAPIST: Go for it.

CLIENT: Not because of, like, just me. Like, that we are able to. That's why we need to make sure.

THERAPIST: Go for it. You were born strong. You can handle adversity better than a lot of people. You can make sure that other people have things that you don't. But I don't really see how that applies to this situation of asking your parents for help. It doesn't make you any less able to deal with adversity. It doesn't make you any weaker. Like, it just doesn't. You're not getting anything out of this. In other words, like, if this was you doing some problem set in college or graduate school and not wanting to ask for help because you want to figure it out

because if you figure it out you'll learn it better. OK, you get something out of toughing that out, you know. You're not getting anything (ph) out of toughing this out.

CLIENT: Well (pause) I think that's the wrong analogy to use because I could say, "Well, I should have been do something during the summer, taking what I could and making sure that I did something so that in the winter things were not as bad." But yes, you're right, you're right. I probably will. It's just it's hard for me.

THERAPIST: I know [it is] (ph).

CLIENT: I can't take things from (inaudible at 33:29)

THERAPIST: I know, I know, I know. Absolutely.

CLIENT: And it's not like (pause) I don't know how to explain it but it's just for me there are different rules I guess because I can think through these things, you know? I mean, so far I haven't sold anything I need and I'm not going without antibiotics. I want you to know that I'm not turning off my heat. You know, I'm not doing anything dangerous yet. I'm just being...

THERAPIST: That's wonderful.

CLIENT: ...extremely I just want to make sure you know that I'm not doing anything extremely foolish probably foolish but not extremely foolish. But yes, I am...

THERAPIST: I'm not hearing you do things that are self-destructive exactly. But...

CLIENT: I'm not selling my plasma or anything.

THERAPIST: Well I'm glad to hear that. (laughter)

CLIENT: There are many people that do that. But yes, I understand. I think I will try (ph) that but it's very hard for me and... [00:34:34]

THERAPIST: I understand.

CLIENT: I guess of what I'm afraid is that if start that I just won't be able to stop, you know?

THERAPIST: You are not I understand, I think, that you're worried about that and that probably at some level I can imagine you feel that extremely strong temptation, which you would never really succumb to, to get whatever help you can because things have been so bad and so desperate for so long. But I don't think this is going to be a slippery slope. I don't think you're going to, like, you know, sort of give up, you know. I don't think you're any less of a fighter about this or any less able to handle adversity, you know. You're not going to go soft by getting some help. You might become a little more flexible in this way but (inaudible at 35:39).

CLIENT: I guess (inaudible at 35:46) the unnecessary.

THERAPIST: (inaudible at 35:50)

CLIENT: Because I want to make sure that if I'm going to turn this card and show that I'm really weak that not really weak, but I am suffering a momentary point of weakness that I am going to (inaudible at 36:05).

THERAPIST: Illness is not weakness (inaudible at 36:08) reasonable sense of the word as we're talking about. I mean, yes, you're physically weak. Like, if you had to lift weights today as compared to a year ago you couldn't lift as many. I understand that but that's not really, I don't think, what you're referring to. I mean, you're sick. You have a horrible illness and you have, like, a lot of life stress and various other, like, you know, sort of family and financial problems that fit together with that. That's not weakness.

CLIENT: The biggest problem I have and I think I would be able to get past this if I didn't work in retail is the fact that I yield (ph) so many really shallow people who it's like, wow, don't buy things you can't afford to break, that kind of thing. So I get this reinforced everyday that, you know, that you're only as good as you're only not (inaudible at 37:05) good but don't take on more than you can handle. Don't do this, don't you know what I mean? I guess that's reinforced all the time, seeing people's bad choices. And so it sort of reinforces the ability of being able to be self-sustaining all the time, you know?

THERAPIST: I see, like, you see people who are so irresponsible in that way that it leads you to really not want to be like that and kind of be afraid of becoming like that.

CLIENT: Not just that but also, like, having to turn inside and saying, "How much of this is my own problem?" You know? Like...

THERAPIST: Really none. I mean, you know, you probably have some issues and we've probably talked about some of them but taking two little responsibility for things? Not so much. I mean...

CLIENT: I'm especially proud that I'm not spending any money on booze anymore, because I can't. (laughter) Not that I really was spending an awful lot of money, you know, on wine but...

THERAPIST: I'm sure you weren't.

CLIENT: I was spending all of about 40 bucks a month but, yes, you know. But yeah, it's like these little things like I don't know. I agree. I [want to go through with it] (ph) but I have to really explain to you why it is that it's really hard for me because it's like I deal with people who make extremely poor choices everyday of their lives, you know, where, you know, like, I have somebody who like and this just happened yesterday again. Somebody who just spent every

cent that they had on a brand new iPhone 5 but they also gave it to their child to keep their entertained and now it's broken. They're completely unemployed and they're hoping to get a phone call so they can get a job, so that they can be able and they're telling me all about how they need to have, like, you know. This phone is the only phone that they have, you know. And I'm just like, "Why did you just spend 700 dollars on a telephone then that you didn't have, you know? And then you give it to the child and now that it's broken and now you're mad because the broken phone cut your child too." You know what I mean? It's all becoming, like this really reinforces (ph).

Like Rocko (ph), you know, having to deal with some people putting responsibility on so many people that if not themselves, it really self reinforces not wanting to ever (inaudible at 39:34) help for anything else. Because it just (inaudible at 39:38) it's really hard to deal with. And so you have to sort of, when you see that around there, you sort of reflect inside. I would assume that, you know, if you're around people that are constantly sick you start to wonder, like, OK, is this normal? You know, whatever. You start to see whatever you're around. And so it's like, you know, and that's [part of the] (ph) biggest reason why everyone makes fun of me my phone is four years old, you know. It's like, you know what? I know that if it breaks I can replace every part in it and I can afford to replace the phone well, I can't right now but, in theory, I know how to replace the screen on it. It's an iPhone but I can do everything I can because if I were to (inaudible at 40:20) or something that if it broke I couldn't do anything with it. And, like, I don't know.

It's not even like on some level it is, like, puritan. It is something that I want to make sure that I can responsible for everything I have but part of it's also just not having to worry about it, you know. Like, having something that the maintenance on it could (ph) be more than I can handle.

THERAPIST: Being independent and in control of things helps to manage anxiety.

CLIENT: Yeah, you know. For example, I miss my dog really. I really miss my dog and I'm hoping to get her back soon but, you know, people are like, "Well, maybe you should get a puppy. A puppy would really, like, make you feel better." And I'm like, yeah and, you know, the sheer concept of everything that could wrong with a puppy right now would be more than I can handle because I know dogs get in (ph) stuff. It's not that the happiness about being around a puppy wouldn't be great it just happens to be if the dog ends up (inaudible at 41:27), which is not uncommon with puppies, I couldn't afford to go to the vet. You know, that's (inaudible at 41:33) irresponsible. So, I don't know.

THERAPIST: For what it's worth I don't know if this helps or not, but I see plenty of people on the side of what you are describing of being kind of irresponsible or (inaudible at 41:48) what they don't have. And I tell people stuff like that all the time. So, like, in other words, I think you're (inaudible at 41:56) or I think, you know...

CLIENT: So you would be telling me if that's being irresponsible (ph)?

THERAPIST: Yeah.

CLIENT: OK.

THERAPIST: It probably comes across like I'm trying to be nice god forbid. Maybe a little bit. But that's not why I'm saying what I'm saying. I would not consider it nice for me to bullshit you with that (inaudible at 42:16) quite unhelpful too (ph).

CLIENT: OK. I appreciate that.

THERAPIST: For what that's worth.

CLIENT: I'll do it. I just...

THERAPIST: (inaudible at 42:28) it's very hard and it's very uncomfortable. (pause) We're going to stop for now. Are we good for tomorrow?

CLIENT: I believe so.

THERAPIST: [Yeah, sure, that's fine] (ph).

CLIENT: OK. I'll probably see you same time tomorrow.

THERAPIST: OK, sounds good. Take care.

CLIENT: (inaudible at 42:53)

THERAPIST: Bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Just to make sure often it seems like it's been tough to come to the second appointment in a week. Two is not too many though.

CLIENT: It's not because of anything like that. Just right now, it's been... like all of a sudden...

THERAPIST: Yea, (inaudible at 0:00:14) happened.

CLIENT: Yea, it's been like I've been working, working, working. And then all of a sudden, it's been one of those things where it's... my health is just...

THERAPIST: Yea. No that's fine. I just...

CLIENT: (inaudible at 0:00:23).

THERAPIST: ...wanted to check in.

CLIENT: Yea. It's not... no, no, no, no. Oh my God. I just blew up at somebody at the cell phone place. I've been having this problem lately where I just have very little patience for people bullshitting me. And so I kind of literally said fuck you and left. I learned this behavior by watching my customers, I think. Yea, so I just didn't feel like... I mean, I was getting the run around (inaudible at 0:00:53) and this and that. And I'm just like, "You know what? I'm done here." And it's really kind of driving my spouse crazy because sometimes it's when I've been doing this lately it hasn't been all that productive. It's something that we need to do, but it's just like...

THERAPIST: (inaudible at 0:01:07).

CLIENT: No but any particular thing.

THERAPIST: Oh, OK. Yea, yea, yea.

CLIENT: And I mean it's like, "Yep, I can tell that you are doing business the way they should be. So I am just taking my business elsewhere or going to go try somebody else or something." And I think it's just really pushing his buttons right now because it's counterproductive. But at the same time, it's like I don't like being... things that I now absolutely are untrue or unfair. Yea, so that was kind of exciting.

Oh, I did talk to my parents. This is actually kind of embarrassing. This is not like a I forgot on purpose kind of thing. But I apparently never told them that I spent my trust fund seventeen years ago. Yea, I thought I did. And maybe the just forgot. Yea. [0:02:01]

THERAPIST: And did you spend it mostly on Mike's (ph) education?

CLIENT: Education, our bills, an engagement ring. I sort of made it seem like it was more a honeymoon and an engagement ring kind of thing but... yea. That was embarrassing. It wasn't like a I didn't tell them because I was afraid to tell them. They know I bought my own engagement ring. I just neglected to say where the money came from, which at 20 years old, I'm not really sure where they thought it would come from.

THERAPIST: Where could it possibly come from? Yea.

CLIENT: Yea. So... but it's been 15 years. So I could like... I don't know where... yea, so that was sort of embarrassing. I talked to them and this is sort of... they have a really extremely reasonable proposal. I'm just exhausted just thinking about it, though. My dad feels as if I am exceptionally good tactically. Like handling the situations and things like that. But I really have a



weak point strategically. [0:03:05] And so what he wants me to do is make a five year plan with milestones for my life as to where I'm going with this. And how I'm going to make sure I never get in this situation ever again. And we're going to sit down and talk it over on Christmas Day. And then they'll consider it.

So it's a problem. I mean, as long as it isn't like I'm planning to run away and join the circus, I'm sure I'll be fine. But it is actually something that it is a reflection of something that I do know that is true. And I don't... I am so and he explained that I'm overusing the fact I'm so good at handling things tactically in the moment getting these things done that sometimes I don't because of that, I rely on my ability to think on my feet and scramble. And not necessarily be able to look at the long term of things. [0:03:58]

THERAPIST: Well (pause) that may be. But it seems to me a huge... there are other huge factors that...

CLIENT: I know. And we're going to take that into account. There's going to be fail safes that along the way trust me. This is the way they plan. Like it's going to be like if this, then that. Like as long as this is happening and that this milestone and this milestone.

THERAPIST: Yea, no, no. (inaudible at 0:04:39). Yea but like there's a lot I don't know. But in your history, it seemed to me that you've been hugely affected by things like Mike's addiction in the way that sort of drove you out of defense work. [0:05:02]

CLIENT: Which they don't know about.

THERAPIST: Oh, they don't?

CLIENT: Oh, they don't know anything about his addiction.

THERAPIST: Wow, that's right.

CLIENT: Yep.

THERAPIST: So that's one thing. And then your...

CLIENT: They know he struggles with depression. And they know on some level that his family is crazy. But they don't have any sort of details. They know that he'll come around.

THERAPIST: And then obviously there's a... the other one is your health.

CLIENT: Yea. And that's actually something where there is going to be there's definitely going to be leeway on that. It's more about other types of things. It's...

THERAPIST: I'm curious as to what bad or strategic decisions you've made?

CLIENT: Nonstrategic decisions. Like where am I next year? That kind of stuff. Or what am I doing to maybe not necessarily even a financial plan for myself but, what am I planning? What kind of goals do I have? [0:06:00] What do I... how am I going to mark...

THERAPIST: If you had done that five years ago, what would you have decided differently? The reason that I'm asking is because I'm imagining a lot of the variance in your financial situation or your income is due to things that you haven't been able to predict and control. And that in a possibly characteristic fashion, you're focusing on the aspect of rather than sort of ways you could have known what to do or could have control. I'm not at all thinking it's a bad thing to plan.

CLIENT: No, no. It's just that I spent...

(crosstalk)

THERAPIST: (inaudible at 0:06:53) weakness of...

CLIENT: Yea. It's just that I have spent money in ways that I do regret. And I wish I could get it back. [0:07:00]

THERAPIST: Oh, OK.

CLIENT: Mostly in terms of supporting Mike's (ph) family in some way or another, going out to visit, spending money on the children, things like that. There were other things too. But it doesn't have to mean... the thing is that this is not about my own lying (ph) thing.

THERAPIST: Yea. [Now I understand] (ph).

CLIENT: Even if it's what... he just feels like I'm sort of just wandering aimlessly around. And even if I'm not earning, what am I doing with myself?

THERAPIST: Right.

CLIENT: What am I doing in terms of this? What am I doing? Am I deciding that I'm going to start learning languages again? Or you know what I mean? What am I going to do with myself? And my mom put it... she said that I just seem like a lost soul a lost soul that really figures things out really fast but doesn't really know where I'm going in life. (crying) And (pause) I just feel like I just need to get more grounded. (pause) [0:07:59] Mind you, remember that they have very limited information on based upon to make these decision. And then based on the information that they have, it's very easy to see this.

THERAPIST: Oh, I... absolutely. I am not intending to sort of criticize where they're coming from. I guess my concern is... and maybe it's misplaced so it's good that you're getting to...

CLIENT: Yea, mind you, I've been out of sight, out of mind. They have no idea. I mean, this is going to be a conversation with me and my father and my mother. Mike (ph) is there. Like this is a conversation about this. And they really feel like they just need to know what's going on and where I'm going towards to have them shell out multiple thousands of dollars to bail me out.

THERAPIST: And they have no idea how incredibly difficult and often unattainable things have been for you in terms of...

CLIENT: Yea.

THERAPIST: ...health stuff. They...

CLIENT: They've got a pretty close idea but not as much.

THERAPIST: Like then it takes you two hours to get to bed that you can't physically work four hours. Then you're working that you go home and crash at 5 o'clock and wake up the next...

CLIENT: Five a.m. on the next day. Yep. [0:09:11]

THERAPIST: That you rarely feel up to going out on the weekend. That...

CLIENT: They don't know much about that right now.

THERAPIST: Yea. Let alone like that your husband has an addiction that consumes so much of his time and energy and takes so much away from your relationship.

CLIENT: Yea. They don't know.

THERAPIST: Yea.

CLIENT: And so part of it is going to be talking to them about this.

THERAPIST: Yea. I see.

CLIENT: But I feel really strongly that they're right on it. They're very right. I used to be a very strong planner and extremely Type A on so many things. And then now because of the fact that I know how much things don't work to plan that I just haven't been doing it. [0:10:06] And they're right. This is their... this is... I mean, this is their... they would not be parents. They would be a beck (ph) if they didn't teach me or at least sat down with me and discussed with me where things are going.

THERAPIST: Sure.

CLIENT: And I totally get it.

THERAPIST: Yea. So the piece that I am concerned about is that I get how they could ask or be unsure or have a view of you as a sort of a lost soul because there's so much they don't know. My concern is that you imagine that they may be right. That you're a lost soul and that you're...

CLIENT: Not as a lost soul but I'm not...

THERAPIST: ...not planning well.

CLIENT: I'm not planning the way I should be. Yes. That's true.

THERAPIST: Maybe you're right. Maybe you're right.

CLIENT: I don't know. I mean, they know me really well except for recently. They know my personality. [0:11:02]

THERAPIST: Well, they have no idea what's really going on in your life.

CLIENT: No, no.

THERAPIST: I mean, I'm sure... of course they know you really well. But they don't know your circumstances...

CLIENT: No.

THERAPIST: ...very well at all.

CLIENT: No.

THERAPIST: And I also know consistently a bunch how inclined you are to find ways to not make things your fault but imagine there were 12 things you could have done. When maybe you couldn't have or you couldn't have known. Like that it's not your fault. That's like kind of where I'm going.

CLIENT: Well, the reason why is because I have been able to so many times in my life scramble and make things go to my way even when it... something that... when someone thought that's completely uncontrollable.

THERAPIST: Well, you're absolutely... you've been doing that probably as much as ever.

CLIENT: And that's the problem. I think I'm doing it too much now instead of figuring things out. [0:12:02]

THERAPIST: Either that or things would have completely collapsed a while ago if you weren't so good at it. I'm betting on that one. That you're actually... like it's only because you're...

CLIENT: I'm engineering my life.

THERAPIST: Yea, engineering quite carefully that things haven't completely gone...

CLIENT: But it's on the very short term. It's the six month to one year engineering. Not the whole thing.

THERAPIST: Yea.

CLIENT: And so I see this... and also remember that they see themselves as being potentially grandparents very soon. They want to make sure that their son... they want to really know what's going on before... and I got this feeling based upon this. That they're going to help us with adoption.

THERAPIST: Right.

CLIENT: But before they ever make that offer, they really want to see what's going on to make sure that we're not getting ourselves really, really out underneath.

THERAPIST: (inaudible at 0:12:56).

CLIENT: I mean, I... well...

THERAPIST: But the thing is that unless something has changed, my understanding is you don't want to adopt until Mike (ph) has more control over his addiction. [0:13:10]

CLIENT: That's right, yea.

THERAPIST: And that's a huge deal.

CLIENT: Yea, it is a huge deal to me because I feel like I... children will be (inaudible at 0:13:21) especially if it's hard to adopt. It's not... most the time at least with very young children there are many more parents than there are children at this point in certain situations. And I think that I would be negotiating in bad faith by making it seem like we had better family than necessarily anybody else. I think it's just not the right thing. I love children and I want the children not to have to live that. Of children I've never met.

And when it comes down to the big things like I want to be able to get another iPad. [0:14:03] I want to be able to get things that I need for my health that kind of stuff. That's... there's no question about that. That's going to be there. It's more about the things like, "OK, so where did

the money go," that kind of stuff. Now they did actually very much understand though that Apple has taken a 25 percent to 30 percent correction in stock prices.

THERAPIST: Right.

CLIENT: So they know that this may or may not be the right time for that so we... that's something that they are very mindful on, too. They understand that part. And it's... I think they really just really what to wonder on what's going on in their daughter's life before they're going to hand over tens of thousands of dollars.

THERAPIST: How much are you going to tell them?

CLIENT: I don't know yet. So I mean we get behind a couple thousand dollars every month.  
[0:15:04]

THERAPIST: Yea.

CLIENT: Yea. So I mean, when I'm saying this, I'm not exaggerating in the least when I say that it's going to be... and it's been like that for a while. And I got to figure it out. And so this is actually probably a really good soul searching inventory that I need to do. It's just... and it has nothing to do with it at all right now I just I'm exhausted thinking about it. Because I could just thinking about the thing itself I can make a plan based upon what I want to happen or what I think will happen.

THERAPIST: Yea.

CLIENT: And it's like that's a lot harder to do. What I want to happen. Yea, I would love to be able to get out of here by the end of 2013. So that Mike (ph) (inaudible at 0:15:55) that has tenure in it. I would really love to be in a place that has weather that is somewhat easier on my body. Or at least if it's not trading it off or having a better support network around friends and people I know around me. Amongst... like there are a whole lot of things I want to happen. I don't know what's going to happen.

THERAPIST: Yea.

CLIENT: And so it's just... it's a lot of uncertainty. And... yea, so... but I mean, I'm going to go home. I'm working on on Christmas Eve until about 5:00 or 6:00. And then we're driving all night to go to my parent's house. We... that actually we could've flown in theory but my parents were grumbling (ph) because I wanted to see us at this point because we're... we were thinking about it anyways but they were like, "Yea, we need to talk in person about this." So we could would fly but there are just not flights to get.

THERAPIST: Sure. [0:17:03]

CLIENT: Yea. So we're just going to drive all night, get there on Christmas morning and then sleep a lot. And then go visit and come back Saturday. So it's going to be like a four or five day trip. So...

THERAPIST: Are you looking forward to visit?

CLIENT: I think I am. Yea, I really am actually.

THERAPIST: Yea.

CLIENT: I miss my dog. I miss my parents.

THERAPIST: Yea.

CLIENT: Yea, I really just need to get home at least for a little bit. I'm worried about Mike (ph). His stress level is relatively high. But I'm just really worried that sometimes too much happy family things kind of drive him a little bit up the wall because it's just not what he's used to.  
[0:18:08]

We were talking the other day about why it is that he would never use voice recognition software. That sound weird but you don't ever voice a request out loud and in the way he would never voice a request out loud, ever. He would look it up online and keep it quiet. We'd never say anything out loud. That's kind of creepy to think about the fact that he would feel like he not like he's imposing on voice recognition software but it's like a pang of wait, it's like I'd only take an extra second for me to look it up myself.

THERAPIST: Yea, yea.

CLIENT: And there are a lot of things like he know that's in... it's all met in good like... and it's met being worried about his health or worried about things. Things like that. But he's just not used to it. So it feels like it and he knows that it's not really smothering. But it doesn't mean that he doesn't feel like he's drowning sometimes. [0:19:00] So... and sometimes he talks to my mother more than me which is kind of weird because they play Scrabble together...

THERAPIST: Oh.

CLIENT: ...over the Internet.

THERAPIST: Like online.

CLIENT: Yea, they do like Words with Friends.

THERAPIST: Right.

CLIENT: And yea, they're way too... like use muyon (ph) I can't ever say that right word but autobot (ph). They do all these crazy words. I mean, I've got a bombastic vocabulary and I have been shocked by the stuff that they play.

THERAPIST: (chuckling)

CLIENT: And my mom learned English as a third language. But that kind of stuff and so I mean, on some level, they actually do have a relationship and they can talk about me just great. Like sometimes my mom will call Mike (ph) if she knows that I haven't been... I've been under the weather. And she'll text him first to make sure there's no ringing in the house is going. Especially because I was really sick. And then she's like, "OK, so what's going on?" And she'll call and talk to him so she... although they don't talk about anything deeply personal. I mean, they... it's not... it's all...

THERAPIST: How's your health, by the way? The infection...

CLIENT: It's been up and down. [0:20:00] I have sort of like these weird...

THERAPIST: You have a little more energy today.

CLIENT: I've got a little bit more energy to me right now. The only problem I'm having is that now that I am slowly being taken off the steroids, I am having been all kind of weird things that are apparently are perfectly normal. I'm not that asthmatic not at all. But because I've been on steroids apparently even people who have no asthma whatsoever when they weaned off of it, they get the tightness and feeling like they're...

THERAPIST: I see.

CLIENT: Like when I have to take a flight of steps...

THERAPIST: Right.

CLIENT: ...it wasn't like I was exhausted. I could just feel it in my chest.

THERAPIST: Oh, yea.

CLIENT: And so... and just a couple of other things. But I've been having just really ups and downs. The good thing is I didn't even know they made this you've heard of probiotics, right?

THERAPIST: Yea.

CLIENT: They actually make prescription ones.

THERAPIST: Oh, those help like regrow gut flora, right? Yea.



CLIENT: Yea. They have ones that are very specifically like supposed to help keep you from having a C. Diff. infection by keeping in the flora. It's the flora that you have will keep the other one in check. It's kind of like...

THERAPIST: Like a... yea.

CLIENT: And so I got a prescription for some of that and that...

THERAPIST: Good. [0:21:04]

CLIENT: Although it's a giant pain in the neck again because it's one of those ones that has to be refrigerated and has to be taken certain times of the day. I was talking to my mother about this and she's like, "This is going to be great. You learned do you know about how to keep to a schedule? This would be great for a baby because babies need schedules." So... because I'm like, "OK, I can't have another one before 11:00 on this and I can't do this before that." And she's like, "This is good for you." Like, "OK, great." But it doesn't really limit the number of possibilities to eat certain stuff.

THERAPIST: Yea.

CLIENT: Not that I ever really wanted to eat much of anything really all that much. Because it just until recently I... it'd just make me sick anyways. So I... but I am doing better now. I am seeing tomorrow morning (inaudible at 0:21:57) to go pick up my images. I have to go see this gastrointestinal doctor as opposed to the surgeon to find some answers about this. Because if there's something that flared it up, I want to make sure it stops amongst some many other things. That and I'm secretly afraid of going to the dentist right now for fear that they're going to think I have an eating disorder. I was going to talk to the gastrointestinal doctor about this because I've been throwing up a lot.

THERAPIST: Oh.

CLIENT: And I'm concerned that when they see my teeth, they're going to think I'm a bulimic...

THERAPIST: I see.

CLIENT: ...which sounds stupid, I know but not all that odd.

THERAPIST: Yea. No, the incidence of eating disorders is high enough that I'm sure they...

CLIENT: Well, at least ask some questions.

THERAPIST: ...(inaudible at 0:22:44), yea.

CLIENT: Yea. So... but the... so I'm going to do that tomorrow. Oh, I got a billion things I have to get done. But so that's... that there's... that and I have to go to the eye doctor, a bunch of other things. [0:23:04] That kind of stuff. So I am... my energy is better than it has been.

THERAPIST: Good.

CLIENT: But it keeps going up and down. I'm very cautious about telling anyone I'm feeling better because then when I'd say that, it seems to me that like all of a sudden, I get... it gets worse again.

THERAPIST: I see.

CLIENT: So... but...

THERAPIST: But you're not feeling all that well.

CLIENT: No, it depends. And like I said, I have no idea at this point how much is anxiety and how much is actual like illness in terms of gut pain. Not that I ever really had a whole lot. I mean, I did. But not like... I'm not one of those people that always feels queasy when I'm upset. But I don't know how much it is and what is what. And so... and part of it is the anxiety over the fact that I don't want to have to have another set of stitches.

THERAPIST: Yea.

CLIENT: I hate getting operated on. [0:24:02] And for a person who's had a lot... have had it happen a lot... (chuckling)

THERAPIST: Yea.

CLIENT: Just like I'm sort of... I'm trying to find a way to go on strike from being on needles too. Being in the hospital really...

THERAPIST: Like what do you hate about being operated on?

CLIENT: I'm sorry? Oh, I don't heal correctly. I... dissolvable stitches tend not to heal right. I am still spitting (ph) stitches from a surgery that I had back in 2009, 2010.

THERAPIST: Wow.

CLIENT: Occasionally I get these like weird things that happen because my immune system doesn't like the stitches. So I... just like I said, just things like that that I hate getting operated on. I mean, on top of the fact that I'm terrified of being knocked out. I always am.

THERAPIST: Right.

CLIENT: Eventually like I've got like a whole ritual system in which I make myself so exhausted that when I go in, I don't have any fight left in me. [0:25:00] Usually by staying up all night because I can't sleep anyways. So by the time they get in there, I have no fight left in me in terms of that and they just do what they what. But I just... there is a lot other, like I said, complications with if I'm having autoimmune problems again with the... with getting that surgery that I just don't want.

THERAPIST: Yea.

CLIENT: But mostly it's just the fact that I hate having stitches. I'm a baby about them. I don't like them. They itch. I heal extremely slowly. And everyone says it but really is true for me. And so I'm just like...

THERAPIST: Yep.

CLIENT: And I don't want to have to take the time off from...

THERAPIST: I'm glad you're a baby about something.

CLIENT: Oh my God. I'm actually a baby about being queasy too. I do not like being nauseous at all. Like I could... I honestly would rather have a broken bone than be nauseous. [0:26:02] And I know this because it's happened many times.

THERAPIST: It's happened to you plenty of times.

CLIENT: Yea. So it's like this. But yea, I am so not... I don't like stitches at all. So... but so I'm very much as much as I really would like to have this not taken out but I also want to make sure this isn't something else. Because a couple of doctors did say that this looked more like instead of an well, I know there was infection it looked more like Crohn's related swelling or Crohn's. Like it's hard to tell on those things so which is why I'm pushing to go see the gastroenterologist because the surgeon seems to be like, "OK, it's not too bad right now." It's like that's it bad or not? Do you know? How bad is it?

THERAPIST: Yea, right.

CLIENT: The difference... it's a different field. It's a different way they look at things. So I... yea. So... (pause) [0:27:01] But it's... yea, I'm definitely better when I do half days these days. And I would really... trying to... try and push to do more half days, I think, next year because this whole getting home and then going right to bed is just really...

THERAPIST: Yea. So are you trying to do more half days or something to adjust your hours?

CLIENT: Trying to... well, maybe that or just reduce the hours. I don't know. Something because it's just really, really tiring to me.

THERAPIST: Yea.

CLIENT: And I... especially when I do a full day. Because I'm hitting rush hour, it takes a lot longer for the commute too. [0:28:02] So there's nothing quite like...

THERAPIST: Right.

CLIENT: ...yesterday I left work at 3:45. I got home at like 6:30, I think.

THERAPIST: Ouch.

CLIENT: Yea. So I mean, there was a half a mile walk in there, too. But there it's just... that's just miserable.

THERAPIST: Yea.

CLIENT: So... but I am really looking forward to going home for a bit.

THERAPIST: Yea.

CLIENT: And that's going to be good. I... yea, so... and that's really pretty much been like the end all, be all of pretty much all that's been going on. We got a card. A very strange card from Mike's (ph) grandfather which I mean, he's getting up there. He's in his 90s. So like the fact that it was signed, "You... to you and Debra," seems a little weird. [0:29:08] But yea, I mean, that's just... but we haven't heard anything else from his mom's side of things. And that's probably for the best.

The more we don't hear from her but it's harder at Christmastime but the more we don't hear from her, I think, is the better. Because even if she doesn't stir anything up, the fact that he will immediately want to make her happy again is just... and there's nothing he can do. And he's just amazed. He's so... he's getting through this healing process now of realizing. And like I said, I think I mentioned last time he's a little bit bitter about the fact that nobody ever woke him up to this point. Because if it was... if they just simply said that clinically people who have behaviors that are similar to hers never... you'll never make them happy. Or you'll never make them like you. I think that that would have changed decades. [0:30:02]

THERAPIST: Yea. That would have been huge.

CLIENT: And so I think that he's really going through a lot right now because of that. Because it's like, yea, how much was just thrown run away in terms of that. If... and it's easy to say to someone just vaguely, "Hey you're just not... don't put the effort in. She's never going to do it,"

but saying things like people who have these kinds of behaviors tend to have never, ever started to like people. That's a very, very... and I really mean like having emotional bonds in any real way. I think that would have really changed a lot. And he's just... like I said, he's going through a lot about that. And I mean his life is really miserable. And so I'm trying very hard to make him as happy as possible. So...

THERAPIST: Sound like his therapy has been somewhat helpful for him.

CLIENT: I think so. [0:31:01] I think so. The big thing... I mean, he's been going to therapy since like 1995. So I think that the thing is he's really pissed that he's been spinning his wheels. Part of it is because it's his fault because he would just like the world's best patient.

THERAPIST: Right.

CLIENT: Part of it's just he's been coddled by people. And part of it's like... I don't know. I just don't know. But it's just I thinking things are working out. But he's just still... I mean, it's really moody. He's having a lot of problems. This is real stuff. And...

THERAPIST: Well, what's going on? What's he been like?

CLIENT: Oh, at one point, I think, he came home. He said something to me like something along the lines of, "You've been... you used to say something about the fact that you've been ignoring about something or other." [0:32:01] And usually when he comes home, he doesn't want to talk. So I've just kind of like, "OK, I'm just going to look on some stuff on the Internet and just be in the kitchen while he's in the kitchen there," that kind of stuff and so little things like that. (pause) It's really, like I say, it's like such day to day stuff that it's just... it's really hard. (pause) I know that he is due to the fact that he has been having back pain and now we don't know if his kidney stones are just whatever he's been sleeping sitting up for a while lately like this.

THERAPIST: Oh, wow.

CLIENT: Yea. [0:33:00] It's just very moody. He's very moody. He's very cranky. And so hopefully that will go away. We'll figure it out. But it's... for me, again, I feel I'm walking on eggshells all the time. Like because I really, really want to protect him. I like I... OK, this is a very, very non-important example of this.

THERAPIST: OK.

CLIENT: Our landlord is going to feed our turtles while we're gone. My landlord mentioned, "Oh, I can't wait to see the little one that really gets excited when I come inside." I'm thinking to myself, "Oh my God. Is it possible for me to get to his iPod and delete that e-mail before he sees that? Because he's going to cry because that was the one that passed away," that kind of stuff. [0:34:00] And I don't want him to have to feel sad about that right now.

THERAPIST: Yea.

CLIENT: And I think of other things like that. Like just things like that.

THERAPIST: And you're incredibly protective of him.

CLIENT: I am protective of him.

THERAPIST: Yea.

CLIENT: If there's something that he really doesn't want to do.

THERAPIST: Yea.

CLIENT: Like lately he has been having a really hard when he's... because I really like it when I'm not feeling well for him to read to me. It really helps me put me... it does... for some reason, it's so much more soothing than getting... I listen to audio books, too. I just... it's really a wonderful thing. And disturbingly enough like it's been like I can have him read me tax code and it would be fine.

THERAPIST: (chuckling)

CLIENT: I have him read me all kinds of random... like if he is reading the paper, I'm like, "Just start reading the paper out loud. I'll go to sleep."

THERAPIST: Yea, just to hear his voice.

CLIENT: Yea. I do. I really love that. And I'm actually joked around I mean, I've tried to record it but I joked around about just recording something funny. He's like that would creep me out to be inside the house and hear my own voice.

THERAPIST: (chuckling) [0:34:57]

CLIENT: But the... lately when he's been doing that, it's been keeping him awake. It's been waking him up by reading. And so now I've been like, OK, I'm in pain. This would be really soothing but I know this will keep him up possibly until a couple... like in the middle of the night because he can't sleep. So I'm not going to do that.

I know that... I mean, and this is mostly I've been really protective of his sleep cycle. In the past when I've been in bed and I have heat pads in the microwave and I have been in pain. In the past, I've asked him, "Hey, can you microwave this for me. I know it's in the middle of the night," or whatever. Now because of the fact that I know it's really screwing with his sleep cycle and he can't get back to sleep. I'm trying not to do that. He'll ask me, "Do you need heat pad?" Like when I'm bed and in the morning, if I have to, I've been stumbling out and doing it myself.

THERAPIST: Yep.

CLIENT: That kind of stuff. I'm trying to make sure that everything is better for him as possible. [0:36:00] So... because I know that he's just really, like I said, he's had a really rough time with it.

THERAPIST: Yep.

CLIENT: I've tried to tell him that I think that this is the problem as it is because of the fact that like I have very, very bad personal habits. And therefore, I'm terrified to tell him this because it sounds ridiculous. Like me telling him to lose some weight. I've gained like 30 pounds in the past year. Me telling him that he really needs to lose weight and get more exercise I think that will really help is really not helpful. I feel like saying that to him. First of all, is like saying, "Well, why don't you start flying to work?"

THERAPIST: Yea.

CLIENT: But also I feel like it's really hypocritical of me to say that though I think that it really would be beneficial. So it's just trying to in better ways trying to coax that kind of behavior out. We'll see. [0:37:01] I think that maybe if things are going a little bit better, I will definitely mention it. It's just that he's got so much on his mind right now.

I finally after two years got him to ask his boss for a new laptop. He's been in pain. He lugs around I kid you not 15 pounds with him back and forth to Longwood. OK. And he's like wondering why. At one point, I'm like, "This is like... these are like papers from like something a conference you went to back in like 2002. Why are you carrying these around?" Like pulling these bunch out. But I'm like you need to say to your boss, "Hey, I've been going to the doctors. They say I... this and that." And just ask for... and he didn't even want to ask for anything until he had data to give them which I understand.

THERAPIST: He doesn't even want to ask the phone for directions.

CLIENT: He doesn't even want to ask it what temperature is outside. Yea, yea. So... but he finally, finally did this. And it's going actually a better computer for him in general. [0:38:01] Not just lighter and thinner.

THERAPIST: Oh, good.

CLIENT: They're going to get one of the new Retinas so that it'll be lighter. But also they'll definitely be better for him to do some sort of... there's some CAD on it, et cetera, et cetera. But like the ViS (ph) Institute was endowed with \$57 million this year. That's spread over 50 people. That's...

THERAPIST: They can probably hook him up with a laptop.

CLIENT: They can hook him up with a laptop. I mean, and they have all of this stuff. Every meeting he goes to is catered. They apparently he's never stayed up late enough to find this out but apparently on Fridays at 4:30 pm, they have beer out for everybody to drink. I'm like so you haven't been at work later than 4:30 on a Friday, really? And he's like, "Well, I'm normally early (ph) out here," or whatever. But the point, though, is that they have a lot of money to spend and a lot of just random stuff so asking for this new computer so that he can be able to more effectively like lug it around sure. [0:39:05]

So but I've been sort of like... because he doesn't really... I mean, he's exhausted. Hand pecked to try to sort of pick and choose my battles. I'm not in any way saying that I'm afraid to ask him these things. I just want to be able to be like if I sit him down and talking to him about something like a change he needs to make in his life, I want it to be an important one.

THERAPIST: Yea, you're concerned about his sort of fragility and reactivity.

CLIENT: Yea.

THERAPIST: And you want to say things that are constructive without making him feel worse or making him fall apart at the same time.

CLIENT: I've given up on asking him about the stupid stuff anymore or... and like not stupid stuff. But like have you brushed your teeth? Have you been putting this testosterone stuff on you?

THERAPIST: Yea.

CLIENT: Like I'm sure that's part of the problem. He's not putting it on him at all.

THERAPIST: Right.

CLIENT: Are you taking your pills?

THERAPIST: Right.

CLIENT: All these things. I mean, there's only so much hand pecking a wife can do before you really, really can't stand to be around her anymore. [0:39:59]

THERAPIST: Well, it's tricky because in hand pecking and usually... I don't know. It's complicated with him, it sounds like. I mean (inaudible at 0:40:21).

CLIENT: I mean, I can literally all day long ask him, "Did you do something," just to find out on it.

THERAPIST: Right, sure.



CLIENT: I mean, I can find something to ask him about like, "Did you remember to turn off the dehumidifier? Do you remember how to do this? Do you..." At any given time, these things could or could not be turned off.

THERAPIST: Right.

CLIENT: That one I'm just like, you know what, I just finally got a timer on it. And so if it runs more than eight hours now, it will shut off.

THERAPIST: Good, great.

CLIENT: But like these things are just too... I mean, I can find things all day long. And part of the thing is he's just not making really strong memories about most... he sleep walks through his life. He's afraid to talk to Seary (ph).

THERAPIST: Right.

CLIENT: This is actually, to me, is actually pretty darn profound to hear this.

THERAPIST: Yep.

CLIENT: And it has nothing to do with the phone. It's just that he's never voiced aloud his desires.

THERAPIST: No, no. It's more like a kind of a (inaudible at 0:41:04) for how much trouble he has speaking for what he wants.

CLIENT: I think he can write type out what he wants much better than say it physically aloud.

THERAPIST: Right.

CLIENT: And that's probably something that happened in childhood. I mean, come on, he had... if he told his mother that... he basically said to this woman... she said, "I don't know what to say to you when you're depressed." He said, "Well, why don't you talk to somebody? Or why don't you look up on the Internet and what do you say to people who are depressed?"

THERAPIST: Right.

CLIENT: Like that was a big thing for him to say that. And well, she shut him off again.

THERAPIST: Yea.

CLIENT: And that's OK because quite frankly, I don't really...

THERAPIST: It's easier that way.

CLIENT: I would rather have her do it than me.

THERAPIST: Yea.

CLIENT: Because it's... then it's... yea.

THERAPIST: We should stop for now.

CLIENT: I will be back tomorrow.

THERAPIST: And then we'll talk more tomorrow.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Well, I'm feeling better than I have in many weeks. So that's good.

THERAPIST: That's terrific.

CLIENT: I am... got a massage today. And I basically... I have someone who works with a lot of deep tissue stuff. And so I had to really work on a lot of adhesions and that kind of stuff that can be really painful. So I'm doing a lot better. It's funny because I didn't actually. Because I have had so many other going on in my life, I sort of had sort of a numb, dull pain. But hadn't been really been thinking about it a lot in weeks. And it wasn't until it started to go away that I realized oh my God, I've been in a lot of pain.

THERAPIST: Yea. Where was it?

CLIENT: From... I go to Harpers (ph).

THERAPIST: Oh, right there in the...

CLIENT: Oh pain legs, the bottom half of me mostly.

THERAPIST: Harper (ph) can be a source of pain, though. I was thinking about (inaudible at 0:00:55).

CLIENT: No, no, no, no, no. I thought, "Where was I going to get that?"

THERAPIST: Yea, yea. I understand.

CLIENT: No, no, no. But yea, so that was definitely very helpful.

THERAPIST: Good.

CLIENT: And she was like, "Be really careful because you feel really great right now. But I've done a lot of body work on you so you need to take it easy. Go get some... drink a lot of water and get some Epsom salts because tomorrow you will hurt." I'm like, "OK."

THERAPIST: I see.

CLIENT: Yep.

THERAPIST: Like from being sore.

CLIENT: Yea. A lot of the stuff revolves around basically going really, really deep into the areas where the nerves are and sort of resetting them by pushing on them really hard. Also just breaking doing a lot of very, very deep muscle manipulation which often you do get bruised a little bit. It's really painful afterwards. But it does long term help a lot. So that was really, extremely helpful.

THERAPIST: Oh, good.

CLIENT: So need to start doing that more often once things get more stable. Because I think it really does help a lot for me.

THERAPIST: Sounds that way.

CLIENT: Yep. So, oh gosh yea, it is nice having a perspective in which I don't feel like I'm just... I mean, I still feel bad. [0:02:08] But I don't feel that bad anymore. So I feel like I have like some sort of awareness of what's going on around me. And I'd say sleepwalking but it's more like nightmare walking in terms of thinking that it hasn't been that great. Sleepwalking makes it seem like well, you're kind of drowsy and it hasn't. It's been very... like I've been sort of walking through this.

THERAPIST: Yea.

CLIENT: So that's been really difficult for me. But I've had to and so...

THERAPIST: Yea, not exactly like your choosing to do it.

CLIENT: No. One of the biggest things that I have as a difficulty is I have many, many people around me who are trying to be helpful. And the advice that they're giving me and I often just do it just to get them off my back but it's really not that helpful which is, "You need to get out and

about. Once you start going, you're going to be better. You need to do this." [0:03:00] These are all really, really helpful ideas in theory. But they're really not as helpful as they seem.

THERAPIST: Yea.

CLIENT: And like it's been really...

THERAPIST: I would imagine that a lot of the time it's true that you do need to get out and do stuff. And you need to stay home and take it easy. And you probably need some sleep. And you need to do things to manage the pain. And there are things you could buy to make you happier. And you need to be sort of very careful about money all at the same time.

CLIENT: For the most part, believe it or not, actually owning more stuff usually stresses me out more than...

THERAPIST: I see.

CLIENT: I am one of those people that almost all things no matter how cheap or expensive have upkeep and just don't like... I have been begging people not to, "Don't you get me things because I'm like I don't need another thing to dust..."

THERAPIST: I see.

CLIENT: "...no matter what it is." And I would saying it cute like that. [0:04:02] It's like...

THERAPIST: Right, yea.

CLIENT: ...it's a lot of upkeep and just one more thing to have to store. So I'm not really for the most part...

THERAPIST: Not about the stuff.

CLIENT: ...not about the stuff.

THERAPIST: Yep.

CLIENT: I would like to travel more but that's really about the big thing. But also at the same time I need to get my health back together because I've already had one of those extremely... I mean, I've had points where I was mildly miserable feeling when I was traveling. But I had one that was just so damn bad, it was heartbreaking. So like one was from the entire time in a hotel room in a different country. Yea, it's very depressing. So... but yea, so that's been pretty much my big thing. [0:05:00]

But I don't know. I guess that I just... I guess the next couple of weeks here will really dictate how I feel about the long term about stuff. So in terms of like if I can keep... keeping things positive and keep feeling better about things. There's something incredibly exhausting about... pardon me. There's something incredibly exhausting about coming home and realizing that I have a million things to do. And it sounds, "Oh, well you..." It's really easy to say don't sweat the small stuff. But you know what? Dishes do pile up. Things do pile up. And you know what? They become actually worse when you're tripping over stuff. And it's like...

THERAPIST: There's some small stuff you got to sweat. [0:06:00] Or it just gets bigger.

CLIENT: Yea. And I'm just... I am in many ways kind of bitter about all the advice I've been given in my life that is supposedly sounds like very good, sound advice. But in my situation, it's not.

THERAPIST: I imagine it also gets alienating. I mean, in addition to not being helpful...

CLIENT: Oh, yea.

THERAPIST: ...it makes you feel like, "Geez, thanks. This thing that supposed to work isn't working."

CLIENT: Yea.

THERAPIST: And that somebody doesn't get that.

CLIENT: Usually it's a, "Relax. Stop trying to control too many things." I actually have like an awful lot of things in my life that I actually don't know where they are. Because during moving, people stopped to tell me to basically stop freaking out about having everything labeled and making sure things went to the right place. I have a... seriously I have no idea where certain things that we actually kind of need over the years where they are. They've been gone for like seven years in moves that kind of thing. [0:07:03]

I'm very bitter about that one still because you try to like... where is it? You need it. "You're making yourself more upset than you need to be. You need to stop worrying about it. We'll take care of this." Yea, this is where I get trust issues is the, "Stop worrying. We'll take care of this," thing and then people don't. And it's not like I'm very easily conditioned. But it's not even just like a one-time thing. This has happened chronically with many people in my life because I just... it's like, "Stop doing this," or being helpful about certain things.

People say, "Oh well, you should get a nap." I'm like, "Well, great. That's fantastic." But then they're like, "Maybe you're sleeping too much and that's why you're so sleepy." You know what? I just really feel like I'm sick and tired of other people who really don't know what they're talking about telling me what to do. I know it's very well meaning and all. [0:08:02] But it really isn't all that helpful.

THERAPIST: Well, sure. It's like, "OK, I won't worry about when I move. But then when I can't find my blender, I'll call you."

CLIENT: Yea, exactly. Exactly. And that's pretty much the kind of stuff that like no one knew where it is. And I have three different places. I have things in our current place. I have things in my parent's basement. And then I have things in storage. And God only knows where any of this stuff is or where or what. And yea. I just... I am reticent to actually ask for help with certain things in certain situations now because of the fact that I know that certain times it is not worth the help. [0:09:00]

And it's awful to be like that. But I'd rather be like, "No thanks," than be spiteful. And be like, "OK, so yea. Thanks for nothing." So... but I really feel like on some level I feel bad because so much of everything in my life has to be on my terms or else I won't... I'm unhappy about it. Sure I want to go do something. But I want it to be entirely on my terms. I need it to be short. I need it to be this. Or if we're going to go eat somewhere, I need to go somewhere that's not going to bother my stomach. So much of this is like I don't like the fact that I have... I rather not do anything at all because I don't want to have to be like, "OK, it has to be on my terms." Because I just don't like being that selfish. I mean, I've done it before and it's not all that helpful. So that's pretty much... that's sort of what's been on my mind lately. [0:10:05]

I am looking forward to going home. I'm not looking forward to the drive. I'm trying to figure out some way to finagle getting out early on Monday. We'll see.

THERAPIST: When are you supposed to be done?

CLIENT: Six and then I drive all night to Cincinnati. Get in at 6:00 am on Christmas morning. Yea. (chuckling)

THERAPIST: Yea.

CLIENT: So...

THERAPIST: So do you guys split the driving?

CLIENT: I can't drive anymore. So not only do I not have a legal license. But lots of things related to what is probably the best if we don't let me drive. So since we have owned nothing but stick shift cars for a very long time, I sort of let my license expire back in 2004.

THERAPIST: So wait, what would guys be driving?

CLIENT: A rental car. But no, I just let it expire and then for years...

THERAPIST: (inaudible at 0:11:01) did that but you got a rental car that (inaudible at 0:11:04).

CLIENT: A rental car, yea so... but I... yea. But like I just let things like... and it's been more than ten years since I've had a driver's license. So... and I wasn't especially a great driver to begin with. So it's probably for the best. I don't know. So I like cars. I just don't like to drive. I like fast cars but I don't like to drive them very weird thing.

Then it's like I said it's a long drive. But it... so my one safety net part way is going through... because my friend is in Orlando for the holidays. So yea. I mean, it's part of the way so if things got really bad, I could stop and stay at her place. [0:12:01] But she's out of town.

So, in general, I have to have a complicated conversation with her very soon which I'm not even entirely sure how to handle. So she has been getting involved in so many business practices that are really bad. And I'm terrified that she's doing this specifically so that... she's involved with someone who has some very, very... has ethics that are in the gutter. And doesn't really... it's... I think he's a jerk to begin with. But that has nothing to do with that. So her wine shop they lost it. And so now they're opening a restaurant. They lost their lease. She told me it's because the mall wanted to take it away because they wanted to put somebody else as a tenant there. But when we went there, this mall didn't have that many tenants. So I don't really...

THERAPIST: That's really strange.

CLIENT: I don't know... I don't necessarily think she's lying to me. [0:12:58] I think that in many ways her business partner is also the person she's sleeping with is lying to her also. There are a lot of things about what I've heard and the way he talks about the way he runs the business is extremely unethical. And he talks about it openly like that's the way you're supposed to do it is save like... don't declare anything that's cash. Pay people under the table. Do this. Do... all these things that are...

THERAPIST: Sketchy.

CLIENT: Very sketchy. And I think that since neither one of them have business in the restaurant industry amongst many other things I think this is an extremely bad idea. And just they're running bad money after good so I got to have a talk with her about this. But I want to do it after speaking with some other friends of ours so we cannot just be like Debra is trying to run your life. It's like...

THERAPIST: We all think this is a bad idea.

CLIENT: Yea. Especially with the same partner who we are pretty sure is not telling you the truth or something. Something is going on that's not right. [0:14:00] So... but I need to do it when he's not around because he really pushes my buttons. So we brought home German when we were coming back from the funeral I brought home German food for him. And he's like, "Yea, Cincinatti German food. They don't (inaudible at 0:14:19)," and just feed it to the dog right in front of us.

THERAPIST: Oh my God.

CLIENT: Yea. And I'm like, "Actually the... this is in a very great place. And their head chef is from Munich. And you can order in German during Oktoberfest," and all this kind of stuff. I was deeply insulted because I made a big deal about that. That we're going to drive out of our way to make sure we get there and make sure we bring some home for Drew (ph). It just pissed me off to no extent.

THERAPIST: Sure, of course.

CLIENT: And there are other things that just... things that just bother me so... and yea. So I have seen enough like reality shows about fixing bad restaurants to know that he's like the perfect stereotype for these kinds of things. [0:15:09] So... but that is something I'm not going to deal with until next year since I don't want to... I know her parents really well, too. So I don't want to call down and disrupt the holiday. I mean, I'll call down and talk to her. But I'm not going to start the holiday right now. So... but that's pretty much the big things right now just trying really hard to... like if I get to sort of keep the sanity. Figure everything... and I mean with sanity I mean like keeping things from getting out of control. I don't mean like actual insanity. But...

THERAPIST: Right.

CLIENT: ...making sure that those things that need to be done get done. [0:16:02] And just keep up with paperwork that I have to do and all this other stuff.

THERAPIST: Like kind of sort of keeping things running?

CLIENT: Yea. And a lot of medical related stuff that I need to file and do this and do that. Then I have a bunch of... just I mean, it just feels like all I do is paperwork and clean the house. And I mean, I don't live in that big of a house either.

THERAPIST: Yea.

CLIENT: It's not even a house. It's an apartment.

THERAPIST: Right.

CLIENT: I mean, it feels like the rest of my week is monopolized by the (inaudible at 0:16:34).

THERAPIST: How big is it where you guys live?

CLIENT: It's a one bedroom. It's tiny.

THERAPIST: Is it like 900 square feet?



CLIENT: Probably close to 750, 700. It's nothing big at all.

THERAPIST: Yea.

CLIENT: It's just a matter of keeping the chaos at bay.

THERAPIST: Sure.

CLIENT: So especially if we're going away, that means that cleaning out the turtle tank filters and stuff like that. [0:17:02] So luckily that's not my job. I'm not tall enough to do it. So... but it just is, like I said, it's a lot of stuff to have to get ready for that kind of thing. But as much as I am feeling less pain now, just thinking about the week's end is kind of exhausting. Thinking about OK, so I have to make sure this happens and this happens and this happens. And winter is always really hard for me, too.

THERAPIST: Even with all the terms like sort of nostalgic things (inaudible at 0:17:56) or just the kind of keeping things going in a day-to-day sort of way and stuff? [0:18:02]

CLIENT: Yea. Making sure that I stay on schedule, more or less. Making sure that I get up in the morning and I get this done and this done.

THERAPIST: Right.

CLIENT: I mean, it's not like these are not really... for most people, this is normal stuff. But when...

THERAPIST: Yea, but when you allow yourself and when you have the kinds of health stuff you have and you're not feeling good day-to-day.

CLIENT: When you have to get up the physical fortitude to go to the bathroom because it hurts to walk, it's kind of like unloading the dishwasher is not exactly an easy...

THERAPIST: Sure.

CLIENT: I mean, it's not bad but it's not easy to do.

THERAPIST: Yea. And I imagine that it also bears a lot on how you feel in that when you can stay on top of that stuff, you just feel much more like a human being. And when you can't, you feel I would imagine like less in control of your life.

CLIENT: Yea.

THERAPIST: And just not feeling as well.

CLIENT: And Mike (ph) does help. It's not like it's completely done. But I do have to spend a lot of time reminding him to do it because he could just... he just doesn't notice the world around him. [0:19:03] I'm just... he's going to get hit by a car one of these days. It isn't just he's a slob about things.

THERAPIST: Right.

CLIENT: He isn't that much of a slob really. His family members are slob. He's not a slob. But at the same time, he's just so oblivious to the world around him that it's kind of scary. So actually today he is being involved in a research study on what is it oxytocin, believe it or not. For money which is good. Yea. So it's supposed to be about something I don't remember exactly what it is but it was something related to his conditions that is supposed to be like they're doing an MRI with oxytocin on him. So we'll see. Yep.

THERAPIST: I vaguely recall writing a paper or an article about oxytocin and if it...

CLIENT: It's some sort of love bonding related thing.

THERAPIST: Yea, yea.

CLIENT: So...

THERAPIST: And it shows up like in very early parent/child bonding as well as the romantic bonding, I hear. [0:20:06]

CLIENT: Yea. So we'll see.

THERAPIST: Yea.

CLIENT: And he has a lot of social phobias all of a sudden. This is... would really be nice to have him like...

THERAPIST: He does?

CLIENT: All of a sudden, yea. Well, part of it's the fact that he's not really holding up his end of things. Much like he felt like he needed to be poor asking for a computer just to work on. It's really hard to show your face when you haven't been doing anything. Again, it's really hard to meet people or want to have small conversation when you have long term issues with like, "So, what have you been up to lately?" "Oh, I've been surfing the Internet for porn. That's pretty much about it." You know what I mean?

THERAPIST: Yea.

CLIENT: It's like... or I've been really... he's just not been wanting to... as much as I say I avoid talking to people. It's not a social phobia. It's a oh my God, this is just a big pain in the ass. He's not been really... so who knows. We'll see. [0:21:06] And it's something that somebody some doctor related to him recommended that he ought to get involved. And so we'll see. It's a one-time thing.

THERAPIST: Yea.

CLIENT: Who knows?

THERAPIST: Out of the house.

CLIENT: Yep. It'll be interesting. So... but it's actually nice to see him going out and doing something to get not that he doesn't but it's nice to see him go out and doing something that's going to help at least for finances too.

THERAPIST: Sure.

CLIENT: It's a big deal. So...

THERAPIST: They're paying pretty well.

CLIENT: I have no idea, to be honest.

THERAPIST: Yea.

CLIENT: Usually things revolving around MRIs do. But I don't know the specifics about it. So, both of us have done it back in grad school to make money.

THERAPIST: Oh, neat.

CLIENT: So you can make a decent amount of money.

THERAPIST: Right.

CLIENT: Yea. So...

THERAPIST: (inaudible at 0:22:25).

CLIENT: Yea. So...

THERAPIST: Can you go in a MRI anymore?

CLIENT: No.

THERAPIST: Yea, kind of your...

CLIENT: Metal.

THERAPIST: Yea.

CLIENT: So... but no. Back then, yea.

THERAPIST: Right. This is before that.

CLIENT: Yea. So I can actually technically. They now have ways of... there isn't much metal actually in there. But it is enough that poor diagnostic MRIs, they rather not. Not for diagnostic, but for research MRIs, they'd rather not.

THERAPIST: I see.

CLIENT: It's non... it's not paramagnetic. So... but it is enough that they would rather not. So... plus my vision has gone down in the past ten years. So it's (inaudible at 0:23:07) contacts to do it.

THERAPIST: I see.

CLIENT: And most the time they do these things where they have you wear something on top of your head that uses mirrors so you can see what you're... what they want you to see while you're in there.

THERAPIST: I see.

CLIENT: But yes, it's a very... definitely very low demand... a very low supply in terms of like (inaudible at 0:23:22) people in terms of that. So... but it was actually very, for me, it was very except for the money at the time it was very interesting because I although I understood that I could write with both hands I didn't realize how amazingly integrated in terms of like nonbiased what how my hand it just was not affecting my brain. How much that really was significant. I didn't realize that certain things that are normally like if you're right handed versus left handed or very, very strong in one way or in another. So...

THERAPIST: You mean that you were sort of genuinely not handed. [0:24:02]

CLIENT: Yea. Like as in...

THERAPIST: Or both handed.

CLIENT: ...in certain situations where I would see something but hear something. Like you would see the color blue but it was written in red type kind of thing. If depending upon because you're seeing it and it's in the visual cortex it would light up in one way versus another. It went into if you're left handed, it's like different apparently a little bit. I don't know. But apparently I... to me, it was very fascinating that I had a remarkable talent for that kind of stuff because of the distribution of that is very different than most people. So...

THERAPIST: That's cool.

CLIENT: Yep. So it was... it's nice to be special. Sometimes it's a pain in the ass. I can't see 3D movies the way most people do.

THERAPIST: Oh, really?

CLIENT: Yea. So you can but you can't. The red blue thing when it's skewed it doesn't... you don't process the same way that most people do. [0:25:00] And it's sort of I don't really care that much. But it is kind of like a lame thing to be like yep, I don't really feel like spending extra money on a 3D movie to go out and do that with my friends.

THERAPIST: It's kind of blurry.

CLIENT: Because it just looks mostly like red and blue and blurry. Yea so... but these are very small drawbacks to the fact that it's pretty cool.

THERAPIST: Yea, it doesn't sound like your (inaudible at 0:25:22).

CLIENT: It also was extremely helpful when I was having problems with my hands I still do because I can change hands. I spooked more than a few professors by changing my hand out... changing hands and then starting to take notes on the other hand. It's like, yea. Well, but I can't do it as much in my left hand. I can still write but I just can't do it. It's just more of an arthritis thing than a...

THERAPIST: I see.

CLIENT: ...natural like handedness thing.

THERAPIST: Did you sort of initially learn to write with both?

CLIENT: I don't really know exactly. See, this is where those many things where I want to talk to parents and I know that their perceptions are skewed. [0:26:04] The way they remember it has to be wrong. They claim because my dad is left handed and my mom is right handed that they actually very specifically when I was a kid put things right in front of me so they wouldn't be handed. Like this kind of thing. I'm like I can't imagine that with toddlers and things like that or anything like that that you'd have wherewithal to remember to do that every single... it just

doesn't sound like you would remember to do that. I know that I in elementary school that they really forced me, more or less, to be right handed in certain things just because it was easier for teachers. But that was mostly handwriting stuff.

THERAPIST: Yea.

CLIENT: I know that my handwriting is equally bad on both sides.

THERAPIST: (chuckling)

CLIENT: So... but not really, to me, it's really specifically nothing I remember becoming one way or the other. It wasn't an adaptive to breaking an arm or having problems with my hands or anything like that. [0:27:03] I remember very... for a long time being about to do it with both of my hands for just most of my life.

THERAPIST: Yea.

CLIENT: So I know that my dad attributes that to the reason why I am extremely verbal but yet, very technical. I don't know if that's true. I think that might be more like a social...

THERAPIST: Yea. (inaudible at 0:27:24). Yea.

CLIENT: ...like it's an acquired skill than something that I was born that way to do. But like I said, they're skewed when they talk about that kind of stuff. They believe what they say about me being an extremely remarkable child.

THERAPIST: (chuckling) Of course they do.

CLIENT: Yea. So...

THERAPIST: Of course they do.

CLIENT: They...

THERAPIST: It's probably what makes them such wonderful parents.

CLIENT: Yea. Though...

THERAPIST: In some ways.

CLIENT: In almost all ways. [0:28:01] But I'm saying like sometimes it's like I said, it's sometimes... what it does is it makes me discount things that may actually be true.

THERAPIST: I see.

CLIENT: So...

THERAPIST: I see. You've got a kind of an opposite bias in a way.

CLIENT: Yea. Well, I mean, my dad says I was reading at 15 months. Now after much, much, much exploration, we have used the word (inaudible at 0:28:23) which means that I can recognize, by sight, certain words.

THERAPIST: Right.

CLIENT: And what they meant. I didn't actually know letters or anything like that.

THERAPIST: Yea, (inaudible at 0:28:32).

CLIENT: Or it's like little kids when they get golden arches mean McDonalds.

THERAPIST: Right.

CLIENT: That's not reading.

THERAPIST: Right.

CLIENT: But he tells everybody about me reading at 15 months.

THERAPIST: (chuckling)

CLIENT: Yea. So I'm not... I'm very opposite biased toward that kind of stuff when they say that kind of thing.

THERAPIST: Yea.

CLIENT: So I... in certain ways, they were just so in touch with like I said my cognitive and emotional development growing up that I'm actually kind of worried about being as good of a parent about that kind of thing. [0:29:05] This is why I'm really hoping that at least my dad will be around and...

THERAPIST: What are you concerned about?

CLIENT: I want give my parents... give my kids as awesome of an experience as I did when I was a kid. And I don't necessarily know that I won't be able to handle that kind of like in the moment...

THERAPIST: Well, you can be differently awesome.

CLIENT: Yea.

THERAPIST: As best I can tell there are many ways to be an awesome parent. And you may be an awesome parent in a somewhat different way.

CLIENT: Yea. The easiest way to explain this is the way my parents like... OK, so...

THERAPIST: They set the bar pretty high.

CLIENT: They set the bar really, really high. Well, not just in what they expected for me. But like for example when I was probably...

THERAPIST: Probably in the quality of how they dealt with you, yea.

CLIENT: Yea. I was like eight or nine or something. I don't remember. Somewhere pre-puberty but not really a little kid thing. [0:30:03] I was with my parents in Milan and I remember we were doing all this touring. And found out that even now but back then kids who were fantastic, great artists started very, very young. They started training sculptors and they did things with their... reproducing things and the greats at like... and I realize I was actually too old to be a renaissance master. And a point in which I realized oh my God, I just closed a door to me really freaked me out.

And remember going out with my dad at basically out there. And went out for a cup of coffee which actually would have meant like I was having hot chocolate but at the time we sat down and talked about this. And he explained to me that that was OK. That basically that first of all, to love art is important. But there are so many... if you can't become an artist. I didn't even know I wanted to be an artist but I felt like oh my God. I'm like not even old enough to do this, this and this. [0:31:01] How old am I having doors closing on me right now. This is really spooky. He said, "There's... maybe you won't be an artist. But you can grow up and become a patron. You can love art and not be an artist." Whenever I tell people this story about having this conversation with my dad...

THERAPIST: And this was very reassuring to you.

CLIENT: Very reassuring.

THERAPIST: Yea.

CLIENT: But there... my dad saying there's too many artists, not enough patrons. Grow up and become a patron. That way you can inspire art. And we had a conversation. Then we went and learned about the Sforza's family because we were in Milan.

THERAPIST: Sure, you're in Milan. What the hell, yea.



CLIENT: And showed how these people like they were... heavily influenced this. That's the super wise moment that like it's extremely poignant in my life and I had that all the time. That's the kind of awesomeness that I don't necessarily know if, in the moment, I'm going to have.

THERAPIST: But I would imagine it's the kind of awesomeness that also came from his knowing you in particular. [0:32:08] Like that you... if you were a different kind of kid, well, and freaking out about that he would more likely (ph) say something else.

CLIENT: Yea.

THERAPIST: And there was a different way to reassuring different kids whatever. And I guess what I'm sort of trying point out to you is I mean, some of it probably indicative of inherit awesomeness as a parent. But some of it is also to do with like his knowing you really well and what you needed.

CLIENT: Yea.

THERAPIST: And I don't know. It's like that doesn't mean you won't be that awesome with your kid. I mean...

CLIENT: Yea. It's just... and like I said, maybe I am just biased in terms of my parents. But like there are certain things that I really, really hope that my dad is around to help raise...

THERAPIST: Sure.

CLIENT: ...our children with. [0:33:04] Because like there's certain things that just are particularly really cool and I don't think of that kind of stuff.

THERAPIST: I see.

CLIENT: And like I said, they were always encouraging me not necessarily to be like them but to be myself.

THERAPIST: Yea.

CLIENT: And that they never have been bothered by what I'm doing with my life. Like as in how I make my paycheck.

THERAPIST: Yea.

CLIENT: Because education is about yourself and your own identification has nothing to do with what... there are different things you do to that pay the rent and things that do to pay the soul. They're attorneys. That's not what's paying... that's what pays the mortgage. That's not what...

THERAPIST: (inaudible at 0:33:46).

CLIENT: Yea. And so my dad writes. He does a ton of things specifically historically. My mom is a huge into the arts and into classical music. Both of them are but they have a lot of interests that have nothing to do with that kind of thing. [0:34:04] And so I hope that I can be that awesome. I really do. I think that that part at least is going to stick with me, at least.

THERAPIST: Well, you never really have many interests in things.

CLIENT: No, no. I had a very myopic view of the world growing up really. But it was very... and part of it's the fact that I had... I did have a very privileged lifestyle growing up. But it's not really just that. I mean, yes, you can have that kind of pubertal moment. Not like in the middle of...

THERAPIST: Right. Milan.

CLIENT: Milan, yea. But those things are easier to have when you have these kinds of things. Especially now most of my teachable moments were in my mind revolve around travel. [0:35:01] But also because we did it a lot. But in certain ways, I mean, there are things that are... that were not so healthy. My dad plays an industry in everything. Whether or not it immediately pays for anything is not the same thing. It's just he doesn't believe in passively see... accepting the world.

THERAPIST: I see.

CLIENT: He doesn't like to watch television.

THERAPIST: I see. He's got to always be doing stuff.

CLIENT: And it could be passively if you... if it's something that is stimulating the mind, great.

THERAPIST: Like reading a great book or something.

CLIENT: Yea. Or even just watching television if it is something that is stimulating the mind.

THERAPIST: I see.

CLIENT: Like I could see watching something and then having a discussion afterwards about it that kind of thing. But he's just not a... he doesn't shop for entertainment. Well, I guess that's more of a female thing but doesn't shop for entertainment. He hates that drives him crazy. My mom sometimes does but not like that much that kind of thing. [0:36:00] So... but I remember at one point being in high school. And I remember that they... we were supposed to be taking a field trip to the grocery store. And my dad is like, "No, no. You're not taking a field trip to the

grocery. You're going to just go to school and learn something. We can go to the grocery... you go to this grocery store all the time."

THERAPIST: (chuckling)

CLIENT: And there actually wasn't really meaning behind this. But I think that he felt as if I didn't need to know it which was I needed... I didn't need to be retaught this lesson of how to read prices. And how to realize that everything that's in the center of the store is more expensive than the stuff on the perimeter. And all this kind of stuff which is actually kind of funny because I've met an awful lot of people highly educated who don't know how to balance a checkbook or how to go to a grocery store and buy things properly so that kind of thing.

And there's certain things that were (inaudible at 0:36:56) and certain things that were not so much. They were very strict about a lot of things about that kind of stuff about idleness especially going to the mall to hang out. Really didn't like that. I don't think they do that so much anymore as kids but not as strong as much. But yea, it's like that is the mall as being a social thing. And I actually argue with my parents about this one too. And this was like this was me about 15 talking about like how at least in Medieval times that the marketplace was the center of social structure. And this is actually how I actually ended up being able to go to the mall a little bit was like forming an historical thing about this. And stuff like that.

So it... like I said, they were... as long as I could make a rational and defensible argument, they were pretty OK with most things. They're just... I had to be able to be on top of it which a lot of people thought was... I don't even know how to explain it. [0:38:07] They would find it to be annoying or at least I know there were a lot of parent who thought my parents were overbearing. But it worked for me. I wasn't the kind of... I mean, the kind of kid I was, it totally worked.

THERAPIST: Yea, you're probably perfectly happy to make an argument about how you were able tie the marketplace with the center of...

CLIENT: ...social structure, yea.

THERAPIST: Yea, like a probably perfectly well argument and defend it.

CLIENT: Actually I had a much stronger argument than that too. And how it was OK for me at my age because it's very common to send the first born out to go do the shopping and all that. Yea. I had a very strong argument on this one. It... which... but the... and my mom is a little bit more of a soft person on that. But at the same time, she is actually much... she was much, much stronger about the whole thing of not wanting to be socialized in terms of being (inaudible at 0:39:11) or something and I'm still a little bit pissed at my mom about age appropriateness and behavior and dress and things like that at what she assumed was age appropriateness in the world. And therefore apparently I am now too old to be wearing a miniskirt. And before I was too young to be... apparently there was a long weekend that I did not get the memo.

THERAPIST: (chuckling) (inaudible at 0:39:32).

CLIENT: It was a tight window in which I was allowed to wear a miniskirt and I didn't know about it.

THERAPIST: While they were out of the country somewhere.

CLIENT: Yea, somewhere. Yep, apparently I missed that one.

THERAPIST: Yea.

CLIENT: And that's the kind of thing I'm a little bit pissed about.

THERAPIST: Yea.

CLIENT: But that's just who she is. She won't... I mean, at least at this point she'll make a comment about something like that. Like, "Maybe you ought to like start..." She is of the belief that if I did certain things more appropriately, that I would excel more in my life. [0:40:04] I don't think that she has a really good... based upon her social circle, maybe dressing for the job that you want is not... instead of the one that you have is always the right thing to do. But I have a whole closet full of suits. None of them fit me right now but I have a whole closet full of suits that I have no problem wearing. It doesn't bother me at all. This happens to be the job I have. People find that to actually be isolating more than...

THERAPIST: Right.

CLIENT: ...helping it.

THERAPIST: Right, yea. It's just for the right thing to wear at your job.

CLIENT: No.

THERAPIST: Yea.

CLIENT: And in many situations like today with people who are very young and things like that. They see it as a way to setting up a social barrier instead of showing that you're on the ball. So...

THERAPIST: I'm guess I'm going to go on this. But I just... you say you don't this but I want to throw in my two cents about talking to your parents and say don't protect them too much from what's really going on with you. [0:41:04]

CLIENT: We'll see. Some things I don't want to admit because of partially of them being disappointed. But I want them to just love my husband. He's... that's all the family he's got.

THERAPIST: You love your husband very much. And I'm not sure you could convey a view of him that was all that antipathetic.

CLIENT: Yea.

THERAPIST: I mean, in certain ways you're very frustrated with him at some different (ph) times.

CLIENT: Yea. We'll see. See what I can do.

THERAPIST: Yea.

CLIENT: It's really about how much... there also has to be a border of none of your business kind of thing.

THERAPIST: Absolutely. And that's another story.

CLIENT: The addiction thing I still feel like it's none of their business.

THERAPIST: Sure.

CLIENT: I don't know what went on in their sex life. And you know what? [0:41:59] It's none of my business. Not me being a prude. It's just not my place.

THERAPIST: Yea. No, no. I hear you. And maybe you can do both. Like alluding to issues he's had and making it very clear that you really don't want to get into those.

CLIENT: Yea, that he's struggling with some really profound things beyond something you take Prozac for.

THERAPIST: Right, yea.

CLIENT: So...

THERAPIST: Yea.

CLIENT: So...

THERAPIST: We should stop for now. But I hope you have a good trip.

CLIENT: OK. Thank you.

THERAPIST: Have a good weekend.

CLIENT: I'll see you...

THERAPIST: I'll see you, I guess, two weeks from today.

CLIENT: Yep. See you then.

THERAPIST: Sounds good.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hey.

CLIENT: Hey. So, it's been like two weeks since I've been here, I guess.

THERAPIST: It's been like two weeks since you've been here.

CLIENT: The trip home was good but not as eventful as it could be and actually, it was probably good that way. Right around Christmas day my parents came down with some sort of really, really terrible virus. We don't know if it really was flu but it was very flu-like in terms of just, like, yeah. So dad gets it first and then, like, late that night my mom started getting sick. It was like, yeah, don't really want to talk about too many pressing things. Plus I was freaking miserable. I had worked really hard up until that point.

THERAPIST: Like, physically miserable?

CLIENT: Physically, yeah. And back down south we got hit with snow on Christmas, quite a bit of it. So literally Mike and I were driving Christmas eve, all night. So we were going through snow to get there. So it was just it wasn't bad, bad it just was, you know. [00:01:12]

THERAPIST: Were the roads real slippery?

CLIENT: They were little bit. Actually, the people at the rental agency gave an SUV without an extra charge, just because they wanted to get it off the lot. So that made it a lot better.

THERAPIST: Good.

CLIENT: Yeah. Especially due to just little things that would have made it more complicated without it. So I went and visited with them. Mostly that's pretty much all I did. We ended up having to go back early just because they were talking doom and gloom for snow up here and having to up through, like, upstate New York through it they'd get hit pretty bad, so.

THERAPIST: So how long did you spend?

CLIENT: About three days. But I am getting a little concerned that, especially my dad, his mental acuity is slipping on certain things. Yeah, I had been concerned probably since I was a teenager a little bit on certain things.

THERAPIST: How old is he? [00:02:15]

CLIENT: He is 68. The big thing is that both of us have pernicious anemia, which is more or less when your body steals from your nervous system to get B12. It's part of what did, like, serious damage to my nerve system. He has that too. He is not good about getting his shots, primarily because of the fact that he gets it from a friend, who has been very, very ill. And so the doctor (sp?) has been dealing with so much crud in his life right now that my dad feels like he's imposing on him. And I have explained to him that maybe, just maybe, he's been himself and he would just love that. I mean, it's not like it's a hard shot to give in any way. He would just like to have a visit, so.

We did sort of reach some very angry territory with my mother because I criticized the doctor's (sp?) children for not being around for him and that apparently got her very stirred up. I don't really know why but my mom is very protective of one of his kids and her husband, who gives me the creeps. Creeps, creeps, creeps.

THERAPIST: The husband? [00:03:24]

CLIENT: He went in he works for the government. The reason why he got involved in that kind of security related thing is because he likes guns. I don't have a problem with people having guns and things like that he's just one of those terribly aggressive creepy people, you know. Like, as in, like, I am sure that he I understand hunting for meat. Even if you don't need it or anything like that, you can be, like, the kind of person who just gets a kick out of killing stuff.

THERAPIST: Food.

CLIENT: Yeah.

THERAPIST: Yeah, that sounds creepy.

CLIENT: Yeah. And they were in I made the mistake of a passive criticizing the fact that, like, when she was having a baby he took a position abroad (inaudible at 04:08). One of the places where we decided to leave the embassy and [they had to be] (ph) evacuated out.

THERAPIST: Wow.

CLIENT: Yeah. Amongst many other things. [They're this] (ph) kind of thing. He likes to go places that have a lot of conflict. So I kind of criticized that and [said that] (ph) she doesn't really

give a damn about her dad and he's on his last legs really. And my mom got very, very upset and I really wish that there's not much we can I don't know why she's so protective, but she's not telling and that's OK. I do know that and what I was trying to say is Mike actually communicated better, which was, "If I ever said (ph) a situation where you guys were sick, I would not be, like, leaving. I wouldn't matter if I was having another kid. If I lived in D.C. and you lived in Brooklyn, I would be up there taking care of you on Christmas, if you had just had another broken bone or whatever."

But the doctor (sp?) has been a very, very close member of the family for a long time and he really understands what's going on with me because he has the same thing of it's not the disease he has that's killing him it's the stuff that he takes to treat the disease. He now, when he falls out of bed, he [does things like] (ph) breaking his neck. [00:05:16]

THERAPIST: Oh my god.

CLIENT: Yeah, he takes so many steroids now that he has had...

THERAPIST: What disease does he have?

CLIENT: He has a very, very, very powerful type of asthma. It's the type that basically if he doesn't get a dose he just stops breathing. It's a very specific type of asthma. And it has a lot of like, his body does not want to breathe at all. And he's had it for years and years. There's always been problems but it's just gotten a whole lot worse lately. He used to live two doors down from my parents' house. He just sold that house and he had lived there for years so that he could...

THERAPIST: (inaudible at 05:54) right now?

CLIENT: Yeah. But he just moved, like, across their whole (ph) community. The (inaudible at 06:02) holds the other. Not like that part of it but so a place where he could more or less be kind of on the same, you know, same floor. Because he's had [all of these] (ph) accidents where he's fallen and no one's found him. And I feel very protective because he's a very like, I have said some terrible things about his kids, but they're true, you know. Nobody gives a damn about him. They just see him as, like, a convenient source of money, you know. And so that was kind of an interesting thing.

Mom and I in general just discussed a bunch of stuff and she feels as if my sense that and it is true that I have not the sense of charity that they instilled in me, I do not currently exercise enough, you know.

THERAPIST: Like you should be giving more away?

CLIENT: Doing more with other people or at least being more understanding of other people's circumstances. At least my rigidity of thought, along with the fact that she really feels like I think



she really feels that I will not feel so nearly as bad about my own problems if I spend some time with people who have some problems. [00:07:14]

THERAPIST: Well, you have some real problems.

CLIENT: I know. It's part of that whole noblesse oblige, that thing, that I not only hit the intellectual and, you know, background jackpot but that I really should be spending more time trying to help other people. And she's a little bit right, you know.

THERAPIST: (inaudible at 07:46) really doesn't at all (inaudible at 07:48)

CLIENT: She's at least seen that I didn't really get out of bed very much the entire time I was there. I was in bed. I didn't spend much time doing much moving at all, so she knows I'm in pain. She has triumphed through some pretty horrible things in her life by keeping focused, going forward and whenever your problems look really bad, look at other people's problems. I mean, she's been through, like, you know, ethnic cleansing. She has been through, like, you know, things basically people have been family members have been killed [to their] (ph) party beliefs. She's been through so much that, you know, this is a really tried and true survival tactic for her, you know. You take care of other people. Like, you know, these people who don't have legs kind of thing? Yeah.

THERAPIST: Was it hard to have got her stirred up? I mean, I'm sure that's not at all what you were intending to do. Was it upsetting for you when it happened? [00:08:53]

CLIENT: A little bit, yeah. Mostly because of the fact that (sighs) (pause) mostly because of what she said was a little bit true and a little bit not true. It is true that, you know, I have gotten very rigid. I have been rigid, like, most of my life in certain things but and terms of other people, you know. (pause) Part of it's, like, what she had to say was very, very true, you know. I did become very myopic on some level about the world, you know. But the thing is, is that...

THERAPIST: How did you become myopic?

CLIENT: Because I judge pl sometimes based upon things or judge situations without necessarily giving the benefit or the doubt or I shouldn't be judging or it's none of my business or whatever, you know.

THERAPIST: Well, I could be wrong but I assume that your criticism of his kids is less motivated by bitterness towards them and more motivated by feeling bad for protecting him.

CLIENT: I have unpleasant feelings towards his daughter mostly due things related to her mom, but it's more of I'm a very protective type of person. And she [has belief] (ph) that I'm running in without any information about the situation at all, which is none of my business, and saying some terrible things about people that maybe, you know, is none of my, you know, this and that.

And like, well, maybe. Maybe I'm just trying to express that if this happened to you I'd be right there, you know. But...

THERAPIST: But she doesn't think of that like that.

CLIENT: Well, she thinks that I should say that instead of (inaudible at 10:54). That's the other thing, is saying, "Hey, you know, if this happened to you" instead of saying, you know, "This is horrible that they're doing this. They're so self-centered. (inaudible at 11:01) bought them a house" Instead of saying all that, saying, "If that were you, I'd be there." And she's probably right. I am just I think that as certain things, especially because lately I've been working with the actual retail public lately, I have gotten extremely judgmental. I've gotten, like, I'm very, very low threshold of bullshit. And I think that (pause) they're in a position, especially right now but, you know, in general though, that she's always going to not financially always, but in a position to be able to be possibly a bit more open-hearted about things, you know.

I also kind of got her mad because I had said that we've talked about this before. This gets her really upset. They're both attorneys. Mom hasn't really practiced except for friends since, like, the '70s. But I said something along the lines of, "All these people with these mortgage modifications that, like, you know, in certain ways that you bought a house you couldn't" we knew that. Years ago we could have bought one. We knew it was bad news. And then you never read the mortgage. You never even, like, had a clue that this could go up. (inaudible at 12:22) shame on them. I don't feel like this is, like, my position to be bailing anybody out like that.

And she immediately, like, flipped. I mean, of course she has more insider knowledge than I do, having worked in the real estate industry to know that there really are (ph) mortgages now have 70 pages and this and that. I mean, it's true but I wouldn't sign a mortgage unless I'd read it all. I would have sat there with a dictionary if I needed to. But she got very upset that I was basically taking other people's circumstances and judging them on my own personal intellectual ruler and is expecting them to be able to handle as much as I am. And she's right. She's right that I, you know, I have been given a lot and I can't necessarily stand [for what] (ph) everybody else does. And so, I still don't feel like anyone's tricked into a mortgage. But yeah, this kind of stuff she gets very upset when I get like this. She thinks I don't have enough compassion. Maybe it's because she's had a life where she's had to see more people who need compassion. I do have compassion trust me, I do, you know. [00:13:34]

THERAPIST: I'm aware of that actually because...

CLIENT: I just (pause) I guess I'm just feeling like I'm been playing by the rules all the time and when other people don't (inaudible at 13:49) then I'm being told that I'm not being compassionate enough, you know. So that kind of (inaudible at 13:55) a little bit unpleasant.

THERAPIST: Yeah (inaudible at 13:57)

CLIENT: Yeah. I got that I mean, it wasn't, like, the whole time or anything like that. It was just, you know. (sighs) But for the most part it was pretty low key, so. I'm just worried about both of their healths. Mostly my dad because my dad due to the industry there's some major, major tax changes that happened over the new year. And I grew up (inaudible at 14:24) my dad, in general, almost always had some sort of business deal anyway that went down on new year's eve anyway. And I've always asked, like, "Why can't you get a flunky to do this?" "Well, if the flunky does it wrong I can't go back in time and fix it. I can't trust a flunky to have anything done on new year's eve right." I'm like OK. (inaudible at 14:42) but, you know.

But even was he was sick, sick, sick he was working up until midnight getting stuff registered because he had so many people that had so many things they needed to fix because of some (inaudible at 14:53). And he was booked, like literally he was apparently out the door at 5:00 am.

THERAPIST: Oh my god.

CLIENT: Yeah.

(crosstalk)

THERAPIST: Wow (inaudible at 15:03)

CLIENT: Yeah. And even...

(crosstalk)

THERAPIST: When you're sick, yeah.

CLIENT: And everything else. Yeah, he's a workaholic in general but that's definitely yeah. But that's something that, you know, I grew up knowing that there are certain deeds (ph) that are necessary evils. And that's just, like, you have to make the decision the best one (ph) you can accept as, you know. So (inaudible at 15:31) Christmas, no new year's eve.

But it was really nice to be home though. It was nice just seeing things, seeing familiar sites, that kind of stuff. It sounds weird to say that but...

THERAPIST: You were home. Nostalgic (inaudible at 15:55)

CLIENT: Seeing my home, like, my parents' house was nice. It was more about how a couple times we had to drive through the area where I had been living. I don't think they were, like, my...

THERAPIST: Warrior stomping grounds.

CLIENT: ...stomping grounds, you know, my region. And it was nice, you know. Say, "Oh, look at this opening here. Look, they finally got the construction done on that." And, you know, this and that. And, "Oh my god. Look, I think that's Cher." (inaudible at 16:23) completely (inaudible at 16:27). Really sweet lady though. You know, various different things and just be like even, like, seeing somebody who, like, is always in Squirrel Hill (sp?) and, like, is just wandering around with her giant fur coat and ridiculous extensions and, you know. Just seeing her, it was like part of the I didn't talk to her. We were driving by her.

THERAPIST: (inaudible at 16:49) the landscape.

CLIENT: I immediately had to, like, go text somebody else I know that, like, "Oh my god. I saw her," you know. But it just there are things that are just nice to see, you know. It was very it felt good. It's weird because, like, (sighs) certain things it's just so nice to be remembered. Like, I went to go get my prescription for my glasses redone and I waited till I went back home for lots of reasons but, like, everybody in the eyeglasses shop remembered me. I don't go in there but (ph) every couple years but they remembered me. It was nice, you know. But, yeah. It was nice to go home. It was really nice to go home.

I think it was really stressful on Mike, partially for the driving, but also just in general. And it's something that, to me, it stresses it me out too but as soon as I am no longer around it it doesn't drive me that batty. My parent's house is very noisy. They have two very large dogs. They have all this other stuff going on and, you know, I know at the time there was actually a period in my high school years where I sincerely thought I might have attention deficit disorder. I could have, like, pulled out the DSM-4 or whatever it was back then and looked at it and had the exact same problems but it was just because the house was so damn noisy (inaudible at 18:22). There's stuff going on all the time. While I'm there, I'm just completely irritated by it. As soon as I get out of it, I'm OK with it. For him it just, you know, it just grated on his nerves.

But, I mean, he likes being around them and everything like that. I wasn't (inaudible at 18:43) bad as much as it's just a very different lifestyle than the one we have, so it's always tricky to do that kind of thing because, you know. (sighs)

But yeah, it's been pretty much the big things. I didn't get a chance to visit with much other family, partially because of my parents being ill. We didn't want to necessarily get people sick. I'm actually just completely confused why I didn't get sick.

THERAPIST: I was wondering about that.

CLIENT: The only thing we can think of is because I'm so many antibiotics and/or because I'm right now off of my immunosuppressants and my immune system is extremely high. I catch everything. I mean, I catch everything. I'm confused.

THERAPIST: Yeah, you mean when [you're being] (ph) immuno-suppressed.

CLIENT: In general, I tend to catch things though. I don't know what's that about. Today Mike was supposed to go back to work he didn't, but he had to get some work done at home.

THERAPIST: Why didn't he go back?

CLIENT: I'm sorry?

THERAPIST: He had to get things done at home?

CLIENT: He had to get some stuff done at home first. So he seems to and I totally understand it. Whenever he's doing (inaudible at 20:04) he rather not have people wandering about behind him in the lab. It's hard for him to focus. I mean, there's stuff bustling all around and trying to focus on doing some kind of (inaudible at 20:14) is hard. I'm looking forward to him going back to work tomorrow because I mean, it's not getting under (ph) my hair. I just think that he will feel a lot better if he just gets some, you know, feels like he's gotten a sense of accomplishment.

But pretty much then I've been back to work and I've mostly been working and sleeping. Like, quite literally. Like, I went to bed at 8:00 pm on new year's eve.

THERAPIST: (inaudible at 20:39)

CLIENT: Yeah. But I found that that really does help a lot in the winter time. If I just let myself I try this I try to make myself thing. It doesn't get better. You never get past, like, this hill of, you know, of activation energy. I didn't know that if I just let myself sleep it almost always works. But that's been pretty much that. Working and sleeping, driving to Brooklyn and back, that kind of thing has been pretty much, like, you know.

THERAPIST: Your parents being sick, the stuff with your mom.

CLIENT: Yeah. I mean, I wouldn't be (inaudible at 21:15). That's something where honestly it is nowhere near the kind of arguments I used to have with my mom as a teenager about things?

THERAPIST: Oh really?

CLIENT: Yeah, yeah yeah yeah. You know, they were never really important. It was never anything actually controversial or anything like that. It just was me being contrary to her.

THERAPIST: (laughter) You mean being a teenager (inaudible at 21:36)?

CLIENT: Yeah, but it was more of a it was a different it was not your usual pechuet (ph) snarky teenagers. It was a little bit different than that, you know, in that I would do things like, "Ok mom, so you said statement A. And you said A implies B but then where are we getting (ph) to C here?" That kind of thing (ph). [It disrupted me] (ph) more. Yeah, so that's it's not that big. I'm just mentioning it because it's like (pause) it bothered me a little bit because I think she's right, at

least a little bit, I guess. If I'd focus on other people maybe I wouldn't think about myself so much. You know, it's harder, you know. It's (pause), you know, [by helping] (ph) that is sort of (pause) something that can be done, you know. [00:22:44]

THERAPIST: How has it been the last few days?

CLIENT: Up and down. It was a lot worse before I left. I don't know why but I was getting aches and pains in places I don't usually have it. Like, for example, my knees were bothering me. Normally it's my hip, that kind of thing. And so I was kind of panicking about it, like, "Oh my god, I've got new pain. This is not good." But I think that just the sleeping has been helping. I've been having a lot of aches and pains in general but nothing that as long as I sleep that I can't handle, you know. Mostly I've just been a little paranoid about falling in the ice. Nothing bad.

One of my coworkers fell outside of where we, like, normally go into the mall. And what really paranoid (ph) me is the fact that if he hadn't eventually been able to get to his iPhone, nobody would have found him for hours. He had laid there for 45 minutes before he was able to get to the iPhone. The mall is one of the green malls, therefore they don't use salt. I understand but, like, the entrance where the employees go had extremely, extremely thick ice. [00:23:56]

THERAPIST: Why couldn't he move? What happened [to him] (ph)?

CLIENT: Oh, he slipped and fell. His humerus, which is a really big bone in your arm, was broken underneath him. So it went underneath him and it was broken. And amongst many other things that were like, he smacked his head really hard on the ice. So he was dazed and other various things. And so it sort of, like, took him a while to, like, get his sort of wits together enough to call the store to say, "I was outside of the employee..."

(crosstalk)

THERAPIST: ...nobody came over. I mean, it was (inaudible at 24:32) an hour.

CLIENT: Yeah, it was 7:00 in the morning, you know. But, like, it's actually something that a bunch of us at work are really ticked off at the mall about because this is not the first time. But yeah, they had to take him on a stretcher. Like, he had bruised all the other things are temporary. Well, broken bones are temporary too but, like, he had bruised vertebrae, he smacked his head pretty bad, you know. He just laid there. Nobody would have noticed him. And so now I've gotten that's the second really bad fall we've had at Apple. So I'm just getting a little bit more, like, worried about that kind of stuff now. I have more fragile bones than these people so it's like yeah.

THERAPIST: (inaudible at 25:14)

CLIENT: Yeah.

THERAPIST: (inaudible at 25:18)

CLIENT: Yeah. Well, we'll see. Like I said, it's very worrisome. We don't really know what to do about it. We've tried to do everything we can. The mall seems to just not seem to care. They also make us park but if you work there. They like to call it Rapesville (ph). It's a place that's unlit and, like, a quarter mile away from the mall. Yeah, because they don't want you to I mean, there's mall parking [problem solved] (ph) to them. They don't want you to interfere with the parking problem. I haven't been out there though. I've heard stories about what it looks like, what the unlit, like, icy, (inaudible at 25:58), you know, parking lot half a mile away from the mall, that kind of stuff.

And they go and they actually (ph) police. The reason why it's interesting, they have people full time to go wander around the parking lot seeing if there's a car that's been there for long periods time and they sticker you with a sticker in your front windshield as a warning to tell you that you're not supposed to be doing that. Or a couple of customers do come in for lessons (ph) and spend all day just (inaudible at 26:26) and then gotten stickered. So that was kind of annoying.

THERAPIST: Yeah, I don't remember seeing any signs up that say you're only supposed to park for (inaudible at 26:35) hours.

CLIENT: No, as a customer you can do whatever you want. That's how they're supposedly catching employees from parking.

THERAPIST: Right, except that they're not.

CLIENT: Yeah. It just that they're coming there like they're an employee, you know. Two days in a row for five or six hours (inaudible at 26:52)

THERAPIST: More like employee, yeah.

CLIENT: But that's been it's made me very grateful for not having to do any driving or anything like that. But I'm looking forward to this slow time for work. I could really use not having to I mean, I teach the people I'm working and sitting down with for a decent period of time. That's fine. But I've been having to deal with, like, very sort interactions with some really, really, like, world-class jerks.

THERAPIST: Oh no. Well, what's happened?

CLIENT: People who well, I got burned by battery acid this week. And somebody who bought their new iPhone and I was supposed to be doing the they bought them over to me to get what was explained to the salesperson and to me was they just needed to have their contacts transferred from their old phone to the new phone.

THERAPIST: That's (ph) pretty straightforward so far. [00:27:51]

CLIENT: Pretty straightforward so far. It's actually not bad at all but a different story with that, OK. So old phone. Guy's actually kind of proud of the fact that it's so old. I pull it off because I have to get the battery off out of the back to be able to find out what model this phone is because there's no way this thing's been wiped like, there's no Verizon on the outside. This thing's been used literally six, seven, eight years.

THERAPIST: Wow.

CLIENT: Yeah, battery won't come out. OK, I've got a bad feeling about what that means. I couldn't get the back off either. And, like, I ended up prying the battery out and finding out that there's battery acid everywhere. And meanwhile, while I'm trying to explain to him there's a very, very poor chance that I'm [ever going to get] (ph) these phone numbers out. First of all, he's kind of laughing about the fact that he's had it so long that the battery acid's pouring out. And I'm like, "This isn't funny. It's, like, all over my hands here."

THERAPIST: Oh my god.

CLIENT: Yeah, because it's not like I don't work with gloves or anything.

THERAPIST: (inaudible at 28:45)

CLIENT: I'm, like, weirded out by that.

THERAPIST: Do (ph) you have, like, burns all over your hands?

CLIENT: Oh, no. You don't get burns. Like, battery acid, it will just peel off layers of skin. It doesn't feel good though.

THERAPIST: No, I would think that something that peels off layer of skin usually would feel pretty awful.

CLIENT: Luckily, they haven't batteries with (inaudible at 29:03) acid in years, which is really bad. But the thing is that you have long after the battery acid is gone, the nerves feel they're tingling like you have battery acid. This is not my first ordeal, trust me. I've done more than a few things. [I'm at] (ph) Microsoft just because I'm using (ph) electronics but as some point, like I'd try cutting him off. He's like, "Please let me finish my thought." I'm like, "I can't. I have to go. I have battery acid all over my hands," you know.

THERAPIST: Right. "I just need to wash my hands."

CLIENT: Yes, you know. And maybe go look for some (inaudible at 29:36) gloves. And then while telling this, he's sort of OK with me not getting the contacts transferred, then his wife comes behind, who knows nothing about the situation. She's like, "Well, we'll just return it right



now. We'll go somewhere else." And, you know, after they got to the activation and all that stuff and they already had the contract, it's actually a giant pain in the neck.

THERAPIST: Yeah, to do a return.

CLIENT: Yeah. But, you know, she knows (inaudible at 29:58). She knows (inaudible at 29:58) a bunch of other things too. I'm like, you know what, fine. I'm going to go diving after the SIM to see if I can maybe, because this phone is old enough that it probably has phone numbers still in the SIM. I might be able I'm like, I want to try, so I put my hands back in there, get battery acid all over myself again, just so I can get this person's freaking contacts. And then she flips out because I'm not teaching him how to use the phone. And I explained to him that, "I understand but if you look around, I am working with six other customers simultaneously, you know. I'm just trying to get them to get their e-mails set up. I mean, we would love to teach you how to do this but this is not the time." The reason why they have me in this position doing this job is because I can juggle six people at once. I [can be like] (ph), "OK, right now, this is the [hurry up and wait] (ph). I'll be right back," and, you know. I've already burned myself a couple times. Honestly, it's not like this are dangerous things or bad things they just don't feel great, you know. And, you know, just that kind of customer, you know. Just that whole "you're not doing enough for me." And a lot of people...

THERAPIST: (inaudible at 31:01)

CLIENT: Yeah, I get a lot of pushy, entitled 40-somethings pissed that I was not able to spend the time with their older parents that they wanted me to. And I try to explain, like, "You do see that all around you it's not that we don't want to teach you. Just today is not the day." Not only is it too loud but I am sensing, you know I'm an instructor. I'm sensing that the person's already getting information overload based upon the number of people around and the noise and I can tell that they're not going to retain this stuff anyways. Plus, quite frankly, having them just mess around for a couple of days is going to help them make, you know, form intelligent questions. The person's in shell shock. And in certain ways that kind of pissed me off because I feel like I'm understand the body language the parents are giving off more than they are, you know. And just other things like that. Just, you know, "How dare you sell me something that could hurt my child again." A lot of that. Kids put iPhone in back pocket, slip on ice, fall on back pocket, you know, that kind of thing.

THERAPIST: Right (inaudible at 32:04)

CLIENT: Yeah. Because it's obviously my decision this. You know, that kind of thing.

THERAPIST: You mean you were the one who decided it was OK for him to hurt himself that way (inaudible at 32:17).

CLIENT: I don't even think kids belong having those things at all, but that's just me. Like, are they busy, like, checking their stock portfolio? Like, what exactly does a kid need an iPhone for?

Especially the ones that can't read yet. (laughter) I'm sorry. Maybe I am being judgmental but I would think that if these strange letters and numbers don't make any sense to you yet, you don't belong having one, you know. But yeah, I got a lot of these "I slipped on the ice and therefore, like, something's broken and now it's all somehow." Because I'm the person they found, it's all my fault. That kind of stuff.

So I'm going to be so glad because when I get back and have my regulars, they're pain in the necks but they're pains in the neck that I understand.

THERAPIST: Right (inaudible at 32:59)

CLIENT: Yeah. Help somebody shop for a trip to Vegas, you know, and other things that are so sad but that's just, you know, like I'm just looking forward to not having to deal with people who seem to think that and I'm not trying to be ungrateful. I am in no way one of these snotty people that you deal with in electronics. None of us are at work at Microsoft. We're really, really nice. In no way are we there's a lot of people [who I think] (ph) have these entitlement issues [on their own] (ph). Like, if I were to hold information from you because I feel (inaudible at 33:34). We're not like that, you know. And so it's frustrating. It's really frustrating but I really, really just need to, like I said, just have some downtime from that. I didn't mind answering the phones. They let me answer the phones for two weeks, which was great. I dealt with some really, really kooky (ph) people, but at least I didn't get any battery acid on me.

THERAPIST: Yeah and I imagine you don't have to juggle quite as many people on the phone (ph).

CLIENT: Yes. Well, no, no. You still (inaudible at 34:06). The thing is though is that when you're talking on the phone you can tell them that you have to go when they start spouting conspiracy theories.

THERAPIST: [It's easier to deal with that on the phone] (ph).

CLIENT: Yes, so much easier doing that on the phone, yeah. So certain customers, you just can't get rid of them. But I'm just glad that it's mostly over, so. At least until back to school, which starts in May for us. (inaudible at 34:38) back to school before we're out of school, yeah. It's not us. It's not their decision. It's just our planning for it (ph).

THERAPIST: There are some good things but there are some things that really suck about work.

CLIENT: Yeah. There's certain things that I just really the thing is that I can tell wonderful stories about (inaudible at 34:58) and make it totally worth it, but some days you just have to shrug it off and be like, "OK, so after work we're all going to go get a drink because we need it." Because there's just people that have no idea whatsoever that what they're asking for is highly irrational, you know. But they feel as if they and I understand. It's a lot of money for some things they're

spending. But there's a certain sense of personal responsibility with that. Don't buy things you can't afford to repair. Don't do you know, all the don't do this if you can't do that, you know. Don't give your child an iPhone, you know. But just because it is expensive does not necessarily mean that we are responsible for everything, you know, and that is hard. [00:35:53]

But it's also really important to be respectful, because it is, you know. I mean, a lot of these people are spending all the money they've got to get something like that. You want to make it a special experience. You don't want to be, like, making it a downer to go to the store either (ph), right, you know. And that's just sort of the way of things. But, you know, we've mostly lately, like, we've also been sort of ramping up our security.

THERAPIST: (inaudible at 36:34)

CLIENT: Yeah. Because it was over (inaudible at 36:35) watching all the fireworks. Some people with guns and all kinds of stuff which and stole, like, several million euro worth of stuff. So now we are starting to have more security. Not that we didn't already have security but we're having, like, more. It's scary to hear about it because if it had happened to a flagship store it can happen anywhere. I mean, you can't imagine anything (inaudible at 37:09) but right in the middle of everything. They figured it out. They figured if everyone's staring up looking at fireworks, no one's going to notice a break-in.

THERAPIST: Right. Apparently they were right.

CLIENT: Absolutely worked. So that's, you know, that's pretty much my life right now, is work.

THERAPIST: Work and sleep.

CLIENT: Yeah, pretty much. I try to find, you know, ways to make things work, you know, in terms of my life. But I feel less I mean, as much as I'm whining about all of this stuff right now, I do feel at least healthier and more emotionally, like, able to go in and handle things than I did, like, maybe a month ago.

THERAPIST: Good. Yeah, you were really...

CLIENT: I was really afraid...

(crosstalk)

CLIENT: Partially because I have the ability to get now all the sleep that I need, which is good. Partially because of the fact that I am I mean, although I'm most likely still infected, I am winning the fight right now. [00:38:14]

THERAPIST: Yeah, it doesn't sound like you're as inflicted (ph).

CLIENT: Which is good. (pause) I just need to, I don't know, sort of figure things out now for the rest of the year. Help Mike figure things out. This is the year he probably should start looking for jobs though, in theory.

THERAPIST: I see. (inaudible at 38:49) for the fall?

CLIENT: Yeah. In theory, I mean, he could stay on another year if he wanted to, I think. But I'll (ph) figure it out. For fall or 2014 or something, you know, spring of 2014, something like that. I really (pause) wanted to make sure that, you know, we end up in place where it's going to be better for us, whether it be weather or supported or whatever, you know. There were some places that one or the other wasn't (ph) there but at least something, you know.

THERAPIST: Yeah, you (inaudible at 39:34) both, not having either.

CLIENT: Yeah. And, you know, so (inaudible at 39:48) weather. I don't think I can handle not just the lack of support but the negative support of being around their family. Well, his mom's in (inaudible at 39:57) I think now, but his dad's down there and his sister's down there and all that stuff. And (pause), you know, all of his brothers (inaudible at 40:11). I know how the cousin is having dramas like this too but I feel like my cousin who's having problems like this is different. The youngest out of my aunt that passed away about a year ago has had more than some trouble with the law in the past year.

THERAPIST: You've mentioned those kids in general have had a tough time.

CLIENT: They've had a tough time but he's, like, you know. Because of the fact that he has never really been a kid in trouble, like, he's not completely (inaudible at 40:39). Of course he gets nailed all the time for all kinds of things, because he doesn't know any better. Not that I would say that I know anything about, like, the act of distribution of pharmaceutical not pharmaceuticals, but you know what I mean. Drugs. But, like, he knows nothing about it, therefore he gets caught every time. But, you know...

THERAPIST: [We need to finish up for now] (ph).

CLIENT: OK, I will see you next week then.

THERAPIST: I'll see you next week. Hoping (ph) you're feeling a little better.

CLIENT: Yeah, oh yeah. It's (ph) good.

THERAPIST: Yeah. At a bad time.

CLIENT: Yeah, tell me about it.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I understand.

THERAPIST: OK, so you're...

CLIENT: Just through, I believe, January. I'm only going to be coming in because you got my message?

THERAPIST: Yes, on Tuesday, I did. OK, so it'll be the next couple of Tuesdays.

CLIENT: Basically until the end of February until the beginning of February.

THERAPIST: Beginning of February, right. I'm just trying to figure if there's anything else I can offer you.

CLIENT: It's OK if you don't or be honest. My plates can be so full that I may just need just the downtime.

THERAPIST: All right. Is that better for you?

CLIENT: I think for the moment, yes.

THERAPIST: OK, all right. If that changes and you want to try something, let me know.

CLIENT: Absolutely. (inaudible at 00:42)

THERAPIST: But otherwise, no, I understand. So the next couple of Tuesdays you're out. And this time is still good for...

CLIENT: Oh yeah, it's just that they want you to get a little extra work done and it's a creative thing that I am actually trying to do so (inaudible at 01:05), which is nice. I could really use the money because, you know.

THERAPIST: Yeah. That's great.

CLIENT: Slugging through things (sighs). It's funny because right now my husband has a really heavy work schedule, which is kind of weird because he almost never works. So he was out till reasonably late last night and I'm reading PDS (ph) because he's taking some sort of ethics course that they have to take or something like that, so there's, like, all this stuff. I suppose these kind of things usually happen after somebody said, "Oh, you didn't tell me I wasn't allowed to fake data" or something like that, you know. Yeah, so that's been a lot of, you know, time on his hands.

But because he came home the other day and he's like, "So, you look like you have something to say." I'm like, "The Internet is boring." (laughter) And it's totally true. I'm actually to the point where I mean, I can find some things to kind of do, but there really isn't I think this is partially (inaudible at 02:36) but I'm actually predicting this right now, I'm calling it right now, that people who are tech-savvy are finding the Internet boring and by this time next year it's going to be significantly less use.

THERAPIST: OK. I heard it here first.

CLIENT: It's just because content and, like, all this other you know. It's sort of like some of the other things that are (inaudible at 02:57), like, then, you know. But for me at least, you know, as much as I'm exhausted and I don't really want to get out of the house, I'm definitely, like, you know, wanting to spend less time communicating with people that way versus, like, you know, in person, that kind of stuff. I really feel like (pause) not that I'm really wanting to do much of anything but I am definitely feeling the desire to want to definitely prefer analog versions versus, you know, digital versions of the same text, you know. Partially it's just a strain (ph) but it's (inaudible at 03:45) other things too. I just feel like I'm just I think the point is that I had, like, this utilization (ph) when I went to I don't know if I mentioned that I went to a movie for the first time in, like, five years, recently.

THERAPIST: I think you may have, yeah.

CLIENT: OK, I haven't been to a movie in five years. But the reason I went to that movie is because my mother really wanted to see it. It was Mother's Day. It was the Star Trek reboot. She wanted to see him the guy, Zachary Quinto I guess...

THERAPIST: One of the leads in the movie?

CLIENT: One of the leads in the movie. We, like, kind of she heard my friends tell stories about him. He's an honest to goodness kleptomaniac. I don't really like, she would hear stories about the guy who became Spock and she's like, "I have to see the movie about this guy is an honest to God, like, kleptomaniac." This and that, like, hearing (ph) stories about this kind of stuff.  
[00:04:56]

And I think that she was much more interested in the concept of this more than the actual movie, but we went to see this movie. That was, like, five years ago. Probably more than that at this point. But we went to go see The Hobbit.

THERAPIST: This is you and Mike?

CLIENT: Mike and I went to see it. Actually, she went too. We went to a dog friendly one, which is kind of a weird thing that they had a, like, bring your dog night.

THERAPIST: I had no idea.

CLIENT: We thought that would make you be able to socialize with other people, but no. Nobody wanted like, I thought that, like, bring your dog headline (ph) would be, like, a social thing.

THERAPIST: You see people in the park walking their dog...

CLIENT: I talk to people, like of course, it's a movie, so it's hard to socialize. Anyways, one of the things that I noticed and I actually asked other people about this afterwards to find out if this was just, like, a weird phenomenon people were actively using their phones at the same time as watching their movie. Like, checking, like, Facebook. Like, I was around it and it's really obvious because I haven't been to a theater in a long time. It's really dark so when someone turns on their phone it's really bright, it's really obvious. And I could see it. It was almost like fireflies going on everywhere.

And I thought this was such a weird phenomenon that I actually talked to people at work and other people that I just knew and asked if this is, like, normal. Apparently it's completely normal. Like, everyone I spoke to said, "Oh yeah, I can't watch TV just by itself. I have to do something else at the same time. You know, I'm often, like, on Facebook or I'm doing this or I'm reading an article," and a couple of other things. And I realized that I occasionally do that too. I throw something on the television, that I'm working on something else. And I just realized, what the fuck? I am really, you know, I am dumping all of this information at me, as much as possible, and I feel like, you know, unless I'm, like, slightly overwhelmed I'm not getting enough information. That's kind of bullshit. [00:06:48]

And, like, if I were to more in the movie, from the distraction point of view, but also, like, the fact that people have to, like who gives us a you can wait two and a half hours to update your Facebook status. I don't do Facebook. I have a serious thing against Facebook. But, you know, or whatever they're I can't imagine what they're doing is so important than a movie. And this has been in general sort of something that's been on my nerves for a while now but I've just realized that I don't like that behavior in me either. Like, the first time it was only the really tech people I would be around. There would be a dinner and they'd be, like, using their phones at dinner. I'm like, why don't we all just sit separately since, you know? But now it's getting to the point of being kind of extreme. And I think I'm kind of over it now, which is kind of a problem because I work for Apple computer. [00:07:48]

THERAPIST: Right. (laughter) We'll be going to Debra (ph) Unplugged if that...

CLIENT: No, no, just basically making the interactions quality versus a period of time because, like, it's very numbing. It's very, like, very, very numbing. And I just feel like sometimes I'm just...

THERAPIST: Well, I guess the way you're describing it makes it sound like there's a kind of almost, like, anxious or addicted or obsessional kind of quality to it, where it's not as though it really actually enhances your experience much to be updating Facebook or whatever and

watching TV or a movie. It's just kind of people are so sort of, I don't know, like, compulsive (inaudible at 08:35) or something.

CLIENT: Yeah, it's so behavioral and it reminds me a little tiny bit about, like, my first time I ever was a TA. I was an undergrad but I got the special TA job and there were people feeding their virtual pet during a test. And that kind of, like, for some reason, really weird do you remember those little virtual Tamagotchi things?

THERAPIST: Tamagotchi, yeah.

CLIENT: And I thought that was such a bizarre thing that someone would stop everything, root (ph) around their backpack to get something. I thought, like, at the time I mean, I knew what they were but I was thinking, OK, someone has, like, a beeper. There's some sort of emergency going on, you know.

THERAPIST: Right. Tamagotchi's hungry.

CLIENT: Yeah. And I remember that was, like, a onetime thing and the horror of it just made everything stop. But I was like, it's a little bit like that. And I'm not saying that I'm completely against that. You know, I was at a performance over the holidays and I understood the girls that were next to me that were like they wanted to get a picture or something and this and that, you know, because it was kind of a special thing. They were so young and they didn't really know. Like, this was, like, their first time actually being (inaudible at 09:39) fine arts and so they didn't really realize that you don't really spend time, like, doing pictures of yourself at the theater, but OK.

THERAPIST: Whatever.

CLIENT: Yeah, but I thought it was kind of sweet. And I explained a couple of things to them and they were pretty nice girls. They just were never raised to understand what is and is not proper behavior for something like that.

THERAPIST: [ I think that's it] (ph).

CLIENT: And that kind of sucked not so bad. They're really trying to commemorate the event, as opposed to spending time, like, Twittering about what's going on. And it's just like I'm not saying that I'm against it entirely I just feel like on some level that I really feel like the type of human interactions are getting more and more removed from real personal interactions. And I'm not judging anybody else. Well, maybe I'm judging them but I'm not saying they should pay attention me, at least. But I'm definitely saying that for me I need to really find a way to really stop doing that. Because I even see myself doing that [at work] (ph) or Mike and I will put (ph) some documentary on and then I'll grab my iPad and I'll get some work done while doing this and that, you know. And it's different when, like, it was school work or it's real work and I'm putting that documentary on just to sort of have something interesting in the background. And it's like, you



know, "The beautiful ocean and the shark." Like, this is not something that's riveting, if that makes sense. This is something, like, every once in a while... [00:11:05]

THERAPIST: Because it's supposed to be your primary activity, that kind of thing.

CLIENT: Yeah. But it isn't just, like, you know, noise to cut the silence or anything like that or just something nice surrounding. A lot of times it's like you must be doing two or three things at once. And not only do I think it's not helping me keep myself and I'm a person that does a lot of multitasking. But I don't think it's really helping me multitask. I think what it's doing is just making everything a little bit more numb so I don't have to think about stuff, you know. And I don't like that. And for some people it might work but for me I think it's really, you know, like a little much, you know.

THERAPIST: I think also a part of this is kind of missing human interaction.

CLIENT: Yeah. Yeah, I do. I really do. It's not even just that but because of the fact that certain things that I used to be very good at have become very awkward because I have been missing that kind of human interaction. Does that make sense? Like, learning to have conversations that I would normally have or having those kind of interactions I would normally have... [00:12:16]

THERAPIST: Yeah, you're kind of out of practice.

CLIENT: Out of practice, yeah. Right now I am taking on some special projects for one of the new managers and I am really needing to get a lot of approval because I keep on going back and showing her this because I can't tell from e-mails or from vague, like, things whether or not this is really something she likes and I really I feel like I'm acting very foolish and very needy but I really just need to get some body language, because I barely know her anyways. But, like, feeling like it's a really awkward thing. But I really like saying, "Hey, I really want you to take a look at this in front of me," you know. And of course, she's a millennial so she doesn't even talk on the telephone. So she thinks it's a little awkward that I'm like, I just need to, you know. I sort of I (pause) intellectualize it and that's what I do a lot of times when I'm really anxious about something. So I said, "Well, what I'm actually doing is because I want to see this. I'm looking at seeing how your eyes are going across the screen. There's a lot of non-verbal things about the way you take it. Other than I like it, I'm taking in to" I mean, technically it is but I'm really not. Actually, although I have learned about how people process information, I'm not looking to see how her eyes track this thing. I'm really just trying to, like, look... [00:13:34]

THERAPIST: Yeah, you're trying to get an impression.

CLIENT: Getting impressions. A real micro impression, as opposed to something that has, like, emojis and other, like, cheesy like, yeah. And so, yeah. That's kind of like a it's an interesting, like, dance to try and reclaim my real human interactive life, you know. My friend and I still very regularly not very regularly but at least a couple times a year write each other letters with ink and paper. We're very much into stationary. Both of us have done the combing through looking

for better pieces of paper kind of things. So that is kind of our stick (ph). But a lot of the other people, when I do that, they think it's kind of weird. And I hate to tell them that thank you note that was handwritten, yes, it was delivered to you but it wasn't for you. It was for me. It was me taking a moment to sort of contemplate what my feelings were about this, you know. The preparation, I sit down, I have you know. I haven't used them in a long time but I have beautiful fountain pens, I have great paper. And sit down and think about it. "Oh, this is really great. I really love this and it was really wonderful to see you." I mean, yes, it is going to you but it's really about me. (laughter) It sounds weird, but it is. And just a few of my friends are like this.

THERAPIST: (inaudible at 14:54)

CLIENT: Yeah, it's very ritualistic. She uses the term fetish not like a modern term but the way that they used it when they described different ritualistic things, like smoking.

THERAPIST: (inaudible at 15:06)

CLIENT: Yeah. I don't like that word because...

THERAPIST: Because of the sexual connotation?

CLIENT: No. It's actually more along trust me, I use a lot of sexual connotations all the time to refer to things that are non-sexual. It's more, from a girl who invented the word "missile porn," it's more about the fact that I see it almost more like yoga. To me, I think it's actually more spiritual than that. You know what I mean? So I don't like to use that word because I think it makes it seem very earthly.

THERAPIST: Well, it's interesting because I think the original or the earlier you may know this more than me use of, like, fetish objects was associated with religion.

CLIENT: I was going to say, Native American, yes. But most people, if they know anything, they associate it things related to, you know...

(crosstalk)

CLIENT: Yeah, slightly more (inaudible at 16:05). But to me I see it as more it isn't even the actual physical ink it's all about the preparation. It's all about the whatever. It's a weird thing but it's something that I've always loved, which is why I think that some people thought of me as being very fancy for a lot of things. But it's actually just the fact that I just really enjoy beautiful handmade things sometimes, you know. So, you know, that and I had the luxury in my life of being able to do things that other people couldn't. so, you know, I was the girl that had the Tiffany stationary. For our wedding actually, you know, that kind of stuff. And although...

THERAPIST: Did you do thank you notes and stuff that way.

CLIENT: Yeah, I did them. The thing is, I didn't want engraved stationary because I think it's fancy I was fascinated with the process of it. When they did our invitations I actually went up to New York and I spent time with them. And it wasn't because I was, like, somebody's rich girl, like, doing this. This was actually because the people let me up there and, like, see the place and how they engrave them and all this stuff because I was genuinely nerdy about the craftsmanship about things (ph). And so I think that they although I haven't bought anything in years and years and years, I still have, like, all the phone numbers and e-mails and ends (ph) for the people there because I was, like, the only person who ever wanted to come up and see how the stuff is made. You know what I mean? And they thought it was fascinating, that there's this girl who's getting married and all these other things who just wanted to see how they etched, you know, and how they engrave it. [00:17:43]

And so it's not even it's hard to explain. It's very physical. I mean, and I have talked about the fact that I often, when I'm building things and doing things with my hands, I actually do feel better. Although I work in a technical world, building the circuits physically is really, really key to me. And this is part of it, you know. And part of it is, like, literally doing, like, some physical thing. And so I think that even more so, like, the more and more I'm getting more removed from the physical actions of life, the more I've been feeling really sad, if that makes sense.

THERAPIST: Yeah, do you mean I would imagine mostly because of the fabrication of everything, but partly because of your illness?

CLIENT: Partially, yeah. It's a little bit of both. And I'm not saying that I have to physically have the objects. I'm one of the few people who believe that a picture is good as actually owning something, a lot of times. And many times in my life, like, I loved something but I have to get rid of it so I took a picture of it. And I'll look at the picture and I'll be fine. I mean, that's OK for me. My China's in storage. I occasionally look at pictures of my China. Sounds weird, I know. But I have come across people who, like, are very sentimental. Not to the point of hoarding but are so sentimental they can't get rid of, like, ticket stubs and things like that. I'm OK with scanning that stuff and letting it go. That doesn't bother me. But the act of doing something with my hands, sometimes the act of creating is really important and I think that sometimes I get a little stir crazy without it. [00:19:29]

THERAPIST: Yeah, sounds very kind of grounding and gratifying.

CLIENT: Very grounding. Doesn't mean I'm very good at it. I sewed a button on it and because of certain dexterity related things, I mean, it was the world's worse button being sewn on a coat, like on Monday. But it's the act of doing something that is real, you know. And I think that this has been going on for a long time but it just sort of came to a head this week and last week. I'm realizing that I just I'm not saying that I'm completely becoming a (inaudible at 20:07) in any way, shape or form, but I think that I need to sort of make these things more meaningful, you know, and not just for the sake of whatever. And that's kind of hard. (sighs)

THERAPIST: You mean it's hard to find things like that to do?

CLIENT: Finding (ph) that but also getting other people on the other end of buying into it, you know?

THERAPIST: I see, like to appreciate getting your card.

CLIENT: Yeah. Not just that. Even, like, hey, let's go to paint night. Let's go do this. Let's go do that, you know. I think that's just one of those things where the interactions, even it's not necessarily in person but even just a little bit video or something, you know, feeling like I got, like, some sort of real world attachment. Because it definitely does for a person who, you know, has lived this life much longer than other people of my equivalent birth year have, you know, [this starts] (ph) to get to be a lot, you know.

Part of this I mean, at least some of it is (pause) I don't know. Like I said, it's been a lot. I just feel like I'm very...

THERAPIST: It sounds like this must reflect some, like, inner sense (inaudible at 21:37) with things.

CLIENT: Yeah.

THERAPIST: Feeling maybe a little more energetic. Is that true?

CLIENT: Not necessarily.

THERAPIST: (inaudible at 21:45) energy now?

CLIENT: It just basically being that I'm not sure if it is energetic as much as feeling like, at the very least, the things that are very passive aren't necessarily making me feel good. I'm going to try and, like, fake it till I make it with the energetic thing.

THERAPIST: I see, OK. So it's more like...

CLIENT: Well, I mean, this doesn't work but it doesn't necessarily mean that I've any...

THERAPIST: You're feeling a bit numbed out by the sort of online stuff.

CLIENT: Yeah.

THERAPIST: And appreciating that more RL (ph) kind of stuff is probably (ph) better.

CLIENT: Yeah. And (pause), like I said, it's been sort of a weird week. I'm always (pause) a little too candid about my something I said this week, also that I think that (pause) I kind of regret, but yet every word I said was true. And so I don't know if you know who Aaron Swartz is.

THERAPIST: (inaudible at 23:01)

CLIENT: OK. You know recently he passed away, right?

THERAPIST: Yeah. So what I know is he was about 26. He did something, like, important on the Web.

CLIENT: He invented RSS.

THERAPIST: Oh, he invented RSS?

CLIENT: Yeah.

THERAPIST: Oh, OK.

CLIENT: I still want to kick him over that and he's not even alive. You don't call anything really simple and have it not be that simple. He invented Reddit also. He founded Reddit.

THERAPIST: Oh really? And he committed suicide recently?

CLIENT: Yes.

THERAPIST: And he was being prosecuted for downloading stuff from JSTOR?

CLIENT: Yeah.

THERAPIST: Those are the thing that I know. [00:23:40]

CLIENT: So I was asked, because I do know him. I did know him, sort of. I knew him peripherally. You know, what was my opinion on this. And I was a little too candid. I still stand behind what I believe on this.

THERAPIST: What'd you say?

CLIENT: I said basically that Aaron was one of those people that if he wasn't the center of attention all the time he would get so amazingly depressed that he would get to the point of being kind of suicidal, unless he was getting, like, 100 percent positive all the time. And so it doesn't surprise me at all that, like, you know, that when things weren't going his way and he didn't get the media attention he wanted that he did this. And it wouldn't surprise me at all if he did this specifically and didn't expect to actually die. And I didn't mean to...

THERAPIST: Do you know what he did?

CLIENT: I'm sorry?

THERAPIST: Do you know what he did? I don't.

CLIENT: To kill himself, you mean?

THERAPIST: Yeah.

CLIENT: I don't. I could find out because I, like, know his significant other sort of better than him. But I do know that he this is not his first attempt. I know that he has been chronically, chronically, like, had problems with depression all of his life and I do know that he was like night and day. When he was getting attention, like, not just attention from one person lots of people though he was on top of the world. And when he wasn't, like, he was self-destructive to the point of, like, sometimes self-mutilating. And so, like, this is I was a little candid when asked about that by some coworkers and now I'm kind of a callus bitch. [00:25:19]

But it's very hard because it's, like, I [have to] (ph) explain. This is one of those things though where, like, I know you guys see this as from the window of the media, those people turning this, but he probably was going to do this anyways. And it seems kind of to me like I had a very hard time explaining. And I shouldn't have. I should have just said, "It's a shame" and just, like, walked away. I should have never said anything. I still stand my beliefs. I believe that he was, at some point or another, going to actively really try and kill himself for attention.

THERAPIST: I get it. Your concern isn't sort of your belief in what you said but whether it was...

CLIENT: It was appropriate.

THERAPIST: ...tactful (ph) to just drop sort of (inaudible at 25:58).

CLIENT: Yeah. More or less that's why he passed (inaudible at 26:01), you know, because a lot of people at work were trying to get time off to go to this protest and this and that about this. This is like the attorney general's fall to his death. And I just really felt like that was not true. You know, even before he was thought of I had, like, you know, had a connection to the hacker community and he was yes, he has a really brilliant mind but, you know what, you have to be kind of careful with that kind of stuff, you know. And I just feel like (sighs) I feel like when it's front stage (ph), that if you're super, super smart the rules don't apply to you or, like, behavior. And I just sort of I felt really embarrassed and almost, like, not wanting to interact with certain people at work right now because of me saying this off the top and sort of seeming like a callous bitch who doesn't understand, like, you know, this kind of thing. [00:26:59]

And so I'm trying to decide whether or not to try to make it better by saying anything or just pretend this never happened and see if it's glossed over, you know. And so, it is a situation where, like, I knew more than most and maybe I am sounding a little bit callous about it but...

THERAPIST: Where did you know him from?

CLIENT: I'm sorry?

THERAPIST: Where did you know him from?

CLIENT: Oh, from basically various different online communities from nearby. I knew of his girlfriend, who oh gosh, I don't even know how to explain this. She was one of those people that, like there isn't even a word for it but there are, like, girls who hang onto people that are smart and they sort of drift from one to another.

She was one of those people that always just finds brilliant people and sort of, like, attached her life to them and somehow got people to pay for her lifestyle. I don't necessarily like her. I don't necessarily condemn her. I just think it's an interesting groupie concept, much like bands. But it's just, like, one of those things where I refuse to get emotional involved in this kind of thing because I had been around for, like, various different hissy fits in the past, you know. And I don't know. I'm starting to doubt. Maybe that makes me a bad person for really feeling, like, super, super upset and distressed about this whole thing, you know.

THERAPIST: Well, it sounds like you've always been, like, sort of respectful of his talents but kind of critical him.

CLIENT: I just don't like people who play drama games, you know. And at the risk of sounding extremely callus, it caught up with him, you know. And, you know, I mean, I think that rocking the boat for the sake of rocking the boat is not necessarily the right thing to do. Unfortunately, I think it was terrible because JSTOR had trouble for months, you know. Lots of people had inability to access to these articles that needed them for their jobs.

THERAPIST: Oh really?

CLIENT: There was a tremendous destruction service that people don't realize.

THERAPIST: Oh, all I knew was that he downloaded a bunch of stuff and wanted to post it for free and it had previously been sort of, you know, paid content.

CLIENT: It is paid content. It was (inaudible at 30:14).

THERAPIST: But that's all I know. JSTOR actually shut down for a while?

CLIENT: Well, what happened was that he tried to do it. He was a fellow, which is even funnier. (laughter) (inaudible at 30:26) to this day. When I first heard that, I felt totally shocked. But, yeah. But he had tried to do it through there but there's cap limits.

THERAPIST: I see. Not enough bandwidth or something.

CLIENT: Bandwidth and stuff like that and then a couple of other things. But then he was basically at MIT in a telecom closet with a terminal trying to (inaudible at 30:46) download these things. And the problem is, is that a lot of the things he did to get all these limits screwed with JSTOR. And they were not like, for a long time they had a lot of trouble getting themselves back up because of things, like, basically being triggered. You know, basically things about things, for example, you're only allowed to download this much for the state. So he basically rolled back dates to be able to do this or do all these other things that tricked the system.

THERAPIST: So he sort of like fucked it all up to...

CLIENT: Yeah, to get what he wanted.

THERAPIST: ...and allowed himself to download a lot of it. And these are, like, a pretty large collection of academic databases that obviously people need articles from all the time.

CLIENT: Yeah. And everything from, I guess I think that MIT's, everything that they got pulled off of, like, everything from the domain got pulled from JSTOR. And then, like, in general they had tremendous problems with things, like, because there's when there's these errors were like, "Oh, you can't download an article that is dated before the date that it thinks that it is." You know what I mean? There's a lot problems with dealing with this.

THERAPIST: Yeah. It sounds like he create a big mess.

CLIENT: It's a big mess. I mean, they didn't press charges at all but it did create a big mess and, you know, I just feel like that's the wrong way to go about it. Whether or not, you know, he honestly did believe that anything you pay with your taxes you should be able to access for free and whether I mean, I kind of a little bit agree with him, but either way that's the way to go about doing it, you know. And so...

THERAPIST: Not the best way to (inaudible at 32:22).

CLIENT: Yeah. But I really feel like (sighs) I feel like I just need to avoid, in general, like, any discussion of this with other people because those people are very, very sympathetic towards him, because they didn't know him. If they'd actually met him, they would not be sympathetic towards him, you know.

THERAPIST: Was he generally not a very well-liked fellow?

CLIENT: He was contrary for the sake of being contrary. He was just one of those people. Has to be the smartest person in the room. Has to be this kind of, you know. And I recognize that. I have a lot of friends that are (inaudible at 33:06) close to him but I have people that I am close to that I know that I have to let them be the person in the room that knows everything and that's part of the contract of our relationship. But that's not what most people tolerate, you know. So, I



don't know. But at the same time I feel like maybe I just need to stop being so I feel like (pause) I guess the big problem with me at work is that I'm either extremely careful about what I say or I am completely off the top, that I don't feel like I'm really using the right amount of judgment when I'm talking to people.

THERAPIST: I follow. (inaudible at 33:48)

CLIENT: Yeah. And (inaudible at 33:51) it is unfortunately the processing time is so much slower. Because sometimes I'm just sitting here thinking, "OK, (inaudible at 33:58) told me this. What are the ramifications of this?" You know, and I just feel like I can't really be myself, obviously. Not that anyone can really, truly be themselves at their job. But, you know, I have a tendency to go off the cuff (ph) and say things that, you know, could potentially offend people. And so I have to be kind of careful.

THERAPIST: What (pause) do you think leads you to do that? In other words, (pause) why is the filter such as an either/or sort of thing?

CLIENT: I think after a while I get exhausted from trying to, like, keep everything sort of exactly the way I want it to be and then I let go. And (pause) I think that's probably it. It's probably just fatigue. Sometimes also I just think about like, I talk to someone, they seem intelligent and I don't necessarily have to be so worried about whatever. And then I realize, well, that there are these limits, you know. [00:35:25]

Unfortunately, being delicate has never been a good quality of mine in terms of [that skill set] (ph). (pause) I think in certain ways it comes back to that whole thing of feeling like I'm not interacting with people enough, therefore I'm like...

THERAPIST: You're a little out of practice [in some of this] (ph).

CLIENT: Yeah. Does that make sense?

THERAPIST: Yeah, sure. Do you feel bad or do you feel like I can't quite tell from your tone if you just feel like, "Oh, fuck, this is going to be trouble for me." Or like I guess I have more of that sense really, that, like, (laughter) I think because you, you know, you're pretty sure of what you say and you meet a guy and I think yeah, my impression from things you said before about people like your in-laws but also in general is that, like, you really don't like people who play those kind of drama games and the sort of manipulateness of it. [00:36:53]

CLIENT: Well before I have even met my in-laws. I have never put up with that. Like, with them I put up with it much more than any other human being on the planet. But back then I would be like as soon as I had situations or friendships like that I'm like, you know, I've got better things to do. So that's sort of something in general that I just don't deal with. I feel mostly bad because now (pause) I took what was supposed to be like a piffy (ph) or interesting conversation and sort

of killed it. And I don't necessarily know if I want to be invited into a conversation about this kind of stuff anymore, you know.

I don't want to seem like I don't have compassion. You know, I do. I really do.

THERAPIST: That's not how it's coming across to me. It sounds like you were, you know, sort of a little too tired to think diplomatically about it. And that...

CLIENT: I said what I really thought.

THERAPIST: Yeah, you said what you thought and that people like him sort of push a button of yours, somewhat. And, you know, there's a way it sounds like in which the, like, buzz around his suicide reiterates just the sort of thing that pushed your buttons in the first place with him. That, like, there's all this sort of attention and sympathy and probably remaking of him into somebody very different from who he was...

CLIENT: Exactly. [00:38:44]

THERAPIST: ...in a way that is just the sort of thing he would have gone after in his life. And that all just so rubs you the wrong way, which is quite differently, at least in my mind, from your, like, not generally having compassion for people.

CLIENT: Yeah. Like I said, it's just one of those things where yeah, pretty much that. It is hard to have compassion for somebody who I feel like staged the whole thing (ph) for his own entertainment, you know. Like, there just wasn't enough whatever so...

THERAPIST: Bring on the drama.

CLIENT: Yep. And that's true I really don't have a really good drama for drama. I really don't. And it gets me very (pause) like I said, it just pushes my button. It really pushes my buttons. And I don't like I said, it's been like this all of my life. I've just had very and part of it is the fact that I'm very simple-minded in terms of like, simple-minded but, you know what I mean. I tend to not, like, (inaudible at 40:03) about things.

THERAPIST: I honestly like it a lot better when people are direct about things.

CLIENT: Yeah. I understand that people can't always be that way because we don't even necessarily know their own mind but I really don't like people who go out of their way. And even to the point right now where I have gotten very (pause) [I won't even] (ph) explain it, but I've gotten very defensive when (pause) I've been put in situations where someone asked me a question to which I assumed that somebody is accusing me of trying to manipulate the situation, you know. So I'm really, really straightforward and I don't like that. Because I try to be. I'm not always good about it but, you know, I do try to. I just don't like it (ph) for the sake of, you know, being that way, you know. It's so exhausting.

THERAPIST: (inaudible at 41:17) gotten mad and a little bit set off about all this too.

CLIENT: Yeah. I am very easily (pause) the difference between me now as opposed to me in the past is that when dealing with people who seem to be manipulative or, you know, drama liking or whatever, in the past I just basically made a point of ignoring them and never, like, letting them have the time of day or just, like, sort of casually pushing them out of my life. Now it's more of a panic, like the hell's going to be going on now because obviously, you know, this person now it's much more a...

THERAPIST: It's much more of a threat.

CLIENT: It's more a threat. Definitely more of a threat. And even, like...

THERAPIST: (inaudible at 42:19) one, \* 00:42:21) your in-laws and, two, you know, really unfortunately you're in a much more vulnerable stage in your life than you used to be.

CLIENT: Yeah. So...

THERAPIST: We [need to] (ph) stop for now. So I'll see you next Thursday.

CLIENT: Next Thursday, yes.

THERAPIST: OK.

CLIENT: OK (inaudible at 42:49). See you next week.

THERAPIST: I'll see you next week.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Then are we good for Tuesdays again starting...

CLIENT: Yes. I don't even know how to explain what's been going. I'm trying to figure out a way that it's going to make any sense at all. OK, so I think I had mentioned to you that Mike's dad's third wife is some sort of a mental health professional. Well, we had a conversation because there's a lot of drama going on in Mike's sister's life right now. And to be honest, I don't remember what I said to her but I think it was pretty innocuous, like, just something not especially, like, positive but probably not something negative either. And the thing she said to me is one of those things where I really feel like on some level I understand. There's a huge psychotic leap (ph) for me there is what I think and what I feel, you know, and it's very difficult sometimes to sort of separate them. [00:01:07]

So I don't remember exactly what I said to her it was pretty innocuous but she said, "Borderline people like you are the bottomless pits of woe and need."

THERAPIST: Yet you don't have borderline personality disorder. Don't sweat it.

CLIENT: I know but isn't this kind of, like, super unethical as a mental health professional to say shit like that?

THERAPIST: It is super unethical and it is downright mean.

CLIENT: It pretty shuts me down from never being able to say anything wrong again, pretty much, because...

THERAPIST: No, what it does is it makes her out to have acted like a huge bitch. I mean, it's just a horrible thing to say and unethical and wildly inappropriate.

CLIENT: Because I think that actually, you see me two hours a week, that you've spent more time with me than she has in my entire life, the past couple years. And it just but the thing is, is that it makes me really want to ever mention anything, you know, negative in any way, shape you know what I mean? It totally makes it so that my behavior is now sculpted by the fact that I don't want to hear that kind of stuff again or necessarily even really it made me really reexamine a lot of the things. Like, when I want to say that I need help and things are going wrong and I do have right now kind of weird life that seems to have a lot of, like, random stuff in it. But I don't feel like I need to I'm trying to talk to people because it's time to connect with people but I'm not very good at it and don't talk to people very often. I really don't people to know about my life, you know. I really don't. I don't feel like I'm seeking, like, a lot of, you know, emotional but you can see how this can be mentally manipulative to me. [00:03:06]

THERAPIST: Yes, absolutely.

CLIENT: You know? And it just and now it's like I'm going to be second guessing every single motive I have for a very long time.

THERAPIST: If it helps Debra, I've seen a number of people with borderline personality disorder and that diagnostic has often been used historically in a pejorative way but, you know, it is a real sort of clinical entity and there are people who meet that description and, you know, I've seen a number of people like that. And, you know, sometimes I've worked actually quite closely with them. And, you know, (pause) that's just not you, you know. If it was, I would tell you because I think it would be in your interest to know or I'd find some way to talk with you about the kinds of symptoms that that entails. I mean, the primary symptoms include things like, you know, terribly unstable volatile relationships, which you don't have. I mean... [00:04:31]

CLIENT: I don't feel like I'm being abandoned constantly by people, you know. Hell, I let people abandon me and still defend them. You know what I mean? (laughter)

THERAPIST: Absolutely. You don't have that I mean, and there are a lot of people who don't meet criteria for bpd but have, you know, kind of borderline like vulnerabilities, you know, are sort of more sensitive around things like abandonment or (pause) yeah, more of a tendency to kind of act out when they, you know, without a lot of impulse control or insight. You're just not one of those people.

CLIENT: I appreciate that and I do but on some level also the rational side of me is saying, well, I really need to I need to spend more time thinking about how I'm projecting myself to people. I know it was just abusive. It was just something specifically to shut me down and not ever say anything, you know, that was going to be unpleasant.

THERAPIST: It could have been any number of things. I mean, it could have been mostly manipulative. It could have been just sadistic and mean. It could have straight up ignorant and dumb. I mean, you know better than I because you were there but I imagine it'd be hard for you to judge because you were just reeling from the blow.

CLIENT: Yeah, and they've done this before. In fact, specifically her but I know that she has at the very least shared information with other members of the family about what she thinks is wrong with me, you know.

THERAPIST: Yeah, this is a more accurate what's going on right now with this paints a much more accurate picture of what's wrong with you, which is that I mean, there are a few things wrong. This one is that your confidence can be pretty shaky around how you come across socially and...

CLIENT: Specifically related to family members you're saying, but yeah.

THERAPIST: I think especially so with family members but, I mean, that kind of a, like, shaky confidence around, you know, and a tendency to kind of believe bad things people are saying about you rather than being sort of sure of what you know to be true. Like, that if you want to look for some problems that you have, there's one. (laughter) It's a terrible one, you know. It's not bpd. [00:07:15]

The other thing, which is (pause), you know, you have other problems too. Some of them are sort of physical health and reality problems. Like, you're incredibly financially stressed. You have, like, really unfortunate unpredictable often incapacitating health problems. You have chronic pain. You have a husband with an addiction. A lot of the things that I think you're dealing with, I mean, some of them are more psychological issues I guess like that one but a lot of them are not. And, like, believe me, I'm not somebody who tends to be biased in terms of seeing things in terms of reality problems rather than psychological problems. I'm really not. (laughter) No no no we tend to skew the other way.

CLIENT: On some level, like, I've apparently been walking, you know, before walking around with appendicitis for months and sort of putting it aside to being like, you know, kind of like, "Oh, I'm just too tense or I'm just" I didn't really think about it. I didn't really think that there was something wrong. I was ignoring my body and that's sort of a hazard that in general I do have but it just comes from the fact that I just detest going to the doctors, you know. But that's the outcome from...

THERAPIST: And you've got four other things hurting so you probably don't know how much it's reasonable for things to hurt anymore.

CLIENT: Yeah.

THERAPIST: You know, if you've got four radios playing loudly and you've got one other radio that if you didn't have anything else would be really loud and irritating. You know what I mean?

CLIENT: Yeah, it gets very muddled. I just hate when we get sucked into this stuff (ph). This is just sort of an out shooting of the real drama that's going on. But this was definitely...

THERAPIST: \*00:09:14)

CLIENT: No no no, please. And I do appreciate it. You have no idea how much this means to me to know these kinds of things because it's...

THERAPIST: Do you have questions about what bpd sort of entails that would -

CLIENT: Not really. To be honest, as long as it's not me I don't really have a morbid curiosity, if that makes sense. Does that make sense at all?

THERAPIST: Yeah, it does make sense.

CLIENT: I have too much, like, right now I've been struggling with just feeling terribly depressed and a lot of other health issues. Not that I'm saying that I won't ask at some point but probably right now I \*00:09:50). Information overload.

(crosstalk)

THERAPIST: Go ahead, yeah.

CLIENT: I'm trying to drag myself out of this by having a project. I don't normally believe in doing I mean, my husband and I have a really good sense of teamwork on things but I don't really do a whole lot with him specifically career-wise. [It's normal] (ph) like, "Oh, you have this. Then I will look over your slides or I will help you with this." It's not anything really strong but he has the potential right now. And he doesn't get it. He doesn't get how big this is, of having something

that basically potentially could set him in motion for having a ten year track (ph) position just about anywhere he wants.

THERAPIST: Wow.

CLIENT: He has, due to a couple of things, set up a system that can detect single molecule presences through \*00:10:57), which is basically like an electronic chip but instead of electrons it's water or fluid. They do these things that yeah, \*00:11:06) is that basically. He's been able to be able to detect single molecules of certain types of proteins and one of the ones that looks like it's he's going \*00:11:19) right now to get the ability to do this. But it looks like one of the ones he can do is any type of protein that is present in early HIV. So this would be able to...

THERAPIST: So this is the way to detect the presence of HIV...

CLIENT: In the bloodstream.

THERAPIST: ...before anything else?

CLIENT: Yeah. Within days of transmissions.

THERAPIST: Wow. And what's the current sort of...

CLIENT: Six months.

THERAPIST: Wow.

CLIENT: The thing is that that's normally six months maybe but they also make you retest. There's a bunch of other things but yeah. The earliest they're really going to do is six month. And this would be really, really huge for people who work in certain fields where they could accidentally get a stick or could accidentally get exposed in ways that basically, most people who are getting it by a social means would not necessarily know they're exposed so this would be for someone who accidentally knows that they're -

THERAPIST: I guess I can imagine somebody who -

CLIENT: Clinicians.

THERAPIST: gets wasted, wakes up the next morning, says, "Oh shit, I had unprotected sex."

CLIENT: Yeah, could be that too but usually it's more like, this is going to be focused, at least for now, because they \*00:12:30) military things or doctors [who are on orders] (ph) or whatever. You can actually pinpoint when the accidental exposure was. But still, again, this could also be further down the line. The whole problems is although the protein itself is not dangerous in any shape or form, you can imagine the amount of red tape it involves, like, in having all these

committees and stuff to be able to buy the stuff to be able to do this. But entirely, like, dealing (ph) with all these other things, including protein that look just like it, big deal. Really big deal. Especially because these chips are this big. So they could be, like, potentially shrink-wrapped and, like, basically used when you need it as a rapid test.

THERAPIST: And the manufacturing aspect would be straightforward.

CLIENT: Maybe. But the point though is that even if it never becomes a real product, the fact that there is a test to be able to do that could be it's a big deal. He doesn't see it as that. He sees it as the I understand, because he doesn't come from a product point of view. He starts talking about the \*00:13:31) of this and he can detect single molecules. What I was telling you about this, as opposed to he may have just invented a very, very rapid test for HIV, you know. So I've been but he hasn't done virology in years, amongst many other things. So I've been doing things like helping him queue up, like, watching very things on virology from like, there's a lot of these \*00:13:52) things that are very high-end virology videos you can get that are, you know, courses and things like that to make sure he knows a lot of it. He's, you know, set up things with doctors to talk about this. He has a huge, like, safety board meetings, blah blah blah, to get to this point.

So I've actually really gotten a lot of pleasure out of helping him with this kind of stuff and, like, sort of helping him figure out how to talk about it and just in general organizing these things. Getting MSDS sheets set up for all this stuff, you know, that kind of thing. And so even though it's not a long-term thing it's something that to me it can be something to rally behind. I can directly affect my own future. Whether or not I...

(crosstalk)

CLIENT: No. And I don't think he has a clue as to the funny thing is if this were rabies or chicken pox or anything like that, it wouldn't set you for life, if that makes sense. Not set you for life but wouldn't put you like, it wouldn't be considered to be such a because it has that cache with it, that people are desperate to find ways to identify that kind of thing, it has the ability to be life-changing. And so although there's a whole class of viruses that create proteins that potentially and he \*00:15:01) many things. Like yes, but this is the one that will get you recognized. So that's something I've been really helping with and it's been really helping me...

THERAPIST: That's incredibly exciting.

CLIENT: It's incredibly exciting. And so although I haven't been doing that well, I've been cramming in my head just because I'm trying to be able to just spend time brainstorming. I've been dumping a lot more virology than I ever even remotely had. It's not from various neuroscience classes. I haven't taken biology since high school. I took a lot of neuroscience because of neuronetworks but that's different, just because I was trying to understand the crossovers between the two. But I still have a lot I [got really good at] (ph) chemistry to understand it. So, like, just to be able to talk intelligently like that and be able to help him and



things like that. Because he doesn't see it as big as it could be. And I'm not trying to set him up to fall but I'm trying to say that, you know, "If you push this the right way, even if it never becomes a real product, you get a couple of \*00:16:02) it's a big deal," you know.

So that's been something \*00:16:09) lift me up and it's really helped a lot.

THERAPIST: That's great.

CLIENT: Until drama happened. I'm not putting \*00:16:17) making it harder and harder to do so. So we get this phone call on Saturday night from his sister. Mike doesn't answer it, thank goodness, because he knows better. She never calls. The few times that she's ever relayed messages to us have either been by text or e-mail. And she leaves this message saying something along the lines of, "I have to sell the house. I have this desk of yours. What did you what me to do with it?" (pause) Yeah.

THERAPIST: This is the house \*00:16:46) that everyone is expecting that she lives in it for a while and she -

CLIENT: It was given to her by his mother completely, like, debt free.

THERAPIST: Got it. No mortgage, no nothing.

CLIENT: Yeah. It was actually about 15 years ago today probably, that it was given to her. Now, we have no knowledge of any desk. There are many things of Mike's that, you know, he would love to have. The desk is kind of a random thing, since he doesn't have a desk, you know, or anything like that. And things that were very important to both of us she sold a couple of years ago, like, maybe five, in some garage sale. So we're wondering what on earth this could be about, that kind of thing.

So instead of talking to her directly, you know, because he doesn't want to get this just sounds like it is a hook to get into something else. It sounds like, "I'm trying to get you" instead of saying, "I really need to talk to you," it is, "I am going to make up shit about some desk." I'm sure there's a desk that actually is a desk but...

THERAPIST: That's not the point.

CLIENT: Yeah. That's not what the point is. So we find out from Mike's father that she's moving to an apartment. There was, like I said, this was Mike's mother's house before she just this is before Mike and I got married and before Kerry had her daughter, that it was given to her. There's (ph) the house that Mike grew up in. So this is a family house. It's been in the family for many years. And from what we can construe about this whole thing, apparently I guess she took quite a few loans against it. Although she works in the industry, is kind of an idiot about things, about not paying stuff. But the thing that really got both of us more upset was the fact that she didn't care for it and that's the reason why.

In Kentucky, along with some places in the southwest but mostly Kentucky, they have clay. So you actually have to water the foundation. If you don't water the foundation, the foundation cracks. It's well-known, this is what you're supposed to do. Well, apparently, she has 50,000 dollars' worth in foundation damage because she never watered it. And she grew up in that house. She knew. She grew up in Kentucky, she knows.

THERAPIST: She grew up in the house, yeah.

CLIENT: It just...

THERAPIST: How often do you have to water a house like that?

CLIENT: About once a week. You put it on I mean, they make special \*00:19:07) you wrap around the foundation.

THERAPIST: Right. You just turn it out, it sprinkles on the foundation.

CLIENT: Yeah. And, you know, it's funny -

THERAPIST: Keep the clay from drying out too much.

CLIENT: Yeah. And so it's kind of funny because we were discussing the fact that we know that she never did it because if so, when you look at her house on Google Maps, there would at least be some green grass somewhere near, like, the edge of the property. It's dead. I mean, there's nothing there. So it's like, you know. And that's just kind of her life she lives and, like, a very expensive slum. You know what I mean? The few times that we used to go there, we would go and clean because it was gross. I mean, the kind of grossness that, like, we were worried about when I say baby Emily, even though she's (ph) about 13 years old. You know, things like a dead cockroach or a raisin. We don't know so we have to clean all this stuff up, you know, that kind of thing. Other things like that, things that were just left sitting out that were just absolutely filthy disgusting. No idea why it was left out, that kind of thing. [00:20:13]

I remember at one point after the second child was born, the pregnancy test for the first child was still sitting in the kitchen. And I remember thinking this is kind of gross, because you pee on that. Yeah, in a kitchen.

THERAPIST: Yeah, years later.

CLIENT: Years later. I can understand leaving it out a couple of days, like being like, "Yeah, I'm pregnant," you know, that kind of thing. Maybe? I can't imagine leaving it in the kitchen, but that's just me, you know. It's filthy. It's disgusting. They have \*00:20:43). They had a room that was more or less at cat box because no one ever wanted to, like, clean the cat box so the cat box had its own room. I'm talking, like, not quite quarters but pretty darn fucking gross.

THERAPIST: Yeah, that's pretty darn fucking gross.

CLIENT: Like, you know, feces and dead, you know, dead everything. But very, very, you know, expensive around there too. She's just like that. She likes her World of Warcraft, which makes her not have to pay attention to anything else too, which I think is -

THERAPIST: \*00:21:12)

CLIENT: Oh yeah, she's really into the multi online gaming thing.

THERAPIST: \*00:21:16)

CLIENT: No, for women it's very rare.

THERAPIST: There's that, but I guess I was thinking of it in relation to Mike as well \*00:21:25)

CLIENT: He's never really liked multi online playing things.

THERAPIST: Right. Yeah, I was thinking, like, addiction to online \*00:21:33)

CLIENT: I think that's about the only thing she really does. I don't know. I didn't know about that until Mike's littlest brother mentioned the fact that that's all she does, is go on there.

THERAPIST: So what are the consequences for you guys of finding out she's selling the house?

CLIENT: Well, part of it is the fact that Mike's pretty distressed about his childhood home having to be lost to whatever, you know. And sure there are things that we would want but to be honest, if we haven't gotten them in 15 years, we don't need them. Does that make sense?

THERAPIST: Yeah, of course.

CLIENT: It is more the consequences of the fact that, like, we got dragged into this and therefore had to, like, call and find out stuff. And mostly just being worried about the kids. Because if she's taking loans out on the house that she got herself in trouble, she has three children. What kind of apartment can she afford on a regular basis, rent, that is going to be any better or worse than, you know, in this situation? [00:22:25]

THERAPIST: I'm sorry, I don't remember. Is she married currently?

CLIENT: No, she divorced. Actually she divorced her husband for having sexual-related problems, which is I think part of the reason why she's especially nasty to me, I think. As soon as she found out that he had been having, like, relationships with people online amongst many other things, she just left him. But, yeah. So it's pretty bad. But I'm really worried because these

kids have been exposed to so much crap. These are the same kids that the middle boy looks to the younger girl to tell him what's he thinking and feeling. That's creepy already, like, you know. And so...

THERAPIST: That's just really upsetting.

CLIENT: Yeah, it's really I mean, my first instinct is I want to go down there and officially supposedly help so that I can sort of get an emotional temperature on how the kids are but not really. But that's like an admission to like, "Oh yeah." And then I'm like, yeah, no, not going to happen, amongst many other things. But it just makes me very distressed. I know it makes Mike pretty upset. [00:23:45]

So this sort of stirred up a whole bunch of other things. All these other things starts coming to the surface in terms of that, you know. His mom hasn't spoken to him in quite a long time. And after speaking to his aunt, I guess she has been more or less, like, because she has, like, this ridiculous irrational hatred for her aunt's boyfriend. Like, her aunt, who's in her 60s, boyfriend, she's had for years. That, like, she is, like, the house that they live in doesn't go there very much anymore because of, like, the emotional like stress of all this stuff. So she's doing the same old shit that she did with me and Mike on them. And so his aunt has to move out now and, you know, leave the compound or whatever. They (ph) used to have days, like "this is my night, this is your night out" kind of thing. It's just \*00:24:35) ridiculous. It's so much fucking drama. And although none of it directly affects us, it does in its own way, you know.

THERAPIST: Well, I imagine it's all very emotional for Mike and kind of emotional for you \*00:24:54)

CLIENT: I want to have a calm life. I don't like to have these kinds of things just dropped on me on a Saturday night. You know what I mean? This is not \*00:25:04). Not that I'm saying that legitimately that, you know, these things shouldn't happen, I shouldn't know about them or anything like that. It just seems like it seems to be, like, a way of disrupting, like, any tranquility in our lives, you know? I'm not saying I shouldn't know about negative things but, like, (pause), you know, there are (pause) it's just pulling it (ph) back into that lifestyle again, you know. But complete and total, like, I don't care what anyone thinks or feels about me, I'm going to do things the way I want to kind of thing. It sounds great and all but, like, cracked foundation, you know, that kind of thing. It's really sad.

THERAPIST: Absolutely.

CLIENT: And (pause) it's especially hard for him because he's like he knows that the reason why he hasn't called his aunt at all is because he all of sudden realized that, you know, no one talks to him on that side of the family at all at this point, except for his aunt. So if there was something wrong with his grandfather at this point with his \*00:26:22) no one would ever tell him.

THERAPIST: \*00:26:23)

CLIENT: And so he had to, like, super promise that if anything went wrong and this is not an irrational worry because Mike's grandmother was dying and nobody really thought it was really that important for him to know or even come visit until she was dead. And when she was dead, they didn't think it was all that big of a deal for him to they didn't think he really needed to come out for the funeral, you know what I mean?

THERAPIST: So did they ever tell him?

CLIENT: They told him. Like, so what happened was he found out maybe a week or two before everyone was going to visit her that she had lung cancer. Didn't make a big deal about it. Just like, "Hey, we're just going to go out there." And Mike's like, "Well, if everyone's going out there, why didn't you invite me?" And they're like, "Oh, we didn't think you'd want to go and, you know, it's only a week beforehand so it's kind of too late to book tickets for you too. So sorry." So they all went out, like, over, like, Labor Day. Later in the late summer. And before Thanksgiving, she was dead.

So he never even really got a chance, like, to have any of sink in or have any of it be real. When she was dead they were like, "Oh, well, you know, it's too hard for you to come out here, blah blah blah." And so I did make it a this is just before we got married, like the year before. I made it a point of finding a ticket for him so he could go out there.

THERAPIST: Yeah, and he did?

CLIENT: He did. But the thing is, they didn't really think he was important enough to want to, you know. And so he had to. I mean, these are like him, like, saying, "I need you to tell me if something is wrong because no one will call me." He kind of \*00:27:52)

THERAPIST: \*00:27:53)

CLIENT: Yeah. So I guess part of the reason why I'm upset is because, at least that right now, is the fact that, yes, it's less jealousy over the fact that Mike's sister got a friend house and we didn't. it's not really about that. She had a family, you know. She was starting the family. She was given the gift of always having a roof over her head, of security. And she threw it away, you know. And to me that's really sad, you know. And so to me it's more of a, you know, gosh darn, is this it's hard to explain but just emotionally hard to hear, you know.

THERAPIST: And what's difficult is to kind of see her having thrown it away.

CLIENT: Yeah. Having thrown it away, especially since it's something that it isn't her I mean, that's not her responsibility. She has all these kids to take care of, you know. [00:29:15]

THERAPIST: Does it feel like it's tragic? Do you feel like you're worried for the kids?

CLIENT: I'm worried for the kids.

THERAPIST: It's less (ph) like it just kind of feels like a tragic event.

CLIENT: It feels like a tragic event. I'm worried for them. I'm worried that this is going to make things worse. I am (pause) it's hard to explain. There's already been a lot of (pause) I just don't want another generation going down this road, you know what I mean, the behavior aspect of things. And it seems like this is just another way to have it happen, you know. Not only that but I'm also secretly worrying about how in the world we are going to roped into something being our fault. Does that make sense? I mean, I don't really believe this but I do know that, like, the most irrational crap in the world, like, all of sudden becomes our fault.

THERAPIST: I understand.

CLIENT: And this kind of vigilance, that's something trained in me, you know. I know that whatever, like, you know, like, random contact. "I need to know what to do with your desks" usually becomes something bigger or something, you know, different, you know. I know that she is jealous because we are educated and she is not but we don't think we're better than her per se. She had every bit of intelligence to do it. [00:31:04]

THERAPIST: So this is the part where you actually start irrationally blaming yourself as though you've done something wrong even though you know you haven't done it?

CLIENT: No.

THERAPIST: In other words, like, you...

CLIENT: I irrationally blame myself that I didn't jump in to have more to do with the kids right now.

THERAPIST: [What the hell] (ph) are you going to do for the kids? I mean, I appreciate the sort of Benevolence (ph) and compassion of your intentions but what the hell are you going to do? I mean...

CLIENT: I don't know. [I was going to] (ph) fly down there.

THERAPIST: You'd have to be in better health to actually help out. You know, you get treated horribly and would probably be prevented from actually doing anything any way. I mean, again, I am not -

CLIENT: No, I agree.

THERAPIST: motives, but...

CLIENT: I don't know. Paying to have Gemma come up for the summer so that she can be around somebody else, see that there is a different life, exposed to something different. I don't know.

THERAPIST: You just want to help.

CLIENT: I want to help her. I barely know the other kids. I love them to death but I barely know them. Gemma, I have a really strong bond with.

THERAPIST: I see.

CLIENT: And she's a completely kid than back when I knew her, because I knew her as, like, a toddler and older. And so...

THERAPIST: It may not be quite as much difference between a toddler and a 15 year old as you think \*00:32:34)

CLIENT: She would do things, like, when I was resting because my joints were hurting, she'd go and put stuffed animals on my joints while I'm sleeping, you know. She really wanted me to sleep with her in her room, like that kind of thing.

THERAPIST: She's a really sweet kid.

CLIENT: She's a really sweet kid. She used to be very, very tactile and cuddly with me. And (pause) I just don't want (pause) I just don't want another kid to just feel like there's no hope, you know, to think that they're crap, you know. And the way that people just abandon their own kids in that family. I mean, Mike's mom would say \*00:33:19) talking to you. Say one wrong thing, then \*00:33:23) to the brother. Like, I don't want them to have to live out of fear like this. Mike obviously learned this behavior of being terrified of certain things because he saw his mom cut off other people in his life. And so I just don't want those kids having to deal with that too, you know. I don't know. It's really kind of sad and it makes me feel bad that they're being dragged through this. And I guess maybe if they I feel like maybe if they had some sort of influence in their lives that had some sense of rationality and optimism at least, that maybe that when these bad things keep happening then it would not fix it but \*00:34:12) from being so bad, you know.

I used to make the joke that I was looking forward to the period of time where kids hate their parents so that I can probably get to know my nieces and nephews. (laughter) But thinking about how much neglect Mike went through well, neglect in terms of, like, being in the same house and neglecting him, I have to wonder how much the house has been neglected and this has been neglected. I have to really truly wonder how much those kids are being neglected now.

THERAPIST: I'm sure they're being neglected. I mean, you don't keep a house like that. Keeping a house like that is a form of neglect of your children. If you're having a room as the cat box, leaving a thermometer with old pee on it or a pregnancy test with old pee on it in your kitchen while your child is an infant and a toddler, you know, having raisins or roaches around the house. Like, those things are neglect in and of themselves. I mean, obviously there's lots of other things that could be better or worse but that is neglectful to have a house like that with kids living there.

CLIENT: Yeah. And although Mike's mom, like, was a clean freak and so therefore, you know.

THERAPIST: Yeah, that wasn't an issue.

CLIENT: That wasn't so much an issue for that, you know. She was neglectful in terms of, like, wanting to be involved. And I don't think Kerry's really that involved either, you know.

THERAPIST: It sounds like she plays a lot of World of Warcraft. [00:35:51]

CLIENT: Like I said, this is only what I've gotten from Mike's youngest brother. I remember that she liked to play video games but I didn't really know a whole lot about it. Like, when the 20 year old is impressed with the amount of video games you play, that says something. A 22 year old boy is impressed with that? That's pretty bad. (laughter) And I guess it's sort of like reliving in real time now the crap that Mike went through. You know, with Gemma they totally \*00:36:23) did everything and for the other two kids, especially for Aiden, like, not paying attention to \*00:36:29). There's, like, very few pictures of him, this and that. But Mike, they have nothing, you know. And it's sort of coming to head (ph). Like, seeing it happen again is a lot. We can't even like, conversations are so damn, like, loaded. Because, like, for example, if we want to do adoption and this is something we have to think about ahead of time. Adoption agencies want you have to have something called an adoption profile book ahead of time. Like, meet up and things like that. Do you know what that is?

It's more or less a thing trying to solicit yourself to future parents. It talks about you, how you met each other, like, the things you love together, often your history, things like that. You know, pictures of you as a kid, what you dream for your children, you know, like, basically it's more or less an advertisement for you as parents. And, like, well, we can't really pick too many pictures of Mike as a kid because we just don't have them. I mean, we can't really, like, talk about that so we're going to have to focus more on, you know like, it would seem weird for me to talk about my, you know, my childhood growing up and not his, unless it's just carefully. And so, like, having to figure that out, like, in terms of putting together a book, you get a bunch of \*00:37:43).

You know, that's kind of an awkward thing to try and gloss over. It's not like it sounded so shallow to say that, "I'm upset that they did this because how in the world are you going to put it in a book?" It's not that it's the book it's the fact that it brings up the fact that things that should have been long dead, about the fact that they just didn't give a damn about Mike, you know.



THERAPIST: Well, sure. It's example number [five million four hundred any-six thousand and three] (ph) of how the way he was raised, you know, still matters now.

CLIENT: Yeah. And so, I strongly have feelings about the fact that I wanted Mike's mother to never have contact with his children. Mike's acquiescent. He doesn't entirely agree with it but he understands. I don't want her to ever, ever have anything but I don't want to ever have to have the conversation about why it is that, like, she is the way she is or, like, why is that you feel this way. I don't want to have to talk to kids about that. They're so damn, like, perceptive, you know. And I'm not going to plan on lying to her children but, you know, it's a little bit easier to explain that she's mentally ill and that's why we can't, like, talk we can't have, like, contact with her than it is to try and explain why it is that, you know, that she does this, like, any individual, like, behaviors, I think. Because they're just all so fucking petty, you know. [00:39:19]

And it's a lot to have to deal with. And like I said, seeing this having to move out of the house thing is like, you know, like I said, it's very stirring up. Like, seeing the kind of things that happened with Mike, things that will never be resolved, that can't be resolved. Not only is his mom not willing to but even if she was "willing to" it would take, like...

THERAPIST: It's not going to happen.

CLIENT: It's not going to happen. And so the only way that we can resolve this is by breaking the chain with ourselves and raising children that never go with that kind of feeling, never, you know. That never feel lonely in a house full of people.

THERAPIST: My impression is that's one of the primary things you want to do with your life.

CLIENT: Yeah. And, you know, it's hard.

CLIENT: So that's been my week lately. And I'm trying to be optimistic about this kind of thing, like, the future, because I think that if I can just push off this crap and focus on the prize and get us, like, not bogged down in this family crap that we could have the future that we want. Do you know what I mean? Like, if we can just focus, if we can get Mike focusing on his research, focusing on this, that we can have this life. But as soon as we do the rest of them seem to, like, want to come back in and make our lives miserable, you know. [00:41:21]

(silence)

CLIENT: Yeah, that's pretty much it.

THERAPIST: Well, that's more than enough. We can (ph) stop for now. Well, I'll see on Tuesday.

CLIENT: I'll see you Tuesday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Listen, I was wanting to talk a little bit about billing because so I am now off that health insurance, which shouldn't much affect you because you have, like, (inaudible at 00:17). So there should be two differences. One is they'll start sending reimbursement to you instead of to me.

CLIENT: They've been saying that you've been off (inaudible at 00:35) work for a while now to me.

THERAPIST: Oh, have they?

CLIENT: Yeah (inaudible at 00:39) last year.

THERAPIST: Yeah, it was [all for] (ph) part of last summer. Did I ever go over this with you?

CLIENT: I sent you (inaudible at 00:46) but you said it (inaudible at 00:48) big deal.

THERAPIST: Yeah, yeah. No, I managed to fix all that and I, like, decided to get officially the hell out of there. (laughter) So the other thing is that they will probably charge you a deductible but I'll waive it. I mean, you guys are really strapped. So, you know, don't worry about it. I guess the thing is (inaudible at 01:14)

CLIENT: Let me first look to see if I can get (inaudible at 01:16) part of my flexible benefits. If it's something that I can get covered first, I'd rather have you not waive it. Does that make sense?

THERAPIST: Yeah, I would prefer that.

CLIENT: Let me check and see first. Because I'd rather I mean, it is very kind and I definitely want to do that but I want to see if there's already something in the system that will [address it] (ph).

THERAPIST: No, thank you. I appreciate that. And otherwise, however you want to do it. If you want to...

CLIENT: Can I just sign checks over to you?

THERAPIST: Yeah, I was thinking that would be simplest.

CLIENT: Yeah, than trying to have it go into an account, wait for it to clear, then (inaudible at 01:53) a check.

THERAPIST: Yeah, it's probably just easier that way. So in that case, I won't even bill you. I'll just let you sign over checks when you get those.

CLIENT: OK, that's great.

THERAPIST: If at any point it'd be easier for me to -

CLIENT: We'll play it by ear, at least for now. And then obviously they'll be potential surprises (inaudible at 02:11). We'll see what they send. If we let go because it's (inaudible at 02:14) with this or that, you know. We'll see.

THERAPIST: I mean, I've yeah.

CLIENT: OK. So (pause) excuse me for a second, this is going to seem a little weird but I didn't think I was going to make it here, so I was hurrying more than I probably should have and (inaudible at 02:42)

THERAPIST: OK, thanks.

CLIENT: (coughs)

THERAPIST: That's exciting.

CLIENT: (coughs) (inaudible at 02:52) but sure. (inaudible at 02:55) I just want to make sure I don't start wheezing (ph) later.

THERAPIST: Yeah, of course.

CLIENT: (inaudible at 03:06) Anyways, just trying to keep things above water right now, just, you know, keep going. I mean, I've been trying to, like, say no more family drama, vaguely (ph) mostly ignore work drama for the most part and just sort of stay focused on just keeping everything not necessarily perfect but enough like, basically [figuring enough] (ph) contingencies so that I can keep going, you know. Like, some people say things like, "Well, you're obviously a perfectionist because you straighten things up before you leave the house." I'm like, "No, I know when I come back home I'm going to be exhausted and therefore that dish from the kitchen, you know, it's a little bit of a pain in the neck now but it's far worse when I come back." So it's not so much like I'm obsessing over, like, leaving things in there. So I'm mostly just trying to figure out what sort of almost like because right now it's different than it normally is but sort of get, like, a workflow of what I need to do in the mornings and get that all, like, straightened out, that kind of thing since (ph) my energy level is low and I just, you know, just trying to keep things going until spring, you know, that kind of thing. And helping Mike out with his work, that kind of thing.

THERAPIST: (inaudible at 04:45)

CLIENT: Yes. Also, just in general, like, various different hang-ups he has about certain things. Like, "Oh, well, this, you know, particular, you know, (inaudible at 04:58) isn't working so can you

just do some research on things that are similar to (inaudible at 05:02), you know, blah blah blah, you know, whatever. "And if they, you know, flourish (ph) in this situation. I'm like, OK, sure, I can absolutely get you a list. You know, that kind of stuff. I'm a tool. I like that kind of stuff.

THERAPIST: I imagine you do.

CLIENT: So it's something that has...

THERAPIST: It would be nice to have something that you're using your mind for like that.

CLIENT: I'm using my mind for. It's actually not what I'm trained for, which is (inaudible at 05:24). It doesn't matter. It's the same kind of thing though, you know. I mean, it's different but yet it's the same concept. And so I don't mind helping out and honestly, this kind of stuff, especially, "Can you do this? Can you do that?" kind of like, things that have very concrete success, you know, that kind of stuff, I feel really good about that right now, things that I can say, "Yes, I got that done. Yes, I got that done."

So it's a little bit more complicated in that he, you know, Mike has a lot of he's not very good at dealing with negative emotions, as you've probably figured out. And so when he gets e-mails from people that he's concerned that they're pissed or something like that, you know, I've been helping him decode them. And also, like, helping him deal with, like (pause) I don't really know how to explain this. [00:06:28]

He wants to defend other people first in many situations. Like, his boss is the director of the institute, so he doesn't see him very often. His boss asked him last month to schedule an appointment. He tried to schedule an appointment with the secretary (inaudible at 06:43). Of course his boss says, "I have been trying for months now," because in theory when he tried it was late December. It is now February. In theory, that is for months now but it's really...

THERAPIST: (inaudible at 06:55) six weeks.

CLIENT: Not even six weeks like four weeks. And he doesn't you know, that's just he's just that kind of guy, you know. And I think, you know, You know, instead basically tell him that you (inaudible at 07:10). Like, tell him that you've been going back and forth with the secretary [instead of like] (ph), I don't want to throw her under the bus. Like, "No no no, you don't understand." This is you or her. "Well, she's the one that's going to matter whether or not I get a good recommendation." She'll get over it by the time, that point. Like, she'll get over, like, processing recommendations for you. Like, you know, just throw her under the bus for this because she's the one that you've been if you were telling me the truth, which who knows what, you know, she's been the one that has been, like, not getting back to you on certain things, so do it, you know. But he never wants to do that kind of thing, you know. And I'm really trying to get him to be more selfish about certain things.

And, you know, I'm not normally like I understand it because I have been in those situations where I try to be extremely nice to secretaries. Anybody who works in administrative positions, they really run the world. I know that. And part of the reason why I've been able to do what I wanted to do or get situations happening when they wouldn't normally be done is because I've been especially nice to people in administrative positions. Like, I can get [out of this expense covered] (ph) while obviously there's nothing immediately underneath this but this person who knows all of the billing codes could figure out something that makes it, you know, not illegitimate but some sort of, you know, some situation where, you know.

So believe in this but I think that he's putting himself in a bad situation, you know. So (sighs) it's just frustrating, you know? It's very frustrating. I would really like him to I've been trying to push him to send weekly updates to his boss, even though his boss doesn't ask for it, and he doesn't he's really, really hesitant, that kind of thing. He really doesn't like formality on certain things very well. Like, you know, OK, well this is going to be the time that you write what you did this week or at least something. Even if it's nothing. Like, you know, "I spent all week trying to get this thing to work. Nothing worked." You know. "But I found out that this doesn't clean," you know, something. But he's just not that kind of guy. And (pause) unfortunately and this is one of the things that really pisses me off is that, like so many things in life, the world has somehow made him not that he's he doesn't actually exhaust (ph) and the world as let him slip through the cracks on things he should know or should be doing, so much that now there's nothing that's going to, like, reinforce that. Does that make sense? [00:09:57]

THERAPIST: [Let's see] (ph). I get that he sort of made it through without being able to do some fairly basic things, such as asserting himself in ways you're describing or probably taking care of himself in certain ways.

CLIENT: Yeah.

THERAPIST: Is that what you mean?

CLIENT: Yeah. Like, so many times he has gotten, like, he has gotten through by sheer luck or by sheer, like, because people assume things that aren't necessarily true. Like the fact that there were weeks where he wasn't really working but nobody knew any better, you know. Or, like, it's really hard when there are no and I'm not saying he needed to be punished but when the consequences aren't as...

THERAPIST: No, it can be really helpful when people hold you accountable. I assume that's kind of [what you're referring to] (ph).

CLIENT: I mean, it even goes down to the, like, flossing of teeth. Like, I try to get him to keep, like he sort of brushes them. He doesn't even remember how long it's been since he brushed his teeth. I'm serious. And, like, you know, because he hasn't had as much dental problems as he could have, obviously this is not, like, coming down on him. I mean, it isn't great but it's, like, this should be a lot worse than it could be. You know what I mean? So, like, consequences are not

really any all of it's, like, sheer luck. And yes, it is true that, like, (pause), you know, I'm not saying that he shouldn't have breaks. I think that's good. I'm not jealous of him not having breaks. Let me assure you of that. [00:11:31]

THERAPIST: No, you just want him to be able to take care of himself.

CLIENT: Yeah.

THERAPIST: And assert himself in ways that he needs to, like...

CLIENT: Especially while he's still young enough to get these habits down at least, you know. And so...

THERAPIST: It must be very hard to watch.

CLIENT: It is. It is really hard because I know that, like -

THERAPIST: [And quite] (ph) painful.

CLIENT: Very.

THERAPIST: My impression (ph) is that some of the most intense things that you feel are for him. I don't mean just that you love him, although obviously -

CLIENT: No, I know. From a very like, I want the world for him. I really want the world for him, literally.

THERAPIST: Yeah, and it can be very sad when you see his limitations. You know, I don't mean, like, you know, that in some sense he's not capable of brushing his teeth, you know. But, like, knowing where it came from, seeing it as a sign of neglect, like, is very painful for you to see.

CLIENT: Yeah. I mean, part of it's that he zones out. Like, he really dissociates, that kind of thing. But some of it is the fact that he just doesn't have, like, a system and part of it is all about scheduling, you know. If we don't go to the same time every night then it's really hard to get up in the morning, that kind of thing. He usually gets up before I do but it's mostly just sort of [hanging out] (ph). Like, he hangs out on the Internet for a couple of hours before he really gets anything done. I feel bad and this is where the problem is, OK. We have a very (pause) our roles really should be incongruent. Like, they shouldn't be exactly the same. Like, sometimes it's like I have to get up and start doing something to get him to do it. Not that I'm actually saying anything but him seeing me limp around doing something gets him to do it. That's really fucking frustrating. [00:13:33]

And therefore, like, yes, I have a good hour, hour and a half sometimes more than that in the morning where I can't move and I'm in pain. It is not the same on his side. Therefore, like, it is

extremely frustrating to have that kind of thing. But at the same time, you know, he does do a lot for me. I mean, this morning I had a very hard time getting to the bus station so that I could get to work. I asked him just to get a car (ph) to get me [out to Freehold] (ph). (inaudible at 14:07) "Don't drive me to work, don't worry. Just get out of me to Freehold (ph). Everything will be OK." He did do that.

THERAPIST: You were just in a lot of pain?

CLIENT: Yeah, a lot of pain and just I could tell that if I just spent enough time moving around it was going to get better but it was just this morning I had to get on the bus before 7:00 am.

THERAPIST: (inaudible at 14:28)

CLIENT: I work at 8:45 and I have to leave before 7:00 am every morning, yeah. And it was like...

THERAPIST: And you need an hour, an hour and a half just to start getting moving, right (inaudible at 14:40).

CLIENT: Yeah. So here I am, it's like six o'clock and I'm like I am having a tremendous time moving. Let 's just a get a car (ph). And if you can get me to Freehold (ph) then I'll be OK. And so, like, sometimes he drives me to work directly but, you know, that kind of stuff. So I don't like to make it seem like he's the one that's always getting, like, the free pass on things. It's just that sometimes I feel like when I am taking the things that I need to for my body that he sort of does it too, you know. Like, if I'm at home sick sometimes he's not, like, at work, that kind of thing. And...

THERAPIST: He can (ph) sort of follow along.

CLIENT: Yeah. I mean, he hasn't stayed home sick with me in a while but usually, I mean, it's not because I need to be taken care of, you know. It's more like...

THERAPIST: It also (ph) occurred to me the other day to mention to you about (inaudible at 15:43). Now (ph), I have not met him obviously, so I would not presume to diagnose any of this but, you know, you mentioned that he gets quite dissociated and that's not unusual for somebody with an addiction like his. And (inaudible at 15:58) to say that sometimes when somebody has this also goes along with not remembering much from childhood, that kind of thing. Unless he says that kind of thing pretty explicitly, that can be a very hard thing for therapists to pick up. It can take years, if you know, there are lots of other conditions such as depression, anxiety, bipolar disorder, schizophrenia, you know, (inaudible at 16:30) and other things that are much easier to pick up (inaudible at 16:32). Sometimes without being explicitly told it's very hard for a clinician to pick up when someone dissociates because -

CLIENT: Actually, I -

THERAPIST: ...just missing.

CLIENT: I started using that word after you explained to me what that is and I, like, kind of knew what it was but started using that word (inaudible at 16:46) by using he's a different person, that kind of thing. And I'm trying to use it a lot more often so that it becomes more of the vernacular of what we're discussing. So I'm not (ph) trying to get it in his vocabulary saying, "I was dissociating kind of thing."

THERAPIST: Yeah, and I see (ph) patients who, like, it's only emerged [sort of] (ph) after years that they'll have these sort of little (inaudible at 17:09) at night where they're just really somewhere else and it relates to their trauma history and this and that. You know, I just have no way of knowing that before they actually (inaudible at 17:18).

CLIENT: I mean, I think (inaudible at 17:21), like, much like OK, so when my husband was having sleeping problems they said bring your spouse. I said, "Why?" Because you don't know what you do when you're sleep. (laughter) I thought there was a lot of wisdom in that. Like, when we were talking to the doctor we were like, "Yeah, we only need, you know, the, like, spouse (inaudible at 17:39), you know, whatever. Like, bring your significant other because you have no clue." And then they physically asked me some questions and that's really, I think on some level, also, you know, with the behavior and the addiction, it really is on some level, something that I notice more than he does. But the thing is that I'm just really, really resentful about it, the fact that many of the people I mention this too, especially people who, you know, love and supposedly care about him or, you know, at least him possibly us don't understand that or kind of think I'm being, like, dramatic about it, saying that he's a completely different human being.

Like, he has a different gait when he when walks. Like, I can hear from the way he's walking around the house kind of that he's not even noticing. I'm not saying he becomes a different person. I'm not saying, like, literally a different person, like there's a multiple personality or anything like that. I'm just saying that, like, because of the way he is he's not even looking where he's walking and I can tell by the way he's walking that he's not, you know, things like that.

THERAPIST: I (inaudible at 18:49) of what you're describing. There are sometimes when he, you know, he can sort of pull it together for you sometimes and sort of take care of things for you or be there for you in ways that require him to really be relatively present. [There's just] (ph) one example. And then there are times where he's really just completely somewhere else.

CLIENT: I don't think it's necessarily he pulls it together for me. There are times (inaudible at 19:10) I believe where based upon [the acting out] (ph) he is completely out of, you know, off this planet. And sometimes he's not. I think he pulls it together for other people but I think that (pause) sometimes he does, like, on special occasions maybe or something like that. But I don't think he can I mean, it depends. I just don't know if he can, because I need it, necessarily do it. It would have to be an actual active battle (ph).



THERAPIST: Yeah, absolutely. I guess there are times that you describe him doing things for you that sound as though in those moments when he is able to do that (inaudible at 19:53)

CLIENT: Sometimes he's really, really in the present.

THERAPIST: These are sort of the ones I've heard about because they relate to you, but [I certainly didn't mean it didn't make sense to me] (ph) (inaudible at 20:00) that whenever you need it he pulls together. It's not like that (inaudible at 20:04)

CLIENT: Like, if I need him to make a phone call for certain things, he usually I mean, especially if I really need him to do it, he's not usually like cognizant of stuff to be able to figure out to handle certain situations or whatever, you know.

THERAPIST: Yeah, I guess no, what I meant more was, like, there are clearly sometimes where he is quite present...

CLIENT: Yeah, very much so. That was the type of man I married.

THERAPIST: And then there are other times where he's just not and, you know, you can be sitting across the table from him but he's really somewhere quite different.

CLIENT: Exactly.

THERAPIST: (inaudible at 20:41)

CLIENT: Yeah. Or at least the very least he's in some way withdrawing somehow. There's something going on. I think the acting out in certain ways is sort of a still, on some level, a symptom of the bigger picture. Something's bothering him, something he's feeling worried about, you know, and that's part of it. I mean, it's somewhere in the middle but it's not quite the whole thing. It just (pause) [it leaves] (ph) a lot to really be confident about. I just wish he (pause) felt comfortable doing it, you know. And (sighs) it's funny because a lot of the problems he has I totally understand because I've been there before. That whole thing of I was so caught up in the conversation and trying to, like, align myself with the person I'm talking to to make, you know, that I totally forgot to establish, you know, what I wanted out of the situation, you know. I had that happen more than twice this week probably. But I at least somehow save face or at least I know when it's something important, to have to stay in the moment for that, you know. But it's not... [00:22:14]

THERAPIST: I mean, you probably get distracted or a bit preoccupied because you're in pain or...

CLIENT: Sometimes I have such a strong sense of empathy that I feel so bad for them that, oh my gosh, you know, that is a terrible thing, blah blah blah, you know. But even though this is

terrible, I still have to, you know this is what has to be done, you know. I've had that happen with other people before but I don't necessarily I don't know. It's weird. For him it's mostly just, especially when something's important, (inaudible at 22:46) take down names and write the documentation of things. So, like, if he has to call up about something. Say we paid our electric bill and we have the check showing it but they say we haven't paid it and they want to turn off the electricity I'm just making something up right up now he may not be like, "OK, so I need to have your name. Can I have an extension? Is there, like, since you're handling this thing, is there, like, some not just can I call you directly. Is there, like, some sort of record? Like, is there, like, a confirmation number that this is happening?" you know. And you're (ph) writing all that down. OK, you say it's OK. You've seen this problem, you know. OK, I'm going to believe this situation's fine and be done with it. And he's just so wrapped up in resolving it that maybe not necessarily getting all the details that need to happen. Does that make sense?

THERAPIST: Yeah, yeah.

CLIENT: But I don't like, I have to pick my battles on this because these are already his life has been so henpecked by people telling him everything he's ever done wrong that I don't want to be one more person that, like, gives him a hard time, which is why, like, you know, if for some reason he's forgotten to, you know, brush his teeth, I mean, I'm going to remind him right then but I'm not going to be like, "Why the hell can't you, like, get it together and brush your teeth twice a day like the rest of the human race?" you know. That's one less thing he needs to have beaten up on himself for, you know. [00:24:18]

But there's certain things that he's really, really good about doing, you know. He's really good about, no matter how bad he's feeling, making sure that we have, you know, if he needs to stop and get groceries he will do it, you know. Because that's part of his routine. That's part of, you know, that whole workflow thing, you know. He knows that he can do that. And for me, like, because of the fact he does so much for me, you know, I have really been making the effort of going to pick up my dog actually because, you know, it is on my way home, in theory. It is on my way home with an extra half mile walk in it. But for him it's a lot further out of the way. So, like, for me, I mean, it's not that it's I would really rather not but it is definitely more of a gesture to show that I appreciate especially in the afternoons because it's better for me, I appreciate all that he does, that I'm going to make sure to make the extra effort, even when I think I can't, to do that, because that's just, you know, showing that I can. [00:25:27]

But, you know, it's a lot. It's a lot to deal with. I (pause) he knew, and I told him this morning when he was giving me a ride to work or whatever. But he, you know, that he was warned by his last advisor that this advisor does do this like, he's very again, he has an whole company. He has an company that regularly gets hundreds of millions of dollars privately. So, I mean, he's running a small three-ring circus. Like, you know, and there's a lot to go with that ego too. He's working (ph) on this. Like, he does this thing where, like, occasionally and his boss told him like (ph) this it's like that he rolls a die and if it comes up one then it's he's going to be the person that he's going to focus on for the next six weeks and be on their ass. And then when he rolls

the die again it's going to be this three, so it's time for Mike to do this. His boss told him that because his boss worked with his advisor.

So, like, he knows that this is the way it happens. And so I'm like, "You know what, honestly, this is kind of a rough thing let's just don't worry. I mean, I'm not saying don't do anything but I'm saying don't worry. Just keep your nose down, get the work done and it will be OK. But, you know, go in with real slides. Go in with real slides. I know it's just the two of you meeting. Trust me on this, like, you know. Go in with an agenda, trust me. You may think those are the most ridiculous thing and you're playing (ph) office. Well, trust me, he's going to think you're actually serious if you have an agenda, you know, accomplishments, you know, those kind of stuff. And deliverables. And may seem overly formal for two people having a conversation but not only will it seem like you're actually doing your job, but it'll get him off your back so much faster, you know.

And (pause) I know this kind of stuff. Why? Because I worked in the world's biggest red tape factory in the world you know, (inaudible at 27:36). So, like, yeah, I have had a statement of work. [What statement of work? It's] (ph) saying what I'm going to do. Like, statement of works can be 60 pages long. So, like, and then you go back and verify that it, you know. That's OK. I like that kind of stuff, because I like to go back and look back and make sure that it was exactly what we did. But it's sort of a different thing and I think that it's frustrating but I think it's really important for him to have to deal with all these different I think it's good because he doesn't know what the next job's going to bring to him, like, what kind of work environment it is. And they're all really, really different, especially I mean, people think of corporate as being very laidback and this and that. Not all of them are. He has two offices, one of which, like, is 9:00 to 5:00. The other one, on Christmas day there were people there not because they work all the time but because they have such a, like, completely strange, like, environment that they they have beer weekly while they have their meeting I thought that was strange too. And their meetings are at 8:00 pm on a Tuesday, you know.

That comes from the fact that the community tends to traditionally come from other fields and therefore, you had to do your work at night because most of the information was coming from other countries. Now, that being said, none of that stuff has been valid for 50 years but, still, the culture of that side of things is you have the meetings at night, which I think is ridiculous but, you know. Less ridiculous than if it was anthropology that was doing this. That would just mean they're slackers and they have their meetings at night. [00:29:17]

But, you know, it's all different and I think it's good for him. But I see him struggling with dealing with that kind of stuff and, you know, I really feel like he's not very good at it (ph) right now and part of it's the fact that he's going through all this crap with his family. Like, he's all of a sudden realized, "Holy crap, my mom was a terrible mother." Although his mom said she was a terrible mother for years but she kind of, like, gloried in the fact that she was a terrible mom, you know. But he started realizing, "Wow, that wasn't, like, just, hey, saying this to, like, jokingly say I'm a terrible mom."

THERAPIST: It's actually true.

CLIENT: It's actually true, you know. And that's a lot to have to think about.

THERAPIST: Absolutely, very it can be devastating. I mean, even it's true and ultimately will be a relief, it's usually pretty awful and devastating at first because you didn't see it like that.

CLIENT: Yeah, you know. And I know that he tries that's part of the reason that he forgets, you know. (pause) I think that basically unless something is ecstatically happy he forgets it. That's the only survival trait he had. And you know what, I mean, his parents his dad acts that way too and I wondering, like, you know, (inaudible at 30:38) I thought you got over that whole sexual addiction thing. Like, a while back he had said that. It's like, I thought you, like, got past that. I'm like, no. Just because I haven't said it doesn't mean it's not still happening. And I feel like repetition, although it sort of (inaudible at 30:54) between repetition to keep remembering and repetition for, like I don't know. I don't know, I'm just ranting.

THERAPIST: Well, it all puts a lot on you. I mean, as much as I mean, there's all the things you feel seeing the trouble that he has and all the things it requires you to do, which in a way you're happy to do but it's a lot.

CLIENT: Yeah. On some level I am, like, resorting and I want to do the things that (sighs) I just want him to have I want him to have a decent life, you know. I'd do anything to have him live a decent life. And I just don't know how to make it happen, you know. That's probably the biggest thing. (sighs) That's probably, you know last Friday night he stayed home and I was like he was like, "So what are we doing?" I'm like, "Wait a second. I really was planning on you leaving." Not because I wanted to do anything but I was just, like, so shocked and, like, I don't know. I don't know what to do because I wasn't really planning on anything because I'm just sort of used to him going out now and I think it's... [00:32:22]

THERAPIST: It's because of the cards thing?

CLIENT: Because of the card thing, yep. Usually it is Wednesday nights and Friday nights, sometimes Saturday afternoons. Usually not if he went Friday night but it varies. Sometimes there are other days too. But I think it's good for him on some level because he seems to have a good time.

THERAPIST: Good.

CLIENT: I'm really pushing him to spend more time on Harvard's campus (inaudible at 32:50) because they have a lot more career-based stuff, you know, things like, you know, things about knowing about, like, academic jobs. Things more post-doc (ph), that kind of stuff. So he's been going to them.

THERAPIST: Good. (inaudible at 33:05)

CLIENT: Yeah, I just really like to part of it's me. I like to feel like I'm participating. I'm not, like, whining that I have to find these things for him. I like doing it. It makes me feel like I have some...

THERAPIST: Sure. Well, it's something you can do.

CLIENT: I'm a stakeholder in this. I feel like I need, like, to have some sort of participation in it somehow, you know.

THERAPIST: No, I imagine if there was more architecture type work for you [it'll be great] (ph).

CLIENT: Yeah. I mean, there is stuff but right now I just necessarily don't know if I would be capable, you know. So why not just do this. And it doesn't hurt. I think it's a good (inaudible at 33:46). It keeps my mind active. Honestly, if I was able to, you know, survive I don't know I would need to have a job per se or, like, a job in the architecture field to be fulfilled in life if I just had things to work on from time-to-time. You know, some people need the title of a job to feel OK. I don't need that, as long as I have things to work on in my own head that will (ph) keep me occupied.

THERAPIST: Yeah, things that are keeping you stimulated and occupied and also (pause) I think you can be a bit of a doer. I mean, that it's nice to like, the set (ph) of accomplishment is actually (ph) important, like, that you're being productive. In [some way] (ph) you're being productive. (inaudible at 34:31)

CLIENT: It's frustrating though because I am, you know, in my own current job I am being, like, told that I need to be very careful to not, you know because I'm a doer as a development aspect I need to, like, learn how to stand back and let others do. Which feels (ph) great, except for the fact that what else am I going to do with my fucking time? I mean, yes I have a slight amount of a I have a slight, like, control complex but not real I mean, a little bit. But it's not that much, you know. It's more of a, you know, great. Stand back and let other people do and then what do I do with my time after that? You know? Yes, it's true that if there's something new at 18 years old and they seem kind of like they're brain dead I'm a little bit of a control freak about this. Like, I can't trust you. I wouldn't trust to parallel park my career much less, like, do this repair, you know. But most of those things I mean, these are the rare things like that. Not like, you know. I used to be a lot more of a control freak then I started getting arthritis and I realized that I had to ask for help a lot. I think I told you some of the more insensitive things that I've said to people who were employed by me or reported to me. [00:35:56]

THERAPIST: Yeah...

CLIENT: Things like, "You can't help me if you can't read my mind." (laughter) "Why can't you go steal office supplies and make long distance phone calls like all" this is back in the days of long distance "phone calls like all the rest of the interns (inaudible at 36:13)." Things like that, yeah,

you know. Basically get out of my hair so that I can actually do my job, you know. So I'm not as much of a control freak now about that kind of stuff but (pause), you know, it's amazing. I do talk about the sunnier side of things when there are some pretty fucking bleak (ph) things in my life and I talk about how this is a benefit. But in some way, I mean, the arthritis did make me a better person by not a better person. Maybe a better person.

THERAPIST: You're more flexible and certainly (ph)...

CLIENT: More flexible. Actually, it made me into less of a jerk a bit too. Because I had to learn to become patient with myself, therefore becoming patient with others. But it did do that and I do talk about that (pause) more often than not when people ask me questions just curious questions about my arthritis, but just ask me questions in general. And I'm not just saying that to (inaudible at 37:23) really is kind of true. It did (pause) benefit me.

THERAPIST: It must have been, like, pretty crippling.

CLIENT: (inaudible at 37:35) yeah. Lots of fog, like, brain fog. Lots of pain.

THERAPIST: I mean, you're used to sort of being always on top of things and...

CLIENT: Yeah. And on top of being a doer, I mean, yesterday we were doing training on how to identify there's apparently this trend. Of course you're confidential [on all of this] (ph). There's this trend right now, huge trend in Providence, of counterfeit phones.

THERAPIST: Oh really?

CLIENT: Yes. They're counterfeit phones that are broken. They don't work they just look like phones. So you bring them in, they have the right serial numbers on them, so they (inaudible at 38:15) for a real phone.

THERAPIST: Oh.

CLIENT: Yeah. And so we were disassembling these and had to get the (inaudible at 38:23) meter and things like that on how to and they wanted to make sure people like me, who I only service phones maybe a few hours a week, that we can identify them because there's, like, only a couple ways you can tell. But apparently I have highly impressed everybody around me w/ how quickly I can assemble and disassemble a phone and, like, how I knew how to properly attach an antenna on back and things like that. And part of it's the fact that the audience these are, you know, not that they're dumb but this is an audience that's easily impressed by that kind of stuff. But, like, you know, that's the kind of stuff that, like, I like to do, you know. I enjoy doing that kind of stuff. Can I do it for my job? I mean, Microsoft would give me the promotion (ph) if I wanted to do full time, do all that kind of stuff. Could I do it? No. Why? Because I can do it really fast now, like, one of them. But if I did it all day long I would, you know, I'd be having the surgery fast (ph). It hurts. [00:39:27]

And once upon a time I spent, you know, I actually earned a living kind of a writing (ph) about that kind of thing. And it was somewhat therapeutic, though I think that actually writing about my arthritis about that kind of stuff actually in certain ways sort of made it a little bit worst because it made me think more about what I'm giving up on. Sort of like Mike, like, forgetting. It's not, like, literally forgetting, but it's just like a by talking about it more kept the wound a little bit raw. But, you know, it's something I enjoy doing. And so it was, like, the highlight of my month so far, at least well, it's only been four days in the month but for at least weeks [in time] (ph). So (inaudible at 40:14) in seeing what this chip looks like and learning about even just the behavioral aspects of the people who are coming in trying to pawn off these phones and trade them in for the right (ph) ones and stuff like that. Part of it is the social (inaudible at 40:27), like, realizing, OK, usually when they come in they have two phones. They don't tell you they have two phones. Like, all this like, behavioral aspect. And then when you get a hold of it, like, you know, put it on a meter and all this other stuff and they claim it's broken because it never could turn on. It just looks I mean, it's about as fake as the books (ph) at IKEA. It's just fascinating to me.

THERAPIST: Yeah, it sounds like detective work.

CLIENT: Yeah. It's not even just detective work. Part of it is that too but just, like, to me the concept that people are doing this is interesting too. But, like, the how to take it apart and, like, get to the point where you can actually see if it's real. That's (ph) fascinating stuff. Would I do it all the time? I'd love to be doing that more often. I would love to be working with Microsoft and their (ph) quality assurance in terms of, like, getting new like, we have special tools to take apart phones and all these stuff. Building these tools, I'd love to be doing that. Can I do it? No. And that's hard, you know.

THERAPIST: Absolutely.

CLIENT: That's something I miss, I miss a lot. And I just don't get the same kind of satisfaction out of, you know. And maybe, like, people are always talking about the, you know, the (inaudible at 41:41) aspect. I do (inaudible at 41:42) stuff and it still hurts a lot on my hands but it's not as bad. I mean, you're just not holding a soldering iron so it's not as strong but quite frankly it's not as satisfying, you know.

THERAPIST: You really like doing stuff with your hands.

CLIENT: I really do. And maybe I wouldn't be so much like I don't necessarily know. I've always done this stuff but I don't think I would be so obsessed with having to do with my hands if I didn't lose that (ph) aspect. If I didn't have arthritis, what I really feel as if (inaudible at 42:16) isn't really the same thing, doesn't give me is as fulfilling? I don't know. Simply (ph) because I can't do it. I don't know.

THERAPIST: Maybe if you could use your hands and you're in (inaudible at 42:29) it wouldn't be so bad because you'd be doing something else with your hands. After work you'd be building god knows what.

CLIENT: Yeah, or maybe I wouldn't. Like, maybe I wouldn't need to go and build stuff, you know, for fun. Maybe (ph) I would have grown out of it.

THERAPIST: (inaudible at 42:41) it sounds like you like to build stuff.

CLIENT: I like to build stuff. You don't understand. I love to build stuff, you know. And...

THERAPIST: You've (ph) at least done it for most of your life.

CLIENT: Pretty much as early on as I was able to come up with stuff, yeah. So, yeah, you know. And (pause) (sighs) coming to terms with the fact that I (pause) what I can and can't do was kind of hard.

THERAPIST: Sure, absolutely.

CLIENT: I did find out oh gosh, what was it called? The cycle that I had. Like, I think I've told you that, like, the whole, like I'm trying to remember what the name of it is. We were reading about this arthritis book (ph) recently. [The psycho load] (ph) of, "Oh my gosh. I am doing OK. Therefore, I am going to keep doing all the stuff and then crash cycle," which, in the past, you know, my completely and totally unethical stepmother-in-law likens it to manic, like, you know, bipolar disorder, which it's not.

THERAPIST: [And it completely isn't] (ph), yeah.

CLIENT: It's just that, oh my god, I can do things and [I don't feel it] (ph). And then I crash because I overdid it. They're (ph) very different. Like, (inaudible at 44:02) the outside. And I don't necessarily say that it's wrong for them (ph) to say that. I think it's mean (ph).

THERAPIST: (inaudible at 44:07) to tell the difference. I mean, surely you're not up all night with pressured (ph) speech, you know.

CLIENT: Sometimes I get excited and talk fast but, still.

THERAPIST: Yeah, but it's not that hard to talk. We should stop for now. (inaudible at 44:21)

CLIENT: But, yeah. So, like, quite frankly, you know, it's more of a time bomb more than a, like, compulsion to have to do. So now I feel better I cannot take any of that stuff to heart. I never really believed that one anyways.

THERAPIST: Good.



CLIENT: My best friend Bryant, growing up, had it very strongly and I just felt like I don't if it walks like a penguin, I can't tell you what a penguin but I can tell you one when I see it? Yeah. When we were toddlers, he was bipolar. So I know what it looks like.

THERAPIST: (inaudible at 45:02)

CLIENT: See you later. See you Thursday?

THERAPIST: Yep.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Let's see. I have some is that insurance related stuff (ph)?

CLIENT: Yep.

THERAPIST: OK. Yeah, things are working slightly differently than I thought. I don't know.

CLIENT: Yeah. I'm going to have to pay 50 dollars a session.

THERAPIST: No. Let's see.

CLIENT: Because my primary care physician did not refer it.

THERAPIST: No, you're good, you're good. So...

CLIENT: If you need that for reference you can. I already scanned it in for me.

THERAPIST: OK. No, I have it. Let's see. No, you're fine actually. You have to pay this much.

CLIENT: OK. So at the end doesn't it say 49 something?

THERAPIST: Yes it does but I think I told you I'm not going to bill you. I mean, you guys just don't have the...

CLIENT: OK. If we do that then let's just I was thinking about anyways bringing it down to once a week for now, if that's OK. One because of, you know, expenses but the big thing, which is not as important right now, but the other reason is that I may end up having to get a lot of physical therapy and that may very well take up a lot of time. [00:01:26]

THERAPIST: Let's see. I can explain all this in more detail or I can just say you're good, you don't have to pay anything.

CLIENT: OK, well don't worry about it for now, yeah. I may ask for it later.

THERAPIST: Sure. Yeah, I'm always happy to provide an insurance explanation at any point. You're good. (inaudible at 01:48) anyway. And, you know, they are paying out between that and the recording (ph) it's not that [far off] (ph) anyway. But in any case, I know you guys are really strapped.

CLIENT: Yeah. So I just need to figure out what date it's going to be so that we can figure out which one of the two. I really basically there is although lots of places have really fantastic physical therapy, there is a place that does it suspended in warm water. And since I have a labral tear, not weight bearing stuff would be better. They also do it, like, in saltwater so you're much more buoyant. There's a bunch of things that basically they have a lot better outcome. And so (inaudible at 02:29)

THERAPIST: That's a stranger (ph) schedule.

CLIENT: It may be covered by this is where things become really great. I was injured at work but I wasn't on the job yet, the mall.

THERAPIST: So what happened?

CLIENT: (sighs)

THERAPIST: I mean, we don't have to go into (inaudible at 02:43)

CLIENT: No no, it's OK. Actually it's something I need to talk about. I really need to talk about it.

THERAPIST: And I don't mean to (inaudible at 02:47)

CLIENT: I've been having so much arthritis flares that I've been walking funny. Just in general I'm having a very difficult time just getting around. I've been, you know, back on steroids again, blah blah blah. And the mall has been sort of notoriously bad about making sure that the by the time that employees come in it's not really all that well cleared. It's about the time the customers come in it's really well cleared.

THERAPIST: OK, I see, yeah.

CLIENT: And I fell on some ice.

THERAPIST: (inaudible at 03:12) once before. Somebody else fell...

CLIENT: Yeah, one of the people I work with basically broke something (inaudible at 03:18). He's still out.

THERAPIST: Oh god.

CLIENT: And so I've been taking pictures and all this stuff and then I fell on the ice. And because I hadn't punched in, after talking with my employer, I'm almost entirely certain they're going to take care of it above and beyond it although I wasn't physically on the clock. Plus it also isn't their property it's the mall property. But now that I'm asking them to go above and beyond and go to this place doesn't take insurance at all, see where that comes in, you know. But because of the fact that I have healing issues, like, it kind of you know, I really feel like this is an important priority. This is something where they understand the situation. They, you know, they deal with this all the time. And I really, really don't want surgery on my hip, which is actually a possibility. More than a possibility, so...

THERAPIST: And the main thing is the labral tear?

CLIENT: Yep, which is, like, basically the equivalent of, like, a rotator cuff but it's in your hip.

THERAPIST: In your hip, yeah.

CLIENT: And I guess the big thing is that they may have to do surgery because when you heal, as you're working on it you may very well get these what are called they're micro they're very tiny scarring and these micro tears when the scarring happens and this kind of thing. And so sometimes they have to go back and (inaudible at 04:36) everything after you heal. It's kind of like having your bone set after its set wrong. And it's funny because when they told this to me I've got a pretty strong stomach for a lot of things and boy I felt light in the head when they told me what they might have to do.

THERAPIST: You mean...

CLIENT: In terms of debriding the area oh yeah. It's pretty gory.

THERAPIST: It's where they just take out a bunch of the cartilage?

CLIENT: Yeah and then they grind down the bone and rescrew a bunch of stuff in with the bone crews. That's the nice way of saying it, yeah.

THERAPIST: It's not that nice.

CLIENT: No. So...

THERAPIST: Oh gosh (ph).

CLIENT: Yeah. So it's been really -

THERAPIST: That's awful.

CLIENT: Today is the first day that actually the sidewalks have been, like, really truly clear. So it's been like, before I was on two honest to goodness crutches. And so crutches on ice has been just like, yeah, impossible to get around. But yeah. And to make things more complicated actually, it's funny because I went and got the mail before I left. Did I ever tell you that I was involved in a situation where there was a guy with a gun on the bus?

THERAPIST: Yeah.

CLIENT: And how he had been sort of intimidating me for a long time now?

THERAPIST: Yeah, yeah.

CLIENT: Well, I got asked to testify at his court date. And now I am really actually I would not have stood my ground and stared back at him and did this whole, like, "you're not going to scare me" thing, except for the fact that he has offenses were things like firearm violence with three prior violent acts, is what they're saying that he's up for.

THERAPIST: What is it?

CLIENT: Basically he's had three prior violent acts.

THERAPIST: Oh my god.

CLIENT: Yeah. And that's the reason, like, yeah, along with the firearm without, like, possession, you know, without a car (ph) and all that kind of stuff. And like, you know, I really shouldn't have, like, did this "I'm not afraid of you thing." So now I feel kind of stupid for doing that.

THERAPIST: Oh my god. When is the court date?

CLIENT: March 11th, which I actually probably can't make it. I'll have to call and find out about it. See if I can just do a deposition...

THERAPIST: I guess that would keep him off the bus.

CLIENT: I hope so. Honestly though, if he's been out, like, three times already for violent acts, I'm not really, like, feeling all that comfortable about, like, him actually staying in jail [this time] (ph). That's actually one -

THERAPIST: I thought he was going up for all that stuff now.

CLIENT: No no, he's done firearm (ph) before after having three prior acts.

THERAPIST: I see. (inaudible at 07:30)

CLIENT: Yep. So I probably wouldn't have stood my ground if I'd known that but it is what it is. But, you know, so it's been sort of a, as you can imagine, kind of really hard few weeks. The good thing, I think, is that we're going to be taking a vacation, sort of.

THERAPIST: Oh good.

CLIENT: Mike's best friend's wife is throwing his best friend Rowland's wife is throwing a...

THERAPIST: Is this the guy he grew up with?

CLIENT: Yeah, the guy he grew up with who's more of a brother than any biological (relation). She's throwing a surprise birthday party for him and so she's helping us get down for the surprise birthday party. It'll be nice. I'm not a huge fan of Kentucky it's OK but in early March it is a lot warmer than it is here.

THERAPIST: (inaudible at 08:29)

CLIENT: Which will be nice to, you know. Plus this is not a family although we probably have to visit his father, this is not a family-oriented visit, so it's not nearly as stressful to me. So they have been so freaking mysterious and shitty over the past few weeks that's it just not, you know. I'm not sure really how much I want to deal with it [at all] (ph).

His mom sent mysterious letters. Mysterious in terms of, like I don't know what in the world she thinks, like, how stupid we are. She sent out a letter, like, with her own handwriting but with no return address. Like, we know that's from her. I don't know if she just thought that, like, I was going to throw it away so this would get to Mike, I don't know. With, like, a mysterious, like, letter, this thing or this card for his birthday that said something along the lines of it had, like, this polar bear sleeping on the ice and saying something like this, "Somebody who likes to take naps just like you. Love, mom." Which is bizarre. I mean, really bizarre. Because first of all, if she even knew him, he actually doesn't take naps he gets crankier after taking a nap because he's one of those people where that, like, it's a full sleep cycle or not and it's been like that all of his life. So it's not even like I'm trying to, like, find something cute to say that is, like, kind of...

THERAPIST: Right. It would even be a little weird if that was true. But it's not even true, which makes it even weirder or vastly weird. Incredible (ph). [00:10:11]

CLIENT: Yeah. And we're like, "Is this, like, supposed to be, like, some sort of thing to, like, get back in touch? If so, you know, we're not really putting a whole lot of energy into this," you know. Because it just doesn't if there was an "I'm sorry I have been so out of touch." Even if I didn't say, "I'm sorry that I'm sorry that I did something wrong but I've been out of touch. Love, mom."

THERAPIST: Yeah, sure, that would be surprising and awesome.

CLIENT: Yeah. That's about as much as we could ever, ever like, she's never said she's wrong about anything. But that would be, like, as much as would ever happen, you know. But, you know, it's just like I'm just so glad to be able to go down and see Rowland and see Bernard and meet their new baby, who is now five. (laughter) Yeah.

THERAPIST: Has it been that long since you've seen the (inaudible at 11:03)?

CLIENT: Yeah.

THERAPIST: Is this a big birthday?

CLIENT: Forty. And we're really excited about this. They're doing this there's some sort of museum that's, like, in an old converted barn down there and so he's thinking that he's going to the museum and there's going to be this big surprise birthday party. That's going to (inaudible at 11:25) really awesome.

THERAPIST: Sounds (ph) terrific. When's that?

CLIENT: That is the we're leaving I should probably tell you this so you'd know the dates because I won't be here.

(long pause)

CLIENT: It's Thursday the 7th through the 12th. So basically I would definitely miss the one on the 7th and the one on the 12th.

THERAPIST: OK. 7th of March...

CLIENT: March, yeah. I'm sorry.

THERAPIST: It's OK. And what do you want to do about the near term? Are we on for...

CLIENT: Yeah, we'll just do it for the near term for now, that way I can figure things out. Near time being that...

THERAPIST: So I guess what I'm asking is, like, so next we're meeting Tuesday and Thursday?

CLIENT: We'll do Tuesday and Thursday because I haven't been in and...

THERAPIST: (inaudible at 13:14)

CLIENT: Yeah. So...

THERAPIST: That's next week. And the following week you'll be out the Thursday.

CLIENT: Yes, but I will be in the 5th.

THERAPIST: Right. So we'll meet on the 5th and then not for the 12th and absolutely (ph) on the 14th.

CLIENT: Yes. And hopefully by the 14th I'll know more about what's going on because I need to heal before I start doing all that stuff. So...

THERAPIST: (inaudible at 13:43)

CLIENT: And need be, I can e-mail you all that stuff too.

THERAPIST: You know, if you don't mind.

CLIENT: No no no no, I'll e-mail it to you when I get home that way (pause) [that way] (ph) that all gets settled in. But yeah, so we'll be out of town for that. You know, it's just nice to get away and all that. So then we'll probably since I think his dad is picking us up from the airport they'll be some family obligations but not like this is not going to be centered around a family trip. They know that this is for this reason and therefore, like, aren't going to do anything. And I don't think his dad his dad is he's not the kind of person that would, like, do this whole thing of, like, having his sister show up where we are just to try and make things better. He's not like that. Not because he's necessarily morally better than that I just don't think he actually thinks about that kind of stuff.

Now, if it were like a holiday or something like that, they may have been like, "Oh, you invited her and invited us but didn't tell us both." But there wouldn't be like a contrived, "OK, so we're inviting you guys to kind of dinner and Kerry and not telling you." It would be something like it's Father's Day or it's Easter and I didn't tell you. And that would just because, I don't know, he wouldn't think that, "Oh, I'm going to put them together and they're going to make up."

THERAPIST: Right. He would be sort of thoughtful enough to try and make that happen.

CLIENT: Yes. And we do discuss that if he does somehow this sort of happens, whether or not on purpose or not, they're just being polite, you know. That's just what, you know they're not going to be, you know, like, "Oh, I'm not going to talk to you. We're going to leave." We're just basically pretending like we're being polite to people we just don't know very well, you know. Because we don't know them very well, you know, which is, you know, 100 percent true.

But it's nice to have something to look forward to, to get out of town for a while, that kind of thing. I have a lot of silly but not nearly as strong but definitely silly, like, worries about the whole

thing. But they're pretty shallow, if that makes sense. Mostly just not looking the same way that I used to, that kind of thing? Feeling bad about that. It's a very image-centered town. And I don't necessarily think that our friends are shallow or anything like that but I just I did (ph) feel more confident when I look better. But, you know, that's just kind of the way things are.

(sighs) But I just (ph), I don't know. Looking forward to getting out of town, even if like, it's not going to bother me enough to keep me from going. I know people that, like, would not do something until they looked the way that they (inaudible at 16:49) that kind of thing. Besides I have way too many other things to stress me out, you know, about. Yeah, so that's pretty much been the big thing right now, is fighting against the problems of the accident and before that the arthritis, that kind of thing.

I already (inaudible at 17:19) back to work. One, because I needed to. I wasn't really certain how much is paid for when, you know, you're part time, et cetera, that kind of thing. Personally because I just kind of needed to get out of the house at that point. Mike's back in, like, this slump (ph) that's really horrible and I know a lot of it was because his birthday was on Saturday and there was sort of like we discussed long before (inaudible at 17:50) birthday because the weather was just crud, you know. It's was impossible to get out, all this other stuff, so he went out and gamed for a while with his buddies and that was about it.

THERAPIST: Mmmm?

CLIENT: It's in general. I mean, we have a lot of conversations about this. In general, his family has never really had a significant celebrations of special events anyways, which is why I've been we were discussing this too because I'm like, "You know, if we want to go out for dinner later on, that's fine. But if you want to order something and have it delivered too, you can do that." And he's like, "But," you know. And it's funny because in his house, if you got to pick anything that means that you didn't get to do anything again. You get something, like, if you would get McDonald's, that's your birthday dinner, instead of going somewhere nice.

And so it was very hard for him to and it's silly, I know, but (pause) it's, you know, old habits. And so he's like, "Yeah, I don't really want to do anything because I don't want to waste it." I'm like, "Well, yeah. But..."

THERAPIST: Right, but that's not how it works.

CLIENT: Yeah. This is not, like, your last meal before you're becoming executed or anything like that. So in general just learning more and more about, like, you know. Slowly learning about, like, the (inaudible at 19:29). He doesn't have a whole lot of memories instilled (ph) from his childhood yet but just, you know.

THERAPIST: Yeah, and then as a way things emerge is, like, something happens like that where he acts a little funny. And you ask him about it and then it emerges what used to happen.



CLIENT: He doesn't remember much about it but he knows that, like, you know. And it still was defaulted if something that mom didn't like, if it was (inaudible at 19:49) she didn't like, she still said no, that kind of thing. Like, if she, you know if it was, you know if he wanted Mexican and she didn't like Mexican. I'm just making this part up because they love Mexican restaurants down there. You know, and she didn't like it, then there would be like, "Oh yeah, well you can have anything from you know, you can have whatever you want as long as it's the color black, you know, equivalent."

But I don't think that much of it's ever going to be recovered. I don't know. I think that it's almost like the recording was off. It's not even just, like, repressed memories. It's like you can't make memories because if you remember anything at all then, you know...

THERAPIST: Yeah, probably more like dissociation. It's probably actually there he probably just doesn't have access to it. (inaudible at 20:35) disorganized and dissociated. And it's probably memorable but that'd be a lot of work.

CLIENT: Yeah. I don't know. I don't necessarily know if he will or he won't. I don't know. A lot of this though it's, like, most of the stuff that's going on, it's I mean, everything's so secretive that I don't necessarily know the information that was going on, like, he necessarily knows about, you know. It's always a trip trying to take him to the doctors. I can at least level with my doctors and say, you know, when they ask me questions about, like, health and I explain that, you know, my mother's side of the family, you go the hospital if you're really dying to get really bad TB or (laughter) something else.

So I don't really have a strong, like, you know, family history about certain things. That's just not, you know. For him it's more along the lines of well, no one bothered to tell him, you know.  
[00:21:35]

THERAPIST: How have your sort of days, like, just daily stuff been affected by your hip?

CLIENT: It's been pretty bad. The big thing is that since he's in a slump he didn't even get out the house until 11:00 am today and yesterday either. Like, because of the fact that, like, I am resting and he's now resting too. More or less he's sitting on the computer while I'm sleeping and so it's like I have to get up to do it's just really, really rotten. Like, for a while there I actually get to the bathroom on my own, which was pretty bad. It was mostly because of the fact that the way the house is laid out. It was not it's just because it's harder to get into the bathroom, you know, that kind of thing.

But to be honest, you know, I've just been wanting to sleep. I haven't really been taking that much pain medicine not because it's a moral thing or anything like that or actually being concerned about having to be dependent on it as much as the fact that they just make me very, very spacey and very, very cranky. And so I just it didn't really benefit me that much at all.  
[00:22:54]

THERAPIST: Have you been in a lot of pain?

CLIENT: Yeah.

THERAPIST: Is the tear painful or is it more the arthritis? Or is it...

CLIENT: A little bit of both. Actually there's three things...

THERAPIST: Probably a lot of both, yeah.

CLIENT: It is the tear that is painful. Then there's the arthritis. But on top of that, because of the fact that until two days ago I was still on crutches, I also was having a lot of the strain and muscle pain from having to adjust using crutches and having to relay my weight onto my bicep by using crutches. Yep. The act of one thing was hurting other things. So it's been a lot of things like...

I haven't really like you (ph) said, it's not even just, like, feeling myself. I just really (pause) I understand part of it's normal but it's very grumpy, you know. Like, nothing will make me happy so, like, the whole thing of just leave me alone, like, the concept of just leave me alone, I'm going to be unhappy, go out of the house. I will be just as unhappy as if you're here, you know, so you might as well not be in the firing range of that. You know, that kind of thing? [00:24:16]

THERAPIST: You know it's not rational to think you're pissed about having regret (ph) that something happen?

CLIENT: Yeah, I'm very pissed. I'm extremely bitter. I am bitter because the mall doesn't seem to give a fuck about the employees. It's been like that for a long time though. The mall itself doesn't care.

THERAPIST: Right. You'd think (inaudible at 24:40) fell and...

CLIENT: Oh, there have been lots of falls. There are been the two or three major ones from my store. According to some people, which I actually believe might be true, that we pay more in rent than the rest of the stores together.

THERAPIST: Wow.

CLIENT: Because you have to pay part of what you sell, like, your revenue. Part of your rent is the cost of the revenue. So I believe that that is maybe a stretch but quite possibly true or close to being true. You know, that they just don't care. I am (pause) bitter at lots of things related to that. Partially it's the fact that management wasn't very good at dropping everything and taking care of things when it needed to be done right. That's OK. I'm kind of pissed off at my dad about this whole thing.

THERAPIST: [How's that] (ph)?

CLIENT: So I texted him from the emergency room, because I was by myself in the emergency room. And I'm like, "Can you please, like, call management and, like, make some threats or something about the ice?" And I know he doesn't like to do this. He really doesn't like to do this but I really wish that he would, which is basically more or less instead of being somebody's parent who's calling, being somebody's parent who's an attorney who's calling saying exactly how liable they are for this kind of stuff. And he really didn't. And we talked about it. He doesn't like to do that. He never likes to do it. In fact, he finds it obnoxious when attorneys do that. [00:26:16]

But quite honestly, two days later, "No more salting again, you know. We're putting down sand again," if that, you know. And...

THERAPIST: Will you sue them?

CLIENT: No. I have been raised never to sue unless it is something really, really bad, like loss of limbs, that kind of thing. But I do agree with it. I really believe that there is far, far too much court activity, you know what I mean? And so I don't think that there's anything to be accomplished by it, you know. If I honestly thought that they would start taking care of the property, I'd totally do it. But that's just asking for money and that may or may not actually do anything. [00:27:17]

THERAPIST: Well it would help I'm not trying to [make a case] (ph) for you to do it but it would help to compensate you for the pain, suffering and loss of income from having this happen, which happened since they were negligent.

CLIENT: Yeah. Well, I mean, technically I haven't lost any income because I hauled my ass back into work and went back to work. But I have been taken care of medically. I just don't feel like there's a price on pain. Money has never made me happier when I've been in pain, if that makes sense. It would make me happier I terms of the, like, the problems we have right now. But that's not the same thing. I mean, that's the wrong..

THERAPIST: I think I see your point, sort of.

CLIENT: You know what I mean?

THERAPIST: Kind of. Maybe. (inaudible at 28:08) I mean...

CLIENT: Yeah, it's hard to explain. The money if I had a situation, and this may be very different. It may happen differently. For example, I may very well, if I can't get this physical therapy stuff, sue them to get that paid for that's different. If I end up having to make an adjustment to my life forever or even for a few months, again, I may do that for that. But...

THERAPIST: Right, you wouldn't say, "God, it would really make our lives easier in various ways to have some more money and this happen. So even though our lives are going to be harder this way, in the same ways had this not happened, I will kind of take advantage of it."

CLIENT: Exactly.

THERAPIST: That is what you do not want to do.

CLIENT: That's exactly what I do not want to do. And, you know, like I said, if there's something where I need to make an adjustment to my life, like I need to get a ramp into the house or something like that, that's perfectly OK. I am totally OK with that. But the idea of trading money for pain? To me, and I'm not saying other people can't view it that way, but I just don't feel like it's right. I'm in pain all the time anyway. There's no dollar amount that really makes it better. [00:29:27]

To me also some people feel as if it basically it makes it less unpalatable, I guess. You know, makes it more comforting.

THERAPIST: (inaudible at 29:36) I can imagine is that, you know, if somebody were to give you a million dollars, it wouldn't ameliorate one iota the pain in your hip but it would ameliorate your stress and would probably allow you some conveniences, which would probably decrease your sort of pain and suffering overall.

CLIENT: Possibly.

THERAPIST: But...

CLIENT: I really could see this happening where, like, if I were to for some reason end up with a million dollars over this, paying a separate, like, landscaping company to come and salt the walks and giving the rest of it away. I mean, seriously. That's really what I want, is I want them to clear the ice. And the thing that really actually kind of pisses me off and I've got pictures of this actually. I feel like I'm always demonstrating with pictures. But this was just the two days after a day or two after I got back (pause) so the day that I actually got hurt, my husband rented a car and came up to get me. So what they did was they put, like, caution tape everywhere.

OK, that's kind of OK. That's fine, whatever. But then the next day I come back and I can't actually get around it on crutches because it extends, you know, 20 feet into the street. Like, how the hell am I supposed to get over that, you know, to get into my job again? They don't care. So that's kind of like a (pause) and, like I said, as much I'm saying this kind of thing, you know, my coworker Mark I'm like, "You know what, you can have all the pictures I have. If there's anything you can do to help me with this. If you want to sue them, great," you know. I think that that, you know, that's fine. I'm more than willing to that kind of thing and I am perfectly willing to document in the event that something does come along. [00:31:47]

But I've just never been so (pause) never been willing to take advantage of a wind fall kind of thing like that, you know? And I don't know, it's just one of those sort of those things, like I said, that there really isn't maybe it's true that [they will meet] (ph) certain things that will make it less stressful on me but I still feel like trying to put pain you know, as a person who deals with chronic pain anyways, trying to put pain for money is stupid for me in my head because there's just nothing that will do it, you know.

THERAPIST: You mean because no amount of money ever really has anything to do with how much you're hurting?

CLIENT: Yeah. You know, there's no amount of money I can spend in my life to make the pain go away.

THERAPIST: [Like getting a new car to help clean the house] (ph)?

CLIENT: Yeah, yeah. And the thing is that, I mean, I have also, because I grew up in a very fortunate lifestyle with many people around me, I also have a complete and total clear vision that money doesn't, you know, money doesn't solve problems but also it sometimes causes new ones, you know. And (pause) it is, you know, (sighs) as a person who, like, regularly got threats put on my car because I had a handicap tag, I know exactly, like, what (inaudible at 33:29) no matter how good life could get there will always be something to make life more stressful for you.

And, you know, if you get a new car then we have to figure out where to park it, you know, then we have to do this, you know. No matter what you do there's always something else behind it that makes it more complicated. And I don't mean to sound like (pause) a certain amount of despair as much as I just realized that things are never that simple, you know. It's never that simple.

And, you know, if I had someone coming in to, like, come clean the house well then there's other things I have to do. I mean, I grew up with household help so I know that there's a lot of other things that are complications around that too, you know. And so, you know. I mean, if I have the ability to do so, great. But it's not solving the problems, you know. So, that being said if my mom would, like, send her cleaning lady up to my house for a few weeks I'd still be OK with that. (laughter) The problem is I don't speak any Russian so I don't think we could communicate. It's not that I don't speak any. I don't speak anything that would be useful to speak to a cleaning lady. Not unless she wants to have a conversation about sharks or something. All of my words are things that a six year old would want to know, like rhinoceros and sharks and stuff.

But, you know, it's just kind of the way it is. And I said I'm willing to have my mind changed on that just right now I'm not. And right now they don't really have a clear knowledge of what's going on yet. So if it is a situation where because of the tear I'm going to have pain for the rest of my life, maybe. You know, that might be something different, you know. We'll see. Everybody at work has been really, really about, like, doing stuff. Most of the time they're like, "Are you sure

you want to be doing this?" And it's so funny because I'm like, "Yeah, I'm not really at work, you know, as, like, a sense of loyalty to the company as much as I want to not get divorced over, like, you know, squabbling over being around the house all the time." Because he was home for the long weekend also, for President's Day. I was like, "Yep, if I don't go to work I'm going to be staring at him and he's going to be sitting there going, 'I wish I knew what to do but I can't.'"

[00:36:06]

But, you know, for the most part they've been pretty supportive about the whole thing. So we'll just see. Like I said, I don't really know about the details yet because...

THERAPIST: [Do they restrict much] (ph) what you can do at work?

CLIENT: Yeah. For a few days that I did it, I basically sat myself down and I had all my customers come to me, instead of me finding them. It depends. Like, right now I need to go out shopping for some cargo pants because when I'm fixing small technology right now, which I still want to do, I think that it cognitively breaks up my day instead of just constantly teaching. Having couple of hours fixing things really helps. But since I'm doing it, like, on the floor and I don't necessarily have the extra hands, I think that that would be really helpful. But they're not necessarily I mean, the word restrict is about being open, you know, whether or not you're being open-minded about things. Yes, I would when I was on both crutches, it was very difficult to fix things, especially replacing screens and stuff. Now that I'm only really, you know, with my cane, probably not. But I do definitely need to make sure that I have, like, something to be able to carry stuff because I still only have one hand. [00:37:23]

But, yeah. There's a couple of things I'd normally do. We have a thing that's called open training, which is more or less kind of like a study hall thing. I haven't been doing that at all because it involves, like, running around back and forth to people as they need help. It's more about mobility than, you know, anything. So I haven't been doing that. But, you know, in general they've been really helpful. I'm actually really surprised because the two people that usually take of me right now are in Dubai right now. So they're a bunch of management that I don't know that well. So luckily it seems that, you know, Sandy and Heidi taught them well in terms of how to treat their employees, you know. [00:38:10]

One of my like, the person who took the best care of me at work as a boss, Sandy, has left to go. But her and my other boss had sort of long story short, Sandy's been doing this around the world trip [and stuff] (ph). Like, every couple of months she's been going to a couple of different cities. She's going through a mid-life crisis and just had her husband dump her because she's infertile. Indian culture, that's kind of a problem, yeah.

THERAPIST: I see. How old is she?

CLIENT: My age. And so he left her and is having another arranged marriage. Adoption or other things like that I mean, she went through the whole, like, IDF thing (sneezes) culturally is not accepted right now. (sneezes) It was kind of interesting too. Because the state would require her

to liquidate or account and do all this stuff, she's like, "Screw that. He just left me because I can't have babies. So I'm going to spend as much as I can of it before it gets liquidated and split." So all of her stock got liquidated and now she's going around the world. Which is kind of awesome. I mean, normally it sounds mean to be spiteful like that but having that happen...

THERAPIST: He kind of deserves it?

CLIENT: Yeah. I don't think he should be (inaudible at 39:40) to that money while still, like, wanting to have somebody it's already arranged. The divorce isn't over. He's got a 25 year old bride lined up that's coming over from somewhere that's more than happy to get the green card. So, yeah. Back when my grandmother had an arranged marriage, it was not like that. I know it's a cultural thing. It isn't just arranged marriages in general. It's a cultural thing in general. It was not like that at all. Because if my grandmother couldn't have kids it would not have been like that.

And so she's just it's really nice actually right now because I've been getting, like she just sent me a picture from Asia like saying, "I hear you're under the weather, blah blah blah. Here's the year of the snake pictures," that kind of thing. It's really nice actually. I like getting (pause) I really love hearing about people's good news. I'm not the kind of person that gets angry and bitter because this person's having things go well. I just love back (ph) because it takes me away from my life a little bit, you know.

But that's been pretty much the overview of what things have been going on lately, you know. It's been really rough. It's been it's really rough.

THERAPIST: You're just sort of, like, working hard and trying not to feel too down and trying to focus on the positive things but it's been extremely difficult.

CLIENT: This is (inaudible at 41:25) my staying away from doctors thing (ph).

THERAPIST: We need (ph) to stop for now.

CLIENT: I will see you on Tuesday.

THERAPIST: See you on Tuesday. You need a hand with anything?

CLIENT: I will eventually. Let me get my [purse though] (ph).

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So the 7th through the 14th? I think you said it would like a week from Friday or something.

CLIENT: [More or less] (ph). A week from Thursday. So I will see you...

THERAPIST: Thursday and then Tuesday and Thursday.

CLIENT: Not the Thursday though because I'll be that's the day I'm leaving.

THERAPIST: OK, sorry. You're leaving on the...

CLIENT: Seventh.

THERAPIST: Right, which you said is a Thursday?

CLIENT: Which is a Thursday. And we normally meet on that Thursday but I won't be able to because I'll be [in the air] (ph).

THERAPIST: Right, right. And then also we won't meet on the...

CLIENT: Fourteenth.

THERAPIST: Twelfth and 14th.

CLIENT: Twelfth and 14th, yeah. It's a lot to [keep juggling] (ph) but yeah.

THERAPIST: And then are we switching our schedule after -

CLIENT: I'm hoping by the time I come back I'll know when I'll be starting physical therapy so that I -

(crosstalk)

CLIENT: They don't know which day will be better for that. So, it's just up in the air. So (sighs) it's sort of a weird thing. I don't really know if I'm feeling better at all but I am definitely doing things and reaching out and talking to people again. I don't think I'm feeling that much better I just think I just I think I'm finally just trying to reconnect I guess, I don't know. We'll see. So it's just I actually talk to people online, that kind of thing, that I knew from school, that kind of stuff. I'm actually getting ready to go to the dentist, you know, that kind of thing. It's not much but it's a start. [00:02:00]

THERAPIST: Sure. I imagine even if you're not doing it because you feel better, it helps you feel a bit better to be doing it.

CLIENT: Yeah. So a little bit. Sometimes it's awkward, that kind of thing. Try to fake it and you will get there. Maybe, maybe not. But at least I won't feel so isolated, even if I but yeah, so we'll



see. It's just been, you know, a lot to have to handle. (pause) But I think I'm progressing. I don't know. We'll see. Like, I think at least feeling less (pause) I don't know what I am feeling less of. Maybe just the waking up and getting closer to the spring again maybe, I don't know.

I remember both today and then a couple days ago being outside in the morning and actually seeing the sun and going, "OK, I can handle this. I can handle the cold as long as I can see the sun," that kind of thing. And that helps a lot because I just feel like I'm sort of drearily walking through life. I'm still sleeping a whole lot, that kind of thing. I don't know but it is what it is. We'll see. [00:03:46]

THERAPIST: You sound a little more pulled together.

CLIENT: A little bit.

THERAPIST: [But I understand that] (ph) the reasons are a bit mysterious.

CLIENT: I don't know. We'll see. I'm really sleepy right now but I am a little bit more pulled together. I feel a little bit less like I'm on my last (inaudible at 04:10). I have some frustrations right now but they're nothing emotionally that needs to be fixed they're just more, like, just figuring out (inaudible at 04:27). Our microwave broke the other day and I was like, "OK, well I'm just going to fix it." And I took it apart and it can't be fixed so I just got really frustrated and...

THERAPIST: Why can't it be fixed?

CLIENT: There is something inside the latch that can't be fixed, not without digging into the seal and I am not so it's in the door. It's the latch that opens up and closes. And to get to that part to be able to potentially glue it back together and do whatever, I am going to have to do something with the seal on it and I don't want to have to worry about the microwave not having a good seal on the door.

THERAPIST: I see. The seal that keeps the radiation from the microwave from leaking?

CLIENT: Yes, exactly.

THERAPIST: You don't want to mess with that.

CLIENT: No, not so much. So...

THERAPIST: So that kind of sucks.

CLIENT: I didn't realize that that was going to be a problem so I thought, "Oh, it's just the latch. It's not like it's a mechanism. (inaudible at 05:23) fix this." I usually get a lot of happiness out of it but that was really frustrating. But then of course, my mom was laughing at me. She was like, "Don't you understand, like, the curb of dimension returns? Like, you spent more time trying to

figure that out than it would cost to find a new microwave." I'm like, no, no, no. But you don't understand I like doing [these things] (ph). (laughter)

But I don't like it when I fail most well, actually sometimes it's like, "Wow, that's very interesting." But this was just like, "Screw this. I am so angry that I can't get to (inaudible at 05:57). There's no reason why it should be behind, you know, the seal of this and that, whatever." But I am, like I said, trying to do things. I'm still sleepy an awful lot.

THERAPIST: How much do you sleep?

CLIENT: Oh gosh. (inaudible at 06:14) I sleep about 12 hours a day. That's on days I work. On days I don't work I have been known to sleep, like, 15.

THERAPIST: Wow.

CLIENT: Yeah, that's a lot. I mean, a lot of sleep.

THERAPIST: That is a lot of sleep.

CLIENT: And it's at this point right now where it's kind of weird because I have tried very hard to do this whole let myself go to sleep and wake up when I'm actually ready to sleep, you know, that kind of thing, blah blah blah. I can pretty much literally sleep forever if I don't have to be awake for something. And so last week I went and got some blood work and maybe they'll have possibly some solution. I think my thyroid is under-dosed (ph) because I'm also having, like, my nails are just breaking off very, very easily. There's a couple of other things.

THERAPIST: (inaudible at 07:18)

CLIENT: Yes, because you're not making your proteins right. A couple of other things too where if your thyroid's not working right that that can happen. So we'll see. I'm not feeling optimistic that they'll figure it out just because, but who knows. I am actually going to go see a what's it called an acupuncturist on Friday. Now, this is actually I am going for something that is a well-documented phenomenon. I am have neuropathy in the knees, you know, from the fall. It is well known that sometimes when you do things to you put a needle along that area there, that there is often, you know, less tingling. By putting needles in that area, less pins and needles. It's not like hocus pocus. It is literally manipulating the nervous system. You know, it's more or less (inaudible at 08:24)

THERAPIST: Acupuncture's pretty well studied.

CLIENT: Yeah. A lot of these things are complete bullshit. Like, I got rid of my allergies or I am, you know, like that kind of stuff.

THERAPIST: Yeah (inaudible at 08:34) the data (ph) on a lot of acupuncture is pretty bad.

CLIENT: Yeah. And he's like when it is directly related to the nervous system, it makes sense. And it looks like I mean, especially because a lot of times I run electrical currents through it, it's more or less like a TENS unit that's on the inside. Do you know what a TENS unit is? So it's the patch you stick on and then they put a low voltage across a certain part of your skin and that tricks the nervous system to thinking it's not in pain anymore.

THERAPIST: I think you mentioned having that before.

CLIENT: Yeah, I had it. It didn't really do anything for me but I wanted to try this because it might something where the nervous system is still freaking out. Because it's in a lot more pain than it really is damaged. So it's (ph) freaking out a whole lot more than it really should and maybe this will be like unplugging the computer and turning it back on again. Who knows. But I was coached by people I work with to also mention that I'm exhausted to the acupuncturist, to see if they have anything to say or do about this. And I'm like, "Well, if they say they can do something about it, maybe I should leave?" and they're like, "No no no. Trust me, they'll know." I'm like, "Are you sure? This is kind of weird. You know, I understand this part but this is kind of strange. But who knows, maybe it will. Maybe it's just the fact that my body is so dampened by the chronic pain that I just don't have the ability to stay conscious all that much, you know. But I'm exhausted from it. [00:10:02]

THERAPIST: How bad has the pain been?

CLIENT: It's been pretty bad. It's bad all the time but this is a little bit more acute, a different type of pain. Even though it is the hip, it is the way that it because there's a whole bunch of different nerve pathways down there, the way that is painful is different and it's a lot more sharp.

THERAPIST: It's all the time?

CLIENT: Yeah. And then also I have a lot of...

THERAPIST: (inaudible at 10:26)

CLIENT: It depends. If I stand still too long, sometimes it's worse. Sometimes it's worse from, like, the impact of walking. It depends. It's definitely because it's moving around it is simply an irritated nerve. There are other things that are wrong but this seems like the nerve is just (inaudible at 10:43) and I think it's the IT bend of the nerve that goes around it? I don't know. But anyways, so the, you know that, it's different. It's the first time I'm ever really had serious feelings of being numb before, like feeling pins and needles [as much] (ph).

THERAPIST: And [they're going to] (ph) wrap this around your knee?

CLIENT: Down this part of my leg because my hip's the one that's hurt. But it's just, you know, it's physical exhausting. It's physical exhausting. And I really just feel like if I could just not have to sleep so much that I would, you know...

THERAPIST: Feel better?

CLIENT: Feel better. And...

THERAPIST: Has sleep generally correlated with degree of pain?

CLIENT: I don't know. Maybe. Up until a few years ago, I had a very weird sleep schedule anyways, in that I was known not for sleeping for a long time. Like, even as a child. And the I would, like, I used to make jokes that I would sleep like a snake eats and that I would sleep a whole lot again and then go back to just very normal, like, very small amounts of sleep. So it's kind of a weird thing for me right now. I mean, right now being, like, the past, like, eight years. But still it's literally encroaching on more and more and more sleep now. And so...

THERAPIST: Well I hope you can sort it out. [00:12:24]

CLIENT: Yeah, I really do too. I am really cranky about this. I also sort of I'm getting to the point right now where in general I don't like to take opiates for pain. I just don't. And I have the experience of being basically in the middle of the night realizing I have to take something for this pain. I have to because I can't get to sleep. And then realizing two hours later, I am feeling lightheaded from the opiates and I'm still in pain and being exceptionally pissed off about that. It's like, yeah, now I've got all of the, you know, the other effects but nothing to do with the pain. So it's like this is making me even more mad because it's not like it's I need to take if I'm feeling lightheaded from it I don't feel like I should be taking larger doses, you know. It's just that it's not helping with the pain, which to me is not like up the dose. It's more like find something else that works. [00:13:23]

So, you know, it is what it is but it's just so (pause) annoyed and sick of it, you know. I have worries about when traveling other people's expectations. When they see how much I sleep a little bit. We'll see because, you know, that just...

THERAPIST: Well, that puts a pretty big kink in your day.

CLIENT: It's a really big I mean, like, it's [a lot of schedule] (ph).

THERAPIST: If you're sleeping over 15 hours a day, seven or eight. I mean, you're losing, like, five to eight hours a day?

CLIENT: It's like a part time job, yeah. It's a lot. And I have to admit I'm really bitter because it's like there's so many things I can't say specifically what I want to do because I'm so darn sleep deprived. Well, not sleep deprived but so darn exhausted and fuzzy brained and everything

else. But I feel like on some level that I wouldn't, like, a first clue what I'd do with it but I know that I would totally take advantage of it.

THERAPIST: Yeah, you can thrive on being busy and productive. That stuff is very important for you.

CLIENT: So I just can't, you know, all the things I could be doing, all the things I've left behind, you know, not done. It's like, well, because I have to sleep. My Wednesdays are almost always dedicated to sleep and, like, you know, Saturdays are usually pretty much that way too since I have to get up early in the morning on Sunday. But, you know, yeah. So it's not even all that much you know, it's not all that helpful, I guess. [00:15:23]

THERAPIST: Wow (ph), that's horrible.

CLIENT: But hopefully we'll find some answer. I don't really know what it would be but I'm just I don't like to live this way, you know. I really don't.

THERAPIST: Well your life is in so many ways different or 180 degrees different from what you want.

CLIENT: Yeah.

THERAPIST: Work, family, your body, sleeping.

CLIENT: It's funny because last night I was a lot more bubbly and talkative and silly than I had been in a very long time and, you know, all of a sudden I just calmed down. But I was actually worried that Mike might have found it obnoxious because, you know, he's not used to hearing me like this and he wasn't. he was glad to see me be that way. But, you know, I was a little worried about it. But nothing specifically. I wasn't even in specifically, like, a specific good mood or anything like that it was just being more talkative again. I'm very easily conditioned in all these ways. I don't really think about it but, you know, if I'm around people, you know, where they're very sparse with their words I usually pick up on it and behave like that too. [00:17:13]

I really wish that I had some insight as to what's going on but to be honest I am so tired I'm not even, like, a very good observer, you know.

THERAPIST: It's probably you were just in a lot of pain yesterday for some I mean, just in terms of some (ph).

CLIENT: Not necessarily. You know, I just was to be honest, I don't even remember. I remember that I was more bubbly before I went to bed but I actually there's, like, this whole (inaudible at 17:48) of time where I was, like, basically walking home zombie-like from the subway. I remember yelling at a runner who was yelling at me and then I remember being very talkative before going to bed and that's it. I'm certain I did something. What it is, I don't know. I'm sure I

ate something. I don't know. Because it's not even like it's not like I was shutting down like that. It was just that I was tired, you know. And I started this self-improvement thing that I was talking to my dad about for this. And I'm really because I feel like when I look at the things I used to do and go, "Wow, I used to write. Not just well but I used to be very witty and bubbly and I had a really great sense of description." Or, "Wow, I used to really pack up on those concepts really quickly."

And so I'm trying to at least one hour a week, whether it's doing, like, in a commute or at home, I'm trying to just, like, do some not really remedial but review science stuff, stuff I know, just to get my mind going again. Because I feel like there's so much I used to know and names and things like that until just recently. But they're all gone. I mean, I know some of them but not really. [00:19:07]

THERAPIST: What are you starting with?

CLIENT: Just doing some chemistry, that kind of thing. I actually just started so I don't really know what we're doing yet. It's supposed to be I did hit the mark a little high on that. I went and did university. So I guess I'll be starting but I don't know what I don't know what I'm going to start with. So we'll see. So I think it will be helpful. [I'm going to] (ph) try and, like, painfully do some things that I haven't done in a long time. But I feel like it's just stretching the mind.

THERAPIST: That sounds great.

CLIENT: The thing is that right now, like, if I'm reading stuff I feel like I'm reading garbage lately. And it's not even like a matter of (pause) a judgment call or saying that, you know, or it's like a morality thing or anything like that in terms of garbage. I mean, it's more like a, "Wow, you know, I really don't feel like I'm doing anything to say I know something more than I did, like, you know, before I read that book or before I did this." And so I really feel like I'm kind of going (inaudible at 20:27) that way. And so I'm not saying that I'm like my dad, who believes everything must be done with a sense of mindfulness and also a sense of utility. I don't believe as strongly as that but I feel like if I don't at least start doing some of those things? So...

THERAPIST: (inaudible at 20:52)

CLIENT: And that's nice and, you know, low at least for now doing it, you know, (inaudible at 21:00) I can do it at the house but eventually I do want to try and go out and about to do things. Because I feel like I really do get a sense of engagement.

THERAPIST: I wonder if you can audit (ph) classes or something.

CLIENT: I'm sure I can. It's just a matter of just finding out what to do. I've always found that professors are endlessly flattered by someone who would want to take their class, instead of has to take their class. So...

THERAPIST: [I heard they have] (ph) some science classes [up there too] (ph).

CLIENT: I heard that, yeah, they're like a little oh man, I just ruined my delivery on this. I've made the joke about being at a trade school a couple of times with (ph) people I know. They really love that.

THERAPIST: Not everybody can [be at] (ph) Brown.

CLIENT: Yeah, no. It's a small school but I have a very strong loyalty to it. So, like I said, we'll see what happens. I'm really trying to make this trip focused on our friends. I'm trying to do as little as possible with family. I don't know how much we can do that because we may have to stay with them a couple of days, but I really feel like I don't need the negativity and judgment and everything involved with that. I just feel like it's just too emotionally draining and that's not I mean, if it was for that then we wouldn't have spent the money, you know, to [rent cars] (ph), that kind of thing. [00:22:39]

THERAPIST: Yeah, I know you're going down there for Mike's friend's party.

CLIENT: Yeah. She helped us with tickets but there's a lot of other expenses boarding the dog, all the other stuff like that. But (pause) I have to get out at least. So that would (ph) be nice. (pause) I'm [really sure] (ph) that I could say more about these things. I really feel (pause) it's not even like my brain sometimes I've had situations where I just can't find the words that I'm feeling. It's not even that. I mean, I have felt, like, emotionally rung out.

THERAPIST: You know, (inaudible at 23:33) you're pretty wiped out.

CLIENT: I'm pretty whipped out. [I've felt] (ph) emotionally rung out for months now.

THERAPIST: You're in, yeah, tremendous pain and drained and exhausted and yeah (inaudible at 23:50). You don't sleep 15 hours a day because you're feeling energized.

CLIENT: No. And I think part of it is probably depression. But I don't really think a lot of it is. I think it's more like physical exhaustion because I have noticed that when I don't get the sleep I need, I do my body not giving me the kind of, you know, fuel (ph) I need. So...

THERAPIST: It's brutal.

CLIENT: It's brutal. And so (sighs) yeah. But I do hope that things will get better and maybe they will.

CLIENT: I'm just kind of sick of living in this existence, you know?

THERAPIST: Yeah, you've had a bunch of really awful things happen to you that you can't do anything about. (inaudible at 25:32) ways that are, like, just the opposite of what (inaudible at

25:37) for you. Like, in terms of work, in terms of just being able to be productive and ease your mind. I mean, all this stuff that, you know, [get you] (ph) social, stuff with Mike. Most of the stuff that matters a lot of the stuff that matters most to you has been affected.

CLIENT: Which means that in my own head I have to convince myself that they wouldn't matter that much. Not so much like a sour grapes things as much as making do with what you have, you know. It's really the only thing you can do. Otherwise, you just sort of harp (ph) over what you can't do or what you can't have, you know, [at least] (ph) for me.

(silence)

CLIENT: But yeah, it is hard to be sort of stuck where we are. And the thing that's actually really, really frustrating? I don't believe in really comparing one's life to each other. Like, I have friends who are like, "Oh, well you know I'm in this situation. Obviously it's not as bad as you." And I'm like, "That's not really, like, helpful. However, when it comes to certain things, when I see that I am feeling a certain way, some people commiserate and they say, "No no, you don't understand. It's not the same thing. Like, oh, I have to sleep like crazy." Like, yeah yeah yeah, I know just what you mean."

THERAPIST: Like, "Oh my god, I slept nine hours myself the other night. It was such a long time." Yeah, it's one thing for people to be sort of comparing or to (inaudible at 27:24) in other things when, like, it's just not to get this scale or scope of what's going on (inaudible at 27:29)

CLIENT: Yeah. And I'm not one to, you know, specifically because you find ways to, when you have certain things that are a certain amount of suffering in your life, you find ways to cope, you know. Which is why I think I've mentioned that the I deal with joint pain relatively well. Like, I don't deal with it but I know it, I understand it. It's something I can tolerate. But when I get things like stomach related things or digestive related things, it just totally throws me off. And something where even like the stomach flu, I become the world's biggest baby. Like, something that nobody else would be, like, crying on the floor, you know, I get so, like, pitiful about it. Maybe it's just because it's not something I'm used to, you know.

Also, like, people like, "Oh yeah, you know what, I need to get another cup of coffee." I don't really know what's wrong with me. I used to get I think I may be, like, either extremely resistant or immune to the effects of caffeine. I haven't been able to, like, even back when I wasn't sleeping a lot, been able to, like, ingest large amounts of caffeine and have almost no effect until the point where, like, I'm getting sick from it. I have no idea why. I've been able to take NoDoz and sleep well at night. I can do this. I don't get any additional awakedness (ph) from caffeine. It may be a hot beverage but not necessarily have to be caffeine-oriented. And at the same time also when I'm gone cold turkey I don't seem to have withdrawal effects like other people do and I don't really know why that is. [00:29:21]

It is, you know it makes it somewhat (pause) discouraging knowing that, like I really try not to do this, like, look up on the Internet things at all. But there are certain types of (inaudible at 29:41)



related things where they have extreme exhaustion, things like that. There are other diseases. There are ones that they think might diseases. They don't really know that all these chronic fatigue and what's it called...

THERAPIST: Myalgia.

CLIENT: Yeah, those ones. But they don't really they know there's something present because they sometimes see activity of it but they don't really understand it. A lot of times in those situations they do give people prescription stimulants for that. And I've actually had friends joke around saying, "Why don't you just, like, (inaudible at 30:09) Ritalin?" I really don't think it's going to affect me. I really don't. It's possible but I really, really doubt it.

THERAPIST: Well that'd be a different class than caffeine, right? I mean....

CLIENT: From what I understand, the way that the mechanisms are pretty much the same but I have you know, I'm one of those people that it seems like anything that is in a stimulant family doesn't seem to really...

THERAPIST: It doesn't do much.

CLIENT: They even had trouble waking me up from, like, anesthesia at one point. Now, that was different though. That was something else. I don't think it's really a big thing for me. And so we'll see but I kind of doubt it.

THERAPIST: Yeah, I mean...

CLIENT: I mean, it's great because it keeps you from abusing drugs or having, like, an addiction to, like I mean, I like my tea but I don't really feel like I have to have coffee.

THERAPIST: Yeah, you can try one good thing about stimulants is that you can, you know, unlike SSRIs you try it and...

CLIENT: It works that day or something.

THERAPIST: It works that day or not and then you're done, you know.

CLIENT: I had I don't know if I even mentioned I'm pretty sure I mentioned this. I actually did a trial with some SSRIs specifically because there's a few of them that have pain-related benefits. I'm trying to think of which one. It's marketed for, like, Type-2 Diabetes a lot but it's mostly depression. But it also has pain and stuff with it.

THERAPIST: Prozac (inaudible at 31:36)

CLIENT: More recent than that.

THERAPIST: Wellbutrin.

CLIENT: No.

THERAPIST: (inaudible at 31:47) there's Zoloft.

CLIENT: Maybe it is Alexa. I think it's Alexa. But I just got really, like, strong, like, serotonin not, like, overdose but, like, overly stimulated from it. And so they're like, "Yeah, let's not do this since you're already, like, having a lot of problems like that. Like super (ph) driven dreams, feeling, like, hard to sleep, feeling (inaudible at 32:16) kind of things."

THERAPIST: I see. So that [pulled you right out] (ph).

CLIENT: And then a very small dose. Because the dose that they give for chronic pain are much lower than they do for depression.

THERAPIST: I see, wow.

CLIENT: And, you know, I just didn't feel like following through on it because it just doesn't but I am worried that, you know, if I still stay blue that maybe I should do something. I don't know. I'm not anti-drugs. I just feel like, "Wow, another pill. That's going to be fabulous to have to think about." So...

THERAPIST: Yeah, I mean, you can I don't know. (inaudible at 32:54)

CLIENT: I'm actually on some level, also, I'm just, like, worried about, like, one more interaction I have to deal with too.

THERAPIST: Sure. (inaudible at 33:05), like, couldn't sleep, the energy to focus.

(crosstalk)

THERAPIST: ...to you. Like, if you want to try it or you need any help, like, I don't think it'd be hard to get somebody to prescribe it for you but, you know, you don't want to have to deal with one more god damn drug, with interactions, with the side effects and...

CLIENT: For now possibly not but come spring if I feel like I need to, I might. Even in the exhaustion, I grew up but, you know, like, I even grew up as much as, you know, I went to school (inaudible at 33:44). There's a lot, like, there was a huge, huge stimulant culture. Not for recreation but to seize opportunities you couldn't have. And it never appealed to me, you know.

THERAPIST: You probably didn't need it.

CLIENT: It would have been nice but, you know, like I said, it was one of those things where, like and I do occasionally, like, drink things that have extra caffeine in them. I still don't think they really I really believe that, like, a lot of those energy drinks, really what happens is it's just the B vitamins that really help me. If I can get them without, I totally would but it doesn't seem to be, like, a huge thing. And I do know that when I get B12 injections, it is a huge difference, huge difference for me. It's like night and day.

THERAPIST: How do they affect you? (inaudible at 34:35)

CLIENT: [I'm clear] (ph). Well, I mean, I do have what's it called? I have pernicious anemia so and I had it go too far. So they did I started actually doing nerve damage by taking because when you can't pernicious anemia you can't absorb B12 in anything you eat or drink because your immune system killed the part of your stomach that allows you to digest it. And so this goes on for a while. Your liver keeps some of it. You store a little bit of it. But after you lose that, your body starts taking it off of the myelin sheaths of your nerves and then it starts doing it off your brain and a couple of other places too. Eventually your bone marrow.

So I didn't yeah, I didn't what was happening until it was much too late. And partially I mean, I could blame other people in the system because everybody was like, "Oh, don't worry. It's just stressful. This is normal flaky grad student behavior." Like, having forgotten to do things like, you know, leaving the stove on, that kind of (inaudible at 35:34) kind of but the fact is that we accept that as a culture is kind of shitty.

THERAPIST: Right. You're not really a flaky person either, at least as I see it.

CLIENT: Yeah. In it matters. Like, when I'm very, very muddled, I am extreme flaky. Like, mid-sentence I've forgotten what I'm saying. Like, you know.

THERAPIST: Yeah but if you're not being affected by an illness of some sort of another, has that ever happened?

CLIENT: Not really, unless it's planned flakiness, if that makes sense. I have planned spontaneity. I haven't done it in a long time but I have planned spontaneity, which happens to be the whole thing of, OK, so we're going to do something here and if we never actually make it, that's OK too. That kind of thing. If we enjoy the serendipity of things. I mean, it's not quite planned flakiness as much as -

THERAPIST: No, that's really not planned flakiness. That's, like, being spontaneous and trying to have fun.

CLIENT: But, you know, flaky in terms of, "Oh, we were planning to go to dinner at this place and even had reservations but, you know."

THERAPIST: (inaudible at 36:43) being flaky.

CLIENT: Yeah. But I mean, it is again, like, I'm very easily if I have, much like a computer, if I have too many processes running, I can get easily distracted. And part of it is I mean, this is when I'm, like, exhausted. But also, just, like, in general. If I'm really working on something really hard, I will put my shirt on backwards and not notice it, that kind of thing, because I am too focused. And I'm not as bad as other people. My husband's somewhere in the middle of the spectrum. I have seen some really, really interesting experiences like that. But, you know, I've done it.

Now, you know yeah. But it's usually because I have something else. It's mostly just due to pain or something like that. Like the other day I got something on backwards and I was like, you know, it took me that long to put these pajama pants on. I am not going to go through the agony of trying to take them off, because it was too painful to get it off and on, so I just sat there. I realized it after I got them on backwards. I'm like, "Screw it. I'm going to sit in it until it's time to get a bath because I'm not taking them off again." Not all laziness but because the actual, like, taking on and off was painful.

THERAPIST: No, no, I get it.

CLIENT: That was, like, more of me being in my cranky old man thing. But, I mean, I have had and, like, these are very, very specific situations. Like when I have this flakiness it's either, like, right around, like, you know, basically, you know, the various different types of qualification exams where there's a tremendous amount of memorization. And something where I've (ph) been spending literally 12 hours using, like, near field division and not noticing, like, red lights, that kind of stuff. But that (inaudible at 38:27) 12 hours. The only thing that matters is from here to here because you're (inaudible at 38:31) all this time. You just learn because you're in a lab full of busy, busy people. You have to learn to ignore everything else in that different field or else you're never going to see what you need to do. You're going to get distracted.

So these are really coping mechanisms more than it's more like an adjustment period of an hour, you know. It's not, like, all day things, you know. But...

THERAPIST: So the B vitamins help.

CLIENT: B vitamins help in general with that. It makes the switching better. But in general, when I am not getting my injections with that, it's really and that's just probably this is something how much time do I have?

THERAPIST: Five minutes.

CLIENT: OK. So this is something I'd really like to talk about briefly. I hadn't admitted this but I picked up a tremendous needle phobia while I was in the hospital.

THERAPIST: Oh. What, just this last time? [00:39:27]

CLIENT: Yes, back in November. Not the emergency room there but the one where I was actually hospitalized for several days. I had some things go very, very wrong with my IVs and I had a there are specific nurses who are IV nurses who are supposed to come and check on your IV and they're supposed to actually that's all they do. They get special training. They're supposed to be better at this than others. And I had an IV blow out a lot and a couple of other bad things happened. And so the problem was because of that having the places where they're trying to inject the skin, having the skin become hard because of, like, you know, getting these tiny little tears in the muscle. And when you do that it I feel like I can't even dump this on anybody because it's so fucked up.

You actually feel that hard (ph) like, it's almost like a little bit of resistance and then it goes through as opposed to a regular hypodermic and that kind of thing. And although I've had a couple of shots, I have been right now I've been very lucky and skating (ph) on the fact that I shouldn't be taking my immunosuppressants because they haven't officially cleared the infection in my appendix right now. That's officially still not (inaudible at 40:44) so that's OK. But that's a daily thing for me, on top of the B12. And I haven't been getting the B12 and that's probably the other thing is...

THERAPIST: You took a picture of one point of, like, a whole bunch of -

CLIENT: Yeah, three months yeah. It's a lot. It's a lot, a lot.

THERAPIST: (inaudible at 40:58) phobia.

CLIENT: And I'm sure that I'm going to get over it. I mean, I went and got blood drawn last week and I didn't get my first B12 shot. It's not like I'm afraid of John giving me a shot versus anybody else giving me a shot it's just having [the idea that] (ph) it was such a really, really traumatic thing for me, that I'm still, like, kind of hedging if I have to get them. Like, do I really have to? How far can I push my luck?

Now, until last week I hadn't had B12 since November, which is very bad. On top of my daily shots, I'm supposed to be getting that at least once a week. I usually actually personally try and break up the same doses to two pieces because I feel like it really does work better. I think I may store it back in my liver and not use it as well.

THERAPIST: So you were able to get the shots recently but it was...

CLIENT: I only got one Sunday.

THERAPIST: It was pretty stressful?

CLIENT: It was pretty stressful, yeah. And of course he's picking up on this. I know I'm giving you a shot but that I didn't know you were stressed out was very hard. Not too bad. He's been

pretty good about the whole thing, seeing as before I had to start getting shots, he had a needle phobia himself.

THERAPIST: Oh really?

CLIENT: Yeah, yeah. That's one of the tremendous things that I am so proud of Mike for. One November day I was told I needed to get shots and then we immediately had to go like, he was taught, like, one Thursday and he came with me and he just totally, just, did it. And he doesn't do that. He still doesn't like getting shots to himself and he can't give himself shots, which most people can't. But he just put a lifelong fear aside the reason why he didn't become a doctor aside because I needed that and that...

THERAPIST: That's awesome.

CLIENT: It makes me teary about the fact that he did that for me. So it's pretty awesome.

THERAPIST: That's very awesome.

CLIENT: But yeah, so I've been sort of needle-phobic.

THERAPIST: I hope you think about it a lot.

CLIENT: I'm sorry?

THERAPIST: I hope you think about it a lot.

CLIENT: I do, every time I get a shot. But yes, it's pretty awesome. But yeah, so I know that it's not like, when I say phobia I'm not talking nearly as much as it could be. I guess I've been needle-avoidant, though seeing (ph) most people are needle-avoidant. But I'm sort of trying to see how much I can get away with not getting it because it was such an unpleasant situation. Even this arm up here, I know that this part when I get injected here it's still stiff and there's like a (inaudible at 43:34) here and a couple of other places. But it's so unpleasant and so horrifying bad that what happened that, like basically they were trying to pump. I was hooked up to an IV pump where they put the stuff into you and it got lose and started spraying all over the place. And when your blood dilutes with other things, it looks like blood still, you know, even though it if you have, like, one part blood to five part something else it still looks just like blood. And that happened four times.

THERAPIST: Oh my god.

CLIENT: Like, soon as they'd leave it alone and I went to sleep or something like that, because they were it wasn't just a drift. It was a push.

THERAPIST: We have to stop (inaudible at 44:18)

CLIENT: I'm sorry.

THERAPIST: That's OK. We can talk more about this. It's not that it was it had a pretty big impact on you.

CLIENT: Yeah, and so I definitely want to talk about it.

THERAPIST: Yeah, yeah. No, we should. I will remember it.

(phone rings)

THERAPIST: You OK? Do you need a hand?

CLIENT: I got it.

THERAPIST: The door?

CLIENT: A little more (ph) with the door.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Oh, I just want to confirm with you.

THERAPIST: Yea.

CLIENT: Will the next meeting be two weeks from today.

THERAPIST: OK. So I was not far off in my... or knowing that you were going away soon.

CLIENT: Yes.

THERAPIST: OK.

(crosstalk)

THERAPIST: ...take a quick note of it here and I'll put it in my schedule. So let's see. OK.  
(pause) So that's the 19th?

CLIENT: Yes.

THERAPIST: OK. (pause)

CLIENT: I'm slowly healing, sort of. (chuckling)

THERAPIST: Yea.

CLIENT: Getting there.

THERAPIST: Yea. (pause)

CLIENT: It's just exhausting. But I think it will be good to get out of town. So... (pause) [00:01:10]  
Excuse me. As long as we can get out of the snow storm hits, that is. We're scheduled right in the middle of it to leave. So we'll see.

THERAPIST: There's going to be another snowstorm?

CLIENT: You didn't know that? Oh yea...

THERAPIST: OK, yea. Maybe I did hear about it this morning.

CLIENT: We can get like a foot of snow between now and the weekend.

THERAPIST: OK. I didn't know it was going to be that big.

CLIENT: Well, you see this one of those things where it's real... like, yea.

THERAPIST: Right, it's pretty vague.

CLIENT: It depends on where it hits. Somebody is getting a lot of snow.

THERAPIST: Yea.

CLIENT: Yea. So... but it's been, like I said, just a lot to have to deal with. It'd be nice to get out. I think... I talked to my husband about this whole thing about wanting to make sure that we are on the same page in terms of how much family time there's going to be and how much we're not going to... if for some reason we end up at some surprise birthday party for our niece, we'll be polite. [00:02:12]

THERAPIST: Right.

CLIENT: We're not going to make a big deal about it. But we're not going to... like if we know about it ahead of time, we may excuse ourselves and just leave a gift.

THERAPIST: Yea.



CLIENT: But as long as we don't have that ta-da kind of thing. So...

THERAPIST: And you guys were obviously pretty much on the same page?

CLIENT: Yea. We're on the same page on that one.

THERAPIST: Good.

CLIENT: So it... based upon now that everyone has been too... everyone who has had dealings with his family on a negative way has usually been too polite to say things as they really are.

THERAPIST: Yea.

CLIENT: Or would cover for somebody for saying things as they really are.

THERAPIST: Yea.

CLIENT: Mike's (sp?) aunt sent him an e-mail. Mike (sp?) (inaudible at 0:02:55) his aunt is... she's dating someone who has like driven his long, crazy, blah, blah, blah kind of thing. They all live in that little compound. I think I told you. About a 10,000 square foot house.

THERAPIST: Yes.

CLIENT: Yes. Now I say the word "compound." I don't really mean compound.

THERAPIST: No, I understand. Ten-thousand square feet...

CLIENT: That's a compound here.

THERAPIST: That's a big house. Yes.

CLIENT: Yea. So... and basically because Mike's (sp?) one that can't be in the same house as Myra's (sp?) boyfriend. Who also, by the way, is her high school sweetheart. Nadine (sp?) knew him back then, too.

THERAPIST: Right.

CLIENT: Yea. She can't be in the same time. She has started the same kind of crap that she did with me back in the day. They can't be in the same zip code, that kind of thing.

THERAPIST: Wow.

CLIENT: Then she didn't actually say zip code. I'm joking about that but it's pretty darn close.

THERAPIST: (inaudible at 00:03:47). Yea.

CLIENT: I mean, usually she is in a different zip code. Well, now they've been playing these days off, days on. His aunt is moving out because of this. I got another house after all of this. And she actually said something that was possibly the most honest thing I've heard in 20 years which was... Mike (sp?) forwarded me the e-mail about it. [00:04:10] Something about being really... I'm going to quote it. Hold on a second. This is... my memory is just kind of shot on that one. But it was something that was profound to hear because no one ever says anything like that to us. OK. (pause) Here it is. OK, just the very end of it here. (pause)

OK, something like that. "Your mom has been a great move with me. I think it's because I'm moving out or maybe not. I just don't know. I'm feeling kind of sad in general about the way things have gone but there's nothing I can do about it. Your mother seems to control grandpa." I mean that kind of thing.

THERAPIST: Yep.

CLIENT: And I was like...

THERAPIST: Yep. That's much more direct. [00:05:03]

CLIENT: That's a lot more direct than anything that's ever been said.

THERAPIST: Wow.

CLIENT: As opposed to like trying to say, "Oh, you're misunderstood," or this or that.

THERAPIST: That must be a little reassuring and sort of affirming.

CLIENT: It's affirming. It's affirming especially to know it's a pattern. It isn't just like something weird. But it's really sad because it's not anything any of us can break. (pause) And the more and more Mike (sp?) and I talk about his childhood I was actually at a point where I was doing something. That getting something from my childhood that I really liked. I like macaroons. Now that they're trendy and there's one place that makes them. [00:06:03]

THERAPIST: Macaroons like French style macaroons?

CLIENT: Yea.

THERAPIST: I even get them.

CLIENT: But there are no French patisseries like places that are... but can you get them around here?

THERAPIST: Yea, at they have (inaudible at 00:06:18) macaroons.

CLIENT: I just never noticed. Sometimes it was basically noticing a French bakery. Therefore, that's what I was looking for was...

THERAPIST: I see.

CLIENT: Yea, no big deal. It's not a big deal. But I was just going out there and talking about this kind of thing. At first, I was talking about just certain happy things. And I was saying to Mike (sp?), "Does this bother you that I'm talking about these happy experiences of going out with my mom to buy macaroons..."

THERAPIST: Right.

CLIENT: ...from a place, this quintessential bakery," blah, blah, blah. [00:07:02] And he said no, actually he liked hearing about this kind of stuff. And it doesn't bother him at all to hear about these things. As long I'm being honest with myself, I never thought I had a perfect childhood. I had moments that were idyllic.

THERAPIST: Yea.

CLIENT: Never perfect. But there are these just moments of just awesomeness. And I am... I'm never trying to say it was always like that. But things like that. But he was definitely not upset about me talking about it.

THERAPIST: It actually makes me feel like he's in a better world.

CLIENT: Yea. I think he mentioned the fact that it was like having... it was like being at a boarding house where the adults were toddlers. Because he was talking about the fact that he was a little kid and he ruined his laundry because he did the laundry wrong or something like that. And his mom didn't even though he was little and it was weird to have pink clothes she never got him more clothes and things like that. And I'm like, "What age were you?" And he's like, "I don't know. Maybe first grade, maybe a little younger." [00:08:02] And I'm thinking, and you were doing the laundry?

THERAPIST: Right.

CLIENT: And he's talking about the fact that if you didn't cook for yourself, that if you then didn't cook, there was nothing to eat.

THERAPIST: Yea.

CLIENT: And it's like why did you have a parent. I mean, you could have done just as well at like some poor kid's halfway house. And things like that. It just doesn't... it was so ignored. And so...

and I do have a certain amount of guilt. It's... (pause) I'm very careful about it. I'm not as bad as I could be. A certain amount of guilt due to the fact that I did have a very fortunate upbringing. It depends on who I'm around. I'm sort of... I sort of edit it based upon who I'm around based upon that... the information. Because sometimes it just seems a little weird to have these kinds of conversations. [00:09:08]

But I am getting better about it. For a while there, especially around his family and such even before I knew about this kind of stuff I had to be really careful about making... basically in terms of saying things that sounded like I was too high maintenance. Not only too much... not too high maintenance but I lived too spoiled of a life. Does that make sense?

THERAPIST: Who would want to think that?

CLIENT: His family back in the day. (pause)

THERAPIST: Of course they were going to think that. I mean...

CLIENT: In general though it is... and people do think of when... if you just hear about this kind of stuff in certain situations, it can sound a lot... very pretentious. [00:10:00]

THERAPIST: I mean your parents traveled with you. They paid attention to you. They did nice things for you. They got you involved in activities you cared about, tried to be supportive of you.

CLIENT: Sometimes those stories are actually darkly funny, very dark. I remember people talking about the concept of how they want to do a space camp. I explained to them that I really did go and I cried the entire time. And it was like they were the world's worst...

THERAPIST: What happened at space camp?

CLIENT: ...in terms of every year which wasn't that big of a deal. When doing space camp wasn't called space camp but they have different years of things. I was on this border of an age and so it was a very high stress situation. It wasn't just about intellect. It had to do with things fast thinking, being able to be situational awareness. [00:11:08]

THERAPIST: How are you supposed to do that? Like what class...

CLIENT: You learn about space operations. You have classes and you learn how to calculate stuff and things like that. It was...

THERAPIST: It was like...

CLIENT: It's like the astronauts. Yea, you spend... (inaudible at 00:11:24). It's not that far off at that age. And it was just... intellectually I was OK-ish. I was exhausted. It was a lot to do. I was

still at that age where I was just physically still growing. It was just... I mean, I was just too young, too young in many ways.

THERAPIST: Yes.

CLIENT: And so I would have, at least once a day, a frustration meltdown.

THERAPIST: Sure.

CLIENT: So that's just what it was. [00:12:00] But it's kind of, in its way now, I think it's funny to hear the story about it because yep, I really, really wanted to go. It's the thing that every kid says they dream about. I cried the whole time. I wanted to go home. (chuckling) The point is that's it's an underlying joke. But there are these very things about my life that are...

THERAPIST: Yea, but I haven't heard that your parents.... well, they pay attention to you. They traveled because they wanted you to see the world.

CLIENT: I was spoiled with a lot of things but they're not spoiled in terms of behavior. It was more like...

THERAPIST: I don't know. Spoiled in my mind means like that they sort of...

CLIENT: I never owned a car until I got married.

THERAPIST: Yea, they didn't take you places or buy you stuff just because you had to have stuff and they had to buy you all sorts of stuff. They probably bought you things you liked and used. [00:13:10] And they traveled and they probably taught you Spanish when you were in Spain.

CLIENT: Yea.

THERAPIST: And told you about culture and customs and history. That's not being spoiled. That's just being parented and well taken care of.

CLIENT: It's a little above and beyond at that point. My mom really, really liked having a little girl.

THERAPIST: That doesn't mean she spoiled you. It means she enjoyed you.

CLIENT: Yea.

THERAPIST: That's just a wonderful thing. There's nothing bad about that. What do you have to feel for about that? It's just a terrific thing.

CLIENT: Yea. For a long time I was worried because the kind of things they said, it sounds a little bit so fantastical that maybe it's like being made up kind of shit.

THERAPIST: Well, like what?

CLIENT: For example, at one point in my life, my mom and I were... basically the things like that I was having a very, very hard period time in my life. And she spoke to somebody she knew basically. And in restoration related things with jewelry and I got to try on tiaras, that kind of stuff.  
[00:14:10]

THERAPIST: That's just cool. When was that?

CLIENT: About 12. It's that awkward age when like you're not a kid, you're not an adult. So she made a... she basically had a special thing where I was able to go in. And basically where they're doing all this restoration stuff I got to try on tiaras.

THERAPIST: That's just thoughtful. It's not like they bought you a whole bunch of stuff to buy you stuff to make you feel better which is what more I think of as spoiled.

CLIENT: Yea. I mean, I had a lot of stuff but yea.

THERAPIST: (inaudible at 00:14:38). But that's just thoughtful. You enjoyed it.

CLIENT: Yea.

THERAPIST: That's just being caring.

CLIENT: She just pulled strings that to sort of doing something really different.

THERAPIST: Yea.

CLIENT: It was actually where I was at that age where her and I were just sort of...

THERAPIST: Yea.

CLIENT: You know?

THERAPIST: Yea. I mean, there are kids have probably good parents who didn't do stuff quite like that but that's not being spoiled. That's just being cared for.

CLIENT: I guess so. Yea.

THERAPIST: (inaudible at 0:15:06) thoughtfully (ph).

CLIENT: Yea. There are things that probably went above and beyond. There is the quintessential story of being a spoiled brat at one point is being in my first apartment with a bunch of roommates and not having enough money at the time for my electric bills. And so my mom bought me all these presents. She didn't pay my electric bill but she bought me lots of presents.

THERAPIST: What did she get you?

CLIENT: Clothes and fashionable stuff. And it's sort of a running joke. They're like, "You're all going to throw on all the clothes at once." But she didn't want to pay my electric bill because I needed to learn how to budget the money that I had to pay the electric bill. That was an important thing. I needed to learn that part. It wasn't...

THERAPIST: Why you were poor just out of school? Only... I only ask...

CLIENT: No, this was in school. This was junior year. There was something going on. There was something in which I had many roommates and this is one of those weird things. [00:16:06]

THERAPIST: Were you... you were in school, of course you were poor.

CLIENT: Yea.

THERAPIST: I mean were you working?

CLIENT: I was working part-time. There was something in which there was it went above and... there was like just some electrical situation in which I'm sure it had something to do with my chore. I... the... every time I hear the story, it gets bigger. And so I don't really remember the real truth of what happened in this one. But it was something in which we had some enormous electric bill and none of us could afford to pay it. And none of our parents were going to bail us out of some...

THERAPIST: Were you all engineers at that...

CLIENT: Yea, but it wasn't just that.

THERAPIST: Yea.

CLIENT: There was something that was not right...

THERAPIST: I see.

CLIENT: ...in that not someone just leaving the lights on or something like that. There was something going on.

THERAPIST: Yea, I get it. Something that was really... yea.

CLIENT: Something was screwed up and it was three times more than it should've been. And there's something going on. [00:17:00] And I remember my mom bought me all these clothes that one year and this and that. And they were like, "OK, we'll all put the clothes on. We'll stay warm that way." But that was kind of a weird, quirky thing. Here you have troubles, have some clothes. But that's normally... I mean, she's like that. (pause) The... but it's just I have a very... it... like I said, I have to be really careful because I used to be not guarded about that. And I've gotten some very, very negative, kind of snarky things said to me in the past.

THERAPIST: And are these from Mike's (sp?) family?

CLIENT: From Mike's (sp?) family or just in general.

THERAPIST: Those are people who had their son doing the laundry when he was seven.

CLIENT: I know. But not just those kinds of people.

THERAPIST: Those are people who were so bad to their kid, he doesn't remember his childhood. [00:18:08]

CLIENT: Yea.

THERAPIST: It's all very, very fucked up.

CLIENT: Yea.

THERAPIST: And any kind of decent parenting was going to look like spoiling and lavishing attention and care. And that's just because that's just so far out of whack that it makes things that are normal or good look bad.

CLIENT: Yea.

THERAPIST: I mean...

CLIENT: That is true.

THERAPIST: I mean I can understand that if there was somebody who was upset about that and resentful or envious that you don't want to talk about it because it'd make them feel bad or they're critical. And I would guess that's probably going on with them. They're envious or critical or something. But like...

CLIENT: I think it's...



THERAPIST: ...I think it's not any kind of reasonable standard of comparison for anything.

CLIENT: Yea. I think it's more along the lines of... and this is sort of a weird thing. [00:19:04] I don't... I was... I grew up with people around me who were like me and things like that. I mean, and coming from the insular bubble of just being who I am and being as honest about who I am as possible and running into situations where you don't necessarily be as honest about who you are.

THERAPIST: Sure.

CLIENT: And it... sometimes I really put my foot in my mouth on that.

THERAPIST: Yea, but at the same time, no matter who you're talking to, you have nothing to feel bad about. In other words, you don't have anything to feel guilty about for the way that you were raised. I mean, it's too bad if somebody else didn't have it as good. But...

CLIENT: I feel like at least on some level part of the reason why I'm treated so poorly is because they have this idea that I am a pampered princess.

THERAPIST: Well, you know what, looking... judging by how they treat the people in their family, they were going to come up with some idea of how you weren't worth treating well. [00:20:06] Who have they treated well?

CLIENT: Mike's (sp?) sister.

THERAPIST: But not Mike (sp?), not in-laws, not... I mean...

CLIENT: With some people, yes. Some people, no. I am, on the record, the only female that's had this problem. But I tend to, in her mind, show characteristics of things she dislikes about men. Because I say things like...

THERAPIST: She's talking crazy.

CLIENT: Yea. Saying things like... and I had the ballsiness of saying things like, "I really don't feel like it matters if I'm the..." because I was the first female engineer at my particular (ph) section. They had mechanical and a couple other things and things like that. And I'd be like, "Well, that's great and all. I can use the men's bathroom. Aside from that, that's really the only thing that being... missing that Y chromosome makes me different about my job."

And I was very upfront about my feelings about that in terms of not feeling oppressed and not... saying that... I never said that it wasn't like that. I never said that there isn't and wasn't situations like that. [00:21:15] But in the world that I was, I had a very distinct lack of that. And therefore, I really feel like the... like coming in and feeling like the world is trying to put me... I never felt that.

THERAPIST: Yea.

CLIENT: And I thought that was really irrational to be like, "OK, so this is... this comes with the best person for the job as a woman kind of thing. Again, not important.

THERAPIST: Yea, because the best person for the job is the best person for the job.

CLIENT: Yea. Absolutely. And that's why I make the joke about the... well in a pinch I guess I could use a different bathroom. But aside from that, that's the only thing that really makes the difference.

THERAPIST: Right.

CLIENT: And to me that's the way I've always felt. And I'm not saying that it isn't like that in other worlds. Trust me. I'm sure it is.

THERAPIST: Right. [00:22:03]

CLIENT: I think it was a very good thing that I was the first one at the plant that I was at. Me being the way I was because I really didn't have this whole, "I'm special. I'm different. I'm a girl bullshit. I think that that got them very open minded to that and so if they did any more hiring that might have been different. But it was definitely an old boys' network, very much one that could have easily gone south. But because of the fact that I was clumping around like manufacturers in high heels and getting down and talking to people like in fabrication, they thought it was a hoot because here I was one of the boys in high heels and a suit. They thought that was great.

THERAPIST: Did you have fun?

CLIENT: Yea. I did because it doesn't really matter. That's not what it's about. That's... it's about the job and that kind of stuff. And so... but on some level, I guess I really did step on some toes with... I know that his mom is very, very sensitive to that kind of thing. [00:23:07]

THERAPIST: I don't think you're going to win with her.

CLIENT: I don't think I'm going to win with her, either.

THERAPIST: And probably no matter who you were.

CLIENT: Yep.

THERAPIST: Maybe if you had totally kissed her ass. But...

CLIENT: Maybe.

THERAPIST: ...otherwise, I mean...

CLIENT: Yea. I'm waiting to hear because the person we're going to be around this week and primarily Rowland (sp?). Rowland (sp?) had the greatest stories about growing up in that. And some of them were funny. Some of them are actually kind of creepy. Things like that.

THERAPIST: Yea.

CLIENT: Rowland (sp?) would come home and he learned all kinds of feminist terms like Peter Pan syndrome in reference to his own father. And you can image how like, "Mike's (sp?) mom said that you have a Peter Pan syndrome." And...

THERAPIST: It's crazy. Nobody says shit like that to their kids' friends about their kids' friends' parents. I mean, nobody does that. That's craziness.

CLIENT: So like... and who cares.

THERAPIST: Right. [00:24:03]

CLIENT: But yea, I have to be kind of careful about that, though. Because I can really, really piss people off.

THERAPIST: Well...

CLIENT: And I know they think my parents are overbearing as all get out. And you know what? It's to everyone's taste. Maybe it is a little bit.

THERAPIST: No. I think it's more... far more likely that your parents are very nice people and your mother-in-law is totally off the wall.

CLIENT: Well, my mom can drive you... but she is a larger than life human being.

THERAPIST: Is she?

CLIENT: Something... on some levels a little bit more like... something that is like almost a 60s film or something, a little bit. She lives a larger than life. She likes to have conversations. She likes to talk to people.

THERAPIST: How about this? I would contend then that in whatever ways your mother can be difficult and maybe she can be...

CLIENT: They're nice ways, though.

THERAPIST: They are totally orthogonal from whatever your mother-in-law might have made of her.

CLIENT: Yea.

THERAPIST: You know what I'm saying? [00:25:01]

CLIENT: And she's... my mother... the things that drive her crazy are the things that make my mom a fabulous hostess. She finds what you're interested in and says, "Oh. Is that related to this?" And she will make it a point of being interested in anything you have to say and ask questions because that's just who she is. And sometimes it can drive people up the wall. Sometimes it even push Mike's (sp?) buttons because she'd be like, "I heard this and blah, blah, blah. And how is..." We've been... they know what my parents... my parents know about Mike's (sp?) depression and medications and things like that. They know nothing about the addiction. My mom is like, "Hey, I know that things have been... you've been really low lately. How are things going?"

THERAPIST: Yea.

CLIENT: That drives him crazy because he wants to say go away. Leave me alone. Let's pretend this isn't happening.

THERAPIST: Right, yea. Well, that's one of the problems people often have who grow up in environments like he does. And I have seen people... I remember people who've grown in environments... people who as a seven year old had to get her mother coffee and get her out of bed to take her to school. [00:26:04] Or somebody else who, from four or five, was really kind of on her own almost all the time out playing or doing whatever she wants. I've seen people like that and one of the things that can be very difficult about that is later on it can be very hard to respond to people being nice or supportive or caring.

CLIENT: Well, I know that at least some people when they're depressed they don't want people to bring any attention to that either, though.

THERAPIST: That's also true. Sure.

CLIENT: But my mom is sincerely worried and concerned. And she's asked if there's something she can do.

THERAPIST: It sounds like the vehemence of what she's kind of like whoa. I guess that sounds to me more like having somebody pay attention than it sounds like it's not wanting (inaudible at 00:26:53).

CLIENT: It's just slightly more attentive than... because she tries a little harder than she would normally with other people with Mike (sp?) because she likes him.

THERAPIST: Of course, it's her son-in-law. [00:27:05]

CLIENT: Yea.

THERAPIST: He's part of her family. She tries harder.

CLIENT: Of course. But to him, that...

THERAPIST: Right.

CLIENT: ...makes him feel like a fish out of water.

THERAPIST: Sure.

CLIENT: But he takes it and they still play Scrabble over the Internet.

THERAPIST: Yea.

CLIENT: Mike's (sp?) out playing Scrabble over the Internet with his mom which is, by the way, something I would think that at least it's so removed. They don't even talk. This is just like playing words so one would think that that would be OK. But that's not... that's just not what it's about.

THERAPIST: Right.

CLIENT: It's... I... like I said, I'm looking forward to going away. I'm really hoping that we can... although we will stay with Mike's (sp?) dad a night or two, I'm really trying to keep the distance that we need to have because it's....

THERAPIST: Where will you stay most of the time?

CLIENT: With a friend of Mike's (sp?). A different friend of Mike's (sp) from high school and his family and his boys. So the... but we just need to have the space. [00:28:10]

Mike's (sp?) dad is right next to the airport so there's unfortunately on either side of the visit there's that... we can't get away with not doing it. But that's not the point of this visit and Mike (sp?) is still completely distraught and I'm feeling very emotionally unhappy about the fact that his sister completely I don't even know how to explaining squandered a perfectly good free house. That's probably the best way to explain it. I don't know. That's just un-freaking-believable. [00:28:59]

But it is... and I have to admit that I... this is one thing. And I'm not normally the kind of person who Internet stalks people. I really don't. However, sometimes when I'm put in situations where

I'm walking into a situation that I don't know anything about, I will do a little bit of obsessive Internet stalking. I just want to know what I'm walking into. So I will try and do something. See if there's anything I need to know about what's going on. So I was checking out the house. The house is not for sale. I'm pretty sure it's condemned. It's the only way that this... she's no longer in this home. It's not for sale. Like for "for sale." It's not realty owned which is a foreclosure sale.

THERAPIST: Right.

CLIENT: I grew up in the real estate industry so I unfortunately also have ways of being able to look up property stuff that it's not above and... I know more about how to do that than others. I'm pretty sure it's going to have to be leveled. That's the only... I knew that the... that because she never took care of the foundation, that it cracked and did some enormous amount of damage.  
[00:30:08]

THERAPIST: Right.

CLIENT: So...

THERAPIST: You were explaining about how she needed to water the foundation.

CLIENT: Yea, you have to water the foundation once a week. Yea. Never. And you need to put water into the ground a lot. It's just the nature of the soil there.

THERAPIST: Yea.

CLIENT: But... so I just did a little bit of stalking about that and a little bit of vague stuff just because I wanted to know what possible could be going on, that kind of thing. I didn't spend hours doing it. But I always feel bad when I do it. I always feel wrong after doing it. And so I feel like I want to stop doing that kind of stuff. I want to be able to be in situations where I feel confident enough that I don't have to feel like I need to do my research before I go into it. Does that sound dumb?

THERAPIST: Why would it sound dumb?

CLIENT: I don't want to have to spy on people to find out what's going on. [00:31:01] And of course I'm like, "Oh, well, this..." that I can see that...

THERAPIST: Well, I think you feel like you're in danger going to visit them.

CLIENT: Very much so.

THERAPIST: And you feel sort of like forewarned is forearmed a little bit. So I imagine you're kind of trying to protect yourself and it might work. So no, I don't think it's dumb.

CLIENT: OK. That's good to know. I mean, Mike's (sp?) brother is technically his... so there's four siblings. His sister is the oldest. He's the second. His brother right after him... which was a different wife wife number two, not wife number three, wife number two child, Brad (sp?). He is technically on the run from the law for meth distribution. So again... and Mike's (sp?) dad is so laissez faire about it. He's like, "It wasn't my house they put up on up to get him out of jail. So I guess it's not my problem," though he sees him from time to time. And when I hear these stories, he's like, "Yea, he's thinking about turning himself in at this point." [00:32:02]

It's so freaking bizarre how saying that kind of thing. I really... I find that to be completely confusing. But at the same time also I don't have a child who does heroin and occasionally sells meth. So I don't know how much you have to be like, "I don't understand, I don't know but I'm not going to have anything involved in this." I can see that you'd be kind of withdrawn about that.

THERAPIST: Yea.

CLIENT: And then there's the youngest which is pretty OK. We're hoping he marries this girl from Europe so that he can get out of the country because he would be normal then.

THERAPIST: Yea, that would be good of him.

CLIENT: Yea. But it's like there are distinct, obvious, obvious problems in the family. And they sort of manifest themselves in different situations. One of them spends too much. And Mike (sp?) obviously has self-soothing problems. [00:33:03] One of them has lots of drug problems. He has weapons violations. He's been in jail. He's gone AWOL from the military. He is...

THERAPIST: Yea.

CLIENT: There's a lot. And he's not even 30. How can one have that much of a record? And then there's a relatively good kid who apparently had a DUI... this is not from Google stalking. I heard this because as soon as one of them gets a DUI, of course I get these calls. Like, "Hey, I heard I had to go pick up Nick (sp?)." It's like I was very worried about that but it looks like that's a one-time stupidity thing, not a...

THERAPIST: Pattern of behavior.

CLIENT: ...pattern of behavior. But at 22 is a worrisome thing at the time. And so now Mike (sp?) and I... well, I'm not officially biologically related to it but Mike (sp?) is the only one of his father's children who has not actually been picked up for a DUI and... or some sort of intoxication of some sort.

THERAPIST: Kerry (sp?) was?

CLIENT: Yea. [0:34:05] I was involved in bailing her out back in '93, '94. She was married. Totally just went out with a bunch of girls from work. This... drinking and driving is not all that

uncommon down there. You go out for happy hour, you have a little bit too much to drink and next thing you know for some reason at 6:00 pm you're being pulled in for a DUI.

THERAPIST: Right.

CLIENT: So yea, I was involved with that. I don't remember much about it to be honest. But these are the kind of things where I occasionally kind of want to look up to see what's been going on because I don't want to walk into this shit. It could be a nightmare down there. I don't know. I'm not Google stalking our hosts. I'm not Google stalking the people for the party because Rowland (sp?) is freaking like... he was in magazines for the work he did for his company. If I need to Google stalk him, it's in the major magazines. [00:35:03]

THERAPIST: What did he do again?

CLIENT: He started... he was one of the very first companies to take and fix sick buildings. These... basically his idea of turning these buildings green. Ones that had problems with things with...

THERAPIST: HVAC?

CLIENT: HVAC, all... I mean, it's not just that. It's a whole systematic thing.

THERAPIST: I see.

CLIENT: So everything from the way that they handle water runoff to the water runoff being used for cleaning for this. I mean, literally everything that there's no waste involved. Really cool stuff. The air that comes out of the HVAC is cleaner than the air that goes in.

THERAPIST: Wow.

CLIENT: All kinds of really cool stuff.

THERAPIST: Yea.

CLIENT: Yea. And in addition, just building new buildings that do that, it's taking the old ones and building physically on top of the building that's already there and adding on. Really cool stuff, really innovative stuff.

THERAPIST: Around the country?

CLIENT: Around the country, yea. [00:36:01] Different ways of heating and cooling the building naturally, all kinds of stuff, really neat things. I don't feel like even remotely worried about doing some research about that.



THERAPIST: Yea. Well, he's not scary.

CLIENT: He's not scary. So... but I feel like I'm always in the dark. And so occasionally if I put their address in and it comes up on a police blotter, of course I'm going to read what the police blotter came back for the household.

THERAPIST: Yea, you must be really nervous about seeing them. And what's going to happen and who's going to say something awful and what kind of treatment. How people are treating each other or treating the kids that in some ways are going horrify you. I mean, it must be kind of scary to go down there to see them. I mean that part of the trip. The rest of it I know you're really looking forward to.

CLIENT: But even just just randomly... just these passing comments about certain things and how... like they think this kind of stuff is amusing. [00:37:00] It's like I just don't think that that kind of stuff is... I mean, I guess that if you have no control over certain situations, saying that you think this is funny is great. Or at least amusing but it's really not. These are things... this is potentially, in a certain situation, self-mutilation or this or that or it's kind of worrisome when your kids all of a sudden turn their hair green or whatever.

THERAPIST: Sure.

CLIENT: No, it's not necessarily... and the end of it all the fact that one kid dyed their hair green is not necessarily the problem. Kids do things like that.

THERAPIST: Yea, that's not... kids do things like that.

CLIENT: But why in the world they planned to do it, that's the thing that we worry about.

THERAPIST: Well, it depends on what's going on with the kid. I mean, self-mutilation, winding up on the police blotter, that's a different story.

CLIENT: Yea.

THERAPIST: Like some...

CLIENT: Well, sometimes also wanting to change yourself so badly that you're willing to make your hair green and you were not like that last week. Maybe I just don't know kids anyways.

THERAPIST: Sometimes kids just dye their hair green. I mean... (chuckling)

CLIENT: (chuckling)

THERAPIST: I don't know.

CLIENT: I think that I don't know...

THERAPIST: Yea, I've known plenty of normal really untroubled high school kids.

CLIENT: It's not that (inaudible at 00:38:09) like that at all. It's just like people think, "Is everything OK?"

THERAPIST: Yea.

CLIENT: Did you want to change yourself that much? [00:38:13]

THERAPIST: Right. That's a different story. There are things that go along with it. That's true.

CLIENT: Yea. OK, like I said, I...

THERAPIST: From what I know anyway like just the hair green parts can be really benign.

CLIENT: Yea. And the thing is, like I said, I live such amazingly, like I say, like closeted... not closeted. I guess safe, very like insular world that I am not saying that these things aren't normal or anything like that. But sometimes I don't always...

THERAPIST: Well, some of them really aren't.

CLIENT: Sometimes I don't always know what is and isn't normal because of the fact that I literally only knew one kid who had a divorce in my community my best friend whose parents got along very well. When Mike (sp?) told me stories about the things related to divorce, I didn't have any reference to know valid/not valid.

THERAPIST: Right.

CLIENT: And I'm not one of those people like, "None of the people I grew up with were divorced. Your kid..." I've never been like there's something wrong with it. [00:39:04]

THERAPIST: Right. You just didn't know.

CLIENT: I just didn't know what to expect or what seems OK or normal because I have no point of reference from friendships to know if it's normal not to see this person or is this normal. Just don't know. And it's because of that having that whirlwind. There are a lot of changes. I just guess. I don't know what a danger sign is and what's not. And it's a problem. It's a really big problem. And yea, it's... though I do really enjoy it down there when I'm around the people that we like. I just don't want to move there for obvious reasons.

THERAPIST: Yea, sure. [00:40:03]

CLIENT: But it seems like I do feel like I have to be really worried. And I feel like it's not unfounded. This is not unfounded at all. (pause) We have walked into some pretty amazingly weird stuff at one point or another because we didn't know about some things. Mike's (sp?) father was at dinner with my parents years ago and my parents asked about how Brad (sp?) was doing because at the time that they'd last saw Brad (sp?), he had a love of horses. My mother had horses in her period over her life. They decided to talk and asked how he's doing. "Oh, he's going to get out the jail pretty soon now." What? I probably would've... I don't know what I would've done. But I would've... having walked into that.

THERAPIST: Right. [00:41:06]

CLIENT: Yea. Or showing up for Christmas and there's no food. I would have brought food if I knew it.

THERAPIST: Yea. See that kind of thing is just like... that's so unusual. It just doesn't happen.

CLIENT: Well...

THERAPIST: I mean, clearly happens somewhere. But it...

CLIENT: It only happens to me. But because of that I'm actually making sure that I'm only taking... and it sounds weird to say this. I'm only bringing as much medication as I need. I am not bringing any narcotic medication even though I think I might need it. And I'm making sure my name is on everything. That sounds stupid. I know exactly how much is that's going to be in there because God only knows what could happen while we're over there and the right kids or in the wrong situation.

THERAPIST: Right.

CLIENT: That's... one of them got his start with stealing people's stuff. So that's not unwise. And if the police come, I want to make sure that my name is on all the bottles as opposed to not so that way they can say, "Whose is this?" This is mine. [0:42:07]

THERAPIST: Right.

CLIENT: So...

THERAPIST: Well, we got to stop for now. But I hope it's a great trip. I hope...

CLIENT: I think it's going to go better than I... I'm just preparing for the worst just in case. And so I will see you in two weeks.

THERAPIST: Do you need a hand with the door?

CLIENT: No, I'm getting there. If I sit still, I get stiff. But then by the time I take a few steps, I'm pretty good.

THERAPIST: OK. All right. Take care.

CLIENT: Thanks. Yea.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'm glad you made it. I was concerned because of the weather.

CLIENT: Yeah, yeah, so. I had to drag myself out of bed at like 4:30, just to make sure that I got to work today. So I was already on the bus system, I was going to go through, but thanks for checking anyways.

THERAPIST: Sure.

CLIENT: (yawns) I had no idea what the weather was going to be like when I got out, and so nothing was shoveled and you know.

THERAPIST: Sure, yeah.

CLIENT: Yeah, I went to Kentucky, it was a good experience.

THERAPIST: Good.

CLIENT: One of the things that was not as good but definitely helpful, was Mike started to realize that the time that we spent around our friends and the time he spent around his family, yes family is supposed to be stressful, but in general, it was making him behave really differently, and on top of it, the type of role models that are being shown are not the ones that he wants to follow. The things that have been spooking him for years, he's starting to actually notice now. [00:01:16]

THERAPIST: That's terrific. It sounds like, at least your sense is he's getting some insight.

CLIENT: Yeah. I mean, sometimes he gets sucked back in again, but usually, the fact that his littlest brother at one point had a DUI a while back. In fact, Mike is the only member of his dad's four children that hasn't had one. However, for some reason, in his dad's mind, because of the fact that the policeman who pulled him over was no longer working for that area and therefore, wasn't able to show up to court and it was thrown out, that that meant that he really didn't do it. I'm serious.

THERAPIST: I believe you.

CLIENT: Yeah?

THERAPIST: Yeah.

CLIENT: That is the kind of completely twisted logic, you know?

THERAPIST: Yeah.

CLIENT: Things like, you know, we were mentioning things about allergies and his dad is saying things like oh, yeah, I was allergic to cats, and then your mother got a cat. Mike's, which he's now divorced from. Got a cat and then I just sort of after a while, I was real sick for a while and then I just got over it. Like that kind of insensitive kind of crap. [00:02:28]

THERAPIST: Yeah.

CLIENT: Some people do actually do that but some people never get past that, you know?

THERAPIST: Sure.

CLIENT: The point is, is that by saying things like that, that's trying to make it seem like well why haven't you. There's an obvious -

THERAPIST: It's insensitive.

CLIENT: Yeah. But just all kinds of random crap like that and just in general, little things like that, a lot of the belief systems, that kind of thing. Their very stilted view of the world, I think he's starting to see that that's really not the right way to be. Whereas when we're around our friends, I mean it was the happiest I've seen him in years.

THERAPIST: Really?

CLIENT: Yeah.

THERAPIST: That's terrific. [00:03:29]

CLIENT: We had a really good time, he had a really good time.

THERAPIST: Good, that's great, you guys needed that.

CLIENT: Especially, like and it sounds weird, but also just being around people that have a better work ethic.

THERAPIST: Sure.

CLIENT: You know? Not that his dad doesn't work that much, but it's not it's hard to explain, but I always get the feeling like it's sort of like trying to game the system a little bit, like trying to seem like you're working really hard, but not really work as much.

THERAPIST: What does his dad do?

CLIENT: His dad works for a tech company. Those things, like you know when you get off the he's one of the people that invented originally, the bar code scanner, like if you pull the trigger, back in the '70s.

THERAPIST: Yeah.

CLIENT: Primarily, the big clipboards they have at UPS, when they scan your package, that kind of thing, that's his group.

THERAPIST: I see.

CLIENT: He's one of the people that but now, we're not really sure what he does, other than attend webinars and tell people what to do. He had some really both disturbing and enlightening like stuff that just you know? He's very caught up in a lot of stuff, usually status quo type stuff. Like he brought Mike over to see the house, the amazing house that's being built next door, which is not that amazing and not that awesome, but and made Mike go see the tour of the houses of the neighborhood. He loves to make people drive people by houses. I don't get it. When I first moved, when I first visited Kentucky, how many people drove me by to see the two story houses was so weird and it freaked me out in general. Very rarely, I see two stories. Most places are one story. Labor is extremely cheap. [00:05:14]

THERAPIST: I see.

CLIENT: And because of the way that the there are no basements. Well, not true. One of our friends just built a beautiful home that actually has a basement, but because it's clay, the foundation is very weird.

THERAPIST: Right, right.

CLIENT: I mean people do have two story houses. It's less common but yeah, so it's like it's hard to explain, but he has very set things he likes to do, and this is one of the things. Although he claims that he doesn't know where Mike's other little brother is, the one that's wanted by the law, he was able to find him fast enough to go visit Mike, to have him come out and visit Mike briefly.

THERAPIST: Yeah.

CLIENT: Amongst many other things, he amusingly tells me an anecdote about how and this is, you can tell how deeply Mike's dad is very deeply uncomfortable with homosexuality in general, which is actually funny, because his brother is gay. [00:06:14]

THERAPIST: You mean Mike's dad's brother.

CLIENT: Yeah. In fact, the person who dated his Mike's dad had a big family, but one of his older brothers actually dated Mike's mother before they got serious, like back in high school. So it's sort of a running joke that she turns men gay.

THERAPIST: I see.

CLIENT: It's not true and that's not what it's about and any of that. It's ridiculous kind of shit. But he told this amusing anecdote about how Mike's brother is now living in an area that is well known for being gay. I'm like okay? He's like, and he tells me that as long as you leave them alone, they're more than happy... I mean the way it sounded, like it...

THERAPIST: Yeah, like you could catch gay.

CLIENT: Not only that, but it sounded an awful lot like back when I read Montana's stuff about Native Americans, and the noble you know what I mean? He was speaking about how good they are but like almost like it's a separate wild America, like noble creature kind of. He was very bizarre in general, it's very screwed up. But, you know, he's got a very myopic view of the world in general. Obviously, because the son obviously wasn't drinking and driving if, you know, he was found not guilty. [00:07:33]

THERAPIST: Right.

CLIENT: Due to the fact that the cop -

THERAPIST: For a technicality.

CLIENT: who did the breathalyzer was not there to actually testify.

THERAPIST: Right.

CLIENT: I'm really proud of Mike. When he was with his father, he had mentioned maybe they should call Kerry, his sister, up, and see if she could bring out the kids for dinner. He said, I really Mike said, I really don't he's like maybe at some other point in time, right now, but I really don't want to see her right now.

THERAPIST: Good.

CLIENT: Which, I mean, that's good enough, I think, at this point. We did discuss, I mean we referred to bio family and real family a lot, when with our friends. These are our real family, the bio family is out there, we have to see them on unfortunately, on both ends, we ended up seeing Mike's dad, because he lives right next to the airport. But, you know, it's getting more and more apparent that things are just too screwed up over there to bear, you know? There's just, yeah, so. It is a necessary evil, but when we were with our friends it was fantastic. [00:08:51]

THERAPIST: Good.

CLIENT: It was really fantastic. Rowland was surprised for his birthday.

THERAPIST: Good, that's terrific.

CLIENT: We got a chance to visit again, with the family, afterwards too, not just at the party and the after party, but actually with the family, you know, straight on, one on one thing, so.

THERAPIST: Well, good.

CLIENT: So I got to meet baby Kara, who is now six. I have no idea why, but Rowland's kids, all of a sudden, all of them have done this to me, of like as soon as they meet me, they start clinging on. It's adorable, it's absolutely adorable.

THERAPIST: That's great.

CLIENT: Rowland's wife just sent me a text message, using the phrase, Kara applied herself to you like sunscreen, because she was trying to make sure she was touching with every part of her body. It was absolutely adorable.

THERAPIST: That's really cute.

CLIENT: And stuff like that, but it was really good. Their son is going to be coming up here for he's part of the crew team, which in Kentucky, there really isn't crew, but apparently, Jesuit worshipers were drawn when Rowland went, is actually fielding a decent crew team, so they're going to be ahead next year. [00:10:00]

THERAPIST: Oh, wow.

CLIENT: Yeah.

THERAPIST: Is he in high school or college?

CLIENT: High school, a junior, really, really good at crew though, apparently.

THERAPIST: That's great.



CLIENT: Which is amazing because the only river they have is a drainage ditch, like the Trinity is not a river.

THERAPIST: Right, space for rowing, rowing machines, renting sink tanks?

CLIENT: Lakes, lakes.

THERAPIST: Oh, okay.

CLIENT: But they're going to be coming up to compete here, so we're excited about that. I might see him if it's, you know? I think it's mostly a school trip, we don't know, but we'll see, but since Mike is an alum, in theory, it would be easier. If it were a high school, they'd be kind of shady about like these random people coming to visit this kid who's on a trip, but since this is an alum, you know, and at Yale, it might be easier to come and have a visit with people and that kind of stuff.

THERAPIST: Sure, cool.

CLIENT: So that was fantastic. We had the surprise of a lifetime in that one of other Mike's friends that we were standing with, we ended up staying with a person who was not friends with Rowland, so that he wouldn't catch on to the surprise, and he wasn't very well but he didn't exactly go by the real traditional method of making it in life. He never went to college, he went to one college course, to prove to his family he didn't really like it. They're like why don't you take one and he was like, not really, this and that. He has done exceptionally, exceptionally well for himself. [00:11:35]

THERAPIST: Oh, good. Doing what?

CLIENT: He is part of a startup that about ten years ago, it's a large cloud based computing company in the world.

THERAPIST: Wow.

CLIENT: You wouldn't see it but it's the enterprise back of it. So, we went to his house, he's building a multi, multi-million dollar home, all paid off. I mean, he's when we were at Mike's dad's house, he'd like is Everett still living with his parents, and we're like...

THERAPIST: Not actually.

CLIENT: The funny thing is, is that I said to him, I'm like Everett's never it's true, he's never lived with his parents, even when he wasn't. His parents live out west, Everett, blah-blah-blah. And then like we come to his house and like, you know Mike's dad has been showing us all the fancy houses?

THERAPIST: Right.

CLIENT: Everett just built literally, like an eleven, twelve-thousand square foot house, with a guest home, with a guest wing, with everything, I mean everything you'd ever imagine. A theater, everything, primarily because of the fact that he does hold a lot of meetings. I mean it isn't just excessive for the (inaudible). He does a lot of offsite stuff, there.

THERAPIST: Right. [00:12:47]

CLIENT: For his team. So, having this enormous space makes it so his kids can have a separate place from that. He does a lot of he wants to eventually do a lot more entertaining, having people come to visit, so having a separate guest house is, you know, all this stuff. Although it's still a little bit excessive, you know what, first of all, more power to him, but second of all, it isn't just like, it isn't ridiculous to have that much space and that few people, because it's being utilized for other stuff.

THERAPIST: Ah-huh, yeah.

CLIENT: But I'm just really I knew things were going well when he bought his first house, like ten years ago. His wife is about to have a baby, now he's got two kids that are actually in elementary school. He's doing really, really well. So that's fabulous and apparently, we were the first people to come visit them, that didn't have like envy, other than family members. Apparently, according to his wife, after a while, people get kind of after a while, they act like they're really happy for them but they're really not. [00:13:53]

THERAPIST: I see.

CLIENT: And so she's been really feeling distance from a lot of the people that they knew, because of that. Me, I mean I'm absolutely tickled, I'm thrilled. It's not a mansion. First of all it's an estate, but I don't to me, that's a pejorative in general, to use for a home, but it's a home. You can see different pieces of it, it's a home, you know? And I'm just so tickled about it. I love the fact that the kids are trained. I made sort of a joke, because the kids get a quarter every time they bring their laundry down, they do all this stuff, and on the day we were leaving, I'm like hauling down all the laundry, and she's like well you didn't need to take your bed roll. I heard there's a quarter in it for me, if I bring my laundry down. (laughs) And she just thought that was the funniest thing she'd ever heard. But, you know, her children are charming. Everett is French Swiss, and so the kids, like do when dealing with behavioral, issue related things, or just in general, trying to get them to do stuff, he speaks to them in French. They're coming to dinner, they speak to them in like they'll have a conversation about stuff, but you know, it's time for dinner, is all said in French and this and that, and it's just really sweet. [00:15:16]

THERAPIST: Ah-huh.

CLIENT: They try to do a lot of the hands off French style parenting, which isn't ignoring your children, but also not letting letting them learn to self-pursue, but not like ignoring them, and stuff like that, and it seems to be, at least for their temperament, awesome.

THERAPIST: That's great.

CLIENT: We talked a lot about that actually.

THERAPIST: I've never heard of that.

CLIENT: If their kids were born differently, they would have been like -

THERAPIST: Right.

CLIENT: They wouldn't have tried this, but since they're very independent kids anyways, they're always nearby, but they're letting them make their first attempts without them jumping in on everything, because, you know. And having dinner parties, but not necessarily having it be all about the kids, but having the kids nearby, you know? If they're at a dinner party and a kid needs attention from a parent, he says, "Pardon me, can I interrupt?" Unless there's blood, if there's blood, they're going to run off immediately, but you know what I mean, like pardon me, can I interrupt, and then mention something, instead of making it all about the kids. Pretty cool stuff.

THERAPIST: Yeah. [00:16:18]

CLIENT: I don't necessarily like I said, I don't know if it would work for me, but for them. And we were talking about this. Apparently, the mommy world is very judgmental, according to Camille, she has a lot of problems with this and that. But honestly, their kids seem happy and healthy and normal, so you know what, I'm not going to judge them.

THERAPIST: Yeah.

CLIENT: She was worried about us, because of the fact that we are very negative towards the fact that Mike was neglected so much. I'm like this is not neglect.

THERAPIST: Right.

CLIENT: This is having a watchful eye, to make sure that they realize that they're competent and they can do things on their own, not like a good time to figure out how to use the washing machine.

THERAPIST: Right. Yeah.

CLIENT: It's just bring your laundry down. But it was just really good to see them. I think that we may have been trying to get secret down to say with either Rowland or Everett, or one of his other friends, without telling his family, because it was like night and day in terms of feeling better about ourselves. [00:17:28]

THERAPIST: It sounds that way. It seems like it was nice to it sounds like it felt like normal happy life.

CLIENT: Yeah. The only thing that was a little bit awkward was that our friends have slightly more expensive taste than we do, but they seem to be very much like, we want to pick up the check kind of thing, which is good, because we were a little worried. But that's pretty much the only difference, is they're at a slightly point in life. And again, this is not me jealous, this is just, they're in a different point in their lives right now.

THERAPIST: Yeah, they have kids and it's a different thing.

CLIENT: Not just that, but they have a more stable income. Both of them are highly placed in their companies they started; therefore, they have a lot more disposable income.

THERAPIST: Right.

CLIENT: It's a little awkward but not too bad, but it's just nice to be around them.

THERAPIST: Good. Yeah, that's great. It seems like it really buoyed both of your spirits.

CLIENT: Yeah. It was nice because Rowland's parents were around, telling stories about Mike, like it was a family. There wasn't lots of people but it was family. Not always related but family, you know?

THERAPIST: Mm-hmm. [00:18:39]

CLIENT: So that was definitely helpful. I did have a whole lot less joint problems, just because the dry weather is easier on me, which was also good, but just making it back home again, because I took so much time off, having to take more like working again and more or less it's been a really big drain on me, but I'm trying to get back into balance again.

THERAPIST: When did you get back?

CLIENT: Wednesday night, and then I had to turn around and go back to work at 9:00 a.m. on Thursday. So late night Wednesday, and then I worked Thursday and Friday, which I usually never do, but because I took off time earlier in the week, I needed to make up the hours. And then I had Saturday off and then I worked Sunday, and I actually was not at work yesterday because I broke a tooth and I had to go to the dentist. [00:19:37]

THERAPIST: What happened?

CLIENT: I have Brux. I don't know if you know what that is, it's a fancy word for grinding one's teeth.

THERAPIST: Oh, okay.

CLIENT: I have done it for all of my life, like since before I had teeth. Apparently, my father does it too, amongst many other people in the family, and although I wear a night guard, and I even wear a night guard when I'm not sleeping, but just in high stress situations, over the years, I've slowly worn down my teeth, and so this one broke. Tomorrow, I have to get that taken care of. No, Thursday, I have to get it taken care of, but I had an emergency trip out there and then I've got more dental issues due to that, that have to be taken care of in the upcoming weeks. I apparently ground so much that I've got an infection in the root, and so I have to get like a root canal and a crown and all this other miscellaneous crap. It is worse now because I am stressed out, but I have always been like that. I think it's a more natural tendency than just stress, so.  
[00:20:50]

THERAPIST: Gosh. Not in person, but different in a few different ways, for having felt better during most of the trip.

CLIENT: Yeah. I'm handling the crap better.

THERAPIST: Happier, more focused and can think. Yeah.

CLIENT: For the most part. I've had some lower spots but definitely, I feel a lot better. I am a little worried in general, just because I was told how different my personality was when I was in Kentucky.

THERAPIST: Meaning?

CLIENT: Seeming less outgoing, that kind of thing, by people who haven't seen me in a decade.

THERAPIST: By your friends?

CLIENT: Yeah.

THERAPIST: Okay. Who said you seemed less outgoing.

CLIENT: Yeah.

THERAPIST: I see.

CLIENT: I feel like I'm getting more outgoing, but I guess they just didn't see how badly things got, you know? Just, I haven't seen them in a decade, you know? [00:21:56]

THERAPIST: Right.

CLIENT: Which is, you know, yeah. I got some, some interesting, I'm going to say conversations, that probably a few months back, I probably would have cried at or at least gotten angry with. Now I'm just sort of passively taking it. I had more than one person who was deeply concerned about the weight that I've gained. They also again, for me it's instantaneous to them. It did happen very quickly, but I've had it for several years now, but it happened very quickly, over a series of just a few months.

THERAPIST: From the drugs?

CLIENT: From the drugs, yeah, but you know, I've had two people specifically talk about their deep concern or alarm, over how much weight I gained. Not in a mean way, as in like can this be bad for your arthritis or what's happening with your life that this has happened so quickly.

THERAPIST: Right, just worried about you in a good way. [00:23:05]

CLIENT: Yeah. I would have probably taken it badly though, because I get a lot of fake concern from people who don't know me, but this seemed actually genuine. There's a lot of fake concern about how dangerous my obesity is. I get a lot of people who like literally just met me at the Store, tell me, I need to -

THERAPIST: Yeah, yeah.

CLIENT: They don't know the situation.

THERAPIST: How do you feel about having gained the weight?

CLIENT: I hate it, I hate it, I hate it in so many ways. I hate it because I feel like I'm literally walking around with a backpack full of bricks. I am almost double the weight that I used to be. I hate it because every time I walk by a mirror I get startled, because I don't recognize who that is, and I've had this weight on me for six, seven years now, since I started, but it happened all so quickly. I still don't see myself in that person. So, I hate everything about it. I hate having to shop for clothing, I have the fact that literally, it's exhausting to carry it around. It's not even I will say a lot, at least half of it is vanity. [00:24:28]

THERAPIST: Sure.

CLIENT: But an awful lot, even more than that, is definitely the fact that it's a burden to deal with. I don't feel like that is who I am, and so... I don't know. I'm worn down by doctors being like, giving me trouble about my weight. I need to find a new gynecologist, because this new one

specifically, although my weight has stabilized pretty much, this one feels as if the birth control that I was on for the last one, is not nearly as effective for my weight and decided to take me off of it, so therefore, I'm on nothing at all. So, yeah, so I have to find somebody else who doesn't understand how unethical it is to basically kind of put me in that kind of libido libido, I can't believe I said that limbo, which ruins one's libido, you know? [00:25:39]

THERAPIST: Yeah.

CLIENT: I am not judgmental about anybody else, but I detest everything about it. It's a burden. It also was tearing my joints apart. I know that if I could lose a lot of the weight, that the effects of my body, on some of my joints, specifically the one in my hip, would be significantly improved, because although the joint is being torn apart, it's also a weight bearing joint and therefore, it's pushing it a lot further, whereas my elbows didn't have as much of a problem. But yeah, you know, it's... it's weird, like I said. I am exposed to a lot of people who do a lot of weird, like diet related things, and I feel like I can't because I am fat, I cannot tell them what a bunch of bunk this is, you know? [00:26:56]

THERAPIST: I see. You just don't have credibility when it comes to that.

CLIENT: Yeah. So, I just keep my mouth shut, which is fine, but you know, for example, when we were at Mike's family's house, they are doing very strong Atkins related things. I don't know if I explained to you that back in 2004, I almost lost my mom, she almost died.

THERAPIST: Oh, no, I don't think you did.

CLIENT: Yeah. She was in the hospital for months, and in this day and age, that doesn't happen any more. She, due to things related to Atkins, her kidneys shut down completely, like she was on dialysis.

THERAPIST: Whoa.

CLIENT: Yeah.

THERAPIST: Because she was on the Atkins diet, that fucked up her kidneys?

CLIENT: Yeah. Well, about a year, her kidneys could no longer process the... what's it called, acid, that puts you into whatever. There's like this thing, like the thing that makes you burn the so you go into ketosis, whatever. It's actually a very dangerous situation to be in.

THERAPIST: Apparently. [00:28:11]

CLIENT: Very dangerous. She was on a very high protein and it wasn't just the Atkins diet. When you have like excessively high protein and potentially health problems, it mixed together and she thought she had like stomach flu, it wasn't that at all. Her kidneys stopped functioning

and she yeah. She had been working around with kidneys that weren't functioning for a long time, not knowing any better, and she got cranky. Actually, it's the period of time where her and I had the most conflict ever, but walking out of it, my husband says she became a much nicer person. I think she did too, the brush with death, but I think that it also let us set aside the stupid things. I would be contrary, just for the sake of being contrary, like I would say something like mom, you just told me a tautology, you know, that kind of stuff, like you told me two things that -

THERAPIST: Right. [00:29:10]

CLIENT: Yeah. I would just be contrary for the sake of being contrary, and then she would get all like blah-blah-blah, and then we'd just like get bickery about it. We stopped doing that because it's stupid. We both know we're smart and like me, I was trying to point out, at that point in my life, like I would do things just to show I'm smart. I would prove, by a syllogism, that what she's saying is -

THERAPIST: Yeah.

CLIENT: And then she would be like oh well, if we go from this point of view. It was just academic, patting ourselves on the back, but also being contrary about things. We stopped doing that. I mean, we'll be playful about certain things but that's about it. But she it was really, really bad. So, in certain situations like that, I just in general, just like to keep my mouth shut. I wanted to say something about that kind of stuff, but whatever I say, they'll decide it's anecdotal evidence. That being said, Dr. Atkins died from a heart attack of his own, like diet.

THERAPIST: Right. [00:30:18]

CLIENT: You know, we're not meant, as creatures, to eat that much protein, but again, I have like obviously, because I am double the weight I used to be. I have no credibility and obviously, I'm going home to eat Cheetos with ice cream on top for breakfast every day. That's obvious, you know? But, I see a lot of fad related crap that, you know, I'm just like, it's easier for me just to keep my mouth shut.

THERAPIST: Too bad in a way, because my impression is that there's another side of you that doesn't really like keeping her mouth shut.

CLIENT: No, not even close, but at the same time, I'm deciding -

THERAPIST: It has practical value, I'm not beating it at all.

CLIENT: No, actually on some level, I'm thinking this makes me more grown up, because me at 18 or even 22, could not keep my mouth shut when I knew the answer was I was hearing something that was absolutely wrong. It's now hard but, you know, it's better for me just to do so because e even now, when I act my own genuine self, I get reprimanded in my own ways, of like, you know, I get pulled back in. So I just need to occasionally learn how to just keep my



mouth shut. At dinner, Mike's family, they were discussing people's birthdays and how most people's birthdays are in Mike's sister's family, all are in the spring. And I guess I just, I did not keep myself guarded and I said, "Really?" And she's like, "Are you judging?" And I'm like, "No, no I'm not judging, I didn't mean to." She's like, "I think you're judging." I just didn't to be honest, I'm an only child, so I never really thought about the fact that like, this kind of thing never dawned on me, that if everyone is getting a birthday present and he doesn't have a birthday, that he has to get a birthday present too. [00:32:57]

THERAPIST: Right.

CLIENT: I guess. I don't know. Honestly, I hadn't processed it enough.

THERAPIST: Right.

CLIENT: I may judge, but I hadn't gotten that far to judge yet.

THERAPIST: Okay, right.

CLIENT: You know? I didn't even know this was a possibility. Not a possibility, but you know what I mean, I just...

THERAPIST: Right. You were responding to the novelty.

CLIENT: Of the concept, yeah. So I've got to keep myself better in check because obviously, my naiveté on some levels is getting me in trouble still. (pause) There's a lot about the world I just don't have a window into and didn't even know was out there, so, and I tend to put my foot in my mouth on that kind of thing. (pause) Usually, there are things based upon people's lifestyles, that I didn't even know were possible, and I make a complete idiot of myself.

THERAPIST: How so? [00:34:47]

CLIENT: A good example. My sister in-law's ex-husband, apparently he has met some people on the Internet that he has a polyamorous relationship with. At this point in time, I had never heard that phrase before. I kind of knew what this was but I didn't really process it, and so in my head, I heard the word polygamy and was like, "He's got multiple wives over the Internet?" Like that kind of put my foot in my mouth kind of thing.

THERAPIST: But you didn't know what that meant. Putting your foot in your mouth would be like, to me, it could have...

CLIENT: Now mind you, I am judging him at this point, because I think it's a really bad idea to have a revolving his children having a revolving group of almost like a harem of women, coming and going, and their relationships especially, because he has two daughters who are right now at that one of them right now, like in puberty. I think it's really hard for them to be able to have

these relationships with these women, having them come and go. I am judging him on that, but not because of his own personal morality. I think that it's [00:36:02]

THERAPIST: Right. You're thinking about his children.

CLIENT: Yeah, you know?

THERAPIST: Yeah.

CLIENT: But that's just I hadn't even gotten to the point. I'm like, I haven't even gotten to the point of judging him on that one.

THERAPIST: You're trying to get the semantics in a sense.

CLIENT: Yeah, but it seems that I didn't even realize. I think at the time that this particular thing went down, that I actually didn't I had never heard the word before. I do remember saying well, that can't be a real word, because one half of it's Greek and one half of it's Latin; they don't make words like that. It is true.

THERAPIST: I believe you.

CLIENT: But, like even in my own head, I wasn't believing that this was a real thing, like as in a word, but everybody knew about it, but I didn't know about it. Not because I'm saying that there's anything wrong with it. I mean, there might be, there might not be, but the point was, I hadn't even friggin heard of it yet, so I hadn't even had gotten to the point of judging. It's funny.

THERAPIST: It's like you're not all that used to not knowing things. [00:37:11]

CLIENT: Yeah.

THERAPIST: So it just feels kind of funny or uncomfortable when you don't.

CLIENT: The thing else is that not only am I not all that used to not knowing things. I consider myself exceptionally well read but apparently, like the books I read don't really explore this concept. I consider myself, you know, I have a pretty big vocabulary, but when it comes to nontraditional families, I guess I just don't know much about it at all. The only person I knew whose parents were divorced, growing up with my friend Bryant. That was it and that wasn't like a big thing, I mean it wasn't like he was never even a social pariah because of it. It just wasn't that common, or at least if it was, I didn't know about it. Maybe it's just because I didn't overly explore other people's parental relationships, but I didn't really think about it really, and so now, when all these things are kind of important to know about, I haven't really spent a lot of time introspectively thinking about such things or knowing about these things. And it is true, not know about things, like not knowing that something is a thing, is embarrassing, yeah, to me, but also, like at the same time also, on some level, being called out. Because it usually happens when it

comes to something that's a social related thing like that. I don't want to be considered to be judgmental, because that's obviously bad, having judgments. Sometimes yes, sometimes no, you know?

THERAPIST: Mm-hmm. [00:38:57]

CLIENT: And I do occasionally say things that are can be interpreted as being really insensitive, but what I'm really trying to do is get to the thick of the point. When discussing with people, like people ask questions about adoption and things, and in the back of my head, now I'm thinking about adoption profile books and things like that, and then I always ask questions about it and I explain to them that the way that you portray yourself to a potential mother is really different than you would actually portray yourself to anybody else. And it usually comes down to me explaining to them, they're 16 year-old and pregnant, they're not really good at making good decisions anyways, so what they consider to be a good I mean, I don't mean to be judgmental, but obviously, they got themselves into this situation, they're not really good at looking at decisions and outcomes anyways, so what appeals to them is not necessarily the right because they always ask questions like why are you focusing on this? I'm like well, because it's what they like, they want to see that kind of stuff. So again, foot in my mouth, it sounds like I'm being really judgmental. Maybe I am. I'm not saying they're bad people. I'm just saying that, you know? I am using Bayesian logic to be able to say based upon the fact that there was a series of decisions that the outcome came as this. If I flip you know, in the world of flipping coins, if it constantly comes up tails, if you use Bayesian stuff, in theory it's probably going to come back up tails again. [00:40:29]

THERAPIST: Ah-huh.

CLIENT: It's not the way the real world works, but I mean it sort of does but...

THERAPIST: Sometimes it does.

CLIENT: Sometimes. In certain situations it does.

THERAPIST: Sure. It sounds like a new behavior.

CLIENT: I want to be a kind, open minded person, I really am, I do, but sometimes things I say don't really come off as being that way. (pause) So, yeah, maybe I worry too much about what other people think, but you know what? I spent some time being naïve and not caring what people think, and boy it got me in some really big fucking problems, with my in-laws at least, but occasionally with other people. More often than not my in-laws, but sometimes other people get upset too, and so now I have to be hyper-vigilant about it because I don't want to back myself into a situation that I can't not just can't get out of, but don't necessarily know that I'm in, the whole time. [00:41:48]

THERAPIST: Right.

CLIENT: And this is the kind of thing that when I show myself, I think I've told you that my stepmother in-law likes to use psychological phrases to make me feel bad about myself. It's almost like a punishment, because she works in this world. And so she would say things like oh, well you have Aspergers like tendencies for this, or oh, you have bipolar tendencies, because you're passionate about that, or oh, you have this. I know what's socially wrong and what's not socially wrong, but sometimes I just actually don't know what the word means, you know? And I felt bad and it makes me really not want to talk about stuff any more, because the last thing I want to do is get like whatever profile she's giving me of the week, on things that are bad in the DSM, you know, it's really shitty to have to live with that. (pause) It is really shitty. I wish I knew how to deal with that, you know? [00:43:24]

THERAPIST: Yeah, it's for the most part, something that I would like to understand better about you, is how the opinions of people, whose opinions and views you know you can't trust, can carry so much weight with you and be so hurtful. It's not that it doesn't often happen. I just wonder how that works.

CLIENT: Part of it because of the fact that she's able to influence others, people I haven't met, like you know, people that I'm just meeting in the family and they already have heard these things about me. Therefore, I don't even get a chance. People I've never even known, when I'm meeting them for the first time, I have to overcome what's being said. That's part of it, that's a good, big part of it.

THERAPIST: We need to stop for now. I'll see you on Thursday? [00:44:25]

CLIENT: I believe not. I think we were stopping Thursdays, we talked about that.

THERAPIST: No, no, I didn't know. I think you said when you got back, you were going to let me know about PT, your schedule.

CLIENT: Yeah, yeah, I'm going to be stopping Thursdays, so I can get PT. So at least for the next couple of months, is that okay?

THERAPIST: It's up to you, whatever you want to do.

CLIENT: Okay.

THERAPIST: All right, then I'll see you Tuesday.

CLIENT: I'll see you Tuesday, and then obviously, if someone picks up that spot, I understand.

THERAPIST: Sure. Let's talk about that and try to figure that out, but I've got to do a new schedule.

CLIENT: Okay. I appreciate that.

THERAPIST: Sure.

CLIENT: If this is too little notice, I can make it though.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I happened to have e-mailed one of your clients, who said thank God the week is over on Tuesdays. But, I have been since I got back from Kentucky, I have tried really, I've made a huge effort, to try and be as self-sufficient as possible in terms of getting myself out the door in the morning, that kind of stuff. It's been really wearing on me and this morning, sort of wreaked some havoc, so I'm feeling guilty about breaking my good streak of this.

THERAPIST: I see.

CLIENT: Some mornings I ended up either asking for a ride to work or something like that, just because I'm in so much pain that just getting up down the buses is very, very difficult.

THERAPIST: I see.

CLIENT: But although I've been I mean, I felt a little bit better. It's mostly just been trying to make sure that my taking all that time out of Mike's day, you know? To do that, I've been trying to limit that a lot. I noticed, when I was coming home from work yesterday, I was in pain and I couldn't sleep and this morning it was really bad. [00:01:18]

THERAPIST: Oh, God.

CLIENT: Yeah. It's good and bad. The good news is that I'm not in pain at the moment, not hugely at least. The bad news is that I've sort of started a little bit, taking pain medicine again, so that I can be able to do this, and I don't like that. It's not very much, it's half of the minimum dose that is given by the FDA, but it was enough, like I was up most of the night and I was in pain. I'm like this is I need to do something.

THERAPIST: Right.

CLIENT: But still, I don't like relying on narcotics, and I don't have any doctors here who prescribe (inaudible), using very old not that old, but you know, it's not under advisement. But, at the same time it's just like trying to keep going, and I don't want to ever be one of those people that gets hooked on it, because they were doing it to keep going, so I don't really like doing it,

so. I think I've mentioned that my aunt that passed away about a year ago, died from consequences related to medication abuse, so.

THERAPIST: Yeah. [00:02:30]

CLIENT: So, as you could imagine, I really don't ever want to go down that line.

THERAPIST: Sure.

CLIENT: On top of that I've met more than a few people who became dependent on it due to not necessarily entirely on their own. It was due to an injury or due to something.

THERAPIST: I see, that sort of got them started.

CLIENT: Yeah. Even got them started in terms of like they never really went up but they never really got off of it either, even though the doctor didn't want to give it to them anymore.

THERAPIST: I see.

CLIENT: I don't ever want to be like that. So, in certain ways, I'm really disappointed with myself on that one, but I've had a really rough few days, few weeks, whatever. Last week, I broke a tooth, this week I broke a tooth, a different tooth.

THERAPIST: Oh, my gosh.

CLIENT: Yeah. My teeth are falling apart at this point.

THERAPIST: Is that related to the...?

CLIENT: Grinding. I grind my teeth very, very badly, like as in like when people see my night guards they're horrified. On top of it, I throw up, which isn't really good for... [00:03:41]

THERAPIST: Right. Is that because of the medication?

CLIENT: Usually, though sometimes it's due to stress, like something gets set off by the stress. I don't know if it's, you know, like when I had appendicitis, it was caused by that, but sometimes it's just like something causes the stress, which causes some sort of gastro disturbance that keeps you from keeping food down.

THERAPIST: Yeah.

CLIENT: So I'm back at the dentist after we leave today. I've already racked up, since I've seen you last, like \$3,000 worth of dental bills. I have to go back again, probably get another \$2,500, waiting on crowns and all this stuff. But it's just, I knew it was coming. I just didn't think that it

would all just happen all so fast. I don't really have a solution to it, because it's like I'm wearing a night guard. I'm obviously grinding my teeth when I'm not wearing night guards, it's like a safety blanket for me, and I'm just destroying my teeth. It's not good for your jaw. Apparently, when I was really, really young I did this. All of my life I've been bruxing, but it's a lot worse now, but as a small child, I was doing this before I had teeth or when I only had a couple of teeth.

THERAPIST: Wow. [00:05:22]

CLIENT: I ground my teeth, so yeah.

THERAPIST: Is it worse when you're more stressed out?

CLIENT: Yeah. Like, I don't think about it, I'm doing it. I'll do it, like if I'm programming, I'll do it when I'm programming. So, yeah. So as you could imagine, that's less than, like I said, you know, anything I could really handle right now, you know? Just, it, much like the throwing up thing, I am so I have been under so much duress for so long, that I am having physical, like you know, permanent physical evidence of that, if that makes sense. I'm destroying my teeth, I'm starting to screw up my stomach by doing this, you know? And it really saddens me to realize that it's all going in one direction, you know it's not it's becoming permanent, you know? Unlike a habit of biting one's nails or something like that, you can stop and it's for the most part reversible. [00:06:47]

THERAPIST: Right.

CLIENT: It's something exhausting, but at the same time it's like I don't know how else to live, I mean I have to keep going to my job, I have to keep doing my life here. The pain is not negotiable, you know? There is nothing about my life right now that I could easily eliminate and have a significantly better quality of life right now. Quality of life being not just emotional stress but like physical.

THERAPIST: Yeah.

CLIENT: You know? If my husband just all of a sudden got sober, I do not believe that my leg would stop bothering me at night. I think it might bother me a little less.

THERAPIST: Yeah. [00:07:55]

CLIENT: But I wouldn't -

THERAPIST: Emotionally, you'd feel better.

CLIENT: But at the same time, as far as I know, he's been sober for quite a bit of time and he's still...

THERAPIST: Really?

CLIENT: Yeah.

THERAPIST: Good.

CLIENT: That's very good. I don't know if it's true. I'd like to believe it's true but unfortunately, when you start doing streaks like this, it tends to lend to the belief of cheating, if that makes sense. Not wanting to admit that you failed.

THERAPIST: Right.

CLIENT: (sighs) I begged him to be able to give it up for lent. (laughs) I know, this is the weirdest thing. And I keep doing this weird thing with my tongue, it's just because I have a broken tooth in my mouth right now. I said to him you know what? Lent is supposed to be a time where you're supposed to give up something that is terrible for you, whether or not you do it or not, just see if you can do it. This won't be for the rest of your life, because when you do it, I'm going to try and do it for the rest of my life -

THERAPIST: Right. [00:08:55]

CLIENT: kind of thing. Or even just like, I'm trying to do this so that I could get like I'm sure that when he does try to stop, because of something special coming up, it's not even like I can do it and I can stop as soon as that person... He sees it as, you know, I'm doing this for the rest of my life kind of thing. It has to be that way. I said you know what, just to see if you have the sheer willpower, could you do this for me? I've told him that I will not be upset with him if he didn't make it.

THERAPIST: Right.

CLIENT: I kind of believe that he did.

THERAPIST: Your point is you wanted him to try.

CLIENT: Yeah, just to see know his measure. And he claims that he has been sober since then. I don't know a whole lot of details of it. I was surprised that he hasn't told anybody except for his therapist, and hasn't really detailed that much to him, I think maybe because he's trying to that's the number one reason why I think he's being honest actually, is because he hasn't told anybody about it, except for his therapist and me. Otherwise, I would think that if he told other people and there was more of a [00:10:08]

THERAPIST: Who else would he tell, I mean who else knows?



CLIENT: His parents or something like that maybe, you know? I don't know, somebody from like call up somebody from when back when he used to go to FA meetings, something, that he's been sober for this amount of time. I don't know, somebody.

THERAPIST: Yeah.

CLIENT: Like his dad. His dad, we had to keep reminding him that he's an addict, or otherwise he sort of thinks he's sort of this was like a phase.

THERAPIST: Right.

CLIENT: Which is awful. I don't know, I just figured he would mention it more, but I think the fact that he doesn't mention it actually maybe means that it probably is true, because he's not setting himself up. He's so worried that he's not going to make it, that he doesn't want to say much about it. So, we'll see. But he's in general, been a lot more aware of everything around him, that kind of stuff. I told you when we were away it was great, except for like when he was around his family, he was but that was just because they just spook the they're just weird. They make all kinds of inappropriate comments and all this stuff so, you know? But I really think that I think it might be really helping. [0 0:11:36]

Now I'm a little worried just in general, because he seems to be getting more stressed out again, but I really feel like when he is sober, he is able to be something great. He is usually a really great spouse, he's really great at work. You know, you just you know, he is pretty, pretty great about stuff, so. I don't know. I guess we'll just have to see where things go from there. But yeah, I mean he's having sobriety. He's, for the most part being okay, and I'm losing teeth on an average of seven days apart, so you know. Not losing them but breaking them, so that they have to be crowned, so that I might as well be losing them, and limping around and not being able to sleep and all this stuff. So, who knows. [00:12:40]

But I mean, today was an especially stressful day at work, partially because I felt guilty before I even got out the door, about having to take up two hours of his time. On Tuesday mornings, for some reason, I have no idea why, traffic is horrible, it's horrible, horrible. We leave at 7:30, he gets back at 9:30. Two hours of his time there.

THERAPIST: He takes you out?

CLIENT: Yeah. Not always, but I mean today, I needed him to drive me, because I was just in so much pain, I really needed the ride. I felt guilty about that, plus feeling guilty about taking painkillers.

THERAPIST: Is the highway really bad?

CLIENT: Yeah, oh yeah. I guess it's like the corridor, people are coming in from I mean, it takes a while for us to get there but it's much longer getting back into the city. [00:13:47]

THERAPIST: Okay.

CLIENT: It depends on how things are.

THERAPIST: Yeah, yeah, all right. I found out about it not too long ago, so I thought I'd bring it up.

CLIENT: I appreciate it though. At some point maybe, but yeah, this was just more of yeah. But yeah, I know how to go through for the most part. He's a Kentucky boy, he likes highways. It's funny, but yeah, it's a lot more, you know, he just doesn't do well in traffic. But he's taking a lot of time out of his day for that, you know, obviously the cost involved. It's not that expensive but it means it has to cost money to do it. I have a lot of guilt related to that, you know? [0:14:52.5]

I had an especially difficult lineup of people today, coming right in the door, reading like people's, you know. Even before I even got there, I could see by the notes that they had left me, that it was going to be bad.

THERAPIST: Yeah.

CLIENT: I felt like the entire day, I was just well, the entire day being from like 9:00 to 1:00, it was extremely stressful, because I spent the entire time dealing with things that I didn't know the answer to, which I don't mind, I usually like the discovery, but for things that I'm not entirely sure there is an answer to, and that's frustrating.

THERAPIST: Yeah. Knowing insolvable if you don't know the solution is much better.

CLIENT: One of them, because the person I was working with did not speak English especially well, was even more so, because I can't entirely be sure I wasn't completely certain if I was getting the problem entirely either. That was even worse. [00:16:16]

THERAPIST: Yeah.

CLIENT: Yeah just you know, sometimes you lose some. Sunday was judgmental Sunday.

THERAPIST: What does that mean?

CLIENT: Just sort of accidentally, I was helping out with some things and I just realized that I turned to the person I was working with at my job, I'm like boy, I'm being really judgmental today. Just seeing the people, the way that they were behaving towards their children or just in general, whatever, I was just grumbling at everybody around me. For me, at least when I say that, boy am I being... it sort of snaps me out of it, because by calling it judgmental Sunday, then I'm just like not taking myself that seriously.

THERAPIST: Right.

CLIENT: There was this kid's table, like they have these little acrylic things that they glue to the tables, that they can put the stuff on, so they can be propped up, and this one kid apparently took the acrylic piece off of the table and proceeded to whack his little brother with it, and when the mom took it away from him, he started flipping out. And she knew that she needed to keep him quiet long enough to get her phone, so she gave him back the acrylic piece he was hitting her other son with. She just gave it back to him, to keep him from screaming, where like in like, I was helping out basically, and I saw all day, kids were flipping out because they weren't getting the phone that belonged to the parents, that we needed to fix. And then you'd like, you'd keep getting it back, like if they wanted to be like when the parents took it away from the kids.

THERAPIST: I see. [0:18:11.4]

CLIENT: They were flipping out, like they were kids, little, little kids. And so boy, I'm being really judgmental, and I just turned to a friend of mine who I work with and I'm like as you know, people that don't have children know everything about child rearing, and I am totally judging these people right now. Then also, I spent a long time waiting in line to get some drink orders, a bunch of us were being sent out there, and this one woman was in front of us. I don't remember exactly, but I was already in a grumpy mood about this. Oh, I remember what I was judgmental about this, yes, okay, and basically she was extremely pregnant and ordering the most caffeinated drink she could, so she could waddle away. I'm like, I'm judging you, that's wrong, whatever, but at least I'm laughing about the fact that I'm judging this person, so I can get over the fact that I'm judging. I'm not normally this judgmental.

THERAPIST: Right. [00:19:11]

CLIENT: I can normally keep my nose in my own business because I live in a very glass house, but at least most of the time I can figure that out, laugh at the fact that I'm doing that, especially the whole thing of, because I have no children, of course I know everything about child rearing, you know? And at least get over it, but it's not always I can get past that during the day, that I wasn't so much grumpy about. The child hitting the other child with a Lucite block, that was kind of completely... yeah.

THERAPIST: Yeah, that doesn't sound exactly like moralizing about how to raise your children, you know like don't give him back the thing he was whacking his little brother with. It's pretty hard to argue that.

CLIENT: Well more along the lines of how in the world is it that you've trained your child so that if they scream bloody murder about something, they get whatever they want, just so you can keep them quiet for a few minutes.

THERAPIST: Mm-hmm. [00:20:18]

CLIENT: I'm sure that everybody in the store was appreciative that he was only hitting on his brother, you know, only hurting his brother, as opposed to shrieking and making everybody standing nearby having to listen to it too. So who knows, maybe it's a win-win situation in terms of sacrificing one child's head for the well being of everybody else in the store. I don't know. I'm being sarcastic. But it's been, you know, the joys of working retail. Though I have heavily influenced two of the people at least, that I work with, have gone part-time, instead of full-time, so that they can have less time in the store. Because I keep saying, I can't say enough of how not working that much does make it a lot easier, especially not just in sales but dealing with the other stuff, because we deal with the customers when they're unhappy or when they don't understand. Making sure that you have time not in the store is really, we do that to keep from being burned out. So it is good that we've been able to influence other people too. Because it is, it is stressful. You get all kinds of stuff all the time, you know? And... yeah. [00:22:10]

THERAPIST: I wonder if you're a little worried by the possibility of my sort of having sympathy for how difficult things are for you, with all you have to deal with, that that's in a way, sort of a threatening process.

CLIENT: Maybe. I have forgotten the word I recently learned, the term of under like there's actually an English term for it, for understanding the purpose but actually really meaning something different. Like occasionally, when people say things like oh wow, you're fantastic at this, and I say occasionally. I totally, like in certain situations, do actually believe wholeheartedly, but my reaction to it is I don't know how else to react other than thank you, so I sort of downplay it. Not because I necessarily think that it is not worthy of sympathy, as much as... (pause) (signs) I don't know. I don't know what to say. I don't think it's quite that, it's something else. My sarcastic nature, you know, I don't know. [00:23:59]

THERAPIST: I imagine you're worried that if you sort of felt sympathy for the things you're going through, or sort of like let go a little bit, of having to work so hard, that you wouldn't get things done, you'd get really down about things.

CLIENT: A little bit yes, that is true.

THERAPIST: And, you know, it means, I think, a lot to you, to sort of be as productive and as functional as you can be.

CLIENT: Yes.

THERAPIST: I think that's weighted pretty heavily, sort of as a model.

CLIENT: I honestly at some point, have thought about putting do you know how little kids have sometimes, these little job charts, where they get a sticker every time they get something? I've thought about doing that for myself, ensuring every morning, that I'm able to functionally get out the door on time to do this. I feel ridiculous doing that but sometimes it's just so hard.

THERAPIST: Mm-hmm, yeah. [00:25:29]

CLIENT: So yes, for a person who didn't always need to mark accomplishments, the small stuff and celebrate it, I do. You know? I mean, my husband and I describe the fact that I had been sort of battling being phobic of needles lately. The word phobic isn't the right word. Avoidant, unwilling to trying to negotiate my need to get as few needles as possible, and then I let myself get some acupuncture, feeling like okay, that's a huge accomplishment, I should do something to reward myself for that. Not necessarily always because if I do this, I will do this, because a lot of times people, they do it only for the reward. But saying hey, you know what, I really did something.

THERAPIST: I think you're trying to take care of yourself. [00:26:34]

CLIENT: I'm trying to because you know? Trying to but my accomplishments are much smaller (pause) and they are the only people that celebrate them are me, my husband, and our turtles. He dogs seem to the turtles seem more interested, in terms of whether or not I did this or oh my gosh, you know, I'm on the move, I'm being (coughs). Getting out of bed and getting a pair of pants on, you know?

THERAPIST: Yeah.

CLIENT: I also was very positive on that kind of thing too, definitely very sweet and very much, like if I say I need to celebrate the fact that I got a pair of pants on today, he's all in for this. If I told him I wanted a cake because of that, he'd be all in for it, which is good because well, you know, I need that. [00:28:01]

THERAPIST: Sure.

CLIENT: And... (pause) I don't know. I have always thought that my life would be a progression on the way of things. I mean, maybe sort of a little bit, but for the most part, I have an overall upward trend, at least until I don't know, until I got into an age of being infirmity. You know, in terms of being able to celebrate, okay, well I'm doing this, I'm doing that. But it seems like I get less and less done, less and less accomplishment in terms of certain things. I mean, it does vary, it's true, but I feel like overall -

THERAPIST: The age of infirmity turned out to be -

CLIENT: Thirty.

THERAPIST: thirty. [00:29:04]

CLIENT: But I don't look crippled.

THERAPIST: No.

CLIENT: Yeah, I just really thought that was going to be, you know. If something was going to happen where it would happen so early, it would be just like some sort of terrible accident or something. Something that would be much more expected in terms of really taking a toll on one's life, you know?

THERAPIST: Yeah.

CLIENT: Not something that is not really...

THERAPIST: Between you and Mike, you really have two things I think. Like your health, physical health, and his addictions. [00:30:12]

CLIENT: And the fact that we're dead broke.

THERAPIST: Which I think is a consequence of both of the if it weren't for those two things, I don't think you would be.

CLIENT: If you go back far enough, yeah, but yeah. (pause) But yeah, probably not.

THERAPIST: You'd probably have a big job in engineering, contractor, something like that and he would be a lot more productive.

CLIENT: I honestly, even though I loved working, you know, I wanted to be a stay at home mom. I wanted to work and do whatever I wanted, but I wanted to be able to stay home. I enjoy being a housewife. [00:31:21]

THERAPIST: So that's what you probably would have been.

CLIENT: Yeah. So, hopefully, but yeah, that would have been.

THERAPIST: You would have like been through more school (inaudible).

CLIENT: I hope not. As much as I say that, my friends are in Kentucky, but yeah.

THERAPIST: That's who I meant.

CLIENT: Our friends but not necessarily in Kentucky.

THERAPIST: I just meant -

CLIENT: Yeah, yeah, with our friends, but yes, yeah, yeah, or least living the cool life of the people that are just traveling the world and doing this and that, living a cool life.

THERAPIST: It sounds like you would have wanted to have kids by now.

CLIENT: Yeah. And you know, we don't, and that's really hard, to even think about the fact that even if there were some miracle that would happen, there was a closing for me, like biologically as well. So, because you know, it isn't just hold on a little longer, you can get into remission. I'm in my late thirties. It's not impossible but it's not like time is running out, so I don't know, sometimes I feel like and I think I have a very valid reason to feel like this, that life will never be any different than this, this like Purgatory life of subsisting but not being able to get any better. Well, that's pretty much what I've been living for years and years and years. [00:33:34]

THERAPIST: Yeah. Eventually, that could help a bit, if Mike gets a faculty job to make some more money. It wouldn't affect your pain that much but it would probably affect the financial stress and maybe how much you'd have to work, or something like that.

CLIENT: Yeah.

THERAPIST: I'm sure you'd keep busy doing something.

CLIENT: But I'd be able to pick and choose what I can do, based upon my condition, which is different.

THERAPIST: You might have more flexibility that way.

CLIENT: Yeah. And, you know, I have never been (sighs) I've never been sort of driven by the fact that what I accomplish in life doesn't necessarily mean what I do to earn a paycheck. Versus a stay at home mom, like I would have a million other projects to do and I would feel completely fulfilled. I would be, you know, let's go to Mommy and Me, and let's learn Japanese together kind of thing you know? I'd find something. It's interesting, talking to a friend of mine's wife, who constantly gets the, don't you feel like your life isn't successful because you don't work, and it's like well... [00:35:05]

THERAPIST: Wait, sorry, who is this?

CLIENT: My friend, Camille. She hears a lot from her friends. She has a lot of a lot of people ask her. They're convinced that work is what's going to make her feel redeemed. She's happy, you know? Her husband just built this enormous house in Kentucky, you know? Because they're like well, the kids are in school, what do you do? And she's like well, I take care of myself and I take care of my home. They're like, but you have cleaning people. Taking care of home is not necessarily dusting.

THERAPIST: Right.

CLIENT: But it's nice to so I was talking to her about that. She's happy but people seem to think that people would be unhappy. I think I have a very real window into the fact that I would be

happy at home. Even if we didn't have kids, I think I would be happy at home. I would just do my projects and I'd get involved in things when I can. Right now, the looming danger of finances, especially I do, from time to time, pick up side projects so that I can get extra money, so it isn't just the but there is the looming fear of finances constantly on us, you know? [00:36:17]

THERAPIST: Yeah.

CLIENT: It will eventually get better. I just don't see it happening in this decade. And I'm not being like sarcastic or overestimating. I just honestly, when it comes to like, between the two of us having \$100,000 in just school debt, more than that probably, along with everything else, I really don't think it's going to happen in this decade. That sounds flippant but...

THERAPIST: Will Mike try to work in academia, is that the route for him?

CLIENT: I think so. I think he is more suited to academia. This morning I tried to bring this up and I'm going to bring it up actually, after we're done working here, of trying to because, basically, based upon the research he's doing right now, trying to do some sort of very short-term thing with the Pasteur Institute, because that would be one of those things of academia plus a high profile organization, and then going back into academia again kind of thing. But I think that that kind of thing would be really good. In his field, a lot of people are involved in, they don't actively work every day at these jobs but they have consulting or they have other things that they do with startups or spin-offs, which are a little different. [00:37:48]

THERAPIST: Yeah.

CLIENT: I could see myself there's a couple of hardware accelerators here, that if I did the time to really take and it sounds awful to say this a couple of months off doing nothing, enough that I could get my imagination going again. I really could see myself acting in an advising role with an accelerator here. The hardware accelerator market really seems to be really going up.

THERAPIST: Is an accelerator like an incubator?

CLIENT: Yes. It's the new word. It's like it's not a metallic any more it's oblique. By the way that's the new one, by the way.

THERAPIST: Oh really?

CLIENT: Oh, yeah. So an accelerator is basically an incubator for but usually it's not just advising. Also, with harbor accelerators, they have physical manufacturing applications, like there's 3D printers to be able to do things, teach you things about how to do... Basically, it has the (inaudible). It's kind of it's an interesting concept. You have to be involved in it, you have to be actually working, not just tinkering, you're actually making and creating with a plan. [00:39:00]



THERAPIST: You actually have to have a business layer.

CLIENT: And there's a couple of them, that like I said, I could totally see myself doing it. And quite frankly, as long as we were getting by, I'd do it for free. I'd do it just for the fact that I have a lot of experience with certain things that I'd like to impart on the community and help somebody make something, make another company. I love developing others. Also, when you do it free, you can start picking and choosing how much time you want to donate to it. When there's a paycheck involved, there is almost always an obligation of you need to be doing this now.

THERAPIST: Yeah.

CLIENT: Even if you haven't gotten the money yet. I can see that. I think that academia would probably be better. It also makes a bigger it is a bigger gambit for us when we try to adopt, because the only thing we really have got going for us to make a if we do at least a local, local being a U.S. adoption, is the fact that we can offer children free tuition. They won't ever have to worry about that, whereas if it's international, it's much, much easier to adopt internationally also, if you're associated with a university. They'd like not to screw with the people involved at the universities. Also, if you're going to Beijing, and we have a collaboration with this, then somebody could put you up there. It's much easier than if you're just working.

THERAPIST: Yeah. [00:40:48]

CLIENT: To get assisted. There's more of a community it comes to that kind of stuff. Just try to go forward, try to bring this up to my husband without freaking him out. Today we were talking in the car and he's like, "Can we change the subject for a while because this is bringing me a lot of anxiety." I'm like okay, I appreciate that you told me that, as opposed to just taking it. Shooting it down at least. But if he can get this experiment running, I really feel like and the reason why I'm saying Pasteur, is because they're the people that certify. I don't know if you've heard that there's one child and 15 adults that have officially have had been exposed to HIV, that no longer have the virus or anything like that, in their bodies. They're the people that certified it. They're the people that did the research.

THERAPIST: Oh. [00:41:54]

CLIENT: And the reason why they were able to do so is they were very, very early HIV tests. Not very, very early tests, but be able to catch it super, super early, and treat quickly, before other things happen. And so I think that since he's got this test, with one molecule of the protein at all, test one, yes or no, if it has it, this would be a natural collaboration. Because they need to if they want to more with this, then they have to have a method of being able to test early, early, and also test these people who supposedly do no longer have this disease, to make sure that they don't really actually do have any sort of early warning signs.

THERAPIST: Right.

CLIENT: I'm the person that thinks of these things. I'm the person, I'm the idea maker, and so I need to capture his imagination and get excited because that is the way to do it. It's sort of what I was born to do, so I don't mind it. I mean, I say this like just it's I don't know if it's a nature or nurture thing, but it's the culture I was raised in. Although my mother really has not practiced since the '70s, she has made my father's career as much as he has, whether it just being interesting to talk to at a dinner party or this or that, or you know, it's three in the morning and I need someone to pull up all this case law and whatever, and I don't happen to have anybody to do it. I mean she's and it doesn't bother me to do it, I like doing it. I like being part of something.

THERAPIST: Yeah. [00:43:54]

CLIENT: But it isn't even just that. I also come up with and feel like I it's not even just being like hey, can you do this, can you fill out these reports, as much as I like the fact that immediately see opportunities and want to be able to see them more than somebody else who just doesn't think about it.

THERAPIST: Great. We need to finish up.

CLIENT: Okay. So, that's pretty much about it. I will be back in on Tuesday, I guess.

THERAPIST: All right, we'll see you then.

CLIENT: Okay. I have eight weeks of physical therapy. I think I was going to let you know.

THERAPIST: Okay.

CLIENT: So that's when they'll reevaluate and see if I need more. So in two months, we'll talk about whether or not I should expand.

THERAPIST: Sure, by coming Thursday.

CLIENT: Coming back Thursday or whenever, I understand obviously, if it gets taken.

THERAPIST: Okay.

CLIENT: See you next week.

THERAPIST: Yeah, sounds good.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Well that's great. That's a big deal.

THERAPIST: Yeah, it's been yeah, so that's good.

CLIENT: I you probably got the e-mail I sent to you already.

THERAPIST: Yes.

CLIENT: The good news I did have to testify actually.

THERAPIST: Oh,

CLIENT: So even though I showed, he pled so that's good. They're going to call me later today to tell me what he pled to. They couldn't tell me at the time of I don't know why.

THERAPIST: Will there be other people testifying, too?

CLIENT: I don't know. They kept everything kind of in the dark, really. They want you not to see each other or know what's really going on.

THERAPIST: I see. Just say your piece.

CLIENT: Yeah. So I don't know if other people were there or not. And the courthouse there's lots of people there, so it's hard to tell who was there for what, so.

THERAPIST: Right. (Unclear). [00:01:12]

CLIENT: I'm just hoping that he isn't out because he pled because I really, really don't want to see him anymore. But so that's really what's been the past 24 hours or so has been the big thing for me. But I think it's settling down, quite a bit, so which is good.

THERAPIST: That's good.

CLIENT: One of the reasons I think it's turning up a bit, at least, is one I am feeling a little bit better, but also I realized that I did ask my parents for some help for some things that I need a bit thing I need. I've been sleeping on their mattress that they bought back in 1989. When they got rid of it, that kind of thing, because I've been dealing with it. And I originally was not going to buy anything new until I moved because I just did not want to pay to move a mattress. I was just going to get a new box spring mattress and sell it when I left here, get new when I moved. I started, after having a lot of really more painful nights and I've tried everything. I'd buy those big, thick foam things you stick on top and I've tried all this stuff it doesn't work.

So I finally talked to my parents about the idea of having them help me with just the cost of a mattress, you know, and nothing too extravagant, something that I could sell when I moved so I could get a better one, a medical one. And they were pretty good about trying to help me with

that, so. I just need to influence the quality of sleep. I'm obviously sleeping a lot and waking up and all this other stuff and I just need to influence the quality of sleep right now and it isn't even at this point, you know, it's not for any other reason than trying to improve sleep conditions, (unclear) uncomfortable, or no other this or that, you know. Mike's been having, like it's been bothering him a little bit, too, so it's you know, it isn't just me. And yes, sleeping on something that's more than 25 years old is probably, it's past, it's time. But I do try not to, just in general, I just hate friends of mine who like have always looked to their parents to finance anything that they want in their lives and they just expect to make plans based on the fact that they can just do that. To me that just disturbs me so much to see (unclear) adults doing that I am sometimes unwilling to ask for things that I might really need because I don't want to become like that.

[00:04:05]

I just don't want to be that kind of kid. I really I get a lot of pride out of being able to things myself. And part of it's the fact that I worked and did it on my own. Sometimes it's just like fix something and did it on my own, you know. It's a very strange, complicated thing. It isn't just like not relying on anybody else. It's also sometimes like, 'well, I took apart my air conditioner. It was making a funny noise. I figured out that it was the compressor and it need to be better insulated, so I fixed that, that, and that and now it's fine.' I get a great sense of pleasure doing that kind of stuff, too, you know. [00:05:05]

I feel silly saying it. I do. I just like doing that kind of stuff. I wish there was more that I could do. Some things I can't physically do on my own any more. But when I can't, I don't mind teaching other people. Like teaching Mike the basics of electrical wiring from time to time because sometimes depending upon how the wires in people's houses, it's also not tiny, it's usually a big, thick, extruded copper wire which is very stiff, very hard to bend. And so if I'm doing something with something like that I'll have him actually do the bending and I'll walk him through it like, 'well, this is what you need to do.' Everyone says, 'you can just ground it by doing this.' No. We're going to do it the right way. That kind of stuff. [00:06:01]

So I think that because of the fact that it's getting warmer and I'm feeling better even just to do that kind of stuff. It's very much a perpetuating thing for me if that makes sense. Like success breeds success which (unclear) better.

THERAPIST: Yeah.

CLIENT: And I don't mind if I'm going to bed in pain, because I overdid it but just from the exhaustion of doing a job well done. But I feel like I'm finally getting enough the word success is really weird, but things enough good days to feel like I can take the steps I need to make the changes in my life that I want.

THERAPIST: Good.

CLIENT: I hope, I think.

THERAPIST: What changed your mind?

CLIENT: Well, actually one of the things I was going to talk to you about is that I'm going to try and find a doctor who understands a little bit more about my type of pain and going to be a little bit more open to the idea of trusting me to have a certain amount of pain medication such that not all the time, but when I need to, like to have something for break-through pain, that kind of thing. And it's very difficult to get a doctor like that so I was hoping that if need be, that you, if I could use you as a reference to speak to about this. But I'm not like a because I've been coming here a couple of years a couple of time a week but I'm not like a, you know, an active narcotics-seeking you know what I mean? That this is [00:07:37]

THERAPIST: Sure, I agree.

CLIENT: I've never earnestly talked about my pain. I very rarely do this kind of stuff. I don't know if you feel comfortable with that. I don't know if that is in the realm of what you can do.

THERAPIST: Absolutely. I'm perfectly comfortable doing that and am more than happy to do it. When you want me to talk, you just send an e-mail to he or she and I, indicating that it's okay for me to speak with them.

CLIENT: Okay.

THERAPIST: And for us to speak with each other and they may want you to auto-sign so -

CLIENT: I was going to say, I don't know, but (unclear) they may want something written.

THERAPIST: The e-mail will do for me.

CLIENT: Okay.

THERAPIST: But they may want something else. But you know, after that (unclear). [00:08:19]

CLIENT: Okay. I don't know if I'll be able to do it here. I may have to go to another state. Ours is very funny about narcotics and I don't want to be that person who's going out of their way to do this but I want to be able to be really forthright and say, 'hey, this is what used to be things used to like I do have depression for a lot of reasons, one of which being chronic pain. I have adequate support. I am doing this but I need to be able to, especially if I want to work, I'm going to try and basically line everything up with showing this is see I've been doing the (unclear) thing of showing how much I'm working like working out, but working with the trainer; have the trainer working with but sometimes to get to that point of being able to do that I need to be able to some days take pills you know what I mean?

THERAPIST: Yes. Right.

CLIENT: And I need to be able to have all my ducks in a line and say, 'hey, this is what I need but I need you to trust me enough to have -

THERAPIST: Of course.

CLIENT: But this won't I have to do a lot more research because I don't know in the past it had been my primary care doctor who was a diagnostician who was perfectly okay with this. Now he's in jail though. So you know. And I want to be really forthright about that, too. Because I don't want to seem like I'm hiding anything.

THERAPIST: Sure.

CLIENT: My doctor is my old doctor and so I feel like he's my doctor even though I haven't seen him in a couple of years. I feel like he was persecuted, not because of narcotics either. Before he was put in jail he was very, very open about the fact that he believed that human growth hormone in certain situations like is a viable way to get the kind of healing results that many (unclear). And it isn't illegal. They decided that he was like after a certain point, like they decided he must be because he was giving little (unclear) nuns for the hip replacements, giving growth hormones so that they would have better outcomes from their thing because he used to also be the doctor for the team, giving football players them.

THERAPIST: Right.

CLIENT: Which is not true, but they canned him and everything's been compounded against like I said, I don't know it's this is a person, my doctor. I grew up with him. I've known him since 1985. I don't believe it's in his, you know.

THERAPIST: Yeah.

CLIENT: But I won't go on about that when I'm talking to this doctor, but I want to be as honest as possible because part of the reason why I had such good outcomes on these most people when they have joint replacement, it's a 10 to 15 year old [time bomb] (ph) before you need to get them redone.

THERAPIST: Right.

CLIENT: But, it's getting better. But part of the reason why is because you never totally heal and you get these thin films of very, very low level infections and that tends to stay there. It's either a very, very low level you almost never get too much of an outbreak, but your body's ability it makes a little wall around it to make sure it doesn't spread because it never spreads, but that eventually, the byproducts of that breaks down the joint replacement. And so he worked very strongly with both my (unclear) surgeon and my doctor were sports medicine diagnostician people doing injectable antibiotics. I had steroids not like steroids I take now, but I had human growth hormone. I had creatinine. I had all this stuff along with a really strong regimen even

before surgery. They built up the triceps so that the weight because it's heavier. I mean these are break-through concepts. I mean, when you hear it you go, 'of course you would want to build up the muscle there and it's heavier -

THERAPIST: Nobody thinks to do that. [00:12:15]

CLIENT: You don't do that. That's some of the reason why I mean they did (unclear) my marrow. But they say it looks like it was done last year. There's no wear. There's no wear at all, and that doesn't happen. I mean it does happen but this is statistically, that's not (unclear). And I've had two of them. [00:12:33]

THERAPIST: That's awesome.

CLIENT: That doesn't happen.

THERAPIST: Yeah.

CLIENT: And so I really feel like on some level maybe I just need to find myself a doctor and I'm not saying I have to leave, but I need to find someone new that really does understand and is compassionate and is willing to work with me. I'm willing to (unclear) with whatever evidence I need to do. I'm willing to work it, but I just need to make sure that I can get myself back to normal. I mean I'm (unclear) physical therapy and I'm coming home and more than a few time I've had to be taken home from physical therapy because getting up on the bus was too hard. Because it's hard. It's really hard and I don't want to be like I don't want to I need to find some way to make it I just need the outcome to be better. I don't want to settle for any one of these. I'm willing I know that I will have to settle in life, I know. But right now I just feel like if I can get something in some healing outcome or get myself better, every doctor I've had said, 'you know, you gained 100 lbs since you were originally diagnosed. If you lost even half of that you're disease would be significantly better because you wouldn't have the weight pressing on the joints that are already decaying. It's a lot like a bridge that has trucks going over versus cars going over.' I know that, but you know what? It's when you're in agony it's almost impossible to do things you need to do.

THERAPIST: You mean as far as exercise and things like that. Sure.

CLIENT: And I'm willing to do I know it doesn't have to be narcotics. I mean if I can find something anything, I would go for it because I just I'm sick and tired of being sick and tired. I need to have a better life. You know? So, yep. I get like this every spring pretty much. It sounds stupid, but as far as getting this unsatis not in a bad way unsatisfied with my life, like, 'oh, I'm so sad that my life is this way,' but just like what can I do to (unclear) my life?' I guess, really. [00:14:55]

I decided to make the change with the bed.

THERAPIST: Right.

CLIENT: We'll see if this one works. You know, I spend a lot of time looking into that kind of thing and just see where it goes from there on, I guess just (pause). I don't mind putting the work in. I just and sometimes even the failure isn't that bad. I just need to feel like I'm trying, you know?

(Pause): [00:15:28 00:15:38]

THERAPIST: You need to feel like you're trying and you need to feel like you have some control over your life and you can move it somewhat in a positive direction (inaudible).

CLIENT: Or at least I'm trying all the avenues that I can, you know? There are people in my life who have really, strongly pushed me to look into getting federal disability. I really, really don't want to and it's lots of reasons. The biggest thing is, is in my head. It keeps me from trying. I think I told you that the number one reason aside from the fact that it is very hard to get certain medications here, that I gave it up, was I found out up here that there's an opiate called Opana that I was taking. It was a sustained-release thing.

THERAPIST: Right.

CLIENT: They almost never give you that particular opiate instead of like Vicodin or whatever unless it's called palliative care up here. As soon as I saw that, I'm like, 'fuck that, I'm not palliative.' I mean that kept me out of being in the class of palliative care, it kept me out of being in certain different drug trial, kept me out of doing this and for some reason I did not like in my head, that made me so angry that I stopped like that, you know, and maybe it's stupid to be like influenced so strongly by labels and things in life or like, perceptions, but I'd like to believe at least it's because I'm strong. I spent three years on daily narcotic therapy and I decided one day that I was just going to stop it and it wasn't pleasant, let me assure you of that. But it wasn't as (unclear) as I thought it would be. I was able to stop. [00:17:51]

I really thought that withdrawal, I mean, the first couple of days you're nose runs. All these like things that are like narcotic withdrawal, was probably the things but they weren't nearly as bad as I like imagined it from reading -

THERAPIST: Yes.

CLIENT: what it would be like. Doctors never let me do that. They always want to take you down. And I was like I'm not taking this down. I'm just going to stop. I've done this with habits before and maybe it makes me extreme, I don't know. But it's part of it's just a personality part of me like saying I was on something, most of the time I really do. [00:18:33]

THERAPIST: Um hmm.



CLIENT: Before I just decided to give up being on long term narcotic palliative therapy, the biggest thing I had to claim from that was one day I decided I was going to stop biting my nails, so this one definitely sounds like a better habit to have broken, per se.

THERAPIST: Right. [00:18:50]

CLIENT: But in terms of harder things to do, but it's something I'm really proud of, too, and I feel bad that I'm thinking of doing this again, but it's not the same thing. This is not going to be an everyday thing. This is not going to be an every week thing even. I see this as again, medicine to get me better as opposed to again, if you I wouldn't want that the word "palliative" as opposed to like me in my head thinking that means that like keep me comfortable until you're dead, and really technically what it means -

THERAPIST: (inaudible). [00:19:19]

CLIENT: like if you look up what the word is, but that's what I perceived it was.

THERAPIST: Right.

CLIENT: It was technically true they're trying to keep me comfortable. It was not specifically anything that they're supposed to have any medicinal, physical benefit. Yes, it's true, but you know what? Fuck that.

THERAPIST: Um hmm.

CLIENT: I feel a lot of time like I'm very weak but when I need to I can be really tough. And I guess I've been thinking about this a lot because today as scared as I am -

(Pause): [00:19:58 00:20:06]

CLIENT: That pretty damn tough dealing with that situation, you know? (Pause) Probably more tough than I needed to be because I didn't realize when he was intimidating me until the summons came, how dangerous this guy was, but -

THERAPIST: How dangerous was he?

CLIENT: Three prior violent convictions. He had bench warrants out for him at this time I guess because there was some sort of, he was technically I thought he had an ankle brace as in like he was when I saw him in the house the first time because of the way his sock was. It was actually an ankle monitor and on top of it so he was under house arrest. I don't know how you get to roam about the city in that way but hey, it was okay. And you know, but he also had warrants out for him because I guess, because one hand doesn't know what the other one is talking to in terms of that. So he had weapons. He had not just had weapons, but also had been convicted in the past for using them in violent methods.

THERAPIST: Yeah.

CLIENT: That's pretty dangerous.

THERAPIST: Absolutely.

CLIENT: And, you know, when he sat down with me on the bus, you know, I was scared as hell but I wasn't going to let him know I was scared when he came back on because we don't do that usually.

THERAPIST: Well, yeah.

CLIENT: It's a coin toss but at that point I didn't realize how bad it was. I just, you know. I thought to myself, as much as I'm terrified, if I let him know that now then he's going to be on that bus the same time every day of the week for the rest of my life or at least, you know? But if I pretend like I don't even know he's there, then he's going to think, 'oh, wrong person, or you know, he's not interested in being intimidated,' I guess is the word. He either can't be intimidated, he doesn't recognize who I am, I may have been I basically went to different outcomes in terms of that. Of course, if I acted scared you know it's you know but I'm not usually like I said, it's a coin toss. But it seems like at least things that really matter.

THERAPIST: I know.

CLIENT: I'm terrified of roller coasters.

(Pause): [00:22:39 00:22:48]

CLIENT: That kind of thing. There's a lot of things that I have backed out more than four times getting my tonsils out but the things that are really, really scary, I've done.

(Pause): [00:22:59 00:23:06]

THERAPIST: I'm really sorry, can we (inaudible)?

CLIENT: Um hmm.

(Pause): [00:23:08 00:25:11]

THERAPIST: (inaudible)

CLIENT: As I was saying, it sounds an awful lot like I'm posturing like I'm trying to sound more braver than I really am so I can feel confident. Like, to me when I hear it, it sounds less confident than I really am. I don't know. Maybe it's -

THERAPIST: It kind of sounded a if you sort of anticipate that the other person, I mean, in a way I know you're probably not yourself, but -

CLIENT: I don't know anymore.

THERAPIST: Yeah, like you almost expect sort of to be jumped on in a way for what you're saying, or like you're going to be (inaudible). [00:25:54]

CLIENT: Yeah, I actually am highly conditionable and so these kind of responses to certain things are usually due to something that has happened in the past. And so feeling like that is often because I am expecting it due to something else that has happened, you know. I am usually extremely naïve about the world and then somehow I get something happens and it's usually not just once, it's a couple of times and then I get very guarded towards that very specific set of things, like saying things like, 'oh, I'm this, or I'm that,' you know?

THERAPIST: I see.

CLIENT: Or, it sounds like me saying this out loud, it is most likely because I am expecting because I have in the past having someone say, 'you know it sounds an awful lot like you're acting like a puffer fish right now saying how (unclear) you are hoping that you'll believe it too, but I don't, I don't really feel like that, you know. But I do feel like I'm waiting to be challenged on that.

THERAPIST: Yeah.

CLIENT: Isn't that weird?

THERAPIST: Chuckle.

(Pause): [00:27:05 00:27:13]

THERAPIST: I mean, in a way well, okay. I guess, first of all, maybe there it is again. (Chuckles)

CLIENT: I'm just explaining it.

THERAPIST: I know. I get it. I know.

CLIENT: Again.

THERAPIST: Yeah.

CLIENT: I'm kind of being overly reflective about things lately. About this kind of stuff, like, saying that and then re-thinking things. A few days ago a bunch of friends of mine sent out a

thing where everyone's supposed to answer questions about what you were like now and then what you were like at certain ages in your life and everybody can see each other's stuff and like compare all this stuff. And one of them was what you were afraid of like at age 14 and what you're afraid of now. And at age 14 I was afraid of and I literally said, 'nothing.' Nothing at all. And people were like you had to be afraid of something spiders or whatever. And I said, 'well, I'm sure that if someone put a gun to my head I'd probably be at that point afraid of dying.'

THERAPIST: Right.

CLIENT: But I was afraid of nothing.

THERAPIST: Yeah.

CLIENT: And it wasn't false sense of fear because at that age you're invincible, but it also was the fact that it wasn't just that, it was because of the fact that I really for so many years felt like there wasn't anything that I couldn't overcome given time and potential resources. So there was nothing to be afraid of. Like, you know, like I didn't have to be afraid of spiders because I would be able to know that I was living I would know to stay away from the type of spiders that would be dangerous. Now, I lived in Kentucky and I didn't actually pick up my old fear of spiders after living in Kentucky, but that was a valid reason because they have spiders and other things that actually are dangerous, but I mostly would be reflecting about the fact that that's something for many, many years like well into my 20s I was afraid of very, very, very few things. And now I do all kinds of dumb ass shit because I don't really feel like I'm dealing it isn't just that I don't feel like it but everything's driven by fear, by stupid things are driven by fear, irrational fear. I don't do or don't do things you know. I mean I'm not leaving my house or anything like that, but you know, I don't want the reason why I don't more invest as much time and energy into relationships is because I'm afraid of rejection. Like, into friends and things like that. I'm afraid of, I mean I'm (unclear) way to far in there because there's a lot of other things involved with that, too. But when in the end is being, I'm afraid of putting myself out there and getting hurt. I mean, like you said, I'm more complicated than that situation, but I mean a lot of things, like I learn to be afraid of stuff and -

(Pause): [00:30:34 00:30:51]

CLIENT: I used to kind of actually like being naively arrogant. I'm serious. I would totally trade it.

THERAPIST: Yeah. Sure.

CLIENT: Sure. I'd probably to get myself into trouble again. And sure, I probably would have done some things that were stupid. I think I've told you that I actually clocked a professional hockey player at a party. Yeah. Now, I'm not the kind of person that usually does that kind of thing. The reason why it makes for a great story is because everyone knows me and knows I'm not the kind of person to go to a party and hit somebody.

THERAPIST: Right.

CLIENT: So, like that's one poignant moment in my life is I'm making excuses for it right now. It's what makes it a fabulous story is that I'm not the kind of person. But that's the kind of naively arrogant thing that I kind of miss being, you know.

THERAPIST: Okay.

(Pause): [00:31:39 00:31:57]

THERAPIST: That's such a different orientation to the world from feeling like the other person's going to (unclear) or kind of jump on what you're saying, feeling like, 'I can handle you in whatever way even if you play in the NFL,' and it gets this (unclear). [00:32:13]

CLIENT: I didn't know that at the time, but yeah. I mean, yes, I kind of do. But yes. It was kind of more along the lines of not necessarily thinking through the decision and (unclear) consequences as much as I needed to. I was speaking about this with my friend, Tracy, when we were in Kentucky, and she told me that she had that same feeling now, too, but it's a very different for her because she's a parent now and she owns a home and she has all this other stuff and so the fear is that her actions can reflect on many, many other people, people that she's responsible for.

THERAPIST: Yeah.

CLIENT: And I told her, 'I envy that.' I wouldn't mind being like afraid of being brash because I need to make sure that I don't lose my job because I have to make sure I have children to feed, that would totally be okay with me. It's not the same thing.

THERAPIST: No.

CLIENT: It's different stakes. But being able to be being that way because like due to the fact that I made this choice because I don't have other people to care for, it's not my it's not just me. It's not all about me. That's a different thing. I think I wouldn't feel cheated in a way if that's what it was. Not just because I want to have a family. It's actually different. If I just also just had like my dog around, and I make a decision not to like do this because it might hurt my dog, you know, like that's okay too, you know? I tend not to yell at the dog park at people who (unclear) if my dog is nearby. If I'm by myself, I will actually go up to them and tell them that they're not supposed to have their dog off the leash, or this and that, or about cleaning up after their animal. If my dog's with me, I don't do it because I don't want anything to happen to her. You know? That's the same thing. It's me in my head. [00:34:12]

It sounds weird again, I'm thinking of jump (ph) again, you know, that another person/another life you know, not necessarily being able to handle that. But I miss being able to make those decisions for myself in situations that nobody else has influence but me and, I don't know, I feel

like I'm the only person in the world that goes to therapy who's saying, 'I wish I could be more of an asshole.'

THERAPIST: (inaudible).

CLIENT: Okay.

THERAPIST: But not really.

CLIENT: Okay.

THERAPIST: (Unclear) other people.

CLIENT: Okay.

(Pause): [00:34:48 00:34:54]

CLIENT: I earnestly wish I could be, because I used to be that way and I don't really think I was entirely that way but I was definitely like I and in certain situations I still am like that in certain situations but not usually. I have to feel like I am first of all sometimes it's because I'm just so wrapped up in it, but usually it's because I have to feel like no matter what, I am my hands, by default, the person, the knowledge (unclear) expert within the next 20 ft radius or something like that, you know. And -

(Pause): [00:35:31 00:35:45]

CLIENT: I guess I kind of miss it. Part of the reason why I doubt myself also is part of the reason why I used to get away with it, is because I was adorable like that. And so like -

(Pause): [00:35:51 00:35:58]

CLIENT: I wouldn't say that I would be getting away with it because of my looks, but I think that it would distract people enough that they wouldn't necessarily react to it as negatively as they would normally.

THERAPIST: Yeah.

CLIENT: And I know it doesn't really fly so much anymore.

(Pause): [00:36:17 00:36:34]

CLIENT: Which is another regret of mine, part of the reason I want to change my life is to get closer to what I used to be physically. Not just like from I mean I could talk about the mental

well-being, like for my health, losing the weight thing, but quite frankly, you know, I really miss the way things used to be because I used to -

THERAPIST: I imagine like people (inaudible). [00:37:04]

CLIENT: Yeah. And I don't know why it is that it didn't -

THERAPIST: (Unclear) the way you are.

CLIENT: It is the way it is. I know it's the way things are. In fact, back then I had lots of justifications for it, too. I felt like, well what I'm doing is I'm protecting the outside that as a creature I am biologically superior. I'm more symmetrical. I am this, I am that. You know, I am like, you see that I am gorgeous. I used to be drop dead gorgeous. I -

(Pause): [00:37:39 00:37:45]

CLIENT: But the thing is, is that I would say things like that but at the end of the day it didn't bother me that much. Maybe it was justified. I don't know. To be honest, I barely recognized sometimes the way I justified things back then in my life, I barely recognize them as being rational, sometimes. But yet, it is rational. It's being this and that and like, all these things like is showing that I am mentally, physically, (unclear) lots of things. [00:38:16]

But you know, I don't think it's necessarily right, I don't think this is not my place to break the (unclear) but I miss it. I do miss having those kinds of advantages.

(Pause): [00:38:25 00:38:29]

THERAPIST: Yeah.

(Pause): [00:38:32 00:38:36]

CLIENT: And I'd like to say that I didn't use it my superpowers for evil, but I did.

THERAPIST: (Chuckles)

CLIENT: You know.

(Pause): [00:38:42 00:38:52]

CLIENT: Not really. But you know, I mean like I didn't I couldn't I'd like to say I didn't take advantage of it, the situation, but I think I did. Ow. But I don't feel bad about it. And I miss it because it made things a lot easier for me.

(Pause): [00:39:08 00:39:37]

CLIENT: I wish I wasn't me, but I am.

(Pause): [00:39:38 00:39:49]

CLIENT: I think that's part of the reason why I am so desperate to stop the clock in many ways. I do see cognitive decline. I do see this, I do see that, you know. But also, quite frankly, you know, I've been trying like hell to stop the physical aging process with me hoping that if I lose the weight then I can still look young, too. And get on with it. You know?

THERAPIST: Um hmm.

(Pause): [00:40:20 00:40:43]

CLIENT: My mother made a joke two days ago that hit a little too close she didn't mean to be mean about it at all, which is that they should have some program for aging prodigies to cope with the world. And she meant it like with a lot of love in her heart about this, you know, but it's kind of true to basically have some sort of thing where you can get the hard skills of how to live like a normal person, you know? Because things are not always that easy.

(Pause): [00:41:26 00:41:52]

CLIENT: And the worst thing is that I feel really awful about the fact that -

THERAPIST: Actually this is so much to swallow that I think you're lost.

CLIENT: Yeah, but.

THERAPIST: I'm not saying you're gone for always, but you've (unclear).

CLIENT: I'm never generating I mean there are parts of things that are gone forever.

THERAPIST: Yeah.

CLIENT: I've never like the parts that my immune system has killed, literally, will never come back and anyone who is going to tell me otherwise is lying to me. But, yet at the same time like, yes, in theory, I can lose weight, you know.

(Pause): [00:42:25 00:42:34]

CLIENT: There are -

THERAPIST: (inaudible)



CLIENT: Not usually, from what I understand. No one wants to start with me on it. And this is actually, again, the point where I make that empty promise in which I'm going to get the testing done. I really am going to do it this time, though.

THERAPIST: (inaudible)

CLIENT: Yeah. Yeah.

THERAPIST: Did I give you some things (inaudible)?

CLIENT: Yes. Yes. And I've been meaning to do it and this is sort of that period of time where I probably will because it doesn't seem like it's so hard to deal with right now, whereas, you know -

(Pause): [00:43:02 00:43:08]

CLIENT: I've sort of built up my own -

(Pause): [00:43:09 00:43:15]

CLIENT: I don't know how to explain this to be comfortable with the way things are with me right now, I sort of built up my own like I don't what it really is like, I don't know how to explain this trope, I guess, maybe?

THERAPIST: Um hmm.

CLIENT: A way of being where I explain to people sometimes when they, like they're completely baffled by the fact that I have, for example, I get aphasia a lot. And first I want to make a joke about the fact that no matter how many words I forget, I never forget the word, "aphasia."

THERAPIST: (Chuckle)

CLIENT: Never forget the word, "aphasia." That I am the most ditsy genius that they will ever meet, you know, they'll kind of figure that I'm the most flaky, person they'll ever meet. I've built up that almost like of trope such that I can feel comfortable being, having these kind of failings. My building up at the same time by saying that I'm brilliant, but it just doesn't look like it right now.

THERAPIST: Uh huh.

(Pause): [00:44:17 00:44:27]

CLIENT: And part of it's to make myself feel better.

(Pause): [00:44:28 00:44:42]

CLIENT: But yeah, I just hold myself up to a standard that is probably not healthy, but definitely not healthy, probably unattainable, you know?

(Pause): [00:44:55 00:45:08]

CLIENT: But I don't really see it most of the time being perfectionism as much as the fact that unless I constantly look and (unclear) I don't do well. You know?

THERAPIST: Yes.

CLIENT: I didn't have this happen very often I life, but a few times in life where I've been put in a class that was too slow or too remedial for me.

THERAPIST: You didn't do well.

CLIENT: I didn't do well.

THERAPIST: Yeah.

CLIENT: I need to be challenged. It's not just about perfectionism because I think if I ever reached perfectionism, I think I would be upset. It's about constantly looking to change and become better (unclear) metamorphosis more than the actual end product. And so when I have bosses that say things like, 'oh, you're probably one of the smartest people in the building, and this is back in Pittsburgh, and I'm thinking inside my head, 'no, I'm actually probably the smartest person in this zip code,' but I really don't care what you think because you're opinion doesn't matter to me.' You know? Like it isn't because of I'm constantly thinking, 'oh, I have to be that. It's you that think that I am.' Or, like it's not that I feel -

THERAPIST: (Unclear) expectations for yourself.

CLIENT: It's not like I feel like I have to be perfect. It's because I know that I can do it. [00:46:30]

THERAPIST: (inaudible)

CLIENT: Okay. That's good. I will be in next week.

THERAPIST: (inaudible)

CLIENT: Thank you so much.

THERAPIST: You're welcome. I hope you begin to feel better.

CLIENT: Yep. Thanks.

THERAPIST: Okay.

CLIENT: Are (unclear) streets or (unclear) busses or -

THERAPIST: Seems to be.

CLIENT: (Laughs)

THERAPIST: It's a good thing.

CLIENT: I know, I know.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I hope everything went as you know, [we were soaked] (ph) yesterday.

THERAPIST: (inaudible 00:10) Well, I hope the same with you as well.

CLIENT: Actually, I have a lot of good things to say about yesterday.

THERAPIST: Well, that's great.

CLIENT: Yeah. I am really fucking proud of my store. I really am. Well, you know, where we were, we're further up, you know, than being in the city. Yesterday, as the day went on, a lot of people who were first responders for the areas around there were being utilized to come down to relieve people who were in the city, and many of them started about, you know, 4:00 or 5:00 pm, started coming into our store to make sure because their phone isn't working or this or that. Just to make sure everything's going before they get in the city. And my manager's like, "They don't need to wait. They don't need an appointment. If they're out of warranty, we'll make sure that they're in warranty. Like, we need to make sure that they have phones that are working. If they think they have a battery life problem and we normally send them home to do this or that, we want them..."

THERAPIST: Right (inaudible 01:17)

CLIENT: Yeah. (Pause) It was just something really, really nice about that, and something (ph) to be really proud of, you know?

THERAPIST: Yeah, absolutely (ph).

CLIENT: It wasn't I mean, it was obviously a managerial decision specifically to cover things that were not coverable normally (ph). But above and beyond that, you know, we really did the best we could to make sure that, although we were so far away to support what was going on, a lot of us just, you know, did what we could (inaudible 01:52) to make sure that, you know, these people had phones to go out there.

So it sounds cheesy and dumb but, also, not open now. It won't be open for a while. they're making sure everyone gets paid, and making sure everybody gets the mental help that they need. Because, from what I understand, they saw some really, really bad things, especially up on the third floor, where people [doing that are doing] (ph) my job would be up there. When there's things going on like that, everyone goes (inaudible 02:32) the glass to watch the marathon. So they had to sort of front row view of -

THERAPIST: Yeah. I mean, that must be, like, just (ph) 300 yards, probably, from -

CLIENT: Yeah. And of course, it's on the third floor, so they can see all the way down. And so, yeah, we're going to try, like, all of our stores, when they're ready to open for people who just aren't ready to come back, we're going to try (inaudible 02:54) people in.

THERAPIST: Right, to cover.

CLIENT: To cover. But just other various things that we're just doing right now to support every way (ph) we can. I'm just really proud of [my company] (ph).

THERAPIST: That's great. Sounds terrific.

CLIENT: So that was, you know. Yesterday was not an awesome day by overall standards, but I feel like, during (ph) the crisis, that we did some awesome things.

THERAPIST: That's good (ph).

CLIENT: Yeah. So (sighs). But, yeah, aside from that, I'm doing better.

THERAPIST: Good.

CLIENT: I'm not always physically better, but I am able to handle more usually. I had some really bad days. Sunday night, I couldn't sleep at all because of pain, even though I was taking medicine, so I ended up literally staying up all night -

THERAPIST: Wow.

CLIENT: and then going to work.

THERAPIST: Wow. What was hurting?

CLIENT: Everything. That Sunday night, we had a store meeting, and it was basically, they had us out at a stadium. Not while the game was going on, but they I guess they do, like I didn't even know this because I didn't (inaudible 04:11) hasn't had a winning team in many, many years, so no one cares. But here, like, it was supposed to be the experience of going to the stadium and being able to walk on the field and doing all this other stuff.

THERAPIST: I see.

CLIENT: So we had a store meeting that was held there. And so, all of the various even though it was not all that physical, it was very physical for me.

THERAPIST: I see.

CLIENT: And so, I had a lot of aches and pains that were just, you know. And it was just it was overdoing it. I mean, climbing bleachers and doing all that kind of stuff is just kind of hard on me. But everybody did it. I just felt like hell all night. And then, you know, getting out of bed in the morning to go (ph) the next day was not great, but honestly, I don't think I could have had a night like that and dragged myself out of bed at 5:00 am and try not to, you know, (inaudible 05:03) to work again, in December, you know. Probably not even a month ago. I couldn't have done that. I would just there's no way in the world I could have gone without sleep. And also, having been in pain and dragging myself to work. So I'm feeling hopeful.

THERAPIST: Good. That's a big deal.

CLIENT: Yeah. But yeah, that's been pretty much, you know, my day, my life right now, you know. Work, which, you know, it's good. I'm glad that things are improving. So (pause) I am going to definitely, this summer, sit in on some classes though, you know.

THERAPIST: Cool.

CLIENT: Yeah. Because I'm finally, like, if I'm getting like this now, I definitely want to be able to do more, so that would definitely be helpful.

THERAPIST: That's good.

CLIENT: Yeah.

THERAPIST: What are you taking?

CLIENT: I don't know yet. Last summer, I really wanted to do the learn a language thing. (Pause) I've been feeling daunted about it. One, because, well, it's hard. But two, because, well, I suck at languages. (Laughter) And I'm going to at least give myself a few weeks ahead of time to try to, before the class starts, to get back in my favor and sort of try to pick up some of the

characters, et cetera. They have some really great iPad apps where basically, it's almost you've probably seen them made for children, that teach them to learn how to draw letters. They do that for (inaudible 07:05) and a couple of other things specifically for that.

And I figured if I try for a couple of weeks ahead of time and see how I'm doing, because I always get you know, I always end up flailing around and being stuck behind, because I just retain the I retain things from languages much more slowly than other people, like, picking up stuff. Many people say I'm really hard on myself because I'm measuring my ability against other people in my life who are very good at it. I mean, I don't just do that. I look at and I talk with my I've been to study groups with my classmates. I know that they pick things up better than I do.

THERAPIST: I see.

CLIENT: And it doesn't keep me from doing it. I've done it a lot in my life. I still keep trying. It's just I don't have the natural talent for it. So (pause) but I don't know why I (inaudible 08:10) to keep trying, but I do. I guess because I like to travel. And because as much as I took (laughter) yeah, I took Greek three times. Greek 1 three times in a row. Yeah. I think I still have an incomplete with the last one. I still feel like, you know, in certain countries, I can still make it a way around because of the fact that I retained it. What I needed to retain, not necessarily what when you study classical Greek, it is very different than the way, like, the kind of things you retain for other stuff. Their focus is on taking historical documents and translating them.

For me, I retained a lot of the things of understanding word roots and being able to apply them specifically for understanding words that I see around me or to understand things in, you know, in science or in law. But I can't (inaudible 09:19) anything to save my life, other than, like, a few things. But I feel like I retained what I needed to know, you know?

THERAPIST: Yeah.

CLIENT: But I would really like to try.

THERAPIST: Cool.

CLIENT: Probably my fourth failure at taking not just taking a language, but fourth language that I fail at. But that's okay. When I say that, I'm not setting myself up for I'm not saying that as, like, dooming myself. I know that, and if I pleasantly surprised myself, that's great. But at least I'm just going to try. We'll see. But I'd like to do it, even if I suck at it.

THERAPIST: Well, that's the part that matters.

CLIENT: But if I don't do that, I think I want to try and get something really, really something where I can't take it too seriously. Something...

THERAPIST: I see.

CLIENT: How do I explain this? (Pause) It's not that it will be intellectual, per se. it's something that is almost a slightly absurd and why in the world would I be taking it kind of thing.

THERAPIST: I see. So not like engineering physics?

CLIENT: Oh, if it's engineering physics, which there are some, but it would be things like they have things that it would be engineering physics, but sometimes it's something isn't so applicable for what I want. Therefore, I can it's a low risk thing, you know. Like, for example, you know I'm trying to think of a really good one to describe this. (Pause) Oh gosh. I've taken things like this in the past, where it's, like, it's not that applicable to me. Therefore, you know, it's low risk, you know, that kind of things. I can't think of anything off the top of my head, but they do that. Like, for example (pause) oh, god.

THERAPIST: Like, physics of baseball or (inaudible 11:33).

CLIENT: I mean, that would be the same thing too. But, like, something, like, you know, I would do any inorganic organic chemistry would be something that's high risk, because I don't need it. That's not quite the same thing, but it would be something like that.

THERAPIST: It will be just for an education?

CLIENT: Yeah. But I like that. So I...

THERAPIST: Yeah. I imagine it would be nice to use your mind that way again.

CLIENT: Yeah. And...

THERAPIST: I mean, it's not that you aren't in certain ways now.

CLIENT: No, no. trust me, you don't need to explain that. But it's more of a (pause) learning new skills, for me, is part of what makes me be able to do other things. [If they're completely unrelated, better] (ph). So I retain information that I learned years ago that are completely unrelated by picking up new skills, you know. [00:12:42]

I don't know if it's true. Like, but for me, it feels almost like it's keeping it's preserving pathways, neurologically. I don't know. But it definitely helps. But yeah, I would really like to do that. That would be very good, so we'll see.

(Sighs) But that's been pretty much it. Just tired. Don't feel especially miserable, you know. Just tired. I feel like at least, for the most part, I can deal with whatever's coming at me. But I can't really I mean, it's easy to say, "Oh, it is because of this, and it is because it's because the weather is better. Or it was because of this." The fact that I don't know if my husband is actually really keeping sobriety right now, like, pretty much in check, or if it's just that he is becoming less

associated because of it. I doubt that that's actually true because I don't think you ever becomes less like, you become more functional as that, as an addict. But he seems more like the person that I'm around. Therefore, I don't feel as much on edge. I don't know I it's because of, you know, the fact that I'm getting more used to, you know, making my way around. I don't know. It's (ph) not any one thing, but it does feel like lately that things [are on a better sway] (ph).

[00:14:12]

THERAPIST: Good.

CLIENT: Yeah.

THERAPIST: [Well, it's about time] (ph)

CLIENT: Yeah. And it's nice to, when dealing with complications in life, being able to have, like, the ability to have the energy and, you know. Not just energy. It's mostly, like, the willingness to try and fix it because (inaudible 14:37), okay, that's it. Not going to bother with it, you know. But I think, yeah, that's been pretty good.

THERAPIST: Great.

CLIENT: But that's been pretty much it.

THERAPIST: Out of the things you thought more about doing?

CLIENT: A little bit. I feel more like I'm willing to contemplate the idea of doing it. Does that make sense?

THERAPIST: Yeah.

CLIENT: Doesn't mean I'm actually doing it yet, but I really contemplate the idea of what might I be interested in doing. Yesterday, we were supposed to go to IKEA. We made the decision not to because the only real easy way to get to the south of the city is under (inaudible 15:25). We weren't certain if it was open or not. We decided to just not to do that.

THERAPIST: (inaudible 15:25)

CLIENT: Although I was exhausted, I felt like maybe we could have. On top of that, I didn't feel very lost. Normally, I would have been devastated because I'm like, "Okay, so we arranged to have a car. We paid for the car. You know, we couldn't do it." Like, I would have been either devastated that I had lost this opportunity or I would have, if not, then in that situation, I would have come home from work and been like, "Okay, so we're going to pack me up in a bunch of ice packs, and I'm going to lay here, and [we're not going to IKEA] (ph)." So the fact that it didn't happen neither emotionally bothered me. Also, I physically could have, probably.



And usually when I run into physical restrictions, I emotionally get really upset that I can't do what I need to do. And it's nice to be able to not feel like the world is coming to an end because my plans didn't come to fruition or whatever.

THERAPIST: Is it? [00:16:42]

CLIENT: Yeah. So that's pretty good.

THERAPIST: Yeah.

CLIENT: Like I said, I'm starting to be able to, when getting feedback that I don't agree with, not internalize it so much. I'm not saying it isn't, but it's not internalizing as much as it used to. I had a bit of feedback given to me last week that was extremely it was something that would really upset me. But instead, the way that I reacted to it was, "I don't think you understand what you're telling me," instead of, "Oh my god. What the hell's wrong with me?"

A coworker who said the phrase, like, you know, "At work you're kind of projecting really lowmen (ph) behavior." And I said, you know, "Are we talking, like, death of a salesman really lonely?" They're like, "Yeah." And they said (inaudible 17:52). "Okay, well, I'm just going to -" Instead of me reacting to it, I'm like, "It's been a while since I've read that. I'm going to go back and look at this, and we'll talk later."

And immediately, like, instead of me going, "What the fuck?" They think I'm, like, going to kill myself or I'm, like, deluding myself or something like that. Instead of me going, "Well, how I am going to keep doing this?" I'm doing this whole I don't think that they're reporting the things that they need. I think that they're, like, almost, like, a mal-prop (ph) of metaphor. Like, maybe it's a different (inaudible 18:22) they're talking about. Like, that is so much different than the way I would have been. Like, oh my god. I'm acting like I'm going to go home and kill myself?

THERAPIST: Right, I see.

CLIENT: Instead of being like, "Oh, I think that they just don't understand what they're saying, like -"

THERAPIST: They don't know what they're talking about.

CLIENT: They don't know what they're talking about. They're referring a completely different storyline or something.

THERAPIST: Right.

CLIENT: And also, me just saying, "Hey, it's been a long time since I've read -" instead of me also going, like, asking more questions, just being like, "I'm going to review what I remember

from this, and then we'll talk later." Which was actually me thinking, "I just want to get away from this conversation because I think that they're an idiot," (laughter) you know?

THERAPIST: Yeah.

CLIENT: Because that would have been something that really, really would have affected me earlier, a lot. I still don't know what they're thinking.

THERAPIST: (inaudible 19:14)

CLIENT: But I'm -

THERAPIST: (inaudible 19:16)

CLIENT: I would normally, like, beg them (inaudible 19:20). I've just decided that, whatever it is, they don't know what they're talking about. And I don't want to get into more details because, you know, all it's going to do is make me second-guess myself. I don't think I'm acting like I'm suicidal or that I mean, maybe burnt out. That might have been what they were trying to say, but it's really creepy because I don't think I felt suicidal in my life. This is not one of those times, you know?

THERAPIST: Yeah.

CLIENT: And it's never been, like, suicidal like that I'm going to go jump into the river. It's been like, "Well, if I got hit, it wouldn't be a bad thing," you know. But I don't still think that that's what happening. But to me, that was kind of I didn't think about it that much until I talk about. Normally, I would obsess over that kind of stuff.

THERAPIST: Right. Yeah, I know (inaudible 20:11).

CLIENT: Yeah. I've been getting things like that. Working for a store that really is into, like, giving a lot of feedback to people, sometimes people are just so, like, (inaudible 20:24) to say this, but they don't really know what shit they're saying to people. Like, what? You know. I don't know. It does happen a lot, where, like, people will say something [like this] (ph). So, like, they're so into trying to tell someone something that they feel is insightful that they don't realize that they're not really saying anything at all. They just so obsessed with (inaudible 20:46) trying to be deep kind of thing, but really, what you're saying is not relevant. And the fact that I can step back and see that that way. Big deal.

THERAPIST: Good thing (inaudible 21:03) big deal.

CLIENT: Now, mind you, if I got it from the right person, maybe, like, the right person being someone who really knew how to push my buttons, I can't say it won't be that way. Steps.

THERAPIST: Well, it's a start anyway.

CLIENT: Steps.

THERAPIST: Yeah, absolutely. Good.

CLIENT: So, you know.

THERAPIST: It must have been a big relief.

CLIENT: Yeah. It's progress.

THERAPIST: Yeah.

CLIENT: I don't know. I just need to (ph) I want to get back to being normal again. I don't mean normal like other people, but normal me. I just I don't know. Like I said, I just (pause) I was talking about to my mom about this, actually, a few weeks ago, about this. And she's like, "What if -"

THERAPIST: (inaudible 21:57) over the last year.

CLIENT: Yeah, it has. I mean, (pause) -

THERAPIST: With a bunch of things that on their own would be incredibly hard. I mean, your health. Stuff with Mike's addiction. Financial stress.

CLIENT: Yeah. I mean, the thing though is that the financial stress is still exactly the same, but I can deal with it. You know, not deal with it as in, like, cope with it but, like, in it's not in my every single moment.

THERAPIST: That's great (ph).

CLIENT: And so, I don't mean to sound pessimistic about saying the fact that I don't necessarily know if this is going to continue. But if it does, great. But for now, I just and this is sort of having had, physically, a point where you get your hopes really built up because you have a couple of good days in a row, I won't emotionally let myself think that everything's [really getting there] (ph). It's not like me being pessimistic. I mean, It feels like it is, but it isn't. It's more like I need to live in the moment and just appreciate what I've got, and then tomorrow is a different, like, story, you know. (Pause) It's hard, you know. It's hard to know if it really is, you know, overall getting better, but it feels like it. I'm not counting on it, but it feels like it.

THERAPIST: Good.

CLIENT: One thing, like, [worth mentioning] (ph). My mom mentioned to me a few weeks ago that kind of it's been sort of in my mind, where she says, "So you want to get back to your old self. What are you going to do if your old self is really super dysfunctional, like, (laughter) and not socially healthy?" And [I said] (ph), "I don't know," but I said, "But I'll at least be happy." (Laughter) You know, maybe it was a little bit, you know, not especially healthy behavior or dysfunctional behavior, but I was I felt okay.

THERAPIST: It looks like it worked pretty well for you.

CLIENT: Yeah.

THERAPIST: You were happy and you had a lot of the things you wanted in your life, and you were good to the people around you.

CLIENT: I know, I know. But it's a good question. I mean, I always lived my life in the extremes of things, you know. And she's right, that maybe, like, what you see as bad (ph) is maybe not I guess what she's trying to say is that, you know, in this ridiculous, like, in her super-wise, Russian, like, ridiculous, like, philosophy of maybe what you're going for is actually the best thing for you. Like, what you've been striving to get back to isn't necessarily what's the best thing for you in general. You know what I mean? But (pause) it doesn't keep me from still wanting to be that way, you know? I still want to be that way. And (pause) I'm not sure if I would feel happy. I mean, I would but I don't think I would feel happy otherwise, you know.

(Pause) You know, they always talk about things like work-life balance and this and stuff. In my old life, honestly, I would have been unhappy with work-life balance. I was, you know, having the time of my life when we were at the end of our deadline and I was, you know, at work for days on end, you know. Because [I knew that I did] (ph), you know. And then, you know, right afterwards, we would you know, because of the fact that you worked a whole lot, have days and days and days off or whatever. But (pause) I kind of thrived on it, you know? (Pause) I don't know. I'm not really sure if I'm (pause) I'm sure if I were still missing something, if I wanted (ph) to, like, compromise or see (ph) moderation in my life in certain things, you know? [00:26:24]

And I feel weird saying that, but I do. I think that (pause) I think that I do, you know (pause) it's what makes me happy, you know. So I want to be a workaholic, dammit. (Laughter) I'm serious. (Pause) And I can't right now. (Sighs) I don't know.

(Silence)

But I guess I'll see what happens.

(Silence)

(inaudible 28:27) a moment of just not having anything kind of in mind to say (laughter) at all. (Pause) (inaudible 28:44) Yeah, still don't know what to say at that point, you know. But it has been considerably better.

THERAPIST: Good.

(Silence)

CLIENT: I don't know what to say. I'm sorry.

THERAPIST: (Laughter) It's okay. That's unusual for you.

CLIENT: Sometimes. It is usually when I am so (pause) overwhelmed that I'm burnt out and I don't have anything to say, you know.

THERAPIST: (inaudible 30:04), "Look, I'm just exhausted. (inaudible 30:07)"?

CLIENT: Yeah.

THERAPIST: Is that's what's going on?

CLIENT: No.

THERAPIST: Yeah, I didn't think so.

CLIENT: Yeah, I feel like I just don't know what to say about the whole thing right now, at least. Like you (ph) said, I'll wait and see. But (pause) I'm also, like, I said it a little bit here. I'm a little cautious.

THERAPIST: Sure.

CLIENT: (Pause) [Because I just want] (ph) I've been wanting things to turn, even just catch a break for so long that (pause) I don't want to (pause) be devastated, you know.

THERAPIST: (inaudible 31:19)

CLIENT: Let's (ph) not hope as much as praying all that energy in it, you know.

THERAPIST: I see.

CLIENT: But yeah, (inaudible 31:44) just make plans for the future, like things are going to well, but not, like, over, like, ambitious. (inaudible 31:50) for devastating myself, but also just not, like, overdoing it.

THERAPIST: Yeah. (inaudible 31:57) taking the classes, is to take things that sort of, in a way, couldn't really matter.

CLIENT: Yeah.

THERAPIST: I mean, that matter to you, and [you would] (ph) get something out of it, but that aren't tied to work stuff.

CLIENT: Yeah. I yeah. Not even just work stuff as much as even intellectual credit-related stuff. Does that make sense? So if it was something where, you know, (inaudible 32:32) sense of ego, it's something that I should excel at or should be interested in, but I've overwhelmed with it, I don't feel bad if I can't do it, you know?

THERAPIST: Yeah.

CLIENT: And, like, there are some really cool things that I would love to sit in on that I think that if I ended up having a flair and go to them, I think that I would emotionally beat myself up about it because that would be something I really want to do or I really would, like -

THERAPIST: (inaudible 33:10)

CLIENT: feel like I should be able to do.

THERAPIST: Yeah.

CLIENT: (Sighs) So I guess, you know. And I realize to make it, like, low-stake stuff, like, you know, renaissance art or something. I mean, it can be engineering-type stuff but, you know, something that I do like those kind of things too, but I need to make it something where it won't break my heart and be like, "Okay, so there's a speaker who is, like, someone who's, like, my big hero. And if I don't go there, I'm going to feel bad, but yeah, I can't drag myself out of bed." I felt a lot of disappointment when I haven't been able to do things like that, you know.

I sort of have to make it so that it's not on the menu to be disappointed, if that makes sense. If I don't take the class, then I won't feel bad that I can't (inaudible 34:11), I guess is what I'm trying to say. But (pause) (inaudible 34:22) and I'll go from there.

(Silence)

Not really into this at all, but I do want to ask. My billing stuff. I haven't been getting any checks yet in the mail. Is that -

THERAPIST: Oh.

CLIENT: Because I've been wanting to -

THERAPIST: Okay, I think right. I think you're good. They're sending to me.

CLIENT: Oh, they are sending them to you? Okay. Because if they do send them to me, I would be happy to just sign them right over to you.

THERAPIST: Right. Yeah, I can double-check later but, yeah.

CLIENT: I just want to make sure that you're getting paid.

THERAPIST: (Crosstalk 00:35:11) Yeah. They're sending them to me.

CLIENT: Okay.

THERAPIST: (inaudible 35:17) mention it.

CLIENT: Okay. No big deal. I just want to make sure that you get paid.

THERAPIST: (inaudible 35:21) I'm still getting checks directly from them, instead of them sending them to you. I can explain that if you want.

CLIENT: Not really, but I just want to make sure that you're getting paid.

THERAPIST: I am, yeah. I'm good, thank you.

CLIENT: Good, okay.

THERAPIST: Thank you, I appreciate it.

CLIENT: I'd like to be able to make sure that the creditors that actually I can pay (laughter) get paid.

THERAPIST: Yeah. You're A-OK, as far as (inaudible 35:41).

CLIENT: Okay. And then, I don't we'll see what happens in May. Like May 15th-ish is when I was originally planning to try and come back twice a week. But depending on how things go, I want to plan for coming back on the 15th. But if I don't feel like I need to come in as often, I you know what I mean? I'm going to plan [kind of] (ph) but not -

THERAPIST: Absolutely.

CLIENT: So, I guess -

THERAPIST: Just two questions. I mean, you should do whatever you want to do, and just let me know.

CLIENT: But obviously, you also know what would benefit me more, like, from a professional point of view.

THERAPIST: Sure. I'm happy to give my two cents whenever you would like that.

CLIENT: Okay. Well, how about now (inaudible 36:26)?

THERAPIST: (Laughter) I could do now.

CLIENT: Okay. And I may ask again, that's okay. Right now, I mean, do you think that it would still be beneficial to be coming in twice a week?

THERAPIST: (Pause) It's hard to say at the moment because things seem different. I mean, it seemed to me that you were sort of had been using this in a couple of ways. One, you know, when you've been pretty well, to just, like, come in. I think it's three, actually. One, to sort of just come in and talk about stuff when you're feeling bad and just kind of get it off your chest. Another, to get more comfortable with the idea that it does not actually mean you have been defeated or are doing a bad job if you're having a hard time or you're frustrated or upset. Like, those do not necessarily reflect poorly on you.

And then the other, I think, is to sort of explore some stuff relating to, like, confidence, particularly sort of in action and judgments from other people, and kind of, like, looking to, wait. You know, these people are treating me like this or (inaudible 37:52) that. And, like, is it exciting or it bothered me or, you know, let me get my head around it, that kind of thing. And (pause) it seemed, due to the sort of (inaudible 38:16) how bad you were feeling, that it was probably helpful to come in more than once a week. But, you know, if you're feeling better and also getting out to do other things, you know, maybe that doesn't matter as much, unless some things pop up that you want to [be working on here] (ph). But I'm not sure yet (ph).

CLIENT: Yeah. So just sort of wait and see?

THERAPIST: Yeah.

CLIENT: Okay. The big thing is, for me, that I don't really have a way of being able to gauge what is and what is not beneficial, because I'm stuck in that system. I can't step outside of it (inaudible 38:56).

THERAPIST: Yeah, sure.

CLIENT: That, and amazingly enough, sometimes when I am at my lowest, I will try and I don't really I've been really making an effort not to do it here, but self-examination is not especially



something that I'd want to do. So, you know, like, in terms of if I'm feeling really, really bad, like, the idea of having to put that kind of emotional work into that would be something that I would actively not here, but, like, in life. (inaudible 39:33) I've actually been trying quite hard not to here. So I have to wonder if my perspective would be skewed. Like, "Oh yeah, I don't need to be here," you know?

THERAPIST: I see. I mean, the point really is for it to be helpful. It has seemed to me that at various times you've sort of had a sense of ways in which it has been or -

CLIENT: It has been. It's been very helpful.

THERAPIST: Well, good. So I guess (pause) I would say [you have reason not to trust your instinct] (ph) on that as well. I mean, I'll give you my opinion too.

CLIENT: Okay. I'm just thinking about the whole concept of, you know, asking a little kid, you know, do they have to do something and then be like, "You have to eat your vegetables now." (Laughter) You know?

THERAPIST: I see, yes.

CLIENT: Or, you know, [I would need any more] (ph) vaccinations.

THERAPIST: (inaudible 40:28) really good [for me as ice cream sundaes] (ph).

CLIENT: Yeah, exactly. So sometimes, it's the path of least resistance. And I know that about myself. I'm really trying hard not to do that here, but I do know that that is I don't think it's all that unusual to be like, "Okay, you know." No one actually goes out of their way to try and get a root canal.

THERAPIST: Right. (inaudible 40:57)

CLIENT: Yeah, but there's an awful I mean, as the person who I think I talked about how I was living in dread of having to go to the dentist, and has, you know, now crowns and root canals and things like that. I knew I had to. Did I want to? No. And the path of least resistance was not going to the dentist. Now for years but, like, for months, when I needed to.

THERAPIST: Yeah. (inaudible 41:25)

CLIENT: Okay. I'm good to go.

THERAPIST: Okay. Well, I'm glad that things are happening. That's terrific.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I did e-mail you or text you?

THERAPIST: Yeah, you did.

CLIENT: Okay.

THERAPIST: Letting me know that you would likely be late.

CLIENT: Okay. Yeah, as soon as I knew that, like (sighs) Today has been really hard to get through so far, so I just, you know. It's rough to do the commute and things like that, you know? It's really physically challenging.

THERAPIST: I could imagine.

CLIENT: And I don't know if I've ever told you this. I probably have a dozen times. I have a lot of guilt when I ask my husband for help -

THERAPIST: Yes.

CLIENT: with that. And I don't think that that is unfounded, since I know that he doesn't he's one of those people who's really unhe doesn't deal with traffic well, so whew (ph). And, as you can imagine, yeah, he doesn't mind driving me out, like, on Sunday mornings. It's just that if he's supposed to be at work anyways, driving me in and then trying to come back and do that traffic drives him crazy. [00:01:23]

He doesn't lay it on thick or anything like that. It doesn't even really do anything, but I know he finds it really unpleasant. So I do my very best to now, mind you, I mean, when I say this, you know, I do rely upon him a lot. A lot more than I really want to, you know. About half of my trips back-and-forth are in some way him taking me, like, either there or back or...

THERAPIST: (inaudible 01:55)

CLIENT: Yeah. Usually there, just because of the fact that it's a little harder to get the timeline right to be there in time. But I just (pause) I (inaudible 02:15) beat myself up so badly whenever I have to do that, you know. I see it a personal failing (ph) on my part. I see it the guilt is so complex. It's personally me feeling like I'm going to keep him from doing stuff, like, productive or whatever, you know. I feel like (pause) I feel like the stress I have contributes to his, you know, sometimes inability to be productive at his job, and that's really hard.

Many times, when he drops me off at home or off at work, he goes back asleep after a while (inaudible 03:04) four hours after that point, because [he's so exhausted from work] (ph). He has a migraine or something like that. Sometimes he goes and gets groceries, which is actually, he

does that a decent bit of the time. But, you know, it's just (pause) I just think that he's got enough problems on his plate without me contributing to more of them, you know.

And this is something that, you know, it isn't something I just decided in my head and it's not real. I know it bothers him. I know it's really (inaudible 03:42), like, helping me with this kind of stuff. Sometimes he loves doing it. Sometimes it just makes him really bitter, you know. And it's like I have no idea at any given time what's going to make him feel okay.

THERAPIST: Exactly.

CLIENT: And I can't always trust to get the right answer out of it. I know that he knows that if I'm feeling bad enough that I want help...

THERAPIST: Right, [when you're feeling] (ph) pretty bad.

CLIENT: Yeah. So, like, this morning, I had to convince myself not to call out sick, which consisted of, "Well, I could get fired, and I don't have the money not to." And, you know, it is what it is, I guess. (Sighs)

I'm (ph) just kind of physically and emotionally worn out. I have one really good piece of news, which is a friend of mine from college has just bought a house maybe a block, block-and-a-half away from me.

THERAPIST: Oh, cool.

CLIENT: Yeah.

THERAPIST: Somebody moving -

CLIENT: He actually we reconnected when Sarah died last fall. We took him and a couple of other people from the (inaudible 05:15) area down to the funeral. And (inaudible 05:18) fraternity brother, you know, this and that. Like, I've always said, you know I've always (inaudible 05:25) cool, in terms of, like, not, like, cool in personality but always had great ideas, always had this, that. And Mike really likes him, so it will be nice to have him (ph).

THERAPIST: Oh, good.

CLIENT: He'd (ph) been living further out. His company was just doing a whole bunch of stuff, so we hadn't really gotten the chance to get back together. But when he said he bought a house near me, I'm like, "Wow."

THERAPIST: That's great.

CLIENT: Super great. I get to know your wife and family now, which is, you know. It's not that it's that far away, but the, you know, that short of a distance totally takes down a lot of barriers, especially because he is a stay-at-home dad while he has a business. So it could be like a, "Hey, you know what, I'll come over and watch your kid for a little bit if you needed to make some, you know, conference calls or something like that."

THERAPIST: Yeah. Sounds (ph) cool. How old is their kid (ph)?

CLIENT: This is really interesting. I was asked this earlier by a friend and I said, "I'm pretty sure that he is out of diapers, but not old enough to buy cigarettes. (Laughter) I don't really I want to say, like, the way he describes him and I'm sure he told me I want to say, like, four, five."

THERAPIST: In school?

CLIENT: Maybe he might not be. If he's in school, he might not be school age. If he is, like, it's an earlier school thing. Does that make sense?

THERAPIST: Maybe four.

CLIENT: Four, five? I don't know.

THERAPIST: Four, maybe five, yeah.

CLIENT: I know that he is in school, but it is not all the time. I swear it's supplementary -

THERAPIST: [Sounds like] (ph) preschool.

CLIENT: Yeah. But I haven't met any of his family yet, so I'm looking forward to it.

THERAPIST: Well, that's great news.

CLIENT: Yeah. I think so too. So that's (sighs) yeah. I was just trying to recruit him and his family to come to my friend is opening a restaurant, and I think we could just go out and well, she did open it. And sort of see what's going on and take the temperature, and see what kind of trouble she's gotten herself into. So we'll see.

It's good that I mean, there's a lot of drama going around (inaudible 07:49), but for me, knowing what people are doing, is a lot of drama going on. But at the very least, it's social interaction for me. And I'm trying to convince her not to get married unless without actually ever saying it or ever actually doing anything. And just simply (pause) I don't know how to explain. I'm just not gushing about it. Her partner, I'm not especially thrilled with (inaudible 08:19) human being, and I'm pretty sure he's a criminal.

THERAPIST: Oh. That's not so good.

CLIENT: Yeah. There's just little things like that that just...

THERAPIST: [That doesn't sound so illegal] (ph).

CLIENT: I'm sorry?

THERAPIST: (inaudible 08:31)

CLIENT: It's more instinct. Having owned businesses, run businesses, things like that, it's instinct, more than I don't have any solid evidence.

THERAPIST: I see.

CLIENT: Though he has openly said things like the fact that, like, a lot of certain they owned a wine store, and then they magically, with no like, I don't know how much she really knows. And my friend is one of those people that can be really oblivious. Like, one day they had the wine shop, and the next day they're being evicted (Phone vibrates)

THERAPIST: Oh, jeez. I'm sorry.

CLIENT: It's okay.

THERAPIST: I had it when you were late, I eventually (ph) turned it on.

CLIENT: It's okay. But yeah, so, like, with no time whatsoever, they're being evicted, supposedly because the mall wanted to have a different, like, occupant in that space with, like, 30 days notice. Which is weird, because I finally went to the mall. I was horrified to find out how economically depressed it is. I had no idea. Like, I had no idea.

THERAPIST: It's really bad.

CLIENT: Yeah. Whenever there's a Microsoft store in a mall, it's usually the nicest mall in town, this and that. Half the stores were, like, not boarded up, but they had no occupants. Something about that just doesn't ring true about the no-occupancy thing. They supposedly really wanted that spot. There's a couple of other things though. It's just very depressed.

THERAPIST: (inaudible 09:59)

CLIENT: The lightning was, like, very especially bright. Like, I worked in a mall, so I'm not, like, looking for shiny floors I'm looking for, like there's something that was just very economically depressed. But both her and her partner Allen (sp?) were he does it more than her. Like, more or less kind of resent the townies. I don't know why they're living there if they resent the townies.

But he had, like, openly said things like, you know, they don't really they pay their employees under the table. That, you know, cash sales do not because part of their rent on the whole place was based upon revenue as well.

THERAPIST: I see.

CLIENT: So if it's credit card sales, then they would count it, but otherwise they didn't.

THERAPIST: I see.

CLIENT: If they're being he's being that casual talking about it, plus this and his elitist bastard attitude with us is just, like and you don't know much about things about the world. Like, I know more about this area than you do or I do this. You know what I mean? Like, and he's very resentful about, like every moment you speak to him, and I thought that was just me, but when we dropped Alice (sp?) off, spoke to her partner for, like, a couple of minutes. And he's like, "There's something not right."

THERAPIST: (inaudible 11:27)

CLIENT: Yeah. I was just trying to be supportive, but yet, like, all I was doing is things like and this is really important to me because I don't want her to be with this person because I think this really I mean, we I was okay. I wasn't thrilled that she got divorced last time. I understand why. But this person just reeks of, like, something really bad coming down the pipe (ph), you know?

Everything's a scam. They always have three or four businesses going, that kind of stuff. Yeah, so there's something just not right. So I basically told her, like, are you getting pressure from your family? Blah blah blah, you know. I'm not really saying I don't want you to get married. I feel like I shouldn't because it's none of she's a big girl, make her decisions, but I always wanted, like, I want to make sure this is really you.

So (sighs) I could be, in a couple of weeks, going up for a wedding. So we'll see. I'm surprised that she's going to want to do it. I really am. She sounded unsure. Because we discussed this before, and we discussed like, I had made the joke about the, "Well, why you ever get married again? You already have plenty of china." Like, it's not that I believe that the institution is bad in any way. In fact, I'm very positive towards it, but, you know, she's lived a very different life. And I don't necessarily think she doesn't not that you have to have (inaudible 12:58) to do this. I just think that the flexibility would be a lot better for her. And she's [with someone] (ph) scamming. So it's also very good for me to get in touch with Jerry, because Jerry can convince her of this stuff too.

Like I said, just various different drama things. I have been getting e-mails and I talked to my friend, who lost his wife, actually. And that's where this whole came in of me reaching out to everybody. Yeah. He works for the Navy, and he flew planes and stuff like that. He's not called

that in the military. He actually has a different call sign. He would never do that. But (inaudible 13:40).

Like, at first, like, I got e-mails, like, a couple of e-mails in a row within a couple of hours of each other, saying the exact same thing. And I was like, "Okay. Well, maybe what happened is he meant to send it from his phone and he forgot that he was (inaudible 13:54) bothered to send it." Like, "I'm really worried about you guys up there. How're you doing?" and forget that he sent it, and then went and sat down at the computer and typed it out. It could be that.

And then I'm like, "Wait a second." I'm getting way too much contact. Not that there's a problem I don't mind it, but I'm really worried. So I called and talked to him, this is actually I need to get down, possibly not in the immediate future but maybe in a week or two. I am really, really worried about it.

THERAPIST: He really didn't sound good?

CLIENT: No. He's got a very long commute back and forth, and he has a lot of time alone with his thoughts. I'm just I do not have a strong enough confidence in I don't know. It's hard to explain. I need to see him to see what's going on because he described something about the fact that, like, he based upon people around him he didn't say who. I got the feeling maybe it might be our friends, but he doesn't want to blame anybody. That he should be further along in the grieving process than he is. [00:14:59]

And I would be I mean, I can actually see that, if he were not functional. Like, if he hadn't left the house yet or something like that. You know what I mean? So, I mean, he's fine. Like, not fine like that, but he's able to get in the car and drive two hours each way.

And I'm just the fact that he seems to feel like there is a timeline for his grief, really, really disturbs me. And I don't and I told him, I said, "You know what man, I've known you almost 20 years now. Nothing's ever been by the book for you. So if, like, someone's telling you this or a book's telling you this or whatever, don't believe it because you're extraordinary and I don't think that you should hold yourself to any guideline you hear." [00:15:57]

THERAPIST: There's a book I hear you're supposed to read after you've lost your...

CLIENT: Spouse. Young. (Laughter) And I don't know if I just feel like I need to know what's going on. I've been really worried -

THERAPIST: I have the name of a really good shrink there. I happen to know one. I have a colleague who's down there who (inaudible 16:14).

CLIENT: Before I go, I will probably get some resources because I would like to.

THERAPIST: He's driving through the interstate?

CLIENT: Oh, I know where that is. That actually would be halfway. He would (ph) even do it on his commute.

THERAPIST: Yeah, good.

CLIENT: So yeah. But I really want to I'm not sure if it's because he doesn't want to he's now pretty high up for our age. Like, really, really high up. He's highly decorated, by the way. I say this not because of any other reason other than the fact that he's, like, the most gentle person in the world. So to have that much military honors is kind of weird. It just shows that he's a different guy.

But I think that he may not want to, because of his rank, go through the do through some of the process they have for grief and related things. Everybody knows everybody where he works. So although there's supposed to be confidentiality, who knows what happens.

THERAPIST: (inaudible 17:20)

CLIENT: In the military court, it's guilty until proven innocent. God only knows what kind of confidentiality or whatever happens, you know. On top of it, outranking your shrink would probably be weird to him. Yeah. But I just need to go down there and see what's going on.

The other thing is that I really need to, if it is somebody that's a friend of mine, I really, really need to talk to them about the fact that for all of us, all of our references for, like, getting over certain events, are things like breaking up, being divorced, that kind of stuff. That's really different than, like, your spouse is dead. Like, even if you want to divorce somebody, in your head, you can always ever see them again. And so...

THERAPIST: Yeah. It's a very different thing.

CLIENT: Yeah. And so, I just it concerns me. And just talking to him, I'm just -

THERAPIST: And that it was suicide is complicated.

CLIENT: Yeah.

THERAPIST: (inaudible 18:20)

CLIENT: Yeah. And I just feel like I don't know. I feel like he's isolated. He was super excited about us possibly coming down. Super excited that Alice's (sp?) doing some recruiting stuff on the side for (inaudible 18:37). He seems way more excited about people being around than I would expect. So, I think I definitely need to make the effort to go down and see him. I have a lot of fraternity brothers down there., so it's not like staying somewhere or, like, logistics (ph). That's



not really an issue. It's just getting down there, which I'm pretty sure the train now goes through on Acela, which isn't bad.

THERAPIST: But especially with him (inaudible 19:12) a hard time, but I think it feels good to be able to do something and be there for them.

CLIENT: Yeah. Well, he's always been a very bright light in my life, a very cheerful person, so I really need to pay that back, you know.

THERAPIST: Yeah.

CLIENT: I feel like I need to do something. And also, just me not knowing is worse than whatever I am imagining. It can't be as bad as that, I hope. It also gives me an excuse, like I said, to get in touch with some of the people I saw before and say, "Hey, I need to put this on your radar, and blah blah blah." And so, you know, it helps me (inaudible 20:02) promises. But as much as I'm saying that like it's exhausting, it's actually probably one of the better I mean, it's awful this stuff is all going, but it's better that I'm getting involved, you know.

THERAPIST: Absolutely, yeah. (pause) Much better to be (inaudible 20:22) with your friends.

CLIENT: Yeah. And I miss them a lot. Everyone's grown apart. I guess they all have different priorities now. But it's been hard for me to close to anybody up here as much, you know. I just feel like, for the most part, I don't know if it's me willing to go arm's length or I mean, I think part of it's me, part of it's this, part of it's that, you know.

THERAPIST: Well, you've felt pretty lousy most of the time you've been up here.

CLIENT: Yeah, and I haven't felt like myself.

THERAPIST: (inaudible 21:07) very stressful.

CLIENT: Even today, I'm back to grumpy old me, but, like, I had been feeling a lot more like myself lately too.

THERAPIST: That's good.

CLIENT: Yeah. Like, I made it to IKEA, yeah. I almost had the energy to put stuff together when we got home. But, like, you know, it's definitely been better. It's just -

THERAPIST: A big deal.

CLIENT: It's a big deal. It's growing. We'll see. (Pause) It's (pause) it's hard for me because I have different capabilities, you know. Like, I don't work that much, so I shouldn't be too busy to spend time with people, but I do have a I mean -

THERAPIST: Well (inaudible 22:17)

CLIENT: [I get a lot of sleep to schedule in] (ph), you know.

THERAPIST: (inaudible 22:23) stop.

CLIENT: Yeah, no problem. I will be back.

THERAPIST: And I will see you then.

CLIENT: Thanks for leaving (ph) the door open.

THERAPIST: Sure.

CLIENT: (Sighs)

THERAPIST: [Oh, I think you dropped this] (ph).

CLIENT: Oh, yeah, my lipstick (ph). Thanks.

THERAPISTS: Sure.

CLIENT: (inaudible 22:57)

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hey.

CLIENT: Hey. (pause at 00:00:17 until 00:00:23) Oh. It's been a really exhausting week. It's good but just exhausting. So. Lots of stuff I've been trying to get done and you know. (inaudible at 00:00:44) lots (inaudible at 00:00:47) I I think I've talked ad nauseum about how I've gone to certain doctors and although I have reported certain things in my life. And I'm certain the reason why they don't believe me is because is because there are the vast majority of people who perception and reality are very, very different things. You know? Like saying "I have gained an enormous amount of weight." Or "I'm sleeping all the time." Or you know, that kind of stuff. [00:01:17]

THERAPIST: You have mentioned it. I certainly am not nauseous.

CLIENT: Oh well yeah. Okay. So I finally I feel like I've gotten it on biometrics that can't be faked. That when I go in to the see this go in to see this I have now logged . Actually I feel like I want to say this.

THERAPIST: Yeah. Sure.

CLIENT: Like for example they always want to say that my weight is due to a lifestyle problem not because I think that my thyroid I already take thyroid medicine. I think it's gone completely out of whack. Like I have been now on a restrictive diet. I'm a thousand calories a day. I walk an enormous amount. And I'm still actively gaining weight. At about a pound a month. [00:02:04]

THERAPIST: Wow.

CLIENT: Yeah. So. For today see I've walked so far 4.1 miles.

THERAPIST: Wow.

CLIENT: Yeah. For the week it's only Tuesday I've walked 7.4. This month I've walked -

THERAPIST: Oh this is from the (inaudible at 00:02:21).

CLIENT: Yeah 61.3 miles. So but on top of that when I say that I'm exhausted I know that people again I'm sure that people exaggerate as to how tired they are. I have been doing biometric stuff on my sleeping too now to show that I am actively, actually sleeping. So I've now been doing all the stats for that showing that I really do sleep when I say I sleep 12, 13 hours a day. I now I feel like I can go in and say, "Hey this is the data. I know that it's very easy to brush it off as like this is what-" [00:02:58]

THERAPIST: "Ah she's saying she walked three miles but really it was a 100 yards."

CLIENT: Yeah. Or you may do that once and you're not doing this all the time. Like I feel like I now have months and months of data to show that this is a really consistent problem. The only thing I can't do is prove that I'm really not eating anymore than I'm doing right now. Because other than grocery receipts, how in the world am I going to do that?

THERAPIST: Right.

CLIENT: But I feel like I can go in there and feel like I can say, "You know what? I am doing everything humanly possible. I need to find a different answer here." And so I feel like now that I have the ability to do the sleep-tracking thing who knows maybe they might be . Because I'm supposed to be able to export this out to like a Excel spreadsheet. Maybe it can tell me that I'm not getting enough deep sleep. Who knows? Because it shows all kinds of things. Not just how much you're sleeping. [00:03:56]

And so maybe I can finally say, "I am doing everything I can. I need some answers." You know? "And (sighs) if you can't give me answers I need you to refer to somebody who can because I've been playing the game way too long for this." And so I just feel like my life's on hold. It sucks. So we'll see what happens. You know? I am frustrated with people saying "Oh (inaudible at 00:04:36) moving enough. Are you doing this?" Let me assure you I am moving plenty. You know? I don't want to. Most of the time I really, really don't want to but I'm trying be compliant. I'm not trying to plead my case with you here. I'm just expressing my frustrations because when I'm being compliant I don't always like to be compliant. I feel like I need to get credit. You know? So. We'll see what happens. [00:05:03] (pause until 00:05:15) It's -

THERAPIST: Well I guess it sort of adds insult to injury.

CLIENT: Yeah. And like I said, I know that in so many things in the world people will say that this going to happen or they're doing this and maybe they don't. I don't think that they actively lie but they may not really have really good information. I'm a scientist engineer. I know how to take measurements. And the only way that they originally were able to diagnose my rheumatoid arthritis is because I said I've been running a fever. And at first I got the whole eye rolling this was a school infirmary. (inaudible at 00:05:53) yeah that's probably not right.

And then finally making it to a doctor and then showing "Okay so I have three temperature points during the day. And this is what my temperature is." You know? And that's the only reason why they ever had a clue that there might be an immune system problem. They could have figured it out so many times along the line. They could have figured it out but they never did. [00:06:16]

And I'm still very bitter because I feel like if the doctors actually did their job back when I was a kid I wouldn't have artificial body parts. You know? I feel like I don't want to be like one of those pain in the ass patients that think that they know everything but you know why is the onus entirely on me to be to get them to do their job? We'll see. But now I have to, on top of that, I had I'm also in the process of getting a bunch of dental things redone. And I can't remember the type of dentistry that I do. I'm going to this my dentist wanted me to see this very specific specialist for root canals. That's all they do.

And I hate being a special (inaudible at 00:07:16). Like I really hate being (inaudible) snowflake. Like this is not even the first dozen time I've been more told more than twelve times at least that I have strange anatomy based upon something. Usually it has to do with my mother's Easter European background. It's like "You're missing two ribs therefore we need to do -" Or you have too many ribs. Like you have this. Or you have that. [00:07:43]

And statistically apparently everybody has one thing that is different. That is significantly different in their anatomy. I have a lot. I have a lot of extra bones. I have a lot things where the symmetry is not right. That kind of stuff. Well this particular thing is that in the roots of my teeth the anatomy is very unusual and extremely difficult.

THERAPIST: Huh.

CLIENT: And therefore they want to send me to this person because it can't really be done by a regular it can but it would not be good.

THERAPIST: Mm-hmm.

CLIENT: And they've had to sedate the bejeezus out of me. At a time which of course gives you wonders as to how bad it's going to be. I had a root canal once. It was the possibly one of the most painful not physically painful but it kept going. I think I went there five times. Six times.

THERAPIST: For one root canal?

CLIENT: For one root canal. Because they kept having to find like new pathways of the way that the nerve ending was going. They had to discover a new like twists and turns yeah. So this time they think it's only going to be two. But I'm (inaudible at 00:08:51). But the night before not just the day of they're giving me Valium. Oh no! I get Valium the night before! Oh yeah! Doesn't that seem like a little unusual? I asked if it because they thought I couldn't sleep and they said, "No, no, no. It's actually because-" Something about -. [00:09:08]

THERAPIST: Like help your system ready?

CLIENT: Yeah. It's like the relaxation of the jaw will be much, much better.

THERAPIST: Huh.

CLIENT: If I know. I was like, "Okay." So I have this prescription for two pills of Valium.

THERAPIST: Yeah.

CLIENT: (chuckles) And I have to take it beforehand. And they're like, "This is a lot of Valium. So even if you're taking the subway, could you have somebody come with you?"

THERAPIST: Right.

CLIENT: (laughs) Really! (laughter) Really interesting. So-

THERAPIST: It should be a relaxed evening.

CLIENT: I hope so. But we'll see. But then also it makes me wonder if they're going have to pry my mouth open so much that they're doing that they actually told me they may have to give me an I.V. of it later too because I locked up. But it's just kind of like a weird thing. It's I don't know if they're just being super, super vigilant ahead of time to make sure it's not a bad experience or if

this is going to be so bad that they're you know. I don't know. It just makes me a little worried.  
[00:10:11]

Anyway that doctor scared the bejeezus out of me. Not because of that actually. But she's told me if I don't find like I was telling you about (inaudible at 00:10:19). She could see that I broke two teeth in like a span of two weeks. She told me, "Neck guards are like a stop gap. If you do not find what's making you grind your teeth and stop it now, you won't have any more crowns. You will not have crowns at all because we can't put them in. You're going to ruin the bone in your jaws such that we can't even put implants in."

THERAPIST: Huh.

CLIENT: Not quite as strong as that but it was very, very strong. And that really scared me. And we talked about the fact that there is a lot of very controversial treatments that they have to make this stop. And I explained that every time I go to the dentist I talk about this idea that I have of giving you biofeedback by giving you a light shock. And everyone thinks that's weird. And she's like, "No, no, no. That's exactly I mean not that exactly." But she's like, "We've got to figure out how to retrain you from grinding your teeth because if you don't -" There is nothing she can do to fix it. [00:11:24]

THERAPIST: Yeah.

CLIENT: So I may be going to see this doctor to get botox put in me. Not like botox like forehead botox. (inaudible at 00:11:32)

THERAPIST: (inaudible)

CLIENT: Paralyze a few of the muscles. Not all of them but a few of them so that they're very specifically . I will be able to use my use my jaw but it won't be so strong.

THERAPIST: Mm-hmm.

CLIENT: So then it's kind of an interesting concept. And I normally would be very, very shied away from it. Like the concept of botchulism toxin is not a big (inaudible at 00:11:55) thing for me.

THERAPIST: (chuckles) Really?

CLIENT: Yeah. It's probably not even the worst thing that I've done to myself in some way or another. [00:12:02]

THERAPIST: Uh-huh.

CLIENT: But you know honestly at this point I'm -

THERAPIST: Yeah.

CLIENT: You know? I'm okay with that. I did not realize that if you grind enough that your teeth that it's not just your teeth that are starting to break that it's physically the bones in your jaw start to break down. And if there is nothing for them to implant that means that you don't have teeth. Like I will have dentures.

THERAPIST: Mm-hmm.

CLIENT: And my parents both mostly my mom have a lot of dental work. And she actually has implants, which are like different than crowns. It's weird. But I mean I just thought eventually I'm going to have to get implants. Blah, blah, blah. Which is expensive. They're between six and ten K per tooth. I mean it's expensive.

THERAPIST: Wow.

CLIENT: But they're really they're very . And you would eventually maybe by 60s or 70s I'll have to get that done. But she was giving me a whole different timeline. That made me think, you know, I'm not just going to be like, "Okay eventually I'll grind down (inaudible at 00:13:06)."

THERAPIST: Right.

CLIENT: So I think I'm going to try and look into this. I am amused by the concept of like I said botox for that. But it's not the weirdest thing. (inaudible) chemotherapy for rheumatoid arthritis too. [00:13:26]

THERAPIST: Yeah.

CLIENT: Like yeah. These are not the weirdest concepts. So. But just sort of taking care of things I need to do. There are a couple of other potential things coming up with my job that I'm trying to go out for but I'm not sure if they're going to work out. But in the end it doesn't matter to me that much. The fact that I'm actually trying to do them. At work they have these things they often refer to them as fellowships or career experiences.

THERAPIST: Mm-hmm.

CLIENT: They're not promotions. They are not raises or anything like that. And they're not a job transfer. You just go and you do a job other than your own for six weeks or six months or whatever. [00:14:14]

THERAPIST: I see.

CLIENT: Sometimes it's because you're talented and sometimes it's because they're trying teach you a new skill to see if you're any good at it. That kind of thing. And there is currently one going on for some things related to retail about fixing some of their in-store apps. Like as employees, we have -

THERAPIST: I see. (inaudible at 00:14:39)

CLIENT: You can't them on the app store so they're internally used.

THERAPIST: Right.

CLIENT: And they're not right.

THERAPIST: (inaudible at 00:14:44) selling somebody a phone.

CLIENT: Actually there is all kinds of stuff like that. Yeah. Like if somebody already like if their contract is up.

THERAPIST: Yeah.

CLIENT: Or like as a trainer I find out what this person like when they came in last time and what time it was. And who they worked with and what store. And all that stuff. Well there are a lot of problems with certain ones of them. So they have this six-week experience out in (inaudible at 00:15:08) to do this. And the thing about it is that although after meeting with management they think I may not be as good a candidate for it. Not because I'm not already talented but because they really want it looks like the way it's written is that they're hoping to find some poor kid who works in the stockroom and teach him how to program. And build them up. [00:15:32]

THERAPIST: Right.

CLIENT: Than find somebody who already knows how to fix these things and come out there and just get it done. They're really looking more to find, again and it sounds terrible to say it that way.

THERAPIST: Yeah.

CLIENT: But you know some kid who has never been a programmer but knows the stockroom inside and out and knows where all the problems are. Sit him down, have a mentor. Somebody who knows how to make an app.

THERAPIST: Yeah.

CLIENT: And teach and have that person be the person why the stockroom doesn't work.



THERAPIST: Yeah.

CLIENT: And this. As opposed to the girl who knows how to make apps. But I'm still going to apply for it anyways.

THERAPIST: Mm-hmm.

CLIENT: And even if I don't get it I think that the burst it's not really so much enthusiasm so much as hope that I got over it. It really did help I think.

THERAPIST: Mm-hmm.

CLIENT: For this they don't ask for a resume for these things. They want a profile. And so which is-it's more or less a how do I explain this? An infographic about you. [00:16:45]

THERAPIST: (chuckles)

CLIENT: Do you know what an infographic is?

THERAPIST: Yeah.

CLIENT: Okay. It's instead of just about your resume it's more like something illustrated to show who you are and what you're enthusiastic about. And this and all that stuff. And so which I honestly never made in my life.

THERAPIST: Uh-huh.

CLIENT: And the presentation of how you do it is more than just the actual content. So I had come up with this idea. And because it is a very I read about this. And before I got a chance to really spend a whole lot of time talking with management (inaudible at 00:17:29) Tuesday. Or Thursday. And so I decided to just get it done. And I had this great idea of not only am I going to have this thing that I send them but it's also going to have a QR code on it. Which I redid. Those are those weird barcodes that you take pictures of in the subway. And when you do that it takes you over to my FTP site where you can download an app where if you press the little buttons on the app it tells you things about me. [00:17:55]

THERAPIST: Mm-hmm.

CLIENT: I thought nobody is going to know that they can build apps like that. So that I thought that was going to be (inaudible at 00:18:08) show them I already know. Like I can tell them about how much I know but how are they going to know until they do this?

THERAPIST: Mm-hmm.

CLIENT: So I did that. And I spent most of Sunday night doing that. And then I mean (inaudible at 00:18:21) pictures of me doing things. They really wanted and again I came from a world where you don't use pictures because that's not what you look like. That's not what it's about.

THERAPIST: You mean like photos of (inaudible at 00:18:35)?

CLIENT: Photos of you. Yeah. You're not supposed to be like -

THERAPIST: (inaudible at 00:18:38)

CLIENT: Yeah. (inaudible) but I came from a world where you handed in a resume.

THERAPIST: Sure.

CLIENT: And it would be extremely inappropriate to put a picture of yourself on the resume.

THERAPIST: (inaudible at 00:18:50) heat shots (inaudible).

CLIENT: Yeah. So yeah. Exactly. And not only that but there was a period of time was it was recommended that you just use your initials. [00:19:02]

THERAPIST: Uh-huh.

CLIENT: So that they didn't necessarily know you were a girl. Not because you would be discriminated against but if you wanted not to be picked because you were a woman. I never really gave a damn that much so I just never did that.

THERAPIST: Yeah.

CLIENT: But so I went and dug up and (inaudible at 00:19:21) pictures taking of me in forever. And they really want (inaudible at 00:19:26) a picture of you just sitting there. They want you in some sort of way that is going to make you give some sort of personality about what you do. So (laughs). I probably ought to just show this to you.

THERAPIST: Sure.

CLIENT: This is hilarious. Apparently at one point I took this picture while I was doing I'd never even saved it myself. I had to get it from somebody else. A picture of me back when I was doing hardware stuff. Like actual clean room stuff.

THERAPIST: Okay.

CLIENT: So you're about to see me in a bunny suit doing things you should never be doing in a clean room which I think that's why I deleted it. It's because I thought, "Oh my gosh. I have to get rid of the evidence." Yeah. [00:20:15]

THERAPIST: (laughs)

CLIENT: Yes. And I think it sent it to somebody. I don't remember. But (inaudible at 00:20:27) had a copy of it and she sent it to me. So (inaudible). So here I am in the bunny suit taking you're not supposed to have cameras in there. You're not supposed to be doing any of that stuff.

THERAPIST: (chuckles)

CLIENT: And apparently my bosses loved that. They just thought that was extremely they had heard I worked in hardware. They were like, "You worked in clean rooms?" I'm like, "Yeah." And they're like (inaudible at 00:20:59). And the next thing you know it became this discussion about this. And I'm like, "I'm not sure I want to talk about this kind of stuff but ." I don't know. It's not that I really miss that world. I really don't have the dexterity to do certain things anymore. [00:21:17]

THERAPIST: Yeah.

CLIENT: But just sending out a mass e-mail saying, "Hey does anyone have these pictures of me?" It was really nice to kind of go back and see all those years. Because those it was nice. It did make me sad though. I'm still missing the picture of me sitting on a missile, which I'm trying to figure out where the hell that one went to.

THERAPIST: Like literally sitting on a missile?

CLIENT: Yeah. Like literally sitting on missiles. Yeah. It didn't have a payload. (laughs)

THERAPIST: That's probably good. (laughs)

CLIENT: Back when I worked for (inaudible at 00:21:52)

THERAPIST: (inaudible) ground or -

CLIENT: Yeah. Yeah.

THERAPIST: (inaudible at 00:21:55)

CLIENT: No seriously. They have this area that it was kind of weird. It would be for visiting people from different countries involved in their military come visit. It's kind of like a showroom of missiles. Things like that. [00:22:11]

THERAPIST: Yeah.

CLIENT: We would see these at Air & Space Museum but those are usually old ones. These are new ones. And when I worked there at one point I had seen Dr. Strangelove too many times. And I had to get a picture of me riding a missile because I love Dr. Strangelove. So I got a picture. And like I said I have no idea where it is but that would have been also really great to talk about. Like I love this or that.

But apparently those kind of special interest pictures which I never think ever to take of myself really possibly because you're really not supposed to. Apparently are like those kind of pictures will do more for it than saying I have a Master's in Engineering. And you're showing and even more than I created an app to show you more about myself.

THERAPIST: Yeah.

CLIENT: And I don't know how I feel about that. I mean I'll give in. But like I don't know. It feels weird doing that. But this kind of it's not like shameless self promotion but it's more like . It seems how do I explain it? I get a kick out of seeing it myself but putting it on for something to make people want to hire me is not it seems not wrong but upsetting that they would do that. Because that's the reason why. Not because of "Hey you know, I'm very good at this." You know? Because it's trying to show that I'm fun and interesting to be around. [00:23:56]

THERAPIST: Yeah. Yeah that's like especially the content. It's sort of P.R.

CLIENT: Yeah. And I won't avoid doing this whole like branding yourself thing, P.R. stuff but I find it kind of a little bit disconcerting. You know? That's what the way the world goes. (pause at 00:24:25 until 00:24:32)

THERAPIST: (inaudible)

CLIENT: Yeah. You know?

THERAPIST: Yeah.

CLIENT: And I mean (sighs) also now I'm thinking about the fact that I now I have to be mindful about the concept of this "now this may be a really great photo moment for the future."  
[00:24:55]

THERAPIST: Mm-hmm.

CLIENT: The missile picture was taken in 1996 or 97. That was taken just before I left because I was working on a project. Grad school type of thing but it was more of a I'd mostly been out of the field at the same but I was just doing it for fun. But those are the only two I can think of.

That's it. And I guess it's kind of weird to have to start me thinking the way that I'm doing in my life to start taking pictures. You know?

THERAPIST: Mm-hmm.

CLIENT: I don't know. It's just kind of weird. Especially because at least the ones that people really loved are things that really should never have been done. You know? And maybe that's the reason why they love it is because no one takes pictures in clean rooms. Or nobody  
-[00:26:02]

THERAPIST: Right. Yeah.

CLIENT: I don't know. Of course my manager knows nothing about it. (inaudible at 00:26:08) So this is literally out of her skill set.

THERAPIST: Right. Right.

CLIENT: So but it just seems so weird to have be mindful about something like this is a moment that I might need to share. Instead of loving and enjoying and having a good time and when all of my life when I've been doing stuff around the house or doing this or that. I don't really think about "oh this is something that I'm going to have a need."

THERAPIST: Right. A professionalization of various, random, fun things in your life?

CLIENT: Yeah! You know? It feels weird. And I don't mean to be stodgy but I mean I've done a lot of things I'm okay with being stodgy about. But it just seems really weird to have to be constantly looking for that right moment for something that's going to be appropriate to do. You know? [00:27:09]

THERAPIST: Mm-hmm.

CLIENT: So. The when I was explaining this to Mike he mentioned the fact that at his lab they regularly have days where the photographers come over.

THERAPIST: Mm-hmm.

CLIENT: It's not for any reason. It's like there isn't even necessarily an article planned. And they're not really doing anything. They're just getting stock footage of stuff from them doing pseudo science for no good reason. So that if they need a picture of something that looks like this and often it's selected because they need something with the color green that involves science. And they already have it. [00:27:52]

THERAPIST: Yeah.

CLIENT: And I just never had that personal experience myself either. I've had the "oh well you have an article coming out about this and we need a picture of you working on a microscope." But like taking pictures for the sake of "today's stock footage day" over at the (inaudible at 00:28:09) Institute. That's kind of weird. But I think it makes me feel very like I said behind the times and old. But yet at the same time wondering, "Is this really ?" You know (sighs). I don't know that I like where that's going. You know?

THERAPIST: Well it sounds like you have a kind of distrust. You don't feel like you can trust where this is going or trust that the people who are planning this or making this stuff up really know what they're doing. Or have the right [00:28:57]

CLIENT: Well it's a couple of different things like that. One is the distrust of "Wow so you're -." I could totally leave off the fact that I know anything here but I can put a picture there with a subtitle saying, "Here I am making (inaudible at 00:29:10)."

THERAPIST: Yeah.

CLIENT: And that makes it so much better than the fact that I have done this. (inaudible at 00:29:19) have nothing to do with making apps. But that's apparently what (inaudible) are cool.

THERAPIST: Right.

CLIENT: And trust me I never thought they were cool at all. They look ridiculous. But I guess to some people it might be but it's not even necessarily the frame of reference. Not even necessarily (inaudible at 00:29:39) good for that job. It just shows that I have done something different. I mean (sighs).

THERAPIST: Sort of making you stand out?

CLIENT: Making me stand out but making me stand out in a way that maybe isn't appropriate. Not appropriate but isn't I mean the (inaudible) isn't necessarily important. You know? [00:30:02]

THERAPIST: Mm-hmm.

CLIENT: Basically what I'm trying to think of is if I were cooking lobsters and I had a really hilarious picture of me cooking lobsters that would be what's game fair game anymore at this point? Would that be something I put on my profile for my job?

THERAPIST: I see.

CLIENT: Also but the big thing for me is that I for me I try and be very, very plain thinking in certain things. I don't like to over-analyze my life. Although it seems like it when I'm here. At least to myself. But I don't want always think as I go through my life thinking at every moment thinking "Is this something I need to document because maybe it will make my life better?" You

know? That's boring. I don't think that's really a good way to have to live to be like, "Okay, hold on! You've got to get a picture of this now." [00:31:00]

THERAPIST: Uh-huh.

CLIENT: You know? Instead of just enjoying experiences as they happen. And I don't know. Like I said it's something weird to think about for me. And so in terms of flexibility I've always been okay with it but this is maybe I'll get over it eventually but it just seems weird. Seems very weird to me. But yeah. I mean part of it is human interest. Making me stand out. (inaudible at 00:31:42) But like I don't know. It just it doesn't feel dishonest but it doesn't feel like relevant either. [00:32:00]

So. But (sighs) we'll see what happens with that. Like I said now that I know that that's what the actual intention is I know I probably won't get the job. Get the job being like get do to this. There is no extra money for it anyways. I did before I really knew what it was get a kick out of throwing together of something cute. (inaudible at 00:32:39) about me. And I don't regret (inaudible at 00:32:42). (inaudible) bio page that I can print out and hand to them for something else. But I don't have any regrets about it. So.

THERAPIST: Mm-hmm.

CLIENT: But it's exhausting. So. That's part of one of the many things that's pretty good but tiring this week. [00:33:09] (pause until 00:33:17)

THERAPIST: It sounds like you had fun with it.

CLIENT: Yeah I did. I did. I'm trying to more as I can but not push myself too hard.

THERAPIST: Yeah.

CLIENT: It's just a really weird line to walk. Saying like I'm trying push myself too much. What people think worked for them is not necessarily the same thing for me. In terms of pushing myself too much.

THERAPIST: Yeah. Yeah. It's all really how you feel.

CLIENT: Yeah. So I went to a new suburb for the first time like this week. [00:33:57]

THERAPIST: Right.

CLIENT: I mean I've (inaudible at 00:33:59) stop on the subway but never been there.

THERAPIST: Oh wow.

CLIENT: I am certain that at some point I have driven through there on the way to get to 95 possibly. I think that's technically part of it.

THERAPIST: Probably yeah.

CLIENT: Again I've been on the subway or I've been in the car but I've never actually been on the ground there.

THERAPIST: Right.

CLIENT: Until Saturday. Yeah. And it's not like I was actually avoiding it. It's just -

THERAPIST: Yeah.

CLIENT: I mean I've had some serious sleep to catch up on. (laughs) So.

THERAPIST: Yeah.

CLIENT: Yeah. So I did that. And I'm trying to do stuff. I won't say that doing things makes my mood any better but I won't say that I can definitely say that not doing things makes my mood worse. Like I am a person that hates being passive. [00:35:00]

THERAPIST: Yes I know.

CLIENT: Yeah. So.

THERAPIST: What did you get out to do?

CLIENT: There is like a movie premiere not really premiere because it's not going to be out for awhile. Someone I work with mentioned there is a remake of Much Ado About Nothing, which is what we saw. But it's being made by this guy that I guess does science fiction films. I went and saw it. It wasn't bad. (inaudible at 00:35:31) I want to say?

THERAPIST: (inaudible)?

CLIENT: Yeah. Buffy the Vampire Slayer guy. Yeah. He shot on a lark shot Much Ado About Nothing in eleven days at his house. Like on a camera phone or something.

THERAPIST: Huh.

CLIENT: Yeah. So the first testing and I guess this summer is going to be in theaters.

THERAPIST: Oh wow.



CLIENT: Mm-hmm. And it was like I said. It was not when it comes to like I am so such a critic about Shakespeare. I don't regret going. I don't regret spending the money. It was quite a long line and all that kind of stuff but it wasn't the best performance but I don't think anybody can do it in eleven days and have it be the best performance. [00:36:18]

THERAPIST: Sure.

CLIENT: At somebody's house on a camera phone.

THERAPIST: Yeah.

CLIENT: You know? But (inaudible at 00:36:25). So. But it was more-it was less about. Out of all the Shakespeares it's one of my favorites. It was less about the movie more than just like going out and doing something.

THERAPIST: Mm-hmm.

CLIENT: So.

THERAPIST: (inaudible at 00:36:47)

CLIENT: Yep.

THERAPIST: Yeah.

CLIENT: So and just like it's nice to do that. Now I know of a theater that you would go to in Summerville so that if we wanted to go do something there is one of those places that has crazy art house films to go see. And that kind of stuff. So now I know that. Great. So. [00:37:12]

THERAPIST: (inaudible) energy (inaudible) stuff.

CLIENT: Yeah. Some of it isn't always that. It's more like just replanning the time. It's not more flexibility. I definitely have more energy but it's not as (inaudible at 00:37:28) as it seems like. It's like, "Wow. I know we're going to go out so I need a nap or I need to do this."

THERAPIST: I see.

CLIENT: But it's still better. It's better. Than it's been. So. But it's (inaudible at 00:37:42). Really trying. And unfortunately I feel really bad but my spouse is like having a lot of depression related issues himself. And he's not going out. And he's struggling. He's getting more and more unable to be in social atmospheres. He's just having a lot more trouble again. He's not as comfortable. He's never been great about it. But he's making small talk. Asking for help. That kind of stuff. And he's getting worse at it. So. And [00:38:33]

THERAPIST: (inaudible) going on with him?

CLIENT: Honestly at this point I really don't know. He says it's over. I almost entirely mostly believe him. I think that (sighs). I think that he just hates himself and just assumes everybody else will too. You know? And even though he may not be acting out it is difficult sometimes for him to put himself in certain situations. Like he shies away e-mailing a group of people about something that he doesn't understand or doesn't know because he doesn't want to be publicly shamed. You know? So. He also and this is part of this and this is really upsetting. His gaming group he had a fight with somebody and ended up leaving. [00:39:43]

THERAPIST: Oh no.

CLIENT: Well it's this guy has been waiting. Gaming is not about politics. This guy keeps baiting Mike. And baiting Mike. And Mike just got really upset and just left. I hope he doesn't not go back. But -

THERAPIST: You hope (inaudible at 00:40:08)

CLIENT: I'm sorry. I hope he goes back.

THERAPIST: Yeah.

CLIENT: But it was such a distressing thing.

THERAPIST: Oh that's too bad.

CLIENT: Yeah. I think that yeah. I think that that really reinforced that anything he believes strongly should not be spoken aloud. So. But talking about how he feels about something. Because whenever he talks about what he believes in these conversations it very quickly devolves into in one situation literally being called Hitler. [00:40:50]

Yeah. Slavery. Like all kinds. Like all of a sudden this guy I'm not saying everybody does this. This one person who is obviously doing it to get Mike upset but he's doing because he's like I guess it's a real thrill to like bait the conservative. And this and that. And -

THERAPIST: Mike is like politically conservative?

CLIENT: He is.

THERAPIST: Mm-hmm.

CLIENT: Not as much as me but yeah. And so this guy who is for example and this is I'm really glad I've never met this person. This guy is an actual honest to goodness socialist.

THERAPIST: Mm-hmm.

CLIENT: And he talks about socialism this and socialism that. And so originally he came into it talking about this and talking about this. And Mike's like "I really don't feel comfortable this." Well if you don't feel uncomfortable you better start because you've got to get used to it because that's the way the future's going. He's like "I don't really want to talk about this." And then finally at some point he's like talking about the fact that my wife's family was tortured under the guise of this kind of stuff. I really don't want to talk about it. [00:42:01]

THERAPIST: Yeah.

CLIENT: And it became like "Well your wife's family were slaveholders obviously."

THERAPIST: Oh God.

CLIENT: My family did have serfs. It's true. We're talking 1200 years ago. I'm thinking when feudalism really happened at that point. But then it became "Your wife's family are slaveholders. They should be ashamed. Anything that happened to them, they reap what they sow." This is like -

THERAPIST: Yeah.

CLIENT: You can see where this is going. And I know that 99.99 percent of people who are on a different political spectrum are not like this. (inaudible at 00:42:38) For me I'm perfectly comfortable with the baiting on that level. Saying, "You know what? I don't feel like talking about this." He just got so and he didn't talk about this kind of stuff. So much that when he gets yelled out and be told a terrible person like in certain situations I wasn't around for it to know all of it he doesn't ever want to talk about it again. So the next thing you know it's like he doesn't really want to have conversations with people because they're already negative. [00:43:08]

THERAPIST: Yeah.

CLIENT: And that's kind of the way he had things when he grew up. That if you said you're not all that interested in something then (inaudible at 00:43:19). So he stopped talking.

THERAPIST: Right.

CLIENT: And so I'm just really, really worried about him. But I don't I don't like being helpless. And the number one thing is that I feel so helpless with his feelings like this.

THERAPIST: Yeah.

CLIENT: And I don't -

THERAPIST: (inaudible at 00:43:46) frustrating for you.

CLIENT: Yeah. You know? The extreme version of it is if he has a migraine which isn't all that often. I feel extremely helpless.

THERAPIST: Yeah.

CLIENT: So this is like a much more (inaudible at 00:44:07) version of that.

THERAPIST: Right.

CLIENT: I just I don't know.

THERAPIST: We should stop. For now.

CLIENT: Okay.

THERAPIST: (inaudible at 00:44:16)

CLIENT: Yep. See you next week. [00:44:21] [end of audio]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: (sigh) Oh gosh. This is usually the end of my week but it's not at this point [that way] (ph). Work needs me to come in for a really, really long day Thursday.

THERAPIST: Oh.

CLIENT: It's a coverage thing. There's stuff going on. And due to the fact that we spent a lot of money recently, you know, life I think is probably easier just to, you know, work it.

THERAPIST: Uh huh.

CLIENT: I am sort of concerned that, because things are not completely and totally falling apart crisis-wise, that I'm sort of indoctrinating myself into believing that everything is okay again. Does that make sense? Like I do this. I do these pep talks to myself, "Everything is going to be okay. It's going to be fine. You're just exhausted." Or, "Just keep going. Everything is fine."  
[00:01:08]

And it's just sort of a natural instinct for me to do that. You know? Partially because of the fact that I want to be hopeful. You know?

THERAPIST: Mm hm.

CLIENT: I don't feel like I'm in super denial or anything like that. I just, you know, I try and sort of down play, you know, when things are not so bad, you know, how I'm feeling or how things are going. You know? (pause) And it's really hard for me not to because it's just -

THERAPIST: [There's two things there. It's sort of you find something] (ph) to keep your spirits up.

CLIENT: Yep.

THERAPIST: And avoiding what you're really feeling. [00:02:13]

CLIENT: It's not even just avoiding. I mean part of it is the fact that, well, I mean relative to what? You know. I'm doing pretty good relative to being in the hospital and, you know, (sound of cell phone alert) wandering around completely exhausted, yeah.

THERAPIST: Mm hm.

CLIENT: You know what I mean? That's part of it. I mean it still the quality of life is really crap. But also the fact that, quite frankly, it's, you know, it's partly just trying to pick up my mood by insisting that things are doing a lot better than they are. You know?

THERAPIST: Mm.

CLIENT: It does happen. (pause) But, you now, it's just sort of progress, I guess. Sort of. I don't know. It's hard. It's really hard for me because it's like I have a million little annoying things that are just, you know, wearing away at me, but any one of them is not that big of a deal but altogether. [00:03:21]

THERAPIST: Mm hm.

CLIENT: You know? It's, you know, a lot more than I can really handle. So (pause) I just feel like sometimes I just let, like keep this going until the point where things are completely and totally impossible for me to cope. And that's when I sort of, kind of break down. You know?

THERAPIST: Mm hm.

CLIENT: The other day, I guess it was not really that other day, but it was like late last week, I was just, my arthritis was killing me and I had all this other stuff going on, and I had to get to the dentist, and this and that. And I was just feeling like all I want to do is have a meltdown like a toddler. You know?

And Mike's giving me choices of this or that. And finally after the fact of that I (inaudible at 00:04:22) like, "If I get to this point where I get to this point, don't give me choices. Tell me, 'You need this. You need that.' Just pick one or the other at that point because what's happening is, is even having 'a' or 'b' -

THERAPIST: Yeah.

CLIENT: you know? 'Do you want me to walk with you to the dentist or do you want me to call you a taxi?'" That choice is more than I can really handle at that point. You know? And I think he kind of gets it that, it's not all time, but sometimes you just [devolve to it.] (ph) It doesn't really matter what the choice is.

THERAPIST: Mm hm.

CLIENT: It's just something -

THERAPIST: Yeah.

CLIENT: not to have to think of because I'm already extremely foggy brained and trying to keep going.

THERAPIST: Yeah. (pause)

CLIENT: And I'm sort of coping with just like a lot of little things like a bunch of my medications went generic. Which sounds great, sort of, but the coating on them aren't quite I mean they're exactly the same but the coatings aren't quite the same so when you take the dose so that things are going okay it sort of still kind of, for the past few days been kind of funky. [00:05:37]

THERAPIST: Hm.

CLIENT: And so it's sort of just trying to figure all that out and figure out if it is okay for it to be generic. You know? For me I don't normally care, but I think some of the things for the timing isn't quite right. So if I know, okay, well this is going to happen at this point, then I need to plan for this or that.

THERAPIST: Yeah.

CLIENT: You know? But and, you know, it's just a lot of juggling, I guess, is what I'm just trying to say. And I'm just really exhausted. You know?

THERAPIST: Yeah. (pause)

CLIENT: I'm not sure if I talked about this yet or not, but Mike's kind of going through this, I don't know how to explain it. Every way that I can think of to explain it easily sounds almost like pejorative. (laughs) [00:06:50]

THERAPIST: Hm.

CLIENT: He's realizing that he's just not having a lot of success with his work. He was actually going to work on a regular basis, sort of. Yeah. Not to the level he should be but I'm pretty sure he's going there every day. And I'm actually pretty sure he's there for more than a few hours, I think. I don't really have the energy or the desire to spy on him to find out. You know?

But he met with his advisor and a lot of the things that I had sort of implied to him, and I don't want it to be "I told you so," dance, is true. That he's just not coming up with things on his own. He's acting more like a tech, less like a principal investigator and, you know, this and that. You know, he's not thinking and innovating driving concepts. You know? Just doing what you're told is not enough. [00:07:56]

But, you know, if this experiment doesn't work then, you know, repeat it. Or, you know, you should be spending more time with journals or this. And he's getting really upset when somebody scoops something he does.

THERAPIST: Right.

CLIENT: But, you know what, he's been really, really moving at all only at glacier speeds for certain stuff. So it's like I don't know what to say. You know? And (inaudible at 00:08:19), "Okay, well that is true but this is on a different scale." Or, you know, he needs to be prepared when he walks in.

THERAPIST: Mm hm.

CLIENT: And he always had advisors that are very, very laissez faire. Like, "Come on in. We're going to this but with a chalkboard." Whereas, this particular one she sent the night before PowerPoint slides for the meeting.

THERAPIST: Mm hm. Yeah.

CLIENT: That kind of stuff. I mean graphs and figures and this. You know?

THERAPIST: Yeah.

CLIENT: And I don't think he really gets it as much. So now because of that I think he wants to bail out to industry.

THERAPIST: Hm.

CLIENT: But he doesn't see it that way. Like he thinks it's okay, "Well, I'm not suitable for this, therefore, I should look into industry."

THERAPIST: I see.

CLIENT: I really feel like I was overly harsh with him but I just don't think industry is really good for him, because the type of lifestyle that he wants to lead is not like with industry. Like not making it to work on a regular basis or having various times. You know? I mean above and beyond that too. You know? And in industry there's a lot more ambition than you would think. You know? [00:09:28]

THERAPIST: Mm hm.

CLIENT: It's different ambition but there really is.

THERAPIST: Yes. Right.

CLIENT: And there's just so much about it that I just can't imagine he would be able to It just doesn't seem like he has the profile for it. But he's been going to lectures about what to do. You know, this kind of stuff. Like is consulting, is industry, is academia better for you? And he seems to think it's kind of a, this might be good fit.

THERAPIST: Hm.

CLIENT: That being said, you know, that's fabulous but he needs to find himself a job -

THERAPIST: Mm hm.

CLIENT: for that. And he's like, "Well, I want to make sure I finish this through project." Well, the minute you tell your boss that you're not thinking about it, they don't give a damn about the project. They're just going to dump you.

THERAPIST: Mm hm.

CLIENT: So you need to have an exit plan.

THERAPIST: Mm hm.

CLIENT: So if you think something is not working out but you want to follow through and see the end of it, that's great, it's philosophically. But they think if things aren't going to work out they would rather just cut that research thing -

THERAPIST: Mm hm. Yeah.



CLIENT: immediately. So we'll see. It's kind of heartbreaking though because he's finally now feeling like he fits in, he knows people, he's getting, you know. He's finally warming up and feeling like this is, you know, he's comfortable. But yet at the same time he doesn't really like what he's doing and it (sigh) I don't have it in me to be able to handle a midlife crisis right now. [00:10:55]

THERAPIST: Mm hm.

CLIENT: I really don't. And I know, I mean it sounds so condescending but I know him better than a quiz about your, like sorting (ph) your temperaments or whatever, to know that these kinds of things Like I've worked in industry. I know what it's like. No, I haven't worked for XY, but I know what they are like and I used to do a lot of consulting.

THERAPIST: Mm hm.

CLIENT: And they would chew him up and spit him right back out. You know?

THERAPIST: Mm hm.

CLIENT: He's shy, he's this. You know, all these things that Academia really is much, much better suited for him.

THERAPIST: Yeah.

CLIENT: Like a lot better suited for him. Like, you know, he isn't the kind of person that usually strolls into work at noon, but if he was, I mean, that would be okay. But he's very erratic in that kind of stuff. You know? And wanting to be social about what you're researching. You know? And talking to people and things like that. And, you know, cross pollinate in terms of -

THERAPIST: Mm hm.

CLIENT: "Oh, well I like this and this about that." That doesn't really happen that much in industry. [00:12:01]

THERAPIST: Right.

CLIENT: They do but it's very They actually have to force it to happen, even in the same part of the company. But other companies, absolutely not.

THERAPIST: Mm hm.

CLIENT: And so I just feel like it's a very strong thing. And at the same time it's like, well, that would potentially be a stable income, I guess. I don't know. Maybe. I mean, it would definitely be

more income so that would be nice. But I'm not really sure. I don't know. I just have a lot of concerns. You know?

The way I see it is, is that, you know, if he really wants to do some industry stuff, get himself an academic appointment and do stuff with, you know, consulting on the side.

THERAPIST: Yeah.

CLIENT: But then I think to myself, "Well, I can't really get him to do that because he's not really all that much doing work now, so maybe he's not going to "

THERAPIST: Uh huh.

CLIENT: It's so everything and so I just don't know what to do. And I feel bad because that makes it sound like he's totally like the kind of slacker that's sitting around playing video games all the time. He really isn't as bad as that. [00:13:05]

THERAPIST: Mm hm.

CLIENT: But at the same time, based upon owning a PhD, there's a different level of expectations as to what And also being at his age of, you know, what is stepping up and getting to a new bar on something. You know?

THERAPIST: Mm hm.

CLIENT: And I'm not bitter about trying to drive his career but I really wish that he saw it more that way.

THERAPIST: Mm hm.

CLIENT: Like he had officially, on with the group the "blank on a chip." It's usually, "organs on a chip." Like they've done, "lung on a chip," and "spleen on a chip," and all this stuff. And he was talking he used to years ago work for the (inaudible at 00:13:49) Engineering, the (inaudible). And we talked about this idea of, well, maybe there might be something good for this.

And it's like, "Yeah, but I don't really know what would be applicable," I mean blah, blah, blah, "without doing this." And, you know, not wanting to just screw up this kind of thing. And finally I'm like, "Well, [Martin Morris] (ph), he's back, he's super ambitious but he's extremely discreet.

If you told him that you need him not This guy basically wants to be He's a grad student, but he's been a grad student on like the twenty year plan.

THERAPIST: Mm hm.

CLIENT: He's working as a tech and taking a class a semester. It will take a very long time.

THERAPIST: Yeah.

CLIENT: He's very loyal. He's very, like he sees it You know, Mike's worked with him before.

THERAPIST: Mm hm.

CLIENT: I know him very well.

THERAPIST: Mm hm.

CLIENT: You know, he's extremely discreet. If you told him, "Hey, you know, would you be willing to some brainstorming things since you're the person doing the histology you know, and I'm the engineer?" You know, this is not a collaboration but could you spend some time just thinking about what we could, you know, as a person who does histology -

THERAPIST: Yeah.

CLIENT: (inaudible at 00:14:47), what would be a good application, you know, for this, you know, for these needs. That's what I tell him to do. And he's perfectly okay with doing it. I don't really want to tell him to do it but, you know, it is something that, you know, I see as a team sport in terms of helping him.

THERAPIST: Mm hm.

CLIENT: But I don't I guess sometimes I need him to come and tell me when there's problems to do that. But at the same time I feel like weird that, you know, I'm the person that has to tell him these things all the time. You know?

THERAPIST: Mm hm.

CLIENT: Not all the time. I mean, it's not my career and I'm telling him who to network with. You know?

THERAPIST: Mm hm.

CLIENT: And I don't want to seem like an egomaniac because I'm not, but one would think that these things would be immediately obvious, I guess. I don't know.

THERAPIST: Mm hm.

CLIENT: I don't know. It's frustrating. And part of it is the fact that I have made it a point, except for not so much at this particular job, but made it a point of being socially and intellectually

active with most of the places he worked that I have had some sort of professional relationship on some level with some of the people there. [00:16:05]

THERAPIST: Mm hm.

CLIENT: He's worked with all these different places such that, you know, if I run into these people they know who I am. I have run into people from his old labs in Boston, you know, and they know who I am. And so I know enough about certain people's personality types enough that I can say, "This person is going to be discreet." Or, "This person is," you know, "this" or, you know, "that."

And I feel like I'm pretty, pretty dead on on most of them. And, I don't know. It's really frustrating. I don't want to live his life for him but I really wish that he could just see these things. You know?

THERAPIST: Mm hm.

CLIENT: There's so much in front of him, so many opportunities. (pause) [00:17:06]

THERAPIST: Well I imagine it's extremely frustrating alongside your own not being able to do a lot of things that you would like. I mean, for very different reasons.

CLIENT: Yeah. It is. But, you know what, I honestly If he was as involved -

THERAPIST: Yeah.

CLIENT: in his career as I am, I think that I'd be okay with it. You know? As engaged with it. I really do.

THERAPIST: Mm hm.

CLIENT: I sincerely thought that he was excited about the work he was doing. Apparently, I'm more excited about it than he is.

THERAPIST: I see.

CLIENT: You know? I think he's bored by it.

THERAPIST: Mm hm. I see.

CLIENT: You know, it's really (pause) I guess it's really distressing. (pause) I just have to wonder on some level am I getting too engaged and interested in these things? But at the same time, well maybe, maybe not. I don't know. [00:18:39]

THERAPIST: Mm hm.

CLIENT: But, you know (sigh) I lived doing really, really boring jobs and I found ways to make them exciting. I made them exciting to me somehow.

THERAPIST: Mm hm.

CLIENT: And maybe I was just hoping that he would do the same.

THERAPIST: Mm hm.

CLIENT: So it's exhausting and frustrating.

THERAPIST: We need to stop. [I'm sorry.] (ph)

CLIENT: Yeah. Well thank you for holding as much as you could of the appointment.

THERAPIST: Yeah, sure. I'm sorry (inaudible at 00:19:20).

CLIENT: Well, it happens. At least I can usually give you two hours' notice because that's how long it takes me to commute.

THERAPIST: Oh.

CLIENT: Yeah. (pause) My dream is to someday have a job that is only an hour away from my place that I live. Okay.

THERAPIST: Bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So, oh Gosh. It looks like [someone caught] (ph) the medications so it's getting calmed down.

THERAPIST: Oh good.

CLIENT: So I am I really, really don't like things related to my stomach. Like there's a lot of things that like I can tolerate.

THERAPIST: Yeah.

CLIENT: Like in terms of pain and discomfort. This is one of them that I just, I'm not good at dealing with. So, but, you know? (inaudible at 00:00:39) You know. I am frustrated because I a

couple of doctors don't like to give me as much anti-nausea pills because they keep trying to tell me, "Well, it's a sign of something." You know? "We need to know about this."

And I'm like, "Great. Great." But like if I'm throwing up like in a trash can in Central Square, chances are that's really just, you know -

THERAPIST: Yeah.

CLIENT: Yeah.

THERAPIST: So diagnostic.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: But it's, things are getting better. We'll see. I understand not, like again like with pain to, they don't like to completely ever totally ever medicate pain away because it's supposed to be, you know I get it. It's just that I'm cranky about the whole thing.

THERAPIST: Sure. You're in pain and nauseous and throwing up.

CLIENT: Yeah. But I'm making it eventually. It's just stressful at work, stressful at life. [00:01:41]

THERAPIST: Uh huh.

CLIENT: My health has been doing weird things again. So my immune system started attacking other parts of my body again, so that's why they're changing my medicines, and you know.

THERAPIST: Oh.

CLIENT: I'm kind of becoming sort of depressed about the fact that my own body has a suicide wish sort of. You know what I mean?

THERAPIST: Yeah.

CLIENT: Like it's not my head, it's my body at this point.

THERAPIST: Yeah.

CLIENT: That's really like very, at some level, once you get this many things where your own body is rejecting itself, especially because, you know, they've done MRIs on my replacements.

THERAPIST: Mm.

CLIENT: Nothing. Nothing at all. Like normal people when they get joint replacements, like people who don't have autoimmune disorders -

THERAPIST: Mm hm.

CLIENT: They wear out within fifteen, twenty years tops -

THERAPIST: Mm hm.

CLIENT: because of the fact that like your own body starts to slightly tear it apart.

THERAPIST: Mm hm.

CLIENT: One that is ten years old looks like it was put in last year. I mean, it's completely left it alone. [00:02:46]

THERAPIST: Hm.

CLIENT: So it's almost like I have this self-loathing for myself, but on a cellular level. And it's really disturbing and morbid on some level.

THERAPIST: Sure.

CLIENT: And so that really makes me feel, especially when, you know, for some reason you can't sleep, it's in the middle of the night, stuff's going wrong and this and that, it just doesn't do too well for your mental state for that.

THERAPIST: Sure.

CLIENT: And, I don't know. It's (pause) having, at this point, like all kinds of weird factoid things because next month my spouse and I will be married for fifteen years, is sort of like -

THERAPIST: Wow. [00:03:52]

CLIENT: Yeah, I know. (laughs) Little things have been sort of dawning on me. Like, for example, Mike was mentioning just in passing to his Dad that, you know, it'll be twelve years. And he said something like, "It's going to blah blah blah years for him and his third wife." I think it's twenty four, something like that.

THERAPIST: Mm hm.

CLIENT: It can't be. Twenty four, something like that. Like, you know, on Friday. And I said, "Wait a second. You mean they had been married less time than we had when " Like they had been

married less than we currently have when we got married. So that makes them married eleven, fourteen years. Something like less, you know what I mean?

Like those weird numbers. Like they had only been married They've been married less than fifteen years when we got married.

THERAPIST: When you got married. Yeah. Right. [00:04:52]

CLIENT: That kind of stuff. You know?

THERAPIST: I see.

CLIENT: Those kind of like weird thoughts about that kind of stuff.

THERAPIST: Yeah, yeah, yeah. Right. You guys have been together longer than they had been.

CLIENT: Yes. At the time of, obviously.

THERAPIST: Right.

CLIENT: You know, the one I regularly mention is the fact that, you know, I have consistently lived longer with my spouse than my mother-in-law has with her son. You know, because we've been together like twenty years and she raised him to eighteen.

THERAPIST: Right.

CLIENT: So, like -

THERAPIST: Right, you've lived with him longer.

CLIENT: Yeah. Well not just lived with him, but maybe I dated him. I don't know if I have been living with him twenty years.

THERAPIST: Yeah.

CLIENT: But, you know. Those kind of like little factoid things. You know? It's like I think I really know this person better than you guys do. You know, kind of thing.

THERAPIST: Mm hm. [00:05:44]

CLIENT: But we are going to My Mom and I have been sort of planning this kind of thing. We're going to be doing a basically, something we're sending out to people who helped us out with our wedding, a quick [like things printed] (ph) talking about how fifteen years ago you helped us and we still thank you guys for that day, blah blah blah, kind of thing.



THERAPIST: Mm hm.

CLIENT: Which will be nice. I think Mom just wants to go to stationery stores.

THERAPIST: (laughs)

CLIENT: Like to get things printed. You know? I mean it's not like she's craving for a wedding or anything like that.

THERAPIST: Right.

CLIENT: But I think she does, she just wants something fun to do like we are going to look through invitation books, that kind of thing, to get something printed up to send out. So I'm going to let her run with it. Because it's not that I dislike doing it, I think that she's got a better eye for it than I do and I think it's very sweet. [00:06:50]

I have some slight misgivings in that there's a couple of people in our lives that we really couldn't send to. One, because we don't have addresses to a couple of people.

THERAPIST: Mm hm.

CLIENT: And a couple of people we don't speak to, like his sister, anymore. You know? That kind of stuff.

THERAPIST: Yeah.

CLIENT: But I guess we'll figure it out.

THERAPIST: Mm hm.

CLIENT: I think it is a nice touch.

THERAPIST: Mm hm.

CLIENT: Just saying, "Hey, you know, it's been fifteen years since you stood up for us. Thank you for standing up for us all this time."

THERAPIST: Mm hm.

CLIENT: Or something like that. You know?

THERAPIST: Sure.

CLIENT: I really, really want to do something for our anniversary but it's like This has been a really, really financially brittle month because I've had some extremely expensive dental (inaudible at 00:07:40) stuff. So it's like right now we are 4700 dollars in the hole of things that are due more than we have. So if I can figure out where that's going to come from.

THERAPIST: Right.

CLIENT: Like it will probably will be split in finance over the next few months. But it's like we're always already in debt.

THERAPIST: Right.

CLIENT: But this is above and beyond that. It's just, you know, it's hard.

THERAPIST: Yeah.

CLIENT: And that's not the end of it. That's just part of it.

THERAPIST: Part of the dental work?

CLIENT: Part of the dental work. There have been a couple of other just things that have popped up too -

THERAPIST: Yeah.

CLIENT: that have been, you know, things we've had to do. So we've looked into trying to do something inexpensive locally, and it's not really possible.

THERAPIST: Mm hm.

CLIENT: I just feel like we ought to just wait and see if maybe later in the year we can try and do something.

THERAPIST: Mm hm.

CLIENT: It is literally cheaper to stay at The Ritz in Paris right now than it is to rent some little shack out at the beach. [00:08:50]

THERAPIST: Wow.

CLIENT: Like per night. I can get a now obviously there's airfare played in but I can stay, you know, at one of the most famous Ritz Hotels in the world for like \$190 a night. It's a lot more than \$190 a night to stay out in Cape Cod.

THERAPIST: Yeah.

CLIENT: Which blows my mind. So it's like there is no cheap thing. Plus, quite frankly, if it turns out badly, I just Not that I think things have to be really super nice or anything like that, but I can just totally just see like if we spent money we couldn't afford and we end up in somebody's rental that has mildew or something like that, how this whole thing could go south really fast.

THERAPIST: Right.

CLIENT: So we have to figure things out and see what we can do. I don't think that Like I said, it may have to be later this year we do something, but just we can't do it right now. [00:09:50]

THERAPIST: Hm. [Hey you probably won't,] (ph) but for what it's worth, I wonder if like another area...

CLIENT: We've looked into that a little bit. It's still like even at that point we really can't afford to spend very much money.

THERAPIST: Yeah.

CLIENT: Plus we don't actually have a car. So that becomes, yeah.

THERAPIST: Yeah, it's hard to get there without a car.

CLIENT: Yeah, so at this point we're just like And I do, I mean I may actually ask for those recommendations later. Right now we're just like on a lark looking at like airbnb, which is usually cheap. It's people's spare rooms -

THERAPIST: I see.

CLIENT: that they lent out.

THERAPIST: Uh huh.

CLIENT: And that's even expensive.

THERAPIST: Uh huh.

CLIENT: So at this point I just feel like I just can't justify doing that -

THERAPIST: With the debt.

CLIENT: Yeah. You know I can't not Yeah. (laughs) Not that there isn't always debt, but this is like a lot more immediate. This is an AmEx, you know, going to have to figure out like how to

figure this out. And I may get some help, but you know how it is kind of what it is. You know?  
[00:10:59]

THERAPIST: Yeah.

CLIENT: And then, you know I've sort of got this feeling like, I'm really trying not to. You know? My spouse is insisting that he's been sober all this time, which is wonderful, I'm thrilled.

THERAPIST: Uh huh.

CLIENT: There are some things that seem a little, like he seems better about lots of stuff. Sometimes he only seems, the beaver (ph) seems kind of still there in terms of being kind of like totally self-centered. Not as bad as when he's really acting out. But I guess in my heart I was really hoping that he would completely turnaround and it would be different. It's not.

THERAPIST: Yeah.

CLIENT: But it's not like I'm worried about him getting hit by cars anymore. So that's good, that's at least something.

THERAPIST: Right.

CLIENT: The other day something came up and I said that I was really concerned about him acting out about this. It was something really little. And he's like, "Well, that didn't even dawn on me." But like I don't really like And he wasn't accusing me like as in, "I wouldn't even think about that." [00:11:59]

THERAPIST: Right.

CLIENT: This is like that concept. (ph)

THERAPIST: Right, just to let you know where I'm at and I didn't even have the thought.

CLIENT: Yeah. And I was like, "Well, I remember the time that you slipped on the ice and went home like you're so annoyed with Not that you got hurt but that you're so annoyed that you got muddy that you went home and act out."

THERAPIST: Yeah.

CLIENT: Like little things would totally, totally do that. So like he totally saw where I was coming from too in terms of being afraid of, you know, the little stuff more than the big stuff. I do feel like though a lot he's still quite, quite sensitive to a lot.

THERAPIST: Mm hm.

CLIENT: And so I have to be sort of really candid with what I say, and I'm not very good at that. Like, you know, that he's supposed to have another meeting with his boss in September to reevaluate like how he's doing, and this and that. You know? In terms of, his post doc has only reviewed for six months instead of a year. [00:13:00]

THERAPIST: Mm hm.

CLIENT: Now that panics me.

THERAPIST: Mm hm.

CLIENT: Yeah. And I -

THERAPIST: Six months as a -

CLIENT: Well it's going to be in September it's when they're going to go relook at it again.

THERAPIST: Okay.

CLIENT: So that's kind of like, to me, makes me very nervous. So, I don't know. So I made some sort of comment saying, "Hey, you know, I'm not sure if I feel comfortable doing something since I'm not even sure if you'll be employed at that point." And then he's like, "Whoa. Can I just take a break for just a second. I just need to get past that."

Which was actually nice as opposed to being really, really upset. But still I don't think he ever put that together.

THERAPIST: Mm hm.

CLIENT: You know, I'm not certain if we can go to Miami because I'm not certain that you will be employed in -

THERAPIST: Right.

CLIENT: you know, September or August or I guess, no October is when this thing is. Which is kind of [00:14:00]

THERAPIST: Wait a minute. The time doesn't quite add up there. Like his boss is going to talk to him right around the time that he would be I mean it seems, doesn't it?

CLIENT: They want to reevaluate. He wants basically I'm sure that they would like have some time They wouldn't immediately -

THERAPIST: [But what if they] (ph) tomorrow, you know, "Put your stuff out you're going tomorrow."

CLIENT: Yeah.

THERAPIST: [They're going to say,] (ph) "Yeah okay we're going to review you for six more months or even three more months."

CLIENT: Basically he more or less said that he isn't certain whether or not he had [the drive] (ph) or whether it seemed more technician-like than being able to do principal investigation type things.

THERAPIST: Right. Yeah.

CLIENT: And he said, "But I really think that this is," whatever, "And we need to sit down and talk about this very seriously in six months."

THERAPIST: Right to sort of give him the chance to get some stuff done.

CLIENT: Yeah.

THERAPIST: Right. Okay.

CLIENT: And I'm trying really hard not to be on his case all the time.

THERAPIST: Yeah.

CLIENT: Part of it is I'm forgetful. I forgot that I say things. [00:15:00]

THERAPIST: And there's one other thing there which is that really quite strikingly it didn't occur to him that that could mean he would be unemployed pretty shortly thereafter.

CLIENT: Yeah. And I may be exaggerating in thinking this?

THERAPIST: It doesn't sound off the wall. Well, I mean I hope you're completely exaggerating that, but -

CLIENT: I'm not exaggerating. I hope I'm misinformed as to what that could be. You know?

THERAPIST: Yeah. Sure. Of course.

CLIENT: But, I mean, there are four major people in this town in his field sort of who run massive labs.

THERAPIST: Mm hm.

CLIENT: And the stories I hear coming out of other people's labs. [00:16:02]

THERAPIST: Mm hm.

CLIENT: And I hear stories about them like giving two post docs to the same research thing.

THERAPIST: Mm hm.

CLIENT: And then whoever gets there first gets it published.

THERAPIST: Mm hm.

CLIENT: I hear like, I mean there's all kinds of various different stories that I hear. And these don't sound like they're made up. They sound like they're real, real things.

THERAPIST: Yeah.

CLIENT: So, you know, although they're not having hard times, but just today it got announced that his institute got another 250 million dollars from their founder.

THERAPIST: Mm hm.

CLIENT: [A hundred at least the ] (ph) You know, he needs to really, you know, step it up. He's not very good at like Well, I don't necessarily know, I mean, if corporate would be any good for him. Because he's not real good going to work.

THERAPIST: Mm hm.

CLIENT: You know? I mean I guess a lot of it's, oh, he's at home writing his recording of invention (ph) or whatever. But, I don't know. [00:17:08]

THERAPIST: Mm hm.

CLIENT: So I don't think he realizes like his personal computer is a computer they gave him. He won't have a computer when he gets fired.

THERAPIST: Mm hm.

CLIENT: His, you know, this and that. Like we have no car, we have no way to pay our leases. Like, yeah.

THERAPIST: Yeah, you guys are down 4,700 bucks and he's working.

CLIENT: Yeah.

THERAPIST: Yeah. I'm sure (cross talking at 00:17:34)

CLIENT: And, you know, like to me, I was sick on Sunday and I did not want to call up on Sunday. Even though it's for four hours because to me, I was like, "I have no idea how I'm going to make up that money." I'm going to be able to, I'm pretty sure. But, you know, I know it's a strain on us but I have to work Sundays because Sundays I get time and a half.

THERAPIST: Mm hm.

CLIENT: So that's like the amount of time I spend I get a whole lot more to my paycheck.

THERAPIST: Yeah. Yeah.

CLIENT: But like it's I don't know what to say. It's just really frustrating. And I do know that a lot of people in his field do have time, or they spend less time because they've got like paid, all experiments are, you know, done at this point. But next thing I have to be there for twelve hours straight.

THERAPIST: Right.

CLIENT: I can't start it because it has to You know, or this happens. In this field it happens. There are these weird hours. Short long, short long kind of things. Or, you know, "I haven't made it in the lab in three weeks because I've been busy writing this grant proposal." It's easier to do it at home than to be bothered at the lab. [00:18:38]

THERAPIST: Yeah.

CLIENT: But I think that he's been taking advantage of this stuff way too long.

THERAPIST: Yeah.

CLIENT: I think he's kind of getting it now sort of, now that he's sobering up. Like truly sobering up. But, I don't know. Like today he just sent me a bunch of text messages. This is their anniversary, so Kenny (ph) has to be done at four thirty. And he's like, "Well, you know, I'll just take the 3:15 and we'll meet up."

And I said, "Why don't you stick around until 3:45?" And he's like, "Well, every time I turn around people keep putting champagne in my glass, so I don't really think I can get anything done." And I understand that that's probably true because today is a big day for them.

THERAPIST: Right.



CLIENT: But like, I don't know, I just feel like, stick around for a little bit.

THERAPIST: Yeah.

CLIENT: You know? But (sigh) slowly but surely, I guess, I mean I think he's starting to wake up. I think. I think he's starting to realize that part of the reason why he's able to stay sober is that he's not around his mother. [00:19:43]

THERAPIST: Mm hm.

CLIENT: Which is really funny because she didn't have much to do with us to begin with, but once he really doesn't have anything Like he doesn't have to overanalyze the few things that she does.

THERAPIST: Mm hm.

CLIENT: I think it really is helping.

THERAPIST: Mm hm.

CLIENT: But, you know, (pause) I hope. I really hope. I feel bad because like at this point right now it's been so long communicating effectively, that now when things go wrong I'm like, I'm just sick of communicating. Because I've been communicating effectively for a long time now and I'm bitter.

Does that sound stupid? Because I spent years specifically doing this. And now, especially when I'm having a really hard time but something's going on. And it's like, you know, I don't have the energy to talk about it. And it wasn't ever reinforced to resolve issues sometimes. Like, hey, talking about it was never anything that came out of it. So, you know? [00:20:50]

And there were some things that we were supposed to talk about later. Though God only knows that I probably never will because they're uncomfortable and (pause) I don't know. I'm sick of being the one holding things up.

THERAPIST: Yeah. Yeah, you are holding a lot of things up.

CLIENT: Though I can see myself, as he's getting better at it, getting bitter and going the whole thing of, "Oh, yeah, well I did this for fifteen years. Like you've been doing it for fifteen days," like, you know, talking properly or whatever.

THERAPIST: Yeah.

CLIENT: I don't know. In general, there are certain things that I'm just not especially comfortable talking about. And it makes it even harder. You know? Like we have this You know, I'm not purely trying to grill my spouse about certain things, but there are certain things that I just, you know, I just want to know minimal amounts of information. [00:22:10]

It's not that I want to stick my head in the sand, I just don't want to obsess over it. Especially with addiction. When I was going to meetings, women obsessed over the things that their husbands did. They really obsessed over them. They went through their stuff and this and that. And it's like, honestly, I'm a binary girl. I like want to know, sober, not sober. You know?

THERAPIST: What sort of things are you supposed to talk about that you don't want to talk about?

CLIENT: Oh gosh. Okay. I am so deeply embarrassed to talk about this. Also I'm afraid of being judged.

THERAPIST: Uh huh. (pause)

CLIENT: I (laughs) This is so embarrassing. (laughs) I (pause) Okay. How do I explain this first. (pause) One of the things that is heavily reinforced in my social group in general, in terms of when people ask about like, ["Oh, how could you have stayed married this whole time? This relationship's so strong,"] (ph) is a Fred Savage-like phrase, "It's good giving game." [00:23:40]

Being good in bed, not being selfish, and being up for just about anything within reason. I don't really heed this most of the time, but I believe in it. You know?

THERAPIST: Mm hm.

CLIENT: I've had like a mostly sexless marriage. So it's really not like a particularly applicable thing. But I do actually believe that it's a good idea.

THERAPIST: Mm hm.

CLIENT: There was something that he wanted me to do and I was injured by it pretty badly. I was cut pretty bad.

THERAPIST: Cut?

CLIENT: Yeah. Okay. (sigh) Oh my God. I can't even believe I'm humiliated, not just about talking about this, I'm humiliating that I even let this ever happen to me. Because I'm just not that kind of person, but I wanted to do something nice for him. [00:24:37]

THERAPIST: Sure.

CLIENT: He apparently was curious or has an interest or something like that (sigh) about I can't even talk about this on a clinical level because there's no even clinical words for this. Using an object that is not necessarily meant for sex in a sexual fashion.

THERAPIST: Okay.

CLIENT: Particularly he was interested in a bottle.

THERAPIST: Okay.

CLIENT: The thing at hand was a beer bottle. It was corked so no worry about vacuum. But it had a very, very minor amount of glass cut in it, so I was cut vaginally.

THERAPIST: Hm. [Oh, I'm so sorry.] (ph)

CLIENT: And discovered only after sex. And this is so hard to talk about. This is not I don't normally do risky things. I really, I just want you to know, I just don't do risky things like this. I can't even believe I did this. I just did it because I loved him and I thought, "Okay, I'm going to be game." [00:25:38]

THERAPIST: Sure.

CLIENT: It didn't seem like that It did not feel good. But the whole vacuum issue. And I'm so, like the fact that, like after sex, which wasn't especially like anything I really wanted to do but I decided to along with it. I didn't feel bad about it. I didn't feel like, "Oh my God, I'm rotten, spoiled, dirty," anything like that at that point.

THERAPIST: Yeah.

CLIENT: I certainly did afterwards when like there's blood all over the sheets.

THERAPIST: Oh gosh.

CLIENT: And like, you know, minor skin, I don't know if infection, irritation, something happened. I did not want to go to get treated for this. And so, yes.

THERAPIST: Were you able to get the piece of glass out.

CLIENT: Oh yeah. We did get that out. A very, very small amount. It did cut even my fingertips like a little bit. It was so small it was almost impossible to notice.

THERAPIST: Yeah.

CLIENT: Except for the fact that while I'm trying to get it out, I didn't even notice it was there until I was bleeding. [00:26:35]

THERAPIST: Right.

CLIENT: But I ended up cutting my fingertips because it's so small and thin -

THERAPIST: Yeah.

CLIENT: trying to get it out. And it was just bad news.

THERAPIST: Sure.

CLIENT: Bad news. Probably going to be terribly afraid for a very long time. Don't really This is why I am such a non-kinky human being is because this kind of crap can happen. I think through bad things happening. You know?

THERAPIST: Yeah.

CLIENT: I used to make jokes about Like when people made jokes about something, going, "That looked like a really good way to get hepatitis," kind of like joke.

THERAPIST: Yeah, right.

CLIENT: You know? Or something like that. I just did it because I loved him. You know?

THERAPIST: Yeah.

CLIENT: And I got hurt. And it was really obvious. Not just like in (sound of text message). I don't even know how to begin having this conversation without it sounding really terrible. So, yes, it's probably something that at some point we're supposed to sit down and talk about. Which we said at some point, I was telling him, "It's like, you know what? Obviously we need to handle the actual incident at large. But the feelings around this whole thing, we need to talk about later." [00:27:51]

THERAPIST: Mm hm.

CLIENT: And then, yeah.

THERAPIST: Well it seems like mostly what you're feeling in the moment is a lot of embarrassment and shame.

CLIENT: Yeah.

THERAPIST: But are you sort of clear to the things you feel about it that you want to let him know about?

CLIENT: Maybe. I don't know. I am clear on how I feel about it. I don't especially It's not something I was remotely interested in. It's not something that I was interested in. And even afterwards, it's not something that was pleasurable. It was not something that was in my best Like if I had even more than a couple of minutes of judgment, would not have gone along with. I just feel freaking awful about it. (sound of text message) Really awful about the whole thing.

THERAPIST: You feel like you were an idiot?

CLIENT: Yeah!

THERAPIST: And that you totally should have predicted that could happen.

CLIENT: Yeah! I mean, I should have! [00:29:03]

THERAPIST: And said, "No way."

CLIENT: Absolutely!

THERAPIST: Uh huh.

CLIENT: Especially because of the fact that I had the thought of thinking, "Okay, so this should be corked." But the fact that I even had that thought of, you know, that Like the fact that I had If I had no thoughts at all about that, I think I would have been more accepting of it. The fact that I was just It wasn't like mindlessly trying to make him happy as much as (pause) Well maybe it is. I don't know. It is two separate issues. I am both emotionally and physically wounded.

THERAPIST: Mm hm.

\*; You know?

THERAPIST: Yeah. Sure.

CLIENT: And part of it's also just being really upset with myself because I'm not a risk taking person. [00:30:02]

THERAPIST: Mm hm. (pause)

CLIENT: And I'm just (pause) (sigh) I mean I couldn't have predicted the actual things, but it's really, it's so mutli-faceted in terms of the whole incident that I don't even necessarily feel like I could discuss it in a way that wouldn't cloud the actual issue. Like by just being all these little pieces of it. Of like, "Yes, you know, I am really not pleased about this." And, "Yes, you know, all

the other things related to this. And there still are possibly some ramifications to this. And, you know -

THERAPIST: Well what do you have in mind?

CLIENT: I don't have anything in mind. That's the thing is I just want to make the whole thing go away. [00:31:05]

THERAPIST: Ah. Okay.

CLIENT: And I'm not normally a "stick my head in the sand" and pretend like things didn't happen. But this is something I really, really want to pretend never happened. The problem is that occasionally things start popping back up that make me remember it. As opposed to like forget it.

THERAPIST: How long ago was it?

CLIENT: Last week. (pause) So, yeah. (pause)

THERAPIST: How affected do you think you've been by it? I mean is it on your mind a lot? Has there generally been a change in your feelings about sex?

CLIENT: Yeah, especially. Yeah, a little bit. But, of course, this could fade. It's very new.

THERAPIST: Right.

CLIENT: It was complicated by the fact that I started getting autoimmune bladder issues at the same time, but I didn't realize that that's what it was. [00:32:18]

THERAPIST: Mm hm.

CLIENT: Until immediately after. So I'm like, "Great, great. Next day." You know, [I'm already like cursing about how it hurts to go to the bathroom] (ph) so bad I can't walk to the bathroom, kind of thing. Like that kind of thing. I didn't have this kind of this bad in ten years.

THERAPIST: And that was from the bladder issues or that was from this incident?

CLIENT: Well I figured since I used to get lots and lots of infections -

THERAPIST: Right.

CLIENT: that it could have been transmitted from that. And I am very particular about hygiene because from a very early age I used to be able to get infections really easily.

THERAPIST: Mm hm.

CLIENT: And so it was beaten into me, and it's one hundred percent true, that if you are prone to certain things you have to be very careful about not getting infections.

THERAPIST: Mm hm.

CLIENT: And it's just I thought I was getting an infection again. It was actually something much more devastating and I'm more emotionally screwed up than that. And finally I should have a cat. Last time I was diagnosed with this, they didn't have a word for this thing. Now they actually, it's Lupus something blah, blah, blah. [00:33:33]

They used to just call it interstitial something or another. They didn't know why people had inflammation in their bladder that looked like a bladder infection but there's no infection.

THERAPIST: I see.

CLIENT: It comes from an initial infection but your body still acts like there is one. Cystitis. That's right. They used to just call it interstitial cystitis, now it's Lupus cystitis. But I haven't had problems with that in ten years.

THERAPIST: I see. I wonder if there is some way that -

CLIENT: I am in the back of my head thinking that, you know, because any foreign body can kick the immune system off into doing something weird. And so I'm thinking to myself, "Great. Now I've told my immune system to do this." You know?

THERAPIST: I wonder if there's something that feels similar about the autoimmune stuff and the sexual thing that happened in that, I mean, you're describing this kind of uncanny way that the autoimmune stuff feels self-destructive. And I think the most frustrating thing about the sexual thing is that you, in a way, felt self-destructive. [00:34:54]

CLIENT: I did.

THERAPIST: In that you feel you really weren't looking out for yourself.

CLIENT: It is.

THERAPIST: And you should have been more careful.

CLIENT: I wanted to be more open and be more. You know what I mean? Like I was trying to, in my social group what was considered to be the right thing in terms of being normal, healthy behavior in a relationship. And what actually did is I came away feeling completely totally destructive. You know?

THERAPIST: Uh huh.

CLIENT: And it's -

THERAPIST: I see. It was really (inaudible at 00:35:30)

CLIENT: Yeah.

THERAPIST: You were trying to be sort of open, healthy, experimental and you wound up feeling destructive and I think maybe perverse.

CLIENT: Yeah.

THERAPIST: I think you felt that way.

CLIENT: I don't think it's as much as that, but yeah.

THERAPIST: I see.

CLIENT: It's more But, yes, a little bit. I'll be honest.

THERAPIST: Yeah.

CLIENT: But I think it's a lot of things. You know?

THERAPIST: Sure, like that was something else that got turned upside down.

CLIENT: Yeah. Hm. And so it's the good intentions, terrible result. You know?

THERAPIST: Yeah.

CLIENT: Feeling like being punished for trying to do the right thing. Well, maybe not the right thing but the right intentions.

THERAPIST: Well, I think it did feel like the right thing.

CLIENT: I don't know.

THERAPIST: In the context of the marriage and your social group. [00:36:30]

CLIENT: Yeah. Like, you know what? I'm going to do this. It'll be okay. It's not like I I did not feel recoiled from the concept of it. I, you know (pause) You know, it is one of those things where it is important to me to have a healthy sexual relationship with my husband.



THERAPIST: Of course.

CLIENT: I really, really, really want that.

THERAPIST: Yeah.

CLIENT: And so -

THERAPIST: I don't know, but in managing that, you know, part of the reason you might have wanted to try something where you want to please him is that this is a part of the relationship that you really haven't been happy with and you really wanted to kind of do your part to make it better. [00:37:35]

CLIENT: Yeah. Plus, quite frankly, he doesn't really say much about what he's interested in, therefore, encouraging, you know.

THERAPIST: Yeah. Right.

CLIENT: And so that's -

THERAPIST: [He encouraged you to do that.] (ph)

CLIENT: Yeah. Also, to be a good example. Being a good It's like there's a billion different reasons why.

THERAPIST: Yeah.

CLIENT: You know. But it's And somehow when this happened all those went away.

THERAPIST: In other words -

CLIENT: Pretty much. You mean like all my feelings about this?

THERAPIST: Yeah. It totally stopped being, oh, you're trying to do the right thing and it just went really badly in a way that you hadn't expected. And, you know, I wish you had. It's like, "This is horrible, I was self-destructive," da, da, da, da, da. You know?

CLIENT: Yeah. I feel terrible about it. I do not want, you know. (pause) And, yeah. I feel like it went completely in the other direction and now I'm much more fearful. [00:38:41]

THERAPIST: Mm hm. (pause)

CLIENT: And, you know, it's weird because I feel like because I never really did anything especially stupid in my twenties, that like maybe if I had done something stupid like this I would be like more accepting of myself doing something dumb now.

THERAPIST: Mm hm.

CLIENT: Like, "Okay, that's normal. That's fine."

THERAPIST: Mm hm.

CLIENT: You know? I know friends who have done completely ridiculous things that, you know, they've confided in me. Like, "Oh my God, I cannot believe I just did this. And boy I'm " You know, and at that point they just sort of became better people. And I think that maybe if it happened when I was younger maybe I would be less emotionally wounded by it. [00:39:41]

THERAPIST: Hm.

CLIENT: I don't know. Maybe.

THERAPIST: Like at this age you feel like you really should know better?

CLIENT: Yeah. Or at least if I knew better I would be able to shrug it off and go, "Okay. Dumb stuff like this happens. It's not a big deal." You know?

THERAPIST: Uh huh.

CLIENT: (inaudible at 00:40:00) and, you know. (pause) Yeah. Pretty much. (pause)

THERAPIST: I guess I thought about another possible unconscious piece of this, which is I wonder if you're also really pissed at him.

(sound of text message)

CLIENT: Oh yeah. That's not subconscious.

THERAPIST: Okay.

CLIENT: Yeah. Yeah.

THERAPIST: It's not so much It's much harder for you to be really angry at him then at yourself. And really angry at him for doing something to you or burdening you, than it is to feel like you should just be able to handle it better, or you should've been able to predict it. You know what I mean? [00:41:12]

Like, yeah, you feeling like you should have been in control and should have known better are more comfortable for you then like being pissed.

CLIENT: I am mostly pissed that he had an interest in something that could hurt me.

THERAPIST: Uh huh.

CLIENT: It's sort of mellowed into sadness. I don't know. It's really complicated. But, yeah, at this point. But definitely I was upset. I was really pissed. That's just not (pause) I (pause) (sigh) [00:42:12]

It's got a lot of levels. It's the, "I'm better than that," like kind of thing. (clears throat) It's the also like, you know, just because you've seen it done potentially like on the Internet (sound of text message) doesn't mean it's really true. Like there's not a whole lot. I mean there's so much layers of this. You know?

THERAPIST: Yeah.

CLIENT: Pardon me for just a moment.

THERAPIST: Yeah.

CLIENT: I've gotten like four of them, so I think I should -

THERAPIST: Yeah. You know we should actually probably stop, but go ahead. (pause)

CLIENT: Oh great. My aunt and my mother are fighting and they both texted me. My cousin's getting married.

THERAPIST: Oh.

CLIENT: So.

THERAPIST: Yeah.

CLIENT: It, yeah. [I mean they're fighting, but it's not really that bad] (ph), not like actual fighting. [00:43:15]

THERAPIST: Okay.

CLIENT: But, yes. What I'd like to do is, if possible -

THERAPIST: Yeah.

CLIENT: I have an opportunity that I might need to see you late on Tuesday. So I don't have to, but I wanted to see if you had other schedule, other times that you should schedule as a possibility.

THERAPIST: Sure.

CLIENT: That might Because if you don't have an availability, I won't do this thing.

THERAPIST: Okay. Is this an ongoing thing, or is this one time?

CLIENT: No this is just a one time work training. Basically, on Monday nights we usually train late at my job. But nobody wants to give up Memorial Day to train late.

THERAPIST: Let's see.

CLIENT: So they want to go into Tuesday.

THERAPIST: I have two times. One is I have a midday time on Tuesday. Is that any good for you?

CLIENT: No. I'm not going to get out until -

THERAPIST: How about 5:15 on Tuesday then?

CLIENT: Still, it's not going to happen.

THERAPIST: Okay. Um.

CLIENT: Is there any other day but Tuesday of next week? Because they're talking like me come in at 8:30 and leave at like 7:30. [00:44:15]

THERAPIST: Sure. Let me (pause) I don't have anything that I know of yet. But let me -

CLIENT: And if you have a cancellation later this week, maybe I'll do that instead.

THERAPIST: Oh okay.

CLIENT: Do you know what I mean?

THERAPIST: Sure. Yeah.

CLIENT: So kind of let me know.

THERAPIST: Yeah. I will make a note in here to let you know and I'm happy to do that.

CLIENT: Because it also will I guess count. I just need to I skipped out on this particular type of training, this audio training before. And I'm trying to seem like I'm actually on board.

THERAPIST: Okay.

CLIENT: I have no interest in learning how to edit audio files, but -

THERAPIST: Yeah.

CLIENT: The fact that I'm looking. Do you know what I mean?

THERAPIST: Yeah.

CLIENT: I try to seem like I'm a team player by at least trying to.

THERAPIST: Right.

CLIENT: So I don't want them to think I'm making excuses because I don't like the topic.

THERAPIST: Sure. No, I'm perfectly happy to do it. I'm happy to try to find something else. It's, you know, in the scheme of things it's likely I will have some kind of cancellation this week.  
[00:45:20]

CLIENT: Okay.

THERAPIST: It so happens that the two that I have are on Tuesday.

CLIENT: Yeah.

THERAPIST: But, you know, I'll figure something out. Maybe I can switch somebody up into one of those.

CLIENT: Okay. Let me know.

THERAPIST: Sure.

CLIENT: So I will see or hear from you soon then.

THERAPIST: Sounds good. (pause) Take care now.

CLIENT: Thanks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Oooh. (sigh) Well I'm trying to make some kind of change in my life. We got a (inaudible at 00:00:19) membership over at the Gym, which is still expensive but not that expensive as, you know.

THERAPIST: Mm hm.

CLIENT: So let's see what, like sort of get my bearings before going in and doing stuff. So, we'll see. I really need to start swimming again. It's a lot easier on me, so.

THERAPIST: Sure.

CLIENT: I'm hoping that it'll be relatively easy to sort of work that into my routine. But, you know, it's just everything's just up and down, up and down. You know? (pause) (clears throat) But I think that (sigh), I don't know. I think overall (ph) it's a positive upswing. [00:01:24]

I briefly met with a startup who, this was just specifically because they were looking to do some, like a not really focus group, but like part focus-type stuff for people who have a lot of [arthritic thumbs] (ph) and so therefore they have to take a lot of medications.

THERAPIST: Hm.

CLIENT: And I sort of got a very, possibly kidding, very informal offer saying, "You know, if you'd like to change jobs that, you know, to look them up."

THERAPIST: Hm.

CLIENT: So I may see if they need someone to do some part time consulting at least.

THERAPIST: Right.

CLIENT: So that would be kind of nice.

THERAPIST: Hm. What do they do?

CLIENT: They basically are starting a pharmacy that what they do is they send you, I think, a roll of these prepackaged things of your pills with your name, the date, the time on them so that you basically have better compliance to take multiple medications a day.

THERAPIST: Right.

CLIENT: Because I have about, eh, about six or so. Things like that. And so they were looking for people who have that kind of issue to talk to them about like their systems and things like that. [00:02:31]

THERAPIST: Yeah.

CLIENT: And they got it at least going with a test group of a hundred people.

THERAPIST: Oh.

CLIENT: So it's like basically all the things you have to take at seven a.m. are all packaged together. And this prepackage is printed and it has all the stuff on it.

THERAPIST: Right. I imagine it's especially for people who have like cognitive issues. That can be very helpful.

CLIENT: Yeah. Or even just like knowing that you have to like, you know, that you have to take this with this. And you need to have these things spaced apart.

THERAPIST: I see. Yeah.

CLIENT: Long term tracking to, especially with certain things like arthritis, you have to There really is a strong, like compliance is so strongly based with outcome. Like taking things a few hours late or taking things not (cross talking)

THERAPIST: Right.

CLIENT: But some of them are like [part of the thing like] (ph) for breakfast for like five years -

THERAPIST: Wow.

CLIENT: is because like the thyroid medicine I take really cannot have, you know, calcium with it or whatever. [00:03:31]

THERAPIST: I see. What do you have for breakfast?

CLIENT: Oatmeal. And it can't be fortified oatmeal. And I occasionally then have other things, but not really. It's just a lot less complicated.

THERAPIST: (inaudible at 00:03:48)

CLIENT: Yeah, it's just like everything kicks in with everything else. And so this looks like a really awesome product. I got to see some of the stuff. Like they eventually, just they weren't really planning to show it to me but they showed me a little bit of the product to get feedback for

opening and for arthritis [testing too.] (ph) They're really trying to market this to people who have to take cocktails for pills.

THERAPIST: Mm hm.

CLIENT: And I did show them some of the Like I've done some like life tracking related stuff. Like my sleep, my exercise, my pills, all that kind of stuff. And how I really feel like, you know, I really love looking at data sets and this and that. And like this is, I'm so not your customer but yet this stuff is fascinating to me.

And you know, I just spent more time than I was supposed to with them for my Amazon gift card that I would get like dorking out. And I think that they weren't entirely kidding like when they said that. So, you know, I may very well I'm going to give about a week or so though before like specifically calling up. [00:04:50]

THERAPIST: Yeah.

CLIENT: But I think I may very well ask them about that, because -

THERAPIST: What stage are they at?

CLIENT: Well they've got a hundred people in another state getting the stuff.

THERAPIST: Uh huh.

CLIENT: They actually do have -

THERAPIST: Are they VC (ph) funded or Angel (ph) funded or ?

CLIENT: I don't know anything about that yet.

THERAPIST: Okay.

CLIENT: However, their office is really nice.

THERAPIST: Yeah.

CLIENT: So I would think that they would have to be funded pretty well.

THERAPIST: Mm hm.

CLIENT: You know? So, hey, you know. But it would be nice to see, you know. Quite frankly, it's disturbing enough. Like I need money. I really need money right now. But I wouldn't mind putting



like a half day in or, you know, two half days in a week for free just for the intellectual stimulation of, you know, talking about the product, about this and that. You know? [00:05:47]

THERAPIST: Mm hm.

CLIENT: I love that stuff. So I wouldn't say that to them like I would do it for free.

THERAPIST: Sure.

CLIENT: But I probably would. It would just be nice to do that, so And like I would, as soon as they can get a license for here, I told them like, "Hey, you understand like there is a cost above and beyond the cost of the prescriptions with your co-pays for this." But it is something that -

THERAPIST: Sure. Obviously, [they're going to use their model.] (ph)

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: But the actual, you know, it is something that can be They've had successful, what's it called, flexible spending reimbursed.

THERAPIST: Oh, that's great.

CLIENT: Yeah. So, you know, the additional amount per month, you know -

THERAPIST: Yeah.

CLIENT: may or may not actually, if it's being all mailed to you and all that stuff -

THERAPIST: Yeah.

CLIENT: may actually be, you know, fairly good.

THERAPIST: Right.

CLIENT: I would be okay with that. You know? Having everything put into little plastic bags. [00:06:53]

THERAPIST: Yep.

CLIENT: And the funny thing is that like just talking to them, there are things that they have never You can tell, like one of them his girlfriend has a chronic illness. And neither one of them have actually experienced chronic illness. Because I'm like, "So, if you," and I just like, they're

trying repackaging this, and I'm like, "Well if I have something like this in pocket and I put it through the washing machine, this looks like it wouldn't actually, I mean I wouldn't go and use the pills, but they wouldn't fuse to my pants, like [with the pills.] (ph)"

And they're like, "We never even thought about we should put this through the washing machine." I'm like, "You just don't know, do you?"

THERAPIST: (laughs)

CLIENT: You have no idea! (laughs) Like, "This is the kind of stuff that you need to know."

THERAPIST: Mm hm.

CLIENT: And I kind of feel weird because this is not at all Like because I have a background a little bit in this and product development, I know a lot about like what kind of things to even look at.

THERAPIST: Mm hm.

CLIENT: But it's kind of weird a thing.

THERAPIST: [This being] two people right now?

CLIENT: I don't know.

THERAPIST: Uh huh.

CLIENT: They are part of a larger office of many startups.

THERAPIST: I see.

CLIENT: So it's very hard to know any other information. Mostly they were paying me to interview me about my strategy for making sure I'm complying with my medications. [00:08:04]

THERAPIST: Right.

CLIENT: And once they realized I knew a lot about this kind of stuff, then they divulged a whole lot more. So it was kind of nice.

THERAPIST: Yeah. That's cool.

CLIENT: Yeah.

THERAPIST: [I hope it goes somewhere.] (ph)

CLIENT: It would. Even if it's just getting my pills mailed me in little baggies would be awesome. So that was good. And work is going okay. I've got some things I need to get finished up but it just, you know. I am becoming easily, very easily, seeing like certain things wearing thin on me and so I think I may need to I don't know what I need to do.

I need to either spend less time around certain customers or something. So I usually am known for a lot of patience. And I had some people really, really push my buttons. [00:09:05]

THERAPIST: Mm hm.

CLIENT: And it's really hard for me to let it go sometimes. You know?

THERAPIST: What happened?

CLIENT: Nothing huge. Like over the Fourth of July holiday I was checking on some people. This guy comes in with his laptop and he's like, "I need to get some keys replaced," blah, blah, blah. I told him that the earliest we could see him was in about two and a half hours from now. He's like, "But I just need a second." I'm like, "But there are all these people around that have appointments before you."

THERAPIST: Right.

CLIENT: And he's like, "Could you make an exception?" I'm like, "No, I really can't." And he's like, "But it will only take a second." And I said, "Actually, it's really not just snapping on the keys. There's actually some things that need to be [woven through.] (ph) There's a lot more than that. And it may not be just a key." And he's like, "Can't you just give me " "No," I just can't give you the keys."

And instead of like trying to make an appointment. So he just kept coming back. And he's been to the store a couple of times. He refuses to make an appointment because he believes that he is going to get walk in service eventually. [00:10:13]

THERAPIST: Right.

CLIENT: I've worked for Microsoft since 2002. We've never, ever Like the apocalypse will come and there will be people coming to get things fixed. So, he's just like, "Well how do I get you to say 'yes' to what I want?" Like literally, he's like, "How do I get you to say 'yes' to my request." And at some point I probably just broke down and said, "Sir, I have no way of speeding up the time -

THERAPIST: Right.

CLIENT: " to make this happen for you. But I just cannot do this."

THERAPIST: Right.

CLIENT: That kind of stuff. You know? And normally I can just like, "Wow, that's really annoying," and just sort go on about things. But lately it's been really, that kind of stuff has really been ruffling me. You know?

You know, teaching somebody who has decided before I've even sat down you know, with spreadsheets you know, that I can't teach them anything. Like obviously by my appearance I don't know what I'm talking about. That kind of stuff too. [00:11:15]

I think it's because I'm a girl. But I really don't believe that really happens anymore, but the personality of the former construction worker who now owns a construction company, it's like, you know, "What can this kid teach me."

THERAPIST: Mm hm.

CLIENT: It's very To me it's so foreign to actually have this experience. Although it's happened occasionally, that it's just so bizarre that I -

THERAPIST: Mm hm.

CLIENT: So he's like, "You can't do this." I'm like, "Try me." And like eventually I almost said to him, "I have a T-shirt that says, 'I heart math.' Come get some."

THERAPIST: (laughs)

CLIENT: (laughs) You know? It's like you really can't You can't know who (inaudible at 00:11:58). I'm like, "Trust me. Try me."

THERAPIST: Right.

CLIENT: Like, "Start asking questions. I can help you with this."

THERAPIST: Right.

CLIENT: (laughs) "But you can't " "Yes, I can."

THERAPIST: (laughs)

CLIENT: "Stop telling me what I can't do and tell me what your questions are."

THERAPIST: Right.

CLIENT: And I guess I'm just delightfully privileged enough that I've never actually experienced that. I don't know if it's chauvinism, I don't know if it's ageism. I don't know what it is. But I didn't really want to get that in depth with it either to find out.

THERAPIST: Sure. Yeah.

CLIENT: You know. But I do occasionally get that, you know, "What can you teach me thing." And I'm like, "Well, try me." But lately just the little things like that have just been driving me more crazy than usual. You know?

THERAPIST: Yeah.

CLIENT: But I don't know. The problem is, is that I don't know if it's, it's a couple of different things, that I don't know if it's in my head or if it's actually something that's going on with me like chemically. I have had changes to my thyroid, which while you're adjusting does do a lot of well documented mood changes. Like short tempered, that kind of thing. Where you start breaking out in acne. [00:13:15]

I mean there's a whole bunch of things like while your body reregulates it. And people get very volatile. I know it's not as bad as when I'm like on hardcore steroids, where like I have a very, very short fuse. But I don't know.

THERAPIST: Yeah.

CLIENT: But I don't It's frustrating not being able to control so much about my life. You know? I'd like to be able to. I mean, I understand spontaneity but I'd like to be able to at least very specifically decide what's going to be spontaneity. It sounds stupid, but it really isn't. The idea that there are things that I will not control and because of that, you know, these are designated, these are perfectly okay. [00:14:11]

Like for me, sometimes when we're on vacation if we get lost, I don't care. I'm like, as long as we're back by Sunday there's really not a big deal. You know? That kind of stuff I'm okay with. It's just the But I don't Like at the same time saying that, like being adventurous, I went over to first to see where the walkers were and like where everything was so I knew exactly what to expect when I went in there to work out.

Like it's not really I mean it is definitely categorizable, but there's definitely things that I don't want to, I want to be able to be very mindless about. I don't want to think about it. Like I want to be able to control that kind of stuff. You know?

THERAPIST: Mm hm.

CLIENT: And I don't know if it's a personal flaw that I need to figure out how to just break that of myself, or if it's just something that -

THERAPIST: Well, is it a problem?

CLIENT: Yeah. Sometimes. I mean [00:15:19]

THERAPIST: Like with what?

CLIENT: Life, in general, being like You know, flexibility I was talking about I sometimes can be, you know. Oh. I'm trying to think about things that I can control that I find to be (pause) There are things that I will do, choices I will make that because the person is, or dealing with the people in general, aren't Basically, if things are complicated or difficult that I will just skip doing. Like certain stores that I won't go into.

THERAPIST: Mm hm.

CLIENT: You know? Certain places that I like the food but trying to talk to the people on the phone to get take out is just such a pain in the ass -

THERAPIST: I see.

CLIENT: that I won't do it. [00:16:20]

THERAPIST: Yeah, yeah.

CLIENT: You know? I don't know how much I mean it's a little bit, but every so often I have a meltdown and I just lose it over situations where I want to have a certain outcome. And it's not like, "I want my way, God damn it," all the time, but it's definitely a, I need to know what I can do to have my way. You know what I mean?

THERAPIST: Mm hm.

CLIENT: Like I need to know like, okay, if I do this, then this will happen.

THERAPIST: Yeah.

CLIENT: You know?

THERAPIST: With some degree of predictability.

CLIENT: Yeah. So. (pause) And that's, you know, to me I really like that, but also, you know, I don't know. So, okay, for example, like This has probably nothing to do with this at all, but I do need to talk about it anyways. Like there are certain situations where I know something will drive, like something will [00:17:42]

I'm going to switch subjects because when thinking about this, this popped up. And although it doesn't really have anything to do with this, I definitely want to talk about it.

THERAPIST: Sure. Go ahead.

CLIENT: I think I might have mentioned the fact that my friend's getting married to somebody who is going to beat her into being indicted eventually.

THERAPIST: Yeah. (cross talking at 00:17:58)

CLIENT: Yeah.

THERAPIST: Yeah. He's very sketchy.

CLIENT: So I'm trying to be really supportive though.

THERAPIST: Right.

CLIENT: Now there are two weddings, not one wedding. Both of them are at really inconvenient times for me, but I'm going to go to both I guess. And I asked her, "I said, you know, are you registered somewhere?" Like because I was wrong for the first one.

THERAPIST: Sure.

CLIENT: What do you need?

THERAPIST: Yeah.

CLIENT: Well he registered them for this site where I can invest in their business. That's what they want for a wedding gift. Like everybody. Not just me. Everybody.

THERAPIST: Right.

CLIENT: And I find this to be so amazingly tacky.

THERAPIST: Yeah.

CLIENT: And I understand like these kind of things where like it's like a, "Invest towards our honeymoon, invest towards our house," that kind of thing. When you're really young and you don't have everything going for you.

THERAPIST: Yeah.

CLIENT: But invest in your business? Like that's what the picture is of things like that. You know? There's a couple of other things too like that. But they're all like kind of scammy type. They're things that like, I'm not just like, "Ask for a vacuum cleaner." I'm okay with like, you know, something that's much more open ended. [00:19:15]

THERAPIST: Yeah.

CLIENT: I don't mind, you know, that kind of thing. But it's so upsetting. I haven't even told Mike yet about this whole thing because that will just drive him crazy too. Because more than someone who says like, "Invest in our sketchy business."

THERAPIST: And also like this is about their work lives, it's not about, I mean -

CLIENT: Yeah.

THERAPIST: If it's for like a honeymoon. You now, or okay, fine, you know, a honeymoon, sure. Some would say, "Oh it's a couple-y thing and it's a wedding related thing," and it's sort of you can somewhat feel good about that.

CLIENT: Yeah.

THERAPIST: Whereas, "Invest in my sketchy business," is kind of everything that's bad about the relationship.

CLIENT: Even if it was like, "Invest in my idea." If it were something like, you know, a couple of engineers who dream about learning to build boats.

THERAPIST: Right.

CLIENT: And invest in like something so that they could be able to learn about how to You know what I mean?

THERAPIST: I see. Like there's more fun and sort of whimsical and -

CLIENT: Yeah. I can also feel more comfortable with that too. It sounds so weird, but this doesn't sound anything at all like a relationship building contribution. [00:20:20]

THERAPIST: Right.

CLIENT: I think. Does that make sense?

THERAPIST: Yeah. Absolutely.

CLIENT: Like even if it was business related and it was something very different -



THERAPIST: Mm hm.

CLIENT: I think I'd be okay. The sketchiness is even weirder.

THERAPIST: Yep.

CLIENT: And like rings a whole lot more bells. And the fact there is going two weddings is weird.

THERAPIST: Why are there two weddings?

CLIENT: I have not a clue in the world.

THERAPIST: Okay. It's not like in two different geographical places.

CLIENT: They're both in their backyard. I think one of them is actually legal and one of them is not, my guess. Originally apparently Drew's (ph) aunt was going to marry them over like getting some like certificate on the Internet.

THERAPIST: Right.

CLIENT: And I'm thinking that maybe after they planned that they realized that that's not going to pan out.

THERAPIST: Mm hm.

CLIENT: Or perhaps the type of ceremony they want is actually not legally binding.

THERAPIST: Hm.

CLIENT: It's also could be, I mean their parents are coming in to town. It could be that the one thing is not especially parent appropriate.

THERAPIST: Hm.

CLIENT: Like, I don't know. I have friends that have been really out there. Like they got married naked kind of thing. And they may not want to do that in front of parents.

THERAPIST: Sure. Yeah, yeah.

CLIENT: And it's like this whole like pagan, like this whole thing. [00:21:27]

THERAPIST: Oh really?

CLIENT: And then they went and got married in a Catholic church for Mom and Dad.

THERAPIST: (laughs)

CLIENT: You know?

THERAPIST: Yeah. Yeah.

CLIENT: Yeah. But I don't have enough information about either to really know. I know that one of them is on a Thursday and one of them is on a Sunday, and both of them are in their back yard.

THERAPIST: Huh.

CLIENT: Yeah. The invitation on one of them says it's in the backyard. They said, Penny said It's so Everything about thing about this is so darn (inaudible at 00:21:56). I mean, I understand the second wedding and all.

THERAPIST: Right.

CLIENT: Like things are going to be super informal.

THERAPIST: Right.

CLIENT: But I'm not getting a whole lot of information about this whole thing at all. But it's really weird and so I'm not really sure what I'm going to do yet. I think, I have this really, I have this great idea for something super meaningful. But at the same time I feel really dishonest giving them something meaningful when I don't really approve of the whole thing. But I may just do it anyways.

THERAPIST: Mm hm. [What are you thinking?] (ph)

CLIENT: So there are a couple places, a couple of people on Etsy that do these beautiful different things, jewelry, key chains, things like that.

THERAPIST: Mm hm.

CLIENT: What they do is they take the literal latitude and longitude, the whole big numbers thing, of wherever you got married or whatever onto it and do it nicely engraved on a key chain.

THERAPIST: Mm hm.

CLIENT: And then flip it over, the date.

THERAPIST: Mm hm.

CLIENT: And something like that. I'm thinking about doing something like that.

THERAPIST: Yeah.

CLIENT: You know? Something that they can have.

THERAPIST: Yeah, instead of something (inaudible 00:23:05).

CLIENT: Yeah. So, you know, that way I can find out the exact, you know, GPS coordinates of that and, you know, put it on there. I think that's kind of sweet.

THERAPIST: Mm hm.

CLIENT: I feel really dishonest. Does that sound so cheesy? That's just so me. I feel dishonest doing something so sentimental, when not only do I not necessarily Like I don't approve the union, like, and I don't know. I'm standing up for her. I wanted to be there. I also kind of want to be around in the event she decides to ditch. This is not the only reason why I'm going. You know?

THERAPIST: Uh huh.

CLIENT: But I do I have perfectly planned it. I'm not going to break it up. I'm not going to sabotage anything. I'm not saying this [to say it,] (ph) but I'm not.

THERAPIST: Mm hm.

CLIENT: But if at the last minute she's like, "Do that with me." I'm like, "Okay, let's go get a taxi." You know?

THERAPIST: Yeah.

CLIENT: You can stay at my house. That's fine.

THERAPIST: When is it?

CLIENT: I'm sorry.

THERAPIST: When is it?

CLIENT: The first one is on the sixth of June and the second one is on the ninth of June.

THERAPIST: Yeah. (inaudible at 00:24:04)

CLIENT: Yeah. And it's also, yeah, it's like super inconvenient too because it's around my anniversary. So like I had planned, instead of going out for our anniversary we're going to do the wedding thing sort of. I don't know. It's really inconvenient.

THERAPIST: Hm.

CLIENT: I got a great hat for it though.

THERAPIST: Oh that's good.

CLIENT: (laughs) It's important.

THERAPIST: (laughs) There you go.

CLIENT: She's the kind of friend that I can actually wear all my like fashioneer (ph) type hats that I've worn to stuff.

THERAPIST: Yeah.

CLIENT: And no one would think it was weird.

THERAPIST: Well what kind of hat is it?

CLIENT: A fashioneer (ph) is something that's like a disk and kind of like a little veil.

THERAPIST: Oh. Okay.

CLIENT: It's like it's turned on the head.

THERAPIST: Yeah, yeah.

CLIENT: Yeah. I've got stuff like that.

THERAPIST: Uh huh.

CLIENT: And she's the kind of friend that I can bust that out. Actually, she was kind of friend that when we went to a funeral we could be wearing veils and things like that. When I say "veils," like these little things you put in your hair.

THERAPIST: Yeah.

CLIENT: Yeah. She's very That's the great thing about certain things, she's so whimsical about most things -

THERAPIST: Uh huh.

CLIENT: that like it's really great. But also like this is so unstructured. It's even unstructured for her. [00:25:10]

THERAPIST: I see.

CLIENT: It's like this is really, really unstructured. I don't know what's going to happen. When we came to visit them for Christmas they had no food in the house. This is, like to give you an idea, like they now own a restaurant. They had no food in the house. This is not like I've never known her to cook. So I have no idea what I'm walking into this town (ph) to experience here.

THERAPIST: Right. Right.

CLIENT: Like I said, I have never known her to cook. I have never even, aside from a cup of tea, never seen her cook.

THERAPIST: Right. Right.

CLIENT: I mean I know she loves wine and I know she has a small (inaudible 00:25:41) at license now. Like a pretty advanced one.

THERAPIST: Mm hm.

CLIENT: She can like (inaudible) off like champagne bottles and stuff.

THERAPIST: Sure.

CLIENT: Yeah. So I mean with the store I kind of got it. But have you heard about the whole controversy about this place that made it on TV about kitchen nightmares, and how there's like a meltdown on the Internet?

THERAPIST: No.

CLIENT: Apparently, there's this place that was on TV. They had like this giant Internet meltdown and they kept like they started swearing and like attacking people and then like making prank phone calls. This was like a cheaper Internet implosion. I see this kind of thing happening.

THERAPIST: What's this place?

CLIENT: This little place called Amy's Baking Company. Nothing related to them, but about two weeks ago it made on all the news shows.

THERAPIST: Was this the thing about there was some reality show -

CLIENT: Yup. Exactly.

THERAPIST: where somebody went who goes on and like tries to fix up restaurants.

CLIENT: Yup.

THERAPIST: And went on this one and the wife was sort of, at least the way I heard it, the wife was sort of an nightmare but the husband wouldn't confront her. So the guy actually just left. He's like, "You know, I'm really poor, but I'm not going to help you." [00:26:50]

CLIENT: Yeah. Exactly. I can see this happening.

THERAPIST: I see.

CLIENT: Different gender roles swapped. You know? But you know what I mean? But I can totally, totally see this kind of thing happen and [at it's heartbeat] (ph) everything to do with it. So I don't want it to happen, but I don't, you know, it's so strange, but at the same time, it's like, I don't know.

Like I said, this about control things again too a little bit. You know? It's like, you know, "I want to buy you something." Well I guess if, in theory, if I want to buy you something, I guess that means that like, but I don't want to be buying I think that it would have been easier if she said just, you know, "Right now, things are going kind of funny. Can you make it cash "

THERAPIST: Or a check.

CLIENT: or a check.

THERAPIST: Yeah.

CLIENT: If she just said that, like especially with like his investment business and all this other stuff.

THERAPIST: Yeah.

CLIENT: "I would rather have a check."

THERAPIST: Some people do that for weddings.

CLIENT: Of course. Of course. Absolutely.

THERAPIST: Yeah.

CLIENT: That would have been fine. I think that that, and if the money went there, I probably would have been upset. But you know what? Not my business at that point. [00:28:05]

THERAPIST: Right. You just can't do this.

CLIENT: I just can't do this.

THERAPIST: Yeah.

CLIENT: You know, and I won't do it. It's so funny how I make a joke about the fact that, you know, she can afford to drink much better wine than I can. You know? I'm drinking the equivalent of Two Buck Chuck.

THERAPIST: Uh huh.

CLIENT: And, you know, she's not obviously. But it's, you know, it is what it is but, you know. I'll probably do something. Again something that I would do that's planned out that's very meaningful.

THERAPIST: Right.

CLIENT: I feel kind of dishonest doing something meaningful but isn't necessarily so. Like doing this whole like, you know, putting something nice about the wedding. I don't know why. It just seems dishonest to me. Again, to do something that's really inexpensive but very meaningful as a gift, the keychain with the GPS stuff.

THERAPIST: Yeah.

CLIENT: I feel, I mean I think it's the perfect gift if I vaguely approved the marriage. But I don't, but I'm probably going to go through with it anyways. [00:29:13]

THERAPIST: Yeah.

CLIENT: But I feel guilty about doing something that's sentimental when I have nothing that's sentimental about it.

THERAPIST: I see. But if you felt better about him and them as a couple -

CLIENT: Yeah, anything about him.

THERAPIST: Then you'd be fine. I see.

CLIENT: Yeah. I'd be okay with it. But I feel so uncomfortable.

THERAPIST: Right.

CLIENT: But I'm not boycotting it either.

THERAPIST: Yeah.

CLIENT: You know?

THERAPIST: Right.

CLIENT: I'm just, I am at all times willing to have my mind changed.

THERAPIST: Mm hm.

CLIENT: You know? I am willing to be wrong. I am willing to have things change.

THERAPIST: (cross talking at 00:29:41)

CLIENT: I want her to have -

THERAPIST: Yeah.

CLIENT: a person in her life that makes her happy. You know? And so, I don't know, it's just complicated. (ph) (sigh) You know, but part of having her in my life is knowing that whatever it is that I just have to accept it because that's just who she is. You know? And most of the time [thus far] (ph) it's great. It's just -

THERAPIST: (cross talking at 00:30:15)

CLIENT: But the weird thing is, is if she was doing a scammy business, if she was doing it -

THERAPIST: Yeah.

CLIENT: for some reason, I wouldn't be nearly as bad.

THERAPIST: Yeah.

CLIENT: It's the fact that I don't think she really has a big clue. Yeah. And you'd probably say, "How in the world is it that you both went to Brown together and she works in this industry and she doesn't have a clue?"

THERAPIST: No.



CLIENT: Well. When you work in the business, trust me, there's a whole lot of ways to drown your thoughts such that you don't actually ever think about it. And nobody thinks twice about somebody who drinks, you know, a couple of bottles of night who works in that industry.

THERAPIST: Hm. Yeah.

CLIENT: So, who know? So it's almost like she has a way to living a drunken lifestyle without repercussions. It isn't really that big of a deal. You know?

THERAPIST: It must be hard to see her going through this stuff. [00:31:15]

CLIENT: Yeah. At the same time, you know, I also know when it comes I feel weird feeling this way because I'm pretty sure my mother-in-law feels this way about me. "I was there before him, I'll be there after him." You know? Like, you know, I will be in her life before Drew was in her life, I was there for the first husband.

THERAPIST: I see.

CLIENT: I was there before anybody else in her life.

THERAPIST: Yeah.

CLIENT: You know? I will be in her life after he's no longer in her life. I'm positive of this. And at the same time I say that and I'm like, "Wow, my mother-in-law probably feels that way too."

THERAPIST: Hm.

CLIENT: That she's going to outlast me. And, you know, that feels kind of like, I don't know. That's part of the biggest reason why, again, that looping back around to this whole like thing -

THERAPIST: Yeah.

CLIENT: the fact that my mother-in-law can't stand me and, you know, thinks almost everything about me is wrong. And everything, you know, disapproves of much of everything that I am. Therefore, I feel awkward feeling that way about somebody else. You know? [00:32:27]

THERAPIST: Mm hm.

CLIENT: I can't get rid of it. I'm never going to try and purge that feeling. I'm willing to be open minded. At any given time I can have my mind changed. But I know what I know. I feel like my moral compass is really straight on this. I feel guilty about it.

THERAPIST: Yeah. Mm hm.

CLIENT: But not guilty about because it's wrong. I feel guilty about it because I know how much anguish it caused somebody else.

THERAPIST: Uh huh.

CLIENT: And therefore I will never really tell her.

THERAPIST: Yeah.

CLIENT: I'm going to tell her a little bit as time goes on if she asks like, "Do you think that everything is on the up on up?" I'll say like, "No, not at all."

THERAPIST: Right.

CLIENT: But I will never specifically say I disapprove.

THERAPIST: Yeah.

CLIENT: Because I know how much it hurt me. You know?

THERAPIST: Yeah.

CLIENT: And I'll never tell her, "I'll be around after this marriage is over too." (laughs)

THERAPIST: Right.

CLIENT: You know?

THERAPIST: That's kind of awkward. Sure.

CLIENT: You know? I just, it was so hurtful to me that I wouldn't dream of it. [00:33:30]

THERAPIST: Mm hm.

CLIENT: You know? And she went through it. She saw it. So that's part of the reason why I think is if it's somebody who was different in my life that didn't see what I went through.

THERAPIST: Uh huh.

CLIENT: I think that she knows about my anguish. That kind of thing.

THERAPIST: Mm hm.

CLIENT: At the same time it's, you know, it's just weird. She's about my only really, really Most of my friends I have that the friendship I have leads to bad things, I do not keep in contact with at all. She's the only bad influence in my life left. Like really bad influence in my life.

THERAPIST: How is she a bad influence? (inaudible at 00:34:22)

CLIENT: (laughs) Her serendipity is infectious.

THERAPIST: For her -

CLIENT: Her and I when we get together we have a nickname of being called, "Sid and Nancy" and we fight over who gets to be Sid Vicious. Okay? (laughs)

THERAPIST: Mm hm.

CLIENT: It's not really like that, but yet it's ridiculously like that. Her and I have gotten, for some reason when we are together both of our better judgment is like completely gone.

THERAPIST: Mm hm.

CLIENT: Like we've been able to do things like, you know Actually, a good example, you know both of us have been able to flirt our way into getting just about anywhere we want.

THERAPIST: Right.

CLIENT: Like for a while it was a challenge. Or like, "I wonder if we can get Like I wonder if we can get into the Smithsonian's area by just doing the right," you know, specifically at this meet and greet thing, and just talking the right people up. "Hell, yeah." Like, oh gosh, just various things like that. Things that I would never normally [00:35:35]

That's fine, that's just a little bit of social engineering. But like (sigh) How do I explain it? It's just it's never things that are directly illegal, per se -

THERAPIST: Mm hm.

CLIENT: but there are definitely things that are not in the spreadsheet of Debra's right and wrongs.

THERAPIST: (laughs)

CLIENT: Are not necessarily on the up and up column. You know? (pause) That kind of stuff. I can't think of anything right now. But the equivalent of, I can totally see this happening, it hasn't happened. But I can totally see, like at one point we used to go out to the Four Seasons out in Chicago -

THERAPIST: Mm hm.

CLIENT: for breakfast. And the idea of like somehow making off with some of the silverware. That kind of stuff. [00:36:36]

THERAPIST: Uh huh. I see.

CLIENT: Accidentally, on purpose, ending up with some of the silverware.

THERAPIST: Right.

CLIENT: I can see that happening.

THERAPIST: Right. Yeah.

CLIENT: Didn't happen, but could.

THERAPIST: Could. Yeah, that's the kind of thing.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: That kind of thing. But, you know, like I said, things that are against my better judgment I would definitely, you know.

THERAPIST: Yeah.

CLIENT: Definitely, she gets me to drink an awful lot more than I normally do. Probably not I probably am, I am probably not in danger, per se, but definitely she definitely promotes more binge drinking than I think is good for me.

THERAPIST: I see.

CLIENT: Now mind you, what is binge drinking for me?

THERAPIST: Mm hm.

CLIENT: Just because of the medications I take and things like that. When we all went to Jen's wake, you know, I needed them to go out and get me Gatorade and like sleep. And everybody else was [like crap.] (ph) Like my threshold was a lot lower -

THERAPIST: Sure.

CLIENT: than what most other people could do. [00:37:45]

THERAPIST: Yeah, yeah.

CLIENT: But she'll never be the person who tells me, "Don't get behind the wheel." I never have but, "Don't get behind the wheel."

THERAPIST: Right.

CLIENT: She would never step into, like if I were to try and kiss somebody for some reason -

THERAPIST: Uh huh.

CLIENT: she would never stop it.

THERAPIST: Uh huh.

CLIENT: You know? She would think it was one more amusing part of the adventure.

THERAPIST: Yeah.

CLIENT: So.

THERAPIST: Got it.

CLIENT: Yeah. The good news is that she believes everything I do is fantastic. And if I told her to do things she would. Which is, I guess, the reason why I won't tell her not to.

THERAPIST: I see.

CLIENT: Until recently, part of the reason why she got married to the first guy, I think, is because she thought I approved of him. I mean she got the same engagement ring, more or less, that I did. Like the whole like -

THERAPIST: Yeah.

CLIENT: Like the whole repeating -

THERAPIST: Yeah.

CLIENT: You know, she's a year younger than me, so -

THERAPIST: Mm hm. (inaudible at 00:38:33)

CLIENT: Everything by one year. And so I think that maybe she jumped into things because she thought, not because I said to do so, but because it seemed like a Debra approved lifestyle.

THERAPIST: Right.

CLIENT: You know? Working contracting. You know?

THERAPIST: Oh she did that?

CLIENT: Oh she did that, yeah. I think.

THERAPIST: Hm.

CLIENT: There was, yeah. It was one of those things where she wanted to get out early, I think. So she realized, "Oh my God, I've been doing all this degree, but if I just take these two more classes I can be done."

THERAPIST: I see.

CLIENT: Yeah. So, I've never been like that.

THERAPIST: Yeah.

CLIENT: You know. But I guess I'll just see where things go. I feel bad though, because I feel like I can't talk to Mike about this too much. I talked with him a little bit. [00:39:38]

THERAPIST: Why?

CLIENT: Because he can't stand Drew. It is not just me. It is like my friend Jerry (ph). Like other people have known Penny for years. Everything about this rings like all kinds of warning bells. But for him, because he feels this, he's extremely sensitive to this kind of scamming thing, it rings so much alarm bells that it makes him anxious. Like practically nauseated.

THERAPIST: I see.

CLIENT: Saying that Drew makes him nauseated is not like a mean thing.

THERAPIST: I see.

CLIENT: For him it's a fight or flight thing.

THERAPIST: Like as in I'm hoping I just suggested to him that he should talk to his doctor about getting extra like Xanax before it. Like, yeah. So I feel like I can't talk to him about it because,

he's not really afraid for Penny, he just has this amorphous, "Oh my God, I'm in danger because there's somebody trying to take advantage." Like it's not, I mean he's protective of her, but it's just -

THERAPIST: Right.

CLIENT: He's been in situations with master manipulators before and he just gets, it's not even like as localized as that. And so like he couldn't watch the whole [Kitchen Aide] (ph) episode back Before we even knew she was getting married we saw this, and he was like, "Oh my God. This is so much like this. I need to turn this off." And I'm like, "Okay, I'll watch it when you're gone." [00:40:49]

THERAPIST: Right.

CLIENT: So, you know, we don't see a lot of There's a lot of that editing in life.

THERAPIST: Mm hm.

CLIENT: So he's much more sensitive. I'm very sensitive about stuff, but I can distract myself from things that bother me.

THERAPIST: Right.

CLIENT: He can't as well.

THERAPIST: [Maybe he] (ph) also sort of feels a degree of vulnerability in situations like that you don't necessarily.

CLIENT: Well he is a rube. He can't be taken advantage of by anybody. When I met him, he was giving out like twenty dollar bills to homeless people.

THERAPIST: Wow.

CLIENT: And he had no way of earning money of his own.

THERAPIST: Yeah.

CLIENT: This was just like his savings. He didn't know. He was being You might think he was. That was one instance one time. But the thing is that he didn't, he's so compassionate about certain things -

THERAPIST: Hm.

CLIENT: that, you know, he's pretty good about that. [00:41:49]

THERAPIST: Hm.

CLIENT: So it's actually, it's a quality that I wouldn't change in him. As much as I call him on rube on things, it's one of the sweetest things in the world.

THERAPIST: Hm.

CLIENT: You know? And especially because of the fact that he was raised by somebody who can't feel anything, like has no feelings.

THERAPIST: Right.

CLIENT: I think it's actually pretty awesome.

THERAPIST: Hm.

CLIENT: Because I try really hard not to research things too much. But I did do some quick just, like because I had never heard of schizoid personality disorder.

THERAPIST: Right.

CLIENT: So I did some quick things and, apparently, it's not uncommon for children to also have that afterwards. Like parent child -

THERAPIST: [That can transfer.] (ph)

CLIENT: And the anecdotal evidence of people who posted when I looked at five minutes on the Internet -

THERAPIST: Yeah.

CLIENT: it looked like that too. And so, I guess, I was just grateful that that didn't happen.  
[00:42:58]

THERAPIST: Mm hm.

CLIENT: You know? Even before I knew anything about that as a possibility, you know, it still it was one of the things I loved about him.

THERAPIST: Mm hm.



CLIENT: Is the fact that he is extremely generous and extremely like he's, you know, he's got a lot of empathy for people's feelings. Which is, I think, that's why he has to shut things out so much.

THERAPIST: Yeah.

CLIENT: It's because he just can't -

THERAPIST: Yeah, if he were sort of even more thick skinned or a little more directing things towards himself, in a weird way it would have been easier for him growing up.

CLIENT: Oh yeah. Totally, totally.

THERAPIST: We need to stop for now.

CLIENT: Okay.

THERAPIST: But Tuesday is good?

CLIENT: Yeah, Tuesday is good. Then the Tuesday after may or may not. I'll have to let you know.

THERAPIST: Okay.

CLIENT: Because we may try and do something in Rhode Island. We'll see. [00:44:03]

THERAPIST: Okay.

CLIENT: So there is like a quick thing. I may very well be doing, may be trading a helicopter ride in Rhode Island for some programming.

THERAPIST: (laughs)

CLIENT: (laughs)

THERAPIST: I hope that works out.

CLIENT: Yeah. They want an app.

THERAPIST: Uh huh.

CLIENT: I want, you know, I want to do something for my anniversary.

THERAPIST: Oh cool.

CLIENT: So, I don't mind bartering.

THERAPIST: Yeah, yeah. Well, good. I'll see you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: (sigh)

THERAPIST: Hi.

CLIENT: Hey.

THERAPIST: I'm glad you made it.

CLIENT: Yeah. (sigh) Gosh. Boy am I tired. It's just sort of one of those things where lots of things to have to do. Like in terms of like running an errand, or doing this and doing that. And it's so wearing me out at the moment. So it's frustrating because I feel like Like for example, a few minutes ago actually, I ran into my old boss.

And she was like, "Oh my God. Oh my God. Let's go out. Let's go out soon." I'm like, "I want to," but like, you know, she can work a whole day of work and then go out for like cocktails. I can't do so much. You know, I need to take a nap first. [00:01:08]

And so it's like I got super excited to see her not as a person who is evaluating me, in a way. She, actually, in general, has been my biggest, like if there's ever anybody who has been willing to fight for me or do anything for me, it's been her.

THERAPIST: Mm hm.

CLIENT: But it's, you know, just it would be really fun to do something with her.

THERAPIST: Yeah.

CLIENT: [I never had that] (ph) overhanging, the technically she's my boss kind of thing.

THERAPIST: Sure.

CLIENT: Whereas, one of my other bosses, occasionally we've gone to a couple different like wine tastings and things like that, and I still have to be super guarded about that because I can easily very tipsy very fast, and I do not want to make an ass out of myself in front of my boss.

Although she's very laid back and very nice about that kind of thing, it's still it's just one of those things you just don't do. [00:02:05]

THERAPIST: Yeah.

CLIENT: So that's been, you know, just getting stuff done around the house, getting life done pretty much. Just a lot.

THERAPIST: It's a lot. Yeah.

CLIENT: So I am just running around all the time. Like nothing fun. Like I spent most, between, like as soon as I got home from work yesterday until I went to bed, doing medical forms. Most people wait until the end of the year to do their flexible spending stuff.

THERAPIST: Mm hm.

CLIENT: I have to do it every couple of weeks because I can't afford the outright to wait until the end of the year. So on top of it we're trying to see if we have enough flexible spending to be introducing things that we kind of really need to do.

THERAPIST: Mm hm.

CLIENT: So it's like, yeah, there's nothing quite as exciting. And I'm just frustrated because of an earlier doctor, they haven't gotten their forms right. I feel like I need to give them back the form because I fixed their PDF. I spent hours. [00:03:14]

THERAPIST: PFSA (ph) forms?

CLIENT: I'm sorry?

THERAPIST: PFSA (ph) Forms?

CLIENT: Yeah. They give it to you as a PDF but because it's early in the year and they haven't figured all the problems out yet, the person maybe hasn't fixed the PDF yet, so I spent a lot of time on Acrobat fixing the PDF. I feel like I should just go and be like, "And here's the fixed PDF."

THERAPIST: Mm hm.

CLIENT: "By the way, you better not turn down my claims. Thank you very much." So it's, you know, it's a lot. You know? It's very hard not to get obsessed with that kind of stuff when all you do is do things like that. You know?

Like you spend time filling out claims or running around to get things at the pharmacy or, you know, this or that. You know? It's the life you live so it's not really so much like your obsessive thinking as much as that's part of your tasks. You know?

THERAPIST: Mm hm.

CLIENT: And it's frustrating because I just want to forget about it for a while. You know? I really do. I want a vacation from my illness. [00:04:21]

THERAPIST: Yeah.

CLIENT: And at least for the time being it's not going to happen any time soon. But it would be nice to just do that. The good news is that my spouse is actually, although he has not been keeping his sobriety, I don't know how well or not well. I know it hasn't been since the last time I mentioned it. He's actually figuring out how to network again. I think it's because he's not spending business time being dissociated. He's learning how to be social again.

THERAPIST: Mm hm. Good.

CLIENT: Because I mean this is how awkward and how unable to handle situations is not the person I knew. It's not the person I married. That's why I kept saying, "This is like I'm living with this person who, I know he had the life skills of how to make a phone call to get a refund on too much of your electric bill or something." [00:05:26]

THERAPIST: Right.

CLIENT: You know? And he would struggle with doing that task.

THERAPIST: Hm.

CLIENT: And it's like I feel really weird blaming the addiction, but it really felt like the more he was deep into it the less ability he had to be able to do much of anything in his life. You know? And it's sort of most people just it masks as being super socially awkward.

So unlike someone who is a drinker who may not, like when they're acting out, there may be like the obvious signs that they're not doing so well as, may be very different. This primarily, the outward signs that everybody but me would see, is just that he's this socially awkward guy.

THERAPIST: I see.

CLIENT: You know what I mean? Like quiet, you know, kind of thing. And although he is slightly that way, he's never been that strong until this went really haywire. And so [00:06:25]

THERAPIST: He's never been that strong, you mean he's never been that awkward?

CLIENT: Never been that awkward before.

THERAPIST: Yeah.

CLIENT: Like as in like, you know, me feeling like I needed to I never did but I felt like I needed to take photographs of all the food that we needed in the house to send him grocery shopping to make him check against the picture.

THERAPIST: Yeah.

CLIENT: You know?

THERAPIST: [It was really pretty bad, when you put it that way.] (ph)

CLIENT: Yeah. And maybe I'm picky, but some things are not Like I'm not that picky.

THERAPIST: Mm hm.

CLIENT: You know? So it feels like he's getting better at this again.

THERAPIST: Mm hm.

CLIENT: But saying that just makes me so frustrated. I really don't want to be that spouse that doesn't want him to have anything to do with his family. But the less he has to do with any one of them, the more normal he is, like completely. And I guess maybe I've gotten, I think I've gotten after being married for this long, I think I get credit for not being that spouse that tries to separate somebody from their family. When like how I say, "Hey, I just don't feel like it's a good idea for you to spend time with them."

THERAPIST: (cross talking at 00:07:29). There's like, "That spouse who tries to separate the spouse from the family." And there's that spouse that's just looking out for him.

CLIENT: Yeah.

THERAPIST: I mean -

CLIENT: I'm not like vying for attention. You know, there are people that are like, "Oh my God, he's going to pay more attention to them." Or, do you know what I mean? It's not that kind of isolation.

THERAPIST: Yeah. Debra, I know. That's pretty obvious.

CLIENT: I know it's obvious, but still I mean -

THERAPIST: You doubt yourself so much when it comes to things like this. You know?

CLIENT: I do.

THERAPIST: As though you're a bad actor in some fashion. Or you're being selfish about it rather than trying to do things that will be helpful to him.

CLIENT: I learned, this is a learned behavior. You know what I mean? Like me at twenty five, not really like that. Well slightly at that point, but not really my nature. I have gotten this from a long line of conditioning to being, you know, "Don't be that person. Don't do this." You know what I mean? [00:08:34]

THERAPIST: Right. Yeah, so let's unlearn that.

CLIENT: And so, yeah, I need to unlearn that because I am bracing for like being told, "Well, obviously you're isolating them to separate them so that they are powerless and they have to stay with you." Like that kind of crap.

THERAPIST: Right. Right. Which just actually (inaudible at 00:08:56) really.

CLIENT: Yeah.

THERAPIST: I mean you want him to go out and socialize, you want him to go out and be with other people. You want him to (cross talking).

CLIENT: I found him a bunch of dorks to go play board games with.

THERAPIST: I know. I know.

CLIENT: And I have even attended once.

THERAPIST: Yeah.

CLIENT: I may attend again eventually.

THERAPIST: Yeah. I would imagine it generally has a pretty negative affect on him to be more in touch with people in his family, from what you said about them.

CLIENT: Yeah. The problem is, is that this behavior that I'm trying really hard not to be, is because it's in the narrative that they're talking about.

THERAPIST: Mm hm.

CLIENT: That whole, "She's unwell. She has histrionic issues." Like every time, like you would thing I have bipolar, I am this. I mean they have got names for everything that I have wrong with me.

THERAPIST: Yeah.

CLIENT: I'm just enthusiastic. I'm not freaking bipolar. My best friend I grew up with actually legitimately had this.

THERAPIST: Yeah.

CLIENT: I know what that looks like. He couldn't sleep at night. And he gave away all his stuff.

THERAPIST: Yeah, I know. I'm a shrink, I know what it looks like too. We've been talking so long now and I haven't noticed anything like that.

CLIENT: Like, yeah. I'm just saying that even me, there's this child knew that I knew that that wasn't like I just get enthusiastic. But the thing is [that they try to control me by saying this shit.] (ph) [00:10:06]

THERAPIST: You're not like remotely like that.

CLIENT: I know. And it makes me mad. I mean it gets me so pissed because of the fact that there is one member of the family who, in theory, has a practice, who does this as a way I don't know if she doesn't to other people to control them.

THERAPIST: Mm hm.

CLIENT: But she uses diagnosis to control them. And, therefore, like my behavior, like me trying to separate him off from the family to victimize him, to make him feel bad about himself, to always be watching him. Like I am vigilant because I don't want anyone trampling on him.

THERAPIST: Mm hm.

CLIENT: But the thing is that if I Sometimes I'm so careful because I don't want to fall into that. Not because I believe at this point that I am that person, but I don't want to be above suspicion, but be above -

THERAPIST: You really have no control over what they're going to say about you.

CLIENT: I know.

THERAPIST: And how they're going to see you. There's really nothing you can do, from what you said, that's going to have a whole lot of effect on that. You know? [00:11:07]

CLIENT: I understand, but it's really frustrating because they use fucking psychobabble to shame me and punish me into behaving the way that they want me to.

THERAPIST: Sounds like a great reason not to have very much to do with them at all. (laughs)

CLIENT: Do you have any idea how degrading that is? And for years, because I am a subject matter, [that's one of the main things,] (ph) you tend to lend You give people the benefit of the doubt. They obviously know the subject matter of certain things and say, "Well, maybe "

THERAPIST: But you don't diagnose people in your family.

CLIENT: Family. (laughs)

THERAPIST: No. You don't. Like it's one thing Like particularly in an adversarial way. You know, it's one thing if like your kid seems a little anxious or depressed or whatever.

CLIENT: And urging you to get help.

THERAPIST: And you say, "Hey, hey, hey, Like, I'm kind of concerned about you. Like maybe we should go see somebody else because I'm worried you."

CLIENT: Yeah, and you do need to go checked because of this kind of behavior.

THERAPIST: Yeah, it's not adversarial.

CLIENT: Yeah.

THERAPIST: And it's not done with a lot of conviction. You know?

CLIENT: Yeah.

THERAPIST: So there's really no basis for that. [00:12:17]

CLIENT: I know. But it just makes me I feel like I have to at least be a little bit, and that's why I don't want to have to be around them, because I don't want to be fucking vigilant. I can't handle the vigilance. It's exhausting.

THERAPIST: Yeah.

CLIENT: And when they're not around, and when they're in his life less and in my life less, then I have to worry less about like these things just showing up out of nowhere. Like, you know, having to deal with getting random phone calls or whatever. There's a box in my house of stuff that is supposedly from Mike's bedroom as a child that just showed up a couple of weeks ago. It's still in the packaging.



THERAPIST: Mm hm.

CLIENT: Because, although I, both of us, when I say I'm saying it because I only want to speak from my own point of view. I not only know what's in there, God only knows when we actually open it up what's going to be in there and what kind nasty little surprise.

THERAPIST: Mm hm.

CLIENT: You know what I mean? And I'm not being paranoid.

THERAPIST: Could there be anything in there that would actually be of any value to your view?

CLIENT: Well, yes.

THERAPIST: Okay. So you can't just throw it away.

CLIENT: No.

THERAPIST: Alright.

CLIENT: When we saw that pile of stuff, in theory, when we were in Kentucky, that we couldn't bring back with us. When were there we saw that pile of stuff and it had some things that were very sentimental to him. [00:13:27]

THERAPIST: Yeah.

CLIENT: A lot of stuff from Jesuit, from his old high school.

THERAPIST: Yeah.

CLIENT: But there were some things in there that immediately I'm like, "That's kind of weird." Like, you know, I'm not the kind of person who gets upset about pictures of him with old girlfriends.

THERAPIST: Right.

CLIENT: Come on, fifteen years.

THERAPIST: Right.

CLIENT: That's the kind of thing. And quite frankly, I would like to have him have that kind of stuff around. That kind of stuff to show our children, have part of our lives. Come on, people had a life before you met Mom, like kind of stuff.

THERAPIST: Mm hm.

CLIENT: That doesn't bother me in the least.

THERAPIST: Yeah.

CLIENT: But I am expecting some sort of nasty little note or something that's not right. You know what I mean? Something that's not right in there, in the box, that's going to cause problems.

THERAPIST: Yeah.

CLIENT: So, I may get somebody neutral.

THERAPIST: Yeah.

CLIENT: Like Penny, which I know it sounds like talking about bringing a trouble maker. But in this situation having her open the box, look through it and say, "No, there's nothing mean from your sister-in-law." And if there was like Mike and I would both say, "Hey, Penny, if there's like a note from Kerry (ph), will you burn it and just never tell us the contents." She would do that.  
[00:14:28]

THERAPIST: Mm hm.

CLIENT: In a heartbeat.

THERAPIST: Yeah.

CLIENT: Kind of like the bomb sniffing robots. (laughs) You know?

THERAPIST: (laughs) Yeah.

CLIENT: Something like, something where, because she also knows, she has experience with me from the wedding and she's been through all this. Whereas like randomly someone I've met even in the past ten years wouldn't get what a psycho all these people are.

THERAPIST: Yeah.

CLIENT: Real psychopaths (ph). But I'm just at this point right now where I'm finally getting out of the like being afraid and being like, "You know what? We can have a life. We don't have to be like " There's one member of the family that we really very much care for who is in a situation where we can't really have a whole lot of contact with him. There are other members of the family further out that it's not as big of a deal.

THERAPIST: Mm hm.

CLIENT: Mike's grandfather.

THERAPIST: Yeah.

CLIENT: But there's nothing we can do about that right now. You know? Other than just send cards and hopefully they get there. Who knows what happens. [00:15:36]

THERAPIST: Right.

CLIENT: But, to be honest, aside from that it's brutal. Like even the people who seem like they're on your side for a little bit, occasionally they get caught up in the drama. Because from time to time there's benefits to siding with somebody on something.

THERAPIST: Mm hm.

CLIENT: You know? It can be anything from getting a car to just getting emotional approval at any given time. And it's like I am so -

THERAPIST: I've never heard you describe anything positive that has come out of an interaction with his mother or sister or most of the people in his family.

CLIENT: Mike's Dad is so emotionally screwed up that like I mean he seems kind of normal on the front of things, and then once you realize that he has nothing under the surface, like nothing at all.

THERAPIST: Mm hm.

CLIENT: Like he can talk about like a little bit and then there's nothing. There is no depth to him. And I'm not talking about just intellectual depth, I mean like depth, period. I swear that when I told you that Mike would just sit there and stare at the wall, I suspected Mike's Dad when he travels -

THERAPIST: Mm hm.

CLIENT: stares at the wall when his wife, the therapist, doesn't dictate his activities. [00:16:52]

THERAPIST: Yeah.

CLIENT: Mike used to call him "Uncle Dad" because he treated him much more like a nephew than like a son.

THERAPIST: Hm.

CLIENT: When we would come to visit it would be like seeing someone's uncle, not like you're a father.

THERAPIST: Right.

CLIENT: He's tried to come around since Mike is now at school. Apparently this is a sign of -

THERAPIST: That means something to him?

CLIENT: That means something to him.

THERAPIST: Uh huh.

CLIENT: But, yeah, it's, you know, there's nothing good that comes out of it. Especially the mom and the sister. The two brothers, one of them is twenty two. I mean he's not even finished growing up yet. But knowing what the outcome is, who knows. I'm pushing for him to move to Hungary because he's in love with a girl who has Hungarian citizenship, and I really think that he will not have to deal with the drama if he goes over there.

The other one, well he's on the run from the law. Why is that we're the black sheep of the family. There's somebody who is in trouble with the law for intent to distribute pharmaceuticals (ph) well not pharmaceuticals but, you know.

THERAPIST: Right.

CLIENT: And, yeah. It's bullshit. You know? I mean, yes, my family is not all that it's cracked up to be. Yes, there is a lot of problems with it too. [00:18:18]

THERAPIST: I wonder what it is that leads you to give like his mother, your mother in law, the kind of credibility that you do. In other words, I mean it seems to that if it were something related to the subject matter that, you know, about (cross talking at 00:18:40).

CLIENT: Originally more of that. But that's the stepmother.

THERAPIST: I meant like if you're in an academic setting -

CLIENT: Yeah.

THERAPIST: and somebody was talking about something to do with engineering, and clearly they had no idea what they were talking about.

CLIENT: Yeah. Oh my God, I could correct them in a heartbeat.

THERAPIST: And you would feel like, "Whatever." You know?

CLIENT: And usually I'm actually pretty good at, in a very gentle way, if they really don't know what they're doing -

THERAPIST: Mm hm.

CLIENT: setting them to the point of saying, "You know, I understand that you think this is what that is, but this is not actually the way it is." That kind of thing. Like being able to specifically talk to I've actually talked to people all the time about batteries in this way. They come in and they think they know everything about how their cell phone battery works.

THERAPIST: Right. Yeah.

CLIENT: And I'm really good actually at not talking down to them, but explaining to them that, "It's a subject matter you're not expert on this situation. And you really don't understand this. I can either tell you "yes" or "no," or if you'd like to I can let you know everything you ever wanted to know." I will give you the choice. I'm really good at that part. [00:19:40]

THERAPIST: Mm hm.

CLIENT: And it's actually something that I grew with because I used to be like, "You don't know what you're talking about."

THERAPIST: Mm hm.

CLIENT: And not be able to handle that with the right finesse. But this, I guess the biggest reason why is because for years it seemed like it made no sense. You know what I mean? Like, first of all, if multiple felt that way, like they all felt that way about me.

THERAPIST: Sure.

CLIENT: You know, like that being kind of an odd thing from the laws of statistics.

THERAPIST: Right.

CLIENT: But on top of it like the idea of like, "Where is the value in saying " Like to me it didn't make like there was a motivation to do so.

THERAPIST: I see.

CLIENT: So for a long time it was like, "Well, why would this person do this?"

THERAPIST: Right.

CLIENT: You know? It took me a very long time and only finally now coming to terms with the fact that this is such a gnawing I mean, also the other reason why is because lots of people I'm dealing with who have problems, this doesn't fit into an easy category that people understand. Like mother-in-law behavior. Like there's bad mother-in-law behavior, but this is not one of those things you read about in like, you know, Women's Day magazine in terms of that. [00:20:56]

THERAPIST: Right.

CLIENT: This doesn't fit into these easily defined categories.

THERAPIST: Right.

CLIENT: And, therefore, it's very easy to Because I have so much of my life that I live in the outliers. Not everybody can be the special snowflake all the time, can they?

THERAPIST: Right.

CLIENT: You know? Like statistically it just seems like it's an Occam's Razor thing. Where it's like, "Wow," I have to go with the thing that makes the most sense. Like this the most Like this is a -

THERAPIST: It's more parsimonious to imagine that these folks who are saying somewhat similar sorts of things and didn't appear for a while to have a motivation to do other than just (inaudible at 00:21:38).

CLIENT: Yeah. But maybe there's some grain of truth.

THERAPIST: (cross talking) with you or your impressions, what else are you supposed to think? I mean you would have to come up with some more baroque theory -

CLIENT: Yeah.

THERAPIST: or understanding where they were coming from in order to feel like -

CLIENT: And on top of it, I mean, I kind of, you know. Yeah, that's exactly, you know, in terms of -

THERAPIST: And I guess it's a double whammy in that it both leads you to doubt (inaudible at 00:22:07) them and whatever negative thing they have to say about you, and it takes a whack at your confidence in how you see things -

CLIENT: Yeah. Exactly.

THERAPIST: for the next issue.

CLIENT: Exactly.

THERAPIST: I see. And, you know, now you do have, I think, quite a different story about how this works in that, though their motives aren't entirely clear, it's much clearer that they do seem to have other agendas than just, you know, being reasonably objective or something, or totally unbiased in how they are judging or characterizing you.

And so that goes a long way in working against their credibility but still there's [a fair amount of inertia] (ph) there, and then there are the crummy things they've said are hard to sort of get rid of altogether. And it's hard to just discredit them altogether when you're going to deal with them the next day. [00:23:26]

CLIENT: They paint a very compelling picture, except for the fact that it's wrong.

THERAPIST: Mm hm.

CLIENT: Does that make sense?

THERAPIST: Yeah. Oh yeah.

CLIENT: A very compelling picture.

THERAPIST: Yeah. Like a good (inaudible at 00:23:37) argument. I mean, they probably make it sound pretty good even if it's all wrong.

CLIENT: Yeah. Exactly. This is not like, except for the fact that they're obviously describing someone who is not me, it's internally consistent. I mean, I make the jokes about this, but the description, the behavior that they're saying, is internally consistent with what they're trying to say. There's all these other things.

But the only tip off that I really had was the fact that my spouse doesn't have any memory. So he couldn't tell me, "Oh, when I was a child, blah, blah, blah."

THERAPIST: Right.

CLIENT: Like he can only remember what people just told him.

THERAPIST: He also couldn't clue you in about how they are, I think.

CLIENT: He had no idea.

THERAPIST: Yeah. And on the positive side, at least as I've heard it, you have not really run into anything like this before. Like thank goodness your parents were not at all like this.

CLIENT: No. I mean they're are the moments. Let me assure that there are some serious freaking moments. [00:24:40]

THERAPIST: Yeah. I'm sure, but at least the way you describe it to me, they basically have had a pretty good sense of who you are since you were, you know, pretty small.

CLIENT: Yeah. Sometimes they know me better than myself -

THERAPIST: Yeah.

CLIENT: in certain ways. Not like in a bad way, but just in a How do I explain it? Like in a wise way.

THERAPIST: Well sure. They're your parents and they've known you a long time. That can be pretty insightful [in some ways] (ph). (laughs)

CLIENT: Yeah. So, I don't know what it was recently, they said to me something along the lines of, "Well, does that really solve the problem?" I was like, "No." "Well, there you go." Like it was something about me, something very particular that they were giving me insight on this.

THERAPIST: Yeah.

CLIENT: But, in general, they know me pretty well.

THERAPIST: Yeah.

CLIENT: My Dad knows me better than my Mom does in certain ways. But, you know, the other things is, is that it doesn't make sense to me. Like even now I believe we've kind of I mean it's very hard without having anybody actively working with his Mom, to put this Like this all by remote and extremely like not real. Like speculating, giving us information. [00:26:03]

But honestly, although it's not exactly the most professional thing to do in that way, it's the only way that we've been able to put this whole thing together. Like to understand by giving these little hints of, "Well, this kind of behavior I'm diagnosing somebody, but someone who has this kind of behavior tends to have this kind of diagnosis. And this kind of diagnosis tends to be "

Like neither one of us understood this. This is not something that is well known or understood. You know what I mean?

THERAPIST: Right. Yeah, they were talking about something that is closer to fields you guys knew something about.



CLIENT: Or even just something that made it into the mainstream media.

THERAPIST: To assuage their credibility.

CLIENT: Yeah.

THERAPIST: But that kind of stuff.

CLIENT: Yeah. But this is like something where it's not like You know, there's a lot of things out there that, you know, in terms of there's awareness.

THERAPIST: Right.

CLIENT: You know, in terms of understanding symptoms. Like, you know, about now they're understanding symptoms of depression. There's a lot more like public awareness. Lately there's been little things related to autism with a little bit more awareness. This is something that I'm like, "What?" I've never even heard of this before. Like it's not schizophrenic, it's schizoid. What is this thing, you know? [00:27:12]

THERAPIST: Mm hm.

CLIENT: It's not like anything that anybody, and for years just struggling with, like why does this behavior happen this way? This doesn't make any sense. It doesn't fit into any behavior that I have ever heard of, read about, like in books or in anything. You know? It just didn't fit. And nobody understood why.

And so it was just When my understanding of the situation doesn't make sense, and their understanding of the situation has a very compelling picture, it's very easy to believe what they're trying to say.

THERAPIST: Right.

CLIENT: Does that make sense?

THERAPIST: Absolutely.

CLIENT: I mean [I've been fucking Catholic] (ph).

THERAPIST: Yes, in a pretty humungous way. And I guess part of it You know part of it is the way they're setting it up. And part of it I think is also like, I think this is right. You don't like to be in a position of not knowing or understanding things, I think.

CLIENT: Yeah. Or at least, okay, maybe not fully understanding, but knowing it's out there. That there is some model that somebody knows. [00:28:19]

THERAPIST: Yeah.

CLIENT: There's somebody out there who really understands this.

THERAPIST: I see.

CLIENT: Does that make sense? I can outsource it to somebody else.

THERAPIST: I see.

CLIENT: But for years there was no one. No one gave us a glimmer that this behavior was understandable. It didn't You know what I mean?

THERAPIST: Right.

CLIENT: Like that this was good, that this fit into my model. And I'm not saying that it wasn't, or that people didn't do this, or maybe they mentioned it to Mike and he just didn't remember.

THERAPIST: Right, now that it's kind a known unknown. Like all this in a way that you Yeah.

CLIENT: And even if it's something that I will never truly understand, as long as I can outsource that to somebody else who is a knowledge expert of that kind of thing.

THERAPIST: Yeah.

CLIENT: That's understandable.

THERAPIST: Mm hm.

CLIENT: When it's something that isn't understandable, that's when, like by anybody, that's when I start to really doubt like how much this is real. You know?

THERAPIST: Uh huh.

CLIENT: And so it's very easy to go with, you know, what seems like the thing that is the least complicated description and the thing that makes the most sense. You know? [00:29:28]

THERAPIST: Right.

CLIENT: Especially, you know, I actually say I still don't really, I still don't want to. Like for example, my spouse has no memory like before a certain age. The immediate thing to me I

think about is abuse. Like I'm thinking, "Oh my God, something terrible happened. Somebody molested him." I still kind of believe it in the back of my head.

THERAPIST: Mm hm.

CLIENT: Finding out later on, no, actually, it's because he was so under stimulated that he never actually had anything going on in his life that made that much memories. And that's a completely understandable thing but it never even dawned on me that that could happen.

THERAPIST: That's a theory?

CLIENT: Well.

THERAPIST: I mean is that what his therapist would say?

CLIENT: Not necessarily. I mean I'm getting this third hand.

THERAPIST: Okay.

CLIENT: I get the idea that because of, due to dealing with the situation around possibly that he did a lot of dissociation to cope with the situation. Therefore, because he was dissociating he wasn't actively making memories. Maybe. [00:30:33]

THERAPIST: Hm.

CLIENT: Nobody And again I'm getting this super third hand, so I don't know.

THERAPIST: Yeah, sure.

CLIENT: I don't really know. To this day I don't know, but I was convinced for a while I mean it's not that -

THERAPIST: What's very clear is something was just very wrong.

CLIENT: Yeah.

THERAPIST: And I guess it sounds like Mike's therapist has a pretty clear sense that his mother has a schizoid personality disorder.

CLIENT: That's based upon the information we have without anything else.

THERAPIST: Yeah.

CLIENT: That's pretty much.

THERAPIST: Yeah.

CLIENT: And that's been Even if it's wrong it has given us hope. It's like the person who they don't know why they're sick.

THERAPIST: Mm hm.

CLIENT: You know? They don't even have a glimmer. Even if it's the wrong thing it gave us hope and it gave us something to understand. You know? Because otherwise it's like, who doesn't want to hear from their children? You know? Not that there's like anything wrong, but because they just don't feel like it. You know? [00:31:38]

THERAPIST: Mm hm.

CLIENT: Who wants to spend a holiday by themselves? You know?

THERAPIST: Mm hm.

CLIENT: It's kind of weird.

THERAPIST: Yeah.

CLIENT: And it has no feelings of It doesn't even have feelings of remorse about the fact that they don't have feelings.

THERAPIST: Mm hm.

CLIENT: But she has no She actually said, "I should feel bad about this but I don't." And like, "I have no feelings about it." And maybe she said at one point when you spoke to her, it's like, "Maybe I should talk to somebody about that, [but it's honestly not bothering my life] (ph) so I probably won't."

THERAPIST: Mm hm.

CLIENT: But she has no feelings.

THERAPIST: Right.

CLIENT: That's really fucking creepy.

THERAPIST: Yeah.

CLIENT: And maybe it's because I feel too much for certain things.

THERAPIST: No, it's just creepy.

CLIENT: It's creepy.

THERAPIST: Yeah.

CLIENT: And, I guess I -

THERAPIST: (cross talking at 00:32:36)

CLIENT: Yeah.

THERAPIST: It's incredibly creepy. I mean it's somebody talking about having really damaged her son and having no interest in doing anything about it.

CLIENT: At one point, when he was trying to tell her that his pornography use problem had specifically, was actually geared towards underage girls, she basically Like first of all, and I ended up having to get involved in this because he was so upset about trying to tell this to her, that he couldn't tell it to her, but yet he wanted her to know.

By the way, she did not like me getting on the phone for a second to say the two words that needed to be said and then get off the phone, because he couldn't physically tell her. And she's like, "Is anybody being hurt" And, "Do you ever feel the compulsion to act on that." "Okay, well why are you telling me this?" [00:33:42]

THERAPIST: Wow.

CLIENT: Like seriously.

THERAPIST: Yeah. Yeah, that's very off the wall.

CLIENT: All of his family are dead inside with this whole thing by the way. They feel like as long as nobody is being hurt Like in their head, nobody being hurt being like it's not about things related to people being beaten or things like that. Everybody likes something that's [too young,] (ph) maybe. Or I think they're trying to make They're not as bad as she is about it.

THERAPIST: They're in denial about it.

CLIENT: She's really dead inside about this.

THERAPIST: Yeah.

CLIENT: To me this is, and I'm glad that this is something that he is actively, and now that he's not acting out, he's actively trying not to get involved in.

THERAPIST: Yeah.

CLIENT: Like they see it as, "Oh no one's going to find out. No one's going to." You know, like it doesn't matter. But she is very much like, as long as you don't think you're going to act on it and as long as you, you know, and this isn't like people being harmed.

THERAPIST: Yeah.

CLIENT: Like being beaten up, that's okay. She doesn't see it as there's any victim in the crime at all, because those pictures would have been there anyways. [00:34:55]

THERAPIST: Right.

CLIENT: What the hell?

THERAPIST: Right.

CLIENT: To me that's so. And for a long time I identified with her. I thought, okay, she's an intelligent woman. And certain things, like a very similar sense of humor on certain things. And so like why the hell. I don't understand why does But now I realize that it isn't like that at all. It's just that it was on the surface, being polite. You know, that kind of thing. But I just don't get it.

THERAPIST: Yeah.

CLIENT: And especially because of the fact that nothing big, tragic happened to her.

THERAPIST: Right.

CLIENT: My mother left, you know, a socialist regime that was actively murdering family members to go to a country that she did not speak the language. Okay, fraudulently left to go to another country under the auspices of being allowed to go there, on her own, to a country that she did not know the language, that actively was having a war with a couple of other places -

THERAPIST: Right.

CLIENT: to move through, like transient, through Europe to come to the US. And she doesn't have that kind of problem.

THERAPIST: Right.

CLIENT: Okay. (laughs)

THERAPIST: We have to stop. (laughs)

CLIENT: Okay. I'm sorry. I just needed to point that out.

THERAPIST: No, no no.

CLIENT: Not that she doesn't have like a certain amount of slight shellshock from that.

THERAPIST: Right.

CLIENT: But she's not dead inside.

THERAPIST: Right.

CLIENT: I'm sorry, I just needed to get that part out. [00:36:18]

THERAPIST: That's okay. That's okay.

CLIENT: It sounds weird, but I've only just now stepped back to realize what a tremendously awesome bad ass my mother is. I've always thought she was a nice person.

THERAPIST: Mm hm.

CLIENT: Like she's my Mom. But all of a sudden I've started to step back and go, "Holy shit." Like I'm at the age she is and she lived like all this other stuff.

THERAPIST: Mm hm.

CLIENT: And she somehow made it through. And I'm not beating myself up because I can't handle it, but I just think that's kind of cool.

THERAPIST: I think you're similar to her.

CLIENT: Maybe. A little bit.

THERAPIST: I think so.

CLIENT: I'm tough, but I'm not that tough. (pause) I will see you next week.

THERAPIST: Sounds good.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'm glad you made it.

CLIENT: Oh. (sigh) Today is just one of those days where I feel like I just want to go back and redo everything. It's not like anything really bad happened, but it's just like (sigh), yeah. It's just the odds were not in my favor today.

THERAPIST: I'm sorry to hear that.

CLIENT: But it's nothing specifically to get pissed about. Just, you know, lots of little things. But (sigh) I'm sort of having a bit of just feeling cruddy. Like nothing really makes me especially happy. That kind of thing, you know? And I'm very grumpy.

And I hate when I feel like this because I feel like I have to wear like a disclaimer on the front of me saying, "Nothing will make me happy and trying to do so will make me more pissed off. So just leave me alone. Just like, you know, ignore me and I will eventually get better. You know, just give me some time." [00:01:27]

THERAPIST: Noted.

CLIENT: Not you. Just, you know, in general. But I went to Penny's thing. I'm not really sure if it was a wedding. There were no vows, there was nothing like that. It was very bizarre.

THERAPIST: Hm.

CLIENT: There vows were said via music, which they played their instruments. Yeah, it was just one of those north wind blessing them all. Yeah, the whole nine yards. It was very bizarre. Her poor extremely Catholic mother just seemed floored and confused by everything. But, you know, it was an okay time. So I'm glad that I went. And, you know, that's pretty much all I can say about that. I mean it's just, like I said, it's just too bizarre to like be real. [00:02:32]

But there are other things that I'm just, you know, just been (pause) emotionally shut down, because I just feel like I am disappointed by a lot of things in life. And I feel like on some level that because they are not officially in my control of things, that voicing my unhappiness or my concern is just making things worse. You know?

My husband got his reappointment letter the other day. And he was all excited because it said for another year and this and that. And I said, "This one says that you're a research associate. All the other ones that I have here, you've said to me in the past, say you are a postdoctoral fellow. Should we be concerned about that? You know? Amongst other things." [00:03:37]

And, you know, he just doesn't cope with that kind of stuff. He doesn't even know how to resolve those kinds of issues.



THERAPIST: I see.

CLIENT: Like is this a (inaudible at 00:03:44) like form letter or, do you know what I mean?

THERAPIST: Right.

CLIENT: Or what?

THERAPIST: Right.

CLIENT: Or is it only you get three years and, you know, this. Like, is by saying this is he misrepresenting himself by saying he's a postdoctoral fellow? I don't know.

THERAPIST: Right.

CLIENT: And the way he sees it is like, "Well if I'm a research person, well they're unionized. I should go talk to my union rep." Like, "No don't go talk to your union rep. Go talk to the right person and figure out what " You know?

THERAPIST: Right.

CLIENT: Like (sigh) yeah. And he's like, "Well if it's true then, you know, I need to be paid more because that's what You know, research people do get a whole lot more money than post docs do because of, you know, blah, blah, blah grants."

And I'm like, "Great. I know that you're trying to see the positive in this. Like saying, 'Hey, I need to get paid more.' But really what you need to do is figure out what they're doing and just get some work done." You know? So that's been sort of a frustration. You know? [00:04:45]

THERAPIST: Sure.

CLIENT: And as he was clearly disappointed that yesterday was our anniversary and the only people that really remembered was my parents and Penny. Like none of his family said anything, boo, about anything. And he really didn't want to call them up for anything but, you know, we had something that was really funny he wanted to share.

My parents got us a cake for it. And it's really hilarious because, we don't really exactly know how this happened, but the world's worst spelling of the word "anniversary."

THERAPIST: Really?

CLIENT: Like most people like if the added "e" and the "a" they'd misspell that. And they had that part too, but they're missing and "r." It's like, it was just to us the most We weren't angry.

This was actually the most hilarious part of the day is how badly "Happy Anniversary" was spelled. You know? But, you know, it's just really funny. [00:05:43]

And he's like, "Yeah, I really feel like I can't share this with anybody because they're just not, you know, all that interested in taking my calls or whatever." I'm like, "Yeah, well, you know, why don't you talk to somebody about that." You know, try to do that. You could see he was clearly upset about that kind of thing. Partially because of the fact that if like on his level I mean, they sort of didn't think it was going to last. You know?

They think we got married for the wrong reasons, though I'm not really sure what the wrong reasons are. I thought the wrong reasons were like, you know, going to war, having a baby, like those kind of things. Not like because you're in love with one another and that kind of thing. But who knows. But, you know, it's not You know, it was just I didn't expect anything anyways, but they are, you know, just who they are. But, (pause) you know, it's exhausting sometimes. You know? [00:06:54]

(pause) I am pretty upset about the fact that there are certain things about the anniversary I sort of didn't really want to celebrate about because, you know, he hasn't been especially honest with me about acting out. And I inadvertently found out that, you know, certain things were, you know, happening.

It's really important for me to like really state that I am not snooping. You know? I don't really want to know these kind of things. It's actually like the anti I'm not in denial, but I also The details that I want to know are not the details I would ever find out. You know?

We're in the middle of the Catskill Mountains, we're using his phone to navigate and he's getting like the notifications. He's getting notifications on a thread that he's subscribed to. I see what the thread is because it comes up on the phone while I'm telling him that, you know -

THERAPIST: Yeah.

CLIENT: "Okay, we're going to be turning right soon." [00:08:04]

THERAPIST: Right.

CLIENT: You know? These are not things I mean, when I say that I don't want to know about that, that's not really so much the It's so complicated for me. I just don't want to be sneaky. I'm not actively trying to snoop into his life to find these kinds of things out.

THERAPIST: Right.

CLIENT: But at the same time there are things I would like to know. I specifically can't think of any of them off the top of my head. But that's not one of them. You know? It's more specific than

that. And so, you know, I was pretty upset about that and figured that out on Sunday night driving home.

And I had already had like a pretty bad headache from being sunburned and all that stuff. And I was just like, "You know what, I just don't really feel like talking about this right now." And eventually I did ask him some questions. And things like, "Why did this happen?" Things like that. You know? [00:09:05]

And he just said he's having a lot of anxiety because of things related to job stuff. "You mean the fact that I mentioned the fact that you never actually looked over your own contract and saw that it said 'research associate' instead of 'post doc?'" So I feel weird, even like the fact that I read his contract and he doesn't. But I don't know. I just don't know.

I just wish that things would be better, I guess. So I wasn't really all that much [up for going out and doing anything like dancing.] (ph) I'm like, "Okay, so let's go to Costco and get the grocery shopping done since we've got a car." And I wasn't trying to be like, "Oh, I'm punishing you for this." But I wasn't really up for anything romantic after figuring that part out. And, you know, "I don't know when we'll have a car rented again for a while, so let's just get this stuff done." Which is fine. You know? [00:10:13]

THERAPIST: No, it actually it really sucks.

CLIENT: It really sucks. It sucks.

THERAPIST: Yeah. It totally sucks.

CLIENT: Yeah.

THERAPIST: I mean [you're talking about that you can't go] (ph) this way or that way, but he let you down.

CLIENT: Yeah.

THERAPIST: And his family, of course, let you down.

CLIENT: Yeah. That I have to assume. That's just what -

THERAPIST: But it still sucks.

CLIENT: Yeah. It's also not their anniversary, it's our anniversary, in theory. But, yeah. (pause)

THERAPIST: Yeah.

CLIENT: But it's just Yeah. (pause) The questions I have are different questions. They're things like, "At any point did you realize during this period of time that you thought, 'Oh my gosh, this is the weekend of our anniversary. Maybe I shouldn't do this.'" [00:11:21]

Like seriously, like that's not a question in which I'm being a jerk about. I'm like actually we're trying to figure out like at any point does he actually have anything that says in his mind, "I shouldn't do this?" Or the fact that I was sleeping right next to you. Like to this day this blows my mind that this happens. All the time. You know? And, I don't know. (pause)

I guess for me it's not that I'm status seeking per se. I know the things that he wants in life. And I know that to be able to have that kind of like, he needs to be more ambitious about his job. You know? And more engaged. [00:12:38]

Because to have the lifestyle that goes with it, you need to have also a drive. You know? And therefore And he gets sad and ashamed, you know, about certain things. Things I think are ridiculous, like how long it took him to get a PhD, and this and that. It's like, it's not that long. Whatever.

But the point though is that I see the cure for the things that make him sad is work. You know? He doesn't want to be broke? Work. That's just sort of, to me it just seems really obvious. But (pause) I don't know. (pause) I feel so amazingly cold for feeling this way too. You know? [00:13:53]

THERAPIST: Hm.

CLIENT: For thinking, "Well, the cure for this is this." You know? It's not like a I don't know. I'm just feeling really awkward feeling that way. (pause) I tend to see the world in a lot of black and white on certain things. And I've been criticized for it. Not by John but by other people in the world. But, you know, I really do try. I even (inaudible at 00:14:47), "Okay, that's okay, that's fine." "No it's not. It's not." (pause)

THERAPIST: You feel like you're going to be the bad guy, or you're being the bad guy, or somebody is going to criticize you if you sort of focus on what is right from your point of view, [and where you are] (ph) or just how it feels to you.

CLIENT: Yeah.

THERAPIST: And I think part of that is also because it makes you feel a lot more sort of secure and in control and you're being positive and you're being practical. And when you're just upset or angry, I think it actually kind of disturbs you a bit because it makes you feel like you're not being in control, or [00:16:15]

CLIENT: I'm noted for being tough.

THERAPIST: Uh huh.

CLIENT: Or being smart enough to figure this out. Smart enough to understand this concept or something. You know?

THERAPIST: Yeah. I think you have a fantasy that I think that is a fantasy that intelligent people have. A fantasy [that is not true.] (ph) I think this is not true, is what I'm trying to say, that being smart or being brilliant could make this easy or could make it feel better.

CLIENT: I guess so. Yeah.

THERAPIST: I mean smart is really helpful, but probably not for feeling better about this.  
[00:17:17]

CLIENT: No. There are a lot of things that are less emotionally like related to me -

THERAPIST: Mm hm.

CLIENT: that are just things that are black and white that I don't get and, therefore, I am under a critical eye about. Therefore, I'm just keeping below the radar. The world doesn't have to be this complicated. I really, really truly believe this. And [I'm making things] (ph) so much more complicated than they have to be. (pause)

But, you know (pause) I guess that it's a good thing that I'm not dictator (ph) for the world because I find this to be too hard for me. But it's so hard. I feel so much derision in everything that I do or don't do. You know? [00:18:36]

THERAPIST: Hm.

Like there's lots of reasons why I don't talk about this with anybody else in the entire world. And a good number of reasons are is because I don't need to have to answer questions like, "How in the world do you tolerate this?"

THERAPIST: Mm.

CLIENT: Or, "Why is this happening?" Or I love being put on the spot where I have to explain that there's actually whole swaths of this problem that I just don't understand. Not understand but as in I don't know the answers to -

THERAPIST: Mm hm.

CLIENT: because I have not been able to get a straight answer. Like their minds are blown that I actually don't know that much about the exact nature of his problem.

THERAPIST: Yeah.

CLIENT: I mean I've got a little bit of an idea, but not like fourteen years of knowing about it.

THERAPIST: Yeah.

CLIENT: You know? And (pause) the last thing I want to do is be criticized for being weak because I haven't left. Or being criticized for this or that. You know? You know, there's like, "Oh you have really poor self standards. If you just start to like yourself more you wouldn't be in this relationship." [00:19:49]

THERAPIST: I see.

CLIENT: Bullshit.

THERAPIST: Mm hm.

CLIENT: That has nothing to do with it.

THERAPIST: Mm hm.

CLIENT: It's because I care about this person. It has nothing to do with, you know, me feeling worthless. Which actually doesn't really factor into the equation.

THERAPIST: Mm hm.

CLIENT: You know? It's (pause) because I'd rather, honestly, deal with this day to day than not have a life with him. You know?

THERAPIST: Mm hm.

CLIENT: You know, he's my partner and I love him very much. I don't want to not be in his life like every day, a lot. And (pause) I inwardly feel very defensive about that. [00:20:58]

THERAPIST: Hm.

CLIENT: You know about, you know, "Why are you still here. Why are doing this. Why are you ?" You know?

THERAPIST: I see.

CLIENT: I don't know if really want to have to have those questions. You know?

THERAPIST: So you ask yourself.

CLIENT: Well, they have been unspoken by others as to the few people that I have spoken to about this. Some of them being family members, kind of, but also like I think I've told you that in the past I had actually gone to like various different types of support networks and stuff. And along with many, many other problems, one of them was that, you know, "Why are you allowing this to happen. Why do you permit this? Why do you not love this enough to let this happen."  
[00:21:57]

THERAPIST: Hm.

CLIENT: Well, you know, I can also stop loving about You know, start saying, "Because I don't love myself my rheumatoid arthritis will happen." Me being there and being in his life, he's still going to have the problem with the addiction. It has nothing to do with that.

THERAPIST: Mm.

CLIENT: It will still keep going on. But the fact that, you know, I don't leave his life is because he's my husband, I love him. I want to be around him. I will miss him every day.

THERAPIST: Mm hm.

CLIENT: So that seems kind of silly. You know? But also the whole like, you know, "Why don't you know?" Or, "Why don't you this?" Or, you know, it's just exhausting to feel criticized about the whole thing. You know? And so I just don't do those things. That's not even the half of it in terms of that. There's just so much unhealthy about going to those things. It's just I'm not capable of it. You know? [00:23:18]

And I see so many people who are in these terrible, very unhealthy relationships and I don't want to be like that. And so I guess, not just be like that, but it gives me the creepy crawlies. I just don't feel comfortable.

THERAPIST: Sure.

CLIENT: It doesn't give me comfort to know I'm not alone. It just reinforces how different I feel than everybody else. (pause) It's (sigh) a lot like, okay, this is going to seem like it's a completely different situation, but it actually vaguely, I think is more than vaguely, I think like this. Okay?  
[00:24:15]

So every so often, especially recently, I was speaking with my aunt about this, about how (pause) (sigh) I can't even believe I'm going to admit this. How I sometimes wonder how upset I'm getting over certain things coming out about the government and their invasiveness in our lives -

THERAPIST: Mm hm.

CLIENT: that I have to wonder whether I should just get my head checked. Because anybody who is this upset about it probably needs to go and their head checked because they are obviously unwell.

THERAPIST: Hm.

CLIENT: Especially because I kind of knew a lot about what was going on already. I just thought there wasn't money for it and it didn't actually progress any further.

THERAPIST: I see.

CLIENT: But not the direct things with it. But, you know, the fact that I'm actually embarrassed to have those kinds of feelings of feeling very invaded and, "Oh my God, my privacy " kind of thing. I mean, humiliated to admit that. Because that's the kind of stuff that people that lose it, and in their parents basement and have tinfoil on their head believe in. You know?

THERAPIST: I think people get (inaudible at 00:25:30).

CLIENT: Yeah. You know. Trust me, I've talked to more than one person who thinks that Rush Limbaugh has hacked their e-mail. Like, yeah, amongst many other very (inaudible).

THERAPIST: Mm hm.

CLIENT: So you see, what I see, I see the literal faces of real honest to goodness crazy coming in with this problem. So that's what I associate with. Of course, nobody else would go to the store to try to get it fixed I guess. But, you know, it's like that's something where, you know, (pause) I am so Like I said, it's one of those things where I'm so unwilling to deal with the criticism of possibly feeling concerned about this kind of thing that -

THERAPIST: (inaudible at 00:26:27) We need to stop.

CLIENT: Okay.

THERAPIST: But we'll talk about it next week.

CLIENT: That sounds good. If for some reason you have any cancelations this week, I would really like to take it.

THERAPIST: Alright. Nothing that I can think of in my head, but If I get one I'll let you know.

CLIENT: If you do. Yeah.

THERAPIST: Yeah. I think there's a lot going on.



CLIENT: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I'm probably going to have to work right after that week but I don't know what day is -

THERAPIST: Okay.

CLIENT: like that yet, so I'll know more about that too because I can't really afford to take that much time off. Speaking of time off, I've had a lot of time off until this mental (ph) a couple of days ago. Well it's one of those things where how much I already have a pretty non-heavy work life in terms of physical number of hours. I didn't realize how much I really, really, really don't want to work right now. I feel terrible I mean I guess nobody really wants to work per se but how much things were better, how much my sleep was better and all this kind of stuff.

THERAPIST: Yes. So what happened to let me get this right.

CLIENT: I took off on around our anniversary because I had to take the time off super advance in hopes that maybe we'd be able to squeeze in a real vacation. And so the thing is if I don't ask for it especially in the summertime, six months in advance, whatever -

THERAPIST: You don't get it.

CLIENT: I don't get it so it's better for me just to get it and not need it than [00:01:19]

THERAPIST: Need it.

CLIENT: So that's why I had the whole summer off. I realize that there's a whole lot of other stuff going on because Bethany got married and all this other stuff. And I realize that I just do better, which I mean I guess it sounds weird to say that but my pain, my [inaudible at 00:01:39] and a lot of other things. Everybody remarked that I seemed a lot better just in general. [inaudible at 00:01:48] is blah, blah, blah. And you would think if I'm getting four days off a week anyways but taking a week off people thought I looked that much different and not much different. I guess really it is a definite change. So, although I knowing me, of course, I had things I kept busy with so, including getting out of the house, but [00:02:17]

THERAPIST: I imagine you are sort of working harder and pushing yourself harder than you probably often do.

CLIENT: Yes, but when I see it compared to everybody else it doesn't seem like it's enough, you know what I mean?

THERAPIST: Yes. You mean everybody else who doesn't have bad arthritis and chronic pain and stuff?

CLIENT: Yes. So it, yes, pretty much. But it definitely helps a lot. One thing that it doesn't do, though is at least for the moment, I had sort of an appointment which I did something which I'm really not especially proud of at this point. I just certain things related to my husband's addiction just sort of just really pushing buttons with me and I'm just really upset. And I sort of I said something kind of really mean to him that I felt really bad about so. Not just mean, said something mean, but actually did something that I'm diametrically opposed to and I'm sure why in the world I did it other than just being frustrated.

THERAPIST: Was it that bad? [00:03:45]

CLIENT: Yes. So at some point just I was struggling with him, trying to get him to work, trying to get him to do this; he says oh yes, well the cell's down and it was just felt like one excuse after another as to why he wasn't working whatever. And I just felt like along with everything else and having trouble being sober and this and that and me finding out the nature of what he's doing and this and that. I just [00:04:09]

THERAPIST: [inaudible at 00:04:09] nature of acting out or the ?

CLIENT: He had the nature, a little bit of the nature of acting out thing and I said something along the lines of why do you think that I'm not turning you into the police again? Is there a really good valid reason why I shouldn't be doing this because this is starting to really bother me. It's bothered me for a long time but I would not normally say it that way or even really necessarily intend to do it that way. And it wasn't like a threat like you'd better I don't even know what it was. It wasn't only a you-stop-now kind of thing or anything like that. It was why is it [inaudible]?

THERAPIST: It's a feeling how to me you describe is of you being exasperated. Just kind of overwhelmed, had it up to here, not sure what to do or say and also kind of angry. [00:05:04]

CLIENT: Definitely squibbed (ph) out because a lot of it is people who are very, very young, so.

THERAPIST: How young?

CLIENT: Well the way the thing happened the night of our anniversary he was getting subscription posts to something. But in theory it's not technically pornography but there are girls that are underage in their underwear, things like that, that I'm sure that that's at least what I could it's very hard for me to tell because it's behind a wall of things but when I picked up his phone to make sure we were on the right course, that's what -

THERAPIST: Right.

CLIENT: so, I mean, 15 I guess, 16 probably. I mean I don't know. If the perception is reality then I don't know if they really are older and pretend to be younger or what. It's definitely something where they're doing their best to screen people, to make sure that whatever it is. I don't know.

THERAPIST: I'm confused. To screen ?

CLIENT: To make sure that people if I saw something and if I remember the name of the thing and I Googled it, it just gives me a wall of name password please. That's it.

THERAPIST: Okay, got it.

CLIENT: But from what I understand from just briefly looking down to see his messages that were popping up on the thing, that's what I get. But it could just be also that that's the name of the thing but it's not really it really is something more than that, it could be it's very hard to tell. And so, I don't know. Like I said it's just, it's very upsetting, it's very I feel like on some level that I do want to somehow protect myself from this kind of stuff because I'm afraid of something like that happening to him and driving me down with it because I have valid reasons to believe this.  
[00:07:00]

THERAPIST: Do you mean him getting arrested -

CLIENT: Yes.

THERAPIST: and you getting implicated?

CLIENT: Implicated or at least deeply humiliated or grilled or having to have a conversation with another person about this at all. It's very distressing.

THERAPIST: But more or less how you lost your job in defense (ph), right?

CLIENT: Yes. I don't really at this point really totally know what exactly went down. It could have been, be for underage, it could have just been misuse of resources. I know what [inaudible at 00:07:38]. I didn't want to I was so, at the time I was so upset and so humiliated and it was so new in my world I didn't ask any questions because I just wanted to -

THERAPIST: Yes, in that case I know it wasn't necessarily underage.

CLIENT: I don't know, it could've been.

THERAPIST: Right, it was just that it was on a computer where that could be monitored or something.

CLIENT: Yes. So and so it was, I don't know. It's it is, yes, it's worrisome. It's very worrisome. I but yes, I mentioned it to him. We had a very, very long conversation, almost all of us, about how basically just I mean I am emotionally feeling very, I don't know what to say. It's not even the word numb isn't quite the word. It's exasperated maybe, I don't know. It's just so distressing. And especially because of the fact that he has such little support from the people around him. He had mentioned to his father a couple weekends because we had talked about this in the past. He brought it up this time, that which is strange because you know it doesn't that maybe something chemical might be very helpful, like in terms of chemical castration (ph) see if that could help with this or that. His dad a little bit tried to talk him out of it. He said [inaudible at 00:09:53]. This is, this is, no I don't think that's what it is. I think this is [inaudible] through the light bulb that's going to help. [00:10:02]

And I can understand that; I can totally understand that. I don't want to have harm come to him and this and that but there are also people saying oh don't worry you won't get in trouble, oh don't worry about this, this isn't really realistic because they supposedly know all about this kind of stuff because his dad works in something vaguely minorly related to the field and doesn't know anything. He works for Samsung so of course he knows everything. Really. I think it's hilarious because he literally makes Droids and Kiods (ph) and iPhones and iPads and all this stuff. Yes. And other various he just doesn't know; he really doesn't. He's just one of those people he's decided in his head, he really does really think he knows everything when it comes to this guy.

This technology stuff, I don't know anything. And if there's something I know he doesn't it's not important. To me I don't care that much about him to even give him the time of day for that kind of stuff but he doesn't really think that this stuff is he thinks that Mike's just going to man up and stop doing it. Which is kind of in my heart a little bit that way too but at the same time I do realize that there's a lot of crap that started this and somebody ought to take responsibility for it. Somebody, anybody. So it's kind of bulls\*\*\*t. They didn't want him going off to get we needed their help to help pay for it, to get inpatient services, to be able to go off to one of those places out in the Southwest that treats this kind of stuff. That kind of thing because [00:12:04]

THERAPIST: He did that?

CLIENT: No he didn't. He is back in Cincinnati and the person he was seeing pretty much said that he has all the other tools; the only way that there's really going to be any progress is if he went to one of those places that have those various different inpatient things. He felt like they had been doing this for a decade and not gotten anywhere with any of this so they had to find some way to break down the wall because for an hour, he can forget anything. He can talk about something else or forget I can't even get him to remember what he went to the dermatologist for by the time he gets in the office. Not that I have these problems too sometimes but you know what I do? If I have to I will literally write it on my arm so I don't forget. I have done that.

But the they felt like that was not really necessary. They don't really want to think it's really that bad. But at the same time they're not the ones dealing with it. And on top of it his Dad is somewhat unbelieving of things that he doesn't know about. The non-searchable Internet and how this works. He doesn't know nothing about Dark Net. He doesn't even believe it was there. He said that was a theory that I was making shit up. I said really? Really? Do you actually think there's a website that's Al-Qaeda dot com? Do you think these people transmit this I mean there's lots of things like that out there. I knew about it back then; I knew about it with other stuff. I thought that I really wanted to but you hear about these things and there isn't a lore even for things you don't are worried about, they say [inaudible at 00:14:04] oh it's underground. The people that like bitcoin stuff. It's something different, it's alternative. I don't have an interest in it but that is where the majority of this stuff goes. [00:14:17]

And so the problem is that when he was doing, when Mike was doing monitoring software he was very good and actually had it being sent to, the report sent to Mike's dad not me because and this took a long time for me to do this because I just couldn't handle it. This is not what I'm not a gatekeeper but he needed somebody that he was responsible to. But a lot of it seemed very and the thing is he's such a smart kid. He knew what to do to make a [inaudible]. He wasn't completely off, he made legitimate data, legitimate data that looks like he's just a normal guy, that kind of stuff, and then all the stuff that he doesn't want his dad to know about, and places them on the Internet, very easy to do. There's proxies, there's all kinds of stuff. [00:15:03]

So it's frustrating because it's the only person who's right now even remotely talking to him in his family. And it's sort of, it's just incompetent for me to help. But at the same time I still want him to keep talking to his dad because that's the only way he's ever going to get better talking to his father and have his father not seem like a complete and total stranger is by picking up and talking to him on the phone every few weeks. But the relationship isn't reciprocated right. Mike will have to do the whole thing of I have to call you kind of thing. His dad will do it from time to time but not really. And so it's but I don't want it's one of those things where the only thing he's got right now. I'm not going to encourage to not have that relationship even though it's not especially it's not especially dangerous but it's not especially productive either. They just I mean this is the conditioning to teach him to at least say is he okay, he's doing this, he's doing that. [00:16:28]

THERAPIST: Well the other thing is [inaudible] the only other source of backup that you could have?

CLIENT: Yes, maybe.

THERAPIST: Maybe. And you're the help?

CLIENT: I know he doesn't have it either. If I needed it he wouldn't be there. I know that he thinks he is. He really is completely I don't believe he's lying. He thinks he's doing what's right. But it seems I'm two days ago Mike had to call his Dad to find out the phone number for his brother who's on the run from the law. So on some level I don't necessarily know if that has

made him so he's thinking well at least he's not on crack or something like that, or if he's just in disbelief for everything. I don't know. [00:17:22]

I believe that they've brainwashed themselves quite a bit. Pardon me for just a second. I'm getting all of these and I have to make sure this is okay. I have no idea what that means. It doesn't look like it's urgent though. Okay. I get four of them in a row and I'm wondering did the house burn down? I don't know. But the it's not they're all brainwashing somebody. His dad honestly believes also that his it's really screwed up. He won't ever give Mike true advice about anything, like this is what you should do on this or that. And, I don't know. It's kind of weird. He's a big child, though. I mean as much as I don't want to give into his mom's propaganda about his father being Peter Pan and all that shit, I think it's awfully odd to be in your mid-60's and start doing refinancing on the house for things. That seems extremely foolish to be taking out extra money out on your house so that you can add extra things on. I mean maybe you do this but that seems kind of [ripping national aging] (ph) retirement. Maybe you're not retiring but yes, that kind of stuff. He's very foolish about things. [00:19:24]

His, Mike's littlest brother pretty much can do whatever he wants and has an open wallet in terms of being foolish too. They truly believe that hookah that his brother has is for, what's it called, tobacco. Really. They really, really he goes in the backyard. They want to 100 percent believe it. Yes. And on top of it they don't think it's necessarily that bad, which I don't think it's really? Really? Because Mike and I can tell you about [inaudible at 00:19:59] columns and things like that and not a good idea even if it were. But they just will sit back and I don't, and this is actually part of why I'm bitter, they will believe the most outrageous bulls\*\*\*t but they won't believe anything I have to say. [00:20:19]

They won't believe that Brad is, that he's currently going through Methadone treatments so that he can be off of, so he will be clean so that when he goes to jail he won't get the DTs because they won't treat him in jail. By the way, just so you know, there actually are court things saying that if somebody is having DTs it is cruel and unusual punishment and in Kentucky, I don't know [inaudible at 00:20:44] state, but in Kentucky it is considered to be cruel and unusual punishment not to treat DT symptoms in jail. They believe that he is going to die in jail from detoxing and that's why he's going down on Methadone right now. Bulls\*\*\*t. Complete total bulls\*\*\*t. [00:21:00]

They believe that Nick, the other young son, is, that this whole thing is all about the cleaning and using and it's all about the method of using this hookah bong, I don't know whatever the hell the thing is, and it's, that it's more about the active owning and the time you're taking to yourself and this and that and that he's using tobacco. I don't believe there's any ritualistic sitting up and cleaning that are happening by Nick. But if they truly believe it, I guess more power to them. But yet they can believe all of these things, they can believe anything they want to hear. But if I said something wrong, I don't know if it's just because I'm not biologically part of the family, but we also, when we give information, we have to take whatever is the truth and inflate it by 10 percent to 20 percent to get them to react properly to it because they will discount anything. [00:22:11]

We have to actively remind them that if Mike's sounding cheerful on the phone he's still depressed. He's putting on a good face because he doesn't want to ruin the conversation on Father's Day because you don't tell you dad on Father's Day how depressed you are. Yes, it's just, I just don't get it. I don't understand it and it's revolting that he has to deal with all these people. And it's the big things, for some reason, I can totally take. I hate the big things but I can take them. I'm kind of used to them, the whole concept of that I don't count in all these various different things. But they're it's the little things that just drive me crazy.

My parents they got me a new phone because I needed a new phone. I had been carrying around the same phone, the Apple KB (ph) five years ago, blah, blah, blah. They got me a new iPhone. This was a few months ago actually, a couple months ago. My parents wouldn't dream of getting me an iPhone without getting one for Mike too or at least giving him the option of getting that or something else at the store. They wouldn't force him to get one but they got one for him. He didn't want one; he didn't need one, that kind of thing. We got one anyways because they wouldn't think of buying me a present without doing that. His family sometimes buys him presents without that and that's fine. But I get the distinct feeling that the reason why they don't do anything for him is because they don't want to do anything for me. [00:23:56]

And I don't think I'm being irrational about it. I really, really don't think I'm being irrational because otherwise, why is it that he is completely different? You can think oh well he's withdrawn himself; he's different. But he's got a brother that's on the run from the law that nobody knows where he lives. And there's a secure drop location where you can leave messages for him, like [inaudible at 00:24:25] spies from the 50's like they drop leave messages. They can't tell us that we're just so far away that we don't that Sammie still has a connection with us, when you have to leave a message in somebody's book to have somebody else bury it to him. Come on. I can't it has to be me. [00:24:44]

THERAPIST: Or Mike.

CLIENT: Or Mike. But the thing, they weren't like that. They were bad to him but they weren't, they didn't have that, it wasn't that severe. But at least his dad is somewhat coming around now that because he's, his dad needs something to talk about and it has to be something that he can understand and in his world understands. And so where he is nobody's heard of [inaudible at 00:25:20], it's not a big deal. He's [inaudible] in the tech industry; nobody's freaking heard of them. We were the showstopper of the Microsoft, the robotics people that they had on, I don't know if you saw the keynote or not, those are my peeps at COU (ph) for AI stuff, okay? They were a part of the Yale keynote. That's it. That's not no one's ever heard of it but Yale's okay. Yale is a big you would've thought he went from a state school and changed over. [00:25:43]

But it's and that's part of the thing is I think if he's such down and gets out of that that they're not going to spend as as little timing and consideration that they give to him now -

THERAPIST: [inaudible at 00:26:01] he'll get less.

CLIENT: Yes, much less. We need to do something to make them want to have a relationship with him. Right now he can tell the other people in the gym and the other people he works with that his son's at Yale, I guess, I don't know. [00:26:21]

THERAPIST: I wonder if, I mean, those questions you have, furious with them but I wonder if you're also, I think also probably pretty damned pissed at Mike however fairly or unfairly. But that is much harder for you to be angry with him.

CLIENT: I am. I know that I am. It is harder for me to be angry for him, with him because -

THERAPIST: I mean I don't want you think of it of what's bound him is addiction and disease, which is true.

CLIENT: Yes.

THERAPIST: You must be really pissed I mean this is really f\*\*\*king up your lives in pretty major ways in terms of [00:27:23]

CLIENT: How can you be angry with someone who seems so darned contrite every single time?

THERAPIST: You tell me. I mean -

CLIENT: I mean it's very hard.

THERAPIST: But I think you are.

CLIENT: I am.

THERAPIST: I mean it's one thing to sort of express the anger at him and then all the sudden he looks like he's going to crumble and feels terrible about himself. It's another thing to sort of [inaudible at 00:27:47] to be pissed for what he's doing to your life.

CLIENT: Yes. I completely am. It's easier for me to be angry with the symptoms than the actual overall core problem because the symptoms are to me more day to day things. He's more withdrawn, he has a lot more social anxiety, it's screwed him up from being ambitious, I have to worry about him crossing the street occasionally. That kind of stuff. It's easier those things are more, more worried about the effects, than the actual disease, which I'm really upset about. I mean honestly, I already have a lot of emotional hang-ups already. And it's not, it's not exactly like knowing that my husband likes women that are very, very young is not exactly making it that much easier. It doesn't. [00:28:48]

I already have a naturally desire to stay young forever. I would like to be no older than X forever and it doesn't do a whole lot to reinforce that.



THERAPIST: Well he's just looking at other women and girls, period.

CLIENT: Yes. Well, I don't know maybe I'm just -

THERAPIST: Doesn't it bother you the same way?

CLIENT: Maybe I'm just intellectualizing. I mean, I am. It does bother me. It does bother me a lot. The biggest thing that gives me terror is that every day the gap gets bigger. His preference [inaudible at 00:29:37] and my gap gets bigger and bigger and bigger and it's terrifying; it's really terrifying. And I have yelled at him about the fact that I gave him the best years of my life. I don't mean to but I do. The years when basically when everybody I had the most to offer and everybody wanted to either be me or be with me, I gave to him and silently took all of this. And I feel like I'm treated really poorly. And that is something that I've, I mean I told him and I definitely do feel it. I felt like my best years were over for a long time. Of course I felt that when I turned over 19. So, yes. We have a niece the same age of those girls. We've been married longer than some of those girls have been alive. That's really f\*\*\*ked up. That's really f\*\*\*ked up. [00:31:03]

Whereas I have a casual acquaintance who she's an adjunct at Harvard. And we had made the joke that she was going to come up near me to watch the people at Crew because to her it's [inaudible at 00:31:24]. She'll come to Yale to watch the men get shirtless and do Crew because at Harvard. in the back of her mind is I could be teaching one of those kids. Even though they're the same 22-year-old good-looking men, but she says I'm going to walk down the world drive and come out and visit you so we can go watch the boys do this because quite frankly it creeps me out to do it on campus. The same campus and she says no you don't understand. There's a distinct divide and that makes it okay. I said oh, yes, I guess so. And it looked like to me that it's a little bit weird to split hairs like that, I can understand. You have to go off your own campus even though it's not that far away. [00:32:12]

But I think that on some level that, I don't know, that I'm not saying that I don't know what to say. I have friends of mine who have told me how much they are distressed by the ramifications of pornography and how it has affected their sexual relationships. And I feel like I can never have these conversations because what they're talking about is that they've been dumped because they don't get waxed. And I have to talk about the fact that I have to worry about being turned over for someone who's 16. I don't think he'd ever act on it. I know he wouldn't because it's all about what's in his head but the fact that I would never compare. These are two yes, the other things are really terrible and I do talk to them and give them consolation but I feel like it's a totally different order of magnitude here. [00:33:15]

And it makes it very, very hard to have these kinds of conversations because it's kind of like talking to somebody who is talking about their depression and you've got a brain tumor. I can't talk about my experience because the kind of things they're feeling pressure to do or to be or to take part in that they don't really like but that's what is considered to be normal now is completely a totally different league of that because I can't be. I have no time machine. And -

THERAPIST: I think a lot of this under your thing highlights how very much on your own you are with this and you don't really have Mike with you, you don't have his family, and you can't really talk to your friends about it either. [00:34:11]

CLIENT: No. I mean I can talk to them at least about my own most of the time, though, because of the fact that this is kind of who I am, I make fun of the fact that I have an abnormal obsession with being young. Not actually though, I'm starting to realize it's actually not all that abnormal now that I'm spending more time talking to women my age. I just think that it wasn't like that 10 years ago, though. I started doing retinal treatments and things like that 21, 22 years old and justify it because I have fair skin. But really what I wanted to do was make sure that I never got wrinkles. I mean people even make jokes about the fact that my dog doesn't act like she's 12 years old; she acts like a puppy. The whole family is obsessed with youthfulness. [00:35:01]

But I, there's only so far I can go. And obviously, I've spent you know also what's really frustrating? I have been working my ass off to lose weight and I've lost nothing. Nothing at all. There's only so many day you can do this where you do as much as you can and you do, and nothing, the results from it. And I know there's something medically going on and I know I'm going to have to do something possibly underhanded to get the right kind of medical attention I want. But do something like saying oh, because there's a bariatric treatment, oh you've got to have this letter from your doctor; oh I have that letter from my doctor. Oh my gosh I forgot it with me, and get myself into treatment and keep forgetting it until because my doctor's never going to do that. Do something underhanded to get into the treatment so I can get there. [00:36:25]

Of course I kind of feel, I more than kind of feel, I feel really bad that I actually got these flaws. Like of the I-can-forget-this-forever. I don't like that, I'm not like that.

THERAPIST: Would you be doing it sort of for Mike, for you? I mean I'm unclear whether it goes along -

CLIENT: Me.

THERAPIST: with the age thing or whether [inaudible at 00:36:51] -

CLIENT: Partially the age thing but everything.

THERAPIST: you feel like yourself or ?

CLIENT: Everything. I hate, hate the way I feel, the way I look. I hate the fact that every time I walk by a mirror I actually get startled because I don't recognize myself. Most people when they say they're exaggerating, I'm not kidding. I hate the fact that I have days and days and days of everything written of what I've eaten and what is measured and how many grams it is and this and that and how much I've walked and I mean where this thing's promised a year now, and nothing.

THERAPIST: Is that because of medications and things that determine metabolism [00:37:38]

CLIENT: Probably.

THERAPIST: it just [inaudible at 00:37:45]?

CLIENT: It's likely work. I mean I had thyroid problems to begin with and all that other stuff, yes. Pretty much. Yes, I've actually I mean I lost quite a bit of weight just before I moved here and I gained it all back and then some. Haven't really changed too much in the [inaudible at 00:38:01] kind of thing. I'm not going out to each much; I'm not doing all that stuff. I know exactly what I'm eating. It's pissing me off because I'm monitoring it. I'm not just going through the perception and so at this point the only choice that I feel that I have is to find somebody who's going to figure out what's going on and fix it.

I've already sort of tricked I feel I don't want to explain to you how much guilt I have when I trick the system into doing something for me. The other day when I had to get my thyroid medicine fixed and I'm fighting in general classic doctors who do not treat this, do not like to up your thyroid medicine without what would be considered to be the ratio when they change it with you blood levels varies so much from doctor to doctor; they're not really reactive on this stuff. So, in general and so when the nurse asked me to write down the number of milligrams I need to have for my refill, I wrote down the next higher dose. [00:39:15]

THERAPIST: Well you were still pretty desperate.

CLIENT: Yes. I mean I wasn't doubling it or anything. I know better than that.

THERAPIST: Yes, and pretty helpless.

CLIENT: Yes. I mean I had a blood test. They mailed them to me. It said there's still problems. It doesn't feel like it's the right thing. It's just frustrating. So, I don't know. I feel like I don't know what to do to prove to the people so I just figure that I'm going to get myself over to this thing and maybe they'll be able to tell me what's going on. I mean they already know I have lots of digestive problems. I mean I walked around with appendicitis for months. I no longer can absorb vitamin B-12 in my body at all unless I get injections because my immune system tells the part of my stomach that allows you to absorb that so I can take all the pills in the world and it doesn't work. I'm sure there's all kinds of stuff that may very well be lurking around like that but I just don't know. Maybe I can't [inaudible at 00:40:19] take something because my immune system would kill that organ too.

But I'm not going to find it out unless I do something kind of underhanded and I hate myself for it and I would feel guilty about it. And even when I get the results that I want I'm still going to feel bad about it. But I have to do this because I feel like I do I like to be very honest as a human

being and I just feel like that doesn't work otherwise and I hate that. But I guess that's just sort of where I am at this point. I do really think and hope it's going to get better, still. I do. [00:41:30]

I just wish I knew what paths I needed to do to get that way. I mean I know sometimes it 's just a matter of waiting and that kind of thing but I can only sit around and wait for so long. I think I'm a really [inaudible at 00:41:50] person actually.

THERAPIST: We should stop.

CLIENT: Okay. I will see you next week?

THERAPIST: Next week, yes. [00:42:17]

END TRANSCRIPT

BEGIN TRANSCRIPT:

[Recording starts in mid-sentence]

CLIENT: things like a reasonable amount of doors with locks on them that the door is not working and things like that. But like, you know, that kind of stuff that spooked me like -

THERAPIST: Yeah.

CLIENT: So we went and replaced doorknobs and had to re-plane doors and things like that to do it because it's just like I didn't feel I could walk away from that. They seemed to think it was not a big deal. I think that having a door that is difficult to open, you know, to get outside, impossible in a fire, you know. You have to lift it partially -

THERAPIST: [You have to push]. (ph)

CLIENT: Yeah, yeah, it matters. So that kind of stuff. Like I said, it bothered me a little bit that they didn't see it as much of a they're really grateful that we did it and all, but just little things like that, you know. (pause) It was definitely good to be back for a little bit.

[00:00:58]

THERAPIST: Good.

CLIENT: It was definitely sometimes my mom and I bump heads. It's nothing huge, just little things, you know? (pause) And we really didn't actually have that much problems before. (pause) And it was really good. I don't know if it was like a fluke or what, but it's nice not to have they're not real big deals, but because we don't like because I have a fairly drama-free environment, when little things come up, they bother me a lot, you know? (pause)

THERAPIST: Well, what came up?

CLIENT: Oh, just little things about, you know, food and things like that. She's just like the whole thing of, you know, not being hungry but yet, you know, she subconsciously pressures me to get something to eat, that kind of thing. Nothing big, you know. (pause) That's pretty much the big thing that happened while I was down there.

[00:02:14]

THERAPIST: Mmm-hmm.

CLIENT: I've sort of been in this extremely really, really rocky place with Mike.

THERAPIST: Oh no.

CLIENT: Yeah.

THERAPIST: Sorry to hear that.

CLIENT: Yeah, well, he's backing out again.

THERAPIST: Oh.

CLIENT: And I actually do kind of believe him. Like I said, he went to dinner at my parents' house which makes me very happy.

THERAPIST: Yeah.

CLIENT: But it is distressing. And just in general, I just feel like he doesn't really have a good (pause) He has some very, very vague goals but he doesn't really have anything that's concrete that's going to help him get towards it, you know? That kind of thing. And it's frustrating as well, you know.

[00:03:11]

He seems to change his mind quite a bit and the problem I have is that [sharing my opinions on things] (ph) unnecessarily pressures him or unnecessarily makes him feel less I still do them, just not as much as I probably should. But you know, it's like (pause) He's so malleable that it's hard not to basically to make an effort not to influence, you know?

THERAPIST: Yeah. I would imagine he pulls for that.

CLIENT: He pulls for anything. I mean, anything at all. I mean, I'm sure he changes his color based upon like what he's perceiving around the room.

THERAPIST: Yeah.

[00:04:04]

CLIENT: Not because of manipulation.

THERAPIST: Yeah.

CLIENT: But like it's more about trying to fit in and feel okay about, you know, everything.

THERAPIST: Yeah.

CLIENT: So I did have him try to make a back-up plan in case something else was going on. So I had him meet with one of his mentors to talk to him about you know, to go to lunch and catch up and that kind of thing, and see if he needed to [postpone the post-doc] (ph) until he could find basically if something gets pulled out from underneath him, he has something to fall back on.

THERAPIST: Mmm-hmm.

CLIENT: [So he couldn't immediately] (ph) say yes, but he said he wanted to be able to talk to [Harry and talk to people in finance] (ph) and see if he could do it. It's more about money than anything.

THERAPIST: Yeah.

CLIENT: This person is an extremely good influence on him.

THERAPIST: Good.

CLIENT: In fact, he sort of insisted that I come out to lunch because I know the thing about this is that the research community is so small. Even if it's not your discipline, you often know each other.

THERAPIST: Yeah.

[00:05:13]

CLIENT: So like because of the stuff that he did vaguely overlapped, which my stuff vaguely overlapped, we knew each other, you know? That kind of thing. I was recalling how like very differently how life used to be and how it used to be that I used to have arguing fights with the dean of the whole school of researching. He [was remembered] (ph) very fondly because

basically with this particular person who is now being moved out, that's how you knew you were getting somewhere, is if it was actually a loud conversation. (chuckles) It's like "Don't tell me this isn't relevant. This is relevant." And I was like "Do I need to go to the black " Like I would get very -

THERAPIST: (chuckles)

CLIENT: not like angry, but like "Are you going to make me like go to the blackboard?"

THERAPIST: Right.

CLIENT: That kind of thing.

THERAPIST: Right.

[00:06:06]

CLIENT: In general, I just got very, very sentimental while I was there. I took lots of silly pictures to anybody but me.

THERAPIST: Well, you have so it's so hard for you, I think.

CLIENT: Yeah.

THERAPIST: And you have so few chances to go to the blackboard these days.

CLIENT: Yeah. I do. I mean, part of it is -

THERAPIST: It used to mean so much to you.

CLIENT: Yeah.

THERAPIST: And it still does -

CLIENT: It still does.

THERAPIST: at this point.

CLIENT: Sometimes I do things longhand, just things that are completely meaningless.

THERAPIST: Yeah. It could also mean like, you know, you sort of have to show what you know, to like work through something, you know, like -

CLIENT: Yeah. To be honest, maybe about a month ago, we had a huge data outage at the store.

THERAPIST: Uh huh.

[00:07:07]

CLIENT: And we had to do all of our transactions by hand.

THERAPIST: Uh huh.

CLIENT: Which is harder than you'd think.

THERAPIST: Sounds hard to me, yeah.

CLIENT: I mean, it's not I mean, part of it is writing everything down and obviously getting the sales tax numbers and this and that. I mean, that's great and all but which I did use a calculator for a little bit -

THERAPIST: [You must have to track] (ph) everything too.

CLIENT: Yeah, you know, everything like that. But the way the sales tax on cellphones in Connecticut are is you remove basically it's the amount that the subsidy doesn't cover.

THERAPIST: Okay.

CLIENT: So like, for example, if it's a phone that's \$658 and the subsidy is \$199, then you've got to figure out what that part is -

THERAPIST: Yeah.

CLIENT: to get that amount of the sales tax. It's not like it's hard, it's just calculations.

THERAPIST: Right.

CLIENT: The point is you're sitting in front of a customer -

THERAPIST: Right, and you've got 20 people in line.

CLIENT: Yeah.

THERAPIST: And one person staring at you.

CLIENT: And you've got pen and paper because that's all that you've got.



THERAPIST: Right.

[00:08:03]

CLIENT: And part of it is also because a lot these transactions are very expensive. You want to show them that you're doing this right.

THERAPIST: I see.

CLIENT: So it's like yeah, I see this, and the way I can check to make sure of this is if I subtract this from this, I should get zero. Yes, I did.

THERAPIST: Yeah.

CLIENT: That kind of thing. And honestly, I just got I've never been very good at arithmetic. I'm okay, but I just got the thrill of it. It's really to me I like the abstraction of doing things before you actually like basically doing things in terms of more abstract stuff than actual subtraction.

THERAPIST: Yeah, sure.

CLIENT: Like row-swapping in terms of matrices and things like that.

THERAPIST: Yeah.

CLIENT: I love teaching people that kind of stuff because to me it's like the equivalent of those little puzzles where you can move things around.

THERAPIST: Yeah.

CLIENT: Or Rubik's Cube.

THERAPIST: Yeah.

CLIENT: There's rules you can follow and there's ones you can't.

THERAPIST: Right. I was actually a math major in college, so I -

CLIENT: Oh, okay, yeah, yeah. So you understand then. Like that's the kind of stuff I love. Like things that are a bit more obscure. But I don't mind it though. But it was just fun to do that.

[00:09:13]

I was stressed out at the time, but it was exhilarating, you know? Sometimes it just is that I need to have the mental though sometimes I just totally shut down. But it's usually verbal when that happens lately and, you know, it's sort of a known issue. But I just kept thinking [you can't get out of] (ph) that kind of stuff, you know?

I did make a little bit of an idiot of myself, just desperate chatting for attention stuff over lunch, but luckily I knew there's a couple of Barry's in my husband's life. Barry Lowe knows me well enough to know that I was probably intellectually under-stimulated and therefore so excited to talk to somebody that, you know which is nice. But I guess it was just good to be back on campus for a little bit. I got to run an enormous number of errands that needed to be done, things like driver's license type stuff.

[00:10:20]

THERAPIST: Do you want to move back there?

CLIENT: (pause) I don't know. I think I'd like to spend my summers there.

THERAPIST: Mmm-hmm.

CLIENT: (pause) But I think I kind of do, but I kind of don't. I think that like I said, I'd like to spend my summers there.

THERAPIST: Yeah.

CLIENT: You know? (pause) I worry for my parents, and that's a very different thing than that's a separate thing from the desire to move back there. I definitely feel like being around my people, like, oh my gosh. (pause) I got the biggest charge out of the fact that I was trying to go visit some professors, not necessarily my department, that I just wanted to poke my head in and say hello to. And one of them is Martin Longstreet. He does a lot of game theory, et cetera.

[00:11:23]

Like he's technically philosophy, but his stuff crosses over again into that whole like he's got appointments in math and social decision sciences, so his stuff really overlaps a lot with (inaudible at 00:11:37) stuff. I wanted to pop my head into see him and he wasn't around, but random people in that department recognized me and remembered me and I'm like, wow, this is not my department. Wow, that's kind of cool, you know? It is, you know, one of those things where (inaudible at 00:11:58) knowledge, knowing how to do things, how to do what you need to do or get around to doing what you need to do. I know specifically how to make the system work for me when I'm in those situations, you know? (pause)

[00:12:19]

That could be with any place if I specifically have a long-term knowledge of it, you know? But it was definitely good to me home. I didn't really get a chance to see many friends per se. A couple of people that I thought lived in town had already moved away which was, you know, disappointing.

It always spooks my parents when they find out how much I sleep when I get there too. There's this now this is again the dichotomy between feeling like I need to take care of somebody and then also having a puzzle. There's this puzzle on my parents' house that is driving me crazy that every time I get there I try and get a chance to do, but this time I haven't had a chance to. There's a switch that needs to have the dimmer switched out. No big deal, you go downstairs and you pull the circuit breaker. I can't figure out for the life of me which circuit breaker it is that turns it off. I'm pretty sure I've turned them all off multiple times.

[00:13:20]

And so like to be able to do this and I cannot figure out how in the world this because I go up there and I've got the voltage check and it still says it's getting power. So this doggedness of being driven crazy by this and I keep telling my parents "If you can hold off on going to an electrician, I would really want to figure this out." Because everything that I know about how electricity works, like in terms of the home, I can't figure out how in the world this is being powered.

THERAPIST: (chuckles) Right.

CLIENT: So until then, they have no lights in their dining room on both not all the lights. They don't have the dimmer light on their chandelier. Everything else I can turn off the breakers to. This one I have no idea. It may be wired next door for all I know.

THERAPIST: (chuckles) [Like dark energy maybe?] (ph) (chuckles)

CLIENT: I don't know. (chuckles) I mean, exactly. I have no idea what's happening there.

THERAPIST: Yeah.

CLIENT: And to me, that is something where I act really grumpy at the time of, but it's all kind of part of the process of it. It's not really being grumpy, it's just it's part of the process of figuring this out.

[00:14:20]

I had been planning originally when they were out at church to like literally unplug the house equivalent, like basically taking it off of the grid and figuring it out.

THERAPIST: Right.

CLIENT: But my hands were bothering me too much and I ended up sleeping most of the day. But I'm still like thinking and planning when I'm going to go back and figure out the stupid circuit. It's less even now about I'm just so annoyed by this, but yet love this because I can't figure out what in the world is going on. Old houses, you know. (pause)

And on top of it again, like little mysteries of things like that, my parents eventually will need to get new doors, but we have yet to ever find another door that fits that a door available that fits the house without getting one custom-made. I finally hunted down the problem is that they have Colonial-sized doors which is unusual because Cincinnati wasn't settled until post-Colonial times.

[00:15:19]

THERAPIST: That's odd.

CLIENT: So it's very weird.

THERAPIST: Uh huh.

CLIENT: But I finally got that like to know that piece of information does help in its own way.

THERAPIST: Sure.

CLIENT: Because if you're going to try to get something that is older that would like basically an existing piece of salvage or something like that to do it with, we know now that we'll have to go to Colonial areas to get that. That's okay. So that was like again, one of those mysteries of like, why in the world is this? This is definitely not, you know, [SI] (ph) and it's definitely not English measurements. What on earth is this? And it was basically when a certain height of bricks not their bricks, but the height of bricks at Colonial times is made exactly this many bricks high. It's pretty weird.

[00:16:07]

So those are the kind of mysteries where although I say I'm going home to take care of my parents, sometimes it's also there are other types of reasons I like to do it more than just the thing of I am a dutiful daughter and I am trying to take care of somebody else. It actually does give me a certain amount of intellectual or like thought stimulation -

THERAPIST: Yeah.

CLIENT: that other people don't necessarily equate that with doing chores around the house.

THERAPIST: Like putting together IKEA furniture.

CLIENT: Yeah. Have I ever told you that I told my parents that the only proof I have of God is that because he gave me to them so that I could put together IKEA for them?

THERAPIST: (chuckles) You might have, yeah.

CLIENT: Yeah. Because neither one of them were built with they don't have spatial -

THERAPIST: Right. That's why I mentioned -

CLIENT: Yeah, yeah. They don't have any of that.

THERAPIST: Yeah.

CLIENT: Which is weird because my mom's father was very, very mechanical, but nobody else in the family except for me and him are like that. And he probably got it from the military. (pause)

[00:17:21]

It's sort of an interesting thing. But yeah, it was nice to do that. Nice to ponder over just random stuff with dad, you know? They're always so damn grateful when we do stuff too, and I know it makes Mike uncomfortable, partially because he's never like -

THERAPIST: [Them being grateful?] (ph)

CLIENT: Yeah. Well, they said "thanks" once, maybe or something, you know what I mean?

THERAPIST: Yeah.

CLIENT: Yeah. So it makes him and sometimes they're a little overly lavish about something which to them like it sounds like it's excessive praise, but it's really sincere. I got my sense of cheesiness from things like that. My dad is like "Every time I open up the door, I think of you because you helped me get this fixed." That to him is way over the top. Like my dad probably really will think of Mike every time we did this.

[00:18:20]

And so it is, you know they're very grateful for the things we do. (pause) Yeah, so also like just little things like I said. But it's nice to go down there. I am less wanting to immediately like, hey let's drop everything and move, since I don't really know that many people down there right now. I know a few but not many.

THERAPIST: Yeah.

CLIENT: But I still feel like I have the overall (pause) mobile social skills to be able to get a whole bunch more easily, if that makes sense, you know?

THERAPIST: Mmm-hmm.

CLIENT: (pause) I'm still very wired into thinking you need to meet people, basically. (pause) But it was definitely nice to be down there.

[00:19:16]

THERAPIST: Good.

CLIENT: Yeah. Like I said, there are little things that make me worried. I'm worried about okay, so this is something that is apparently extremely common. I just need to get this off my chest here. I feel stupid speaking like this. This is extremely common for immigrant parents. My mom never did this when I was growing up though, [which is good] (ph). When I say the word "hoarding," I don't mean like cockroaches running everywhere or anything like that. I'm talking about the fact that like I went downstairs next to the washing machine and there was more than 10 different types of liquid detergent. You know, that kind of hoarding. Or lots and lots of hand soap.

THERAPIST: Mmm-hmm.

CLIENT: It's not filled and it's not necessarily entirely impeding their lives entirely, but it is a little weird.

THERAPIST: Mmm-hmm.

CLIENT: And so that's something that's been kind of bothering me a bit. But they don't really even see it that way. And maybe I'm over like you know reacting.

[00:20:13]

THERAPIST: Is it the inefficiency that bothers you or the sense that like something is a little out of kilter?

CLIENT: Both. Both. (pause) I'm concerned just in general that maybe this is a sign of something else that might be going on in terms of mental infirmity type stuff, you know?

THERAPIST: I see.

CLIENT: Part of it is because, you know, they're both bored. I mean, not bored like that really. It's more my mom than anything. But like the whole thing of "Okay, so what do we go get? We're supposed to go to Target now. Let's get some hand soap or let's do this." It's partially that and

it's partially like I'm worried that they actually don't realize that they have plenty already and they don't need more. I don't know. Part is the inefficiency and part is it's a lot of things. I was sort of raised with this whole "a place for everything and everything in its place" kind of thing.

[00:21:14]

A lot of my very rigid rules that I grew up with are not necessarily happening back there now, and it's not because they were doing it just to put a good example for me. It's just -

THERAPIST: Yeah, something has changed with them.

CLIENT: Yeah, and I've been having a constant struggle with my dad to make sure he's getting his B-12. I have not invalid reasons to believe that my grandmother on my dad's side is completely and totally gone. Dementia. Like very quickly and very completely, enough that it scared everybody. And so like a complete and total change in six months type of thing. I haven't seen her in a long time. I've always thought she was kind of kooky but apparently it's more kooky than that, you know?

THERAPIST: Yeah. I'm sorry to hear that.

[00:22:11]

CLIENT: Yeah. So I explained to my dad like "Dad, I'm going to explain to you what is called pernicious anemia. You are supposed to be getting your injections." He's always telling me he's going to do it, that kind of thing, and I know he doesn't.

THERAPIST: You mentioned it, yeah.

CLIENT: Yeah. And then basically every so often, I have to it's not exaggerate as much as like scare him into doing them.

THERAPIST: Uh huh.

CLIENT: And I'm like "You do realize that there's a very good chance that what happened to my grandmother was caused because it is, you know I have it, you have it caused by this, right?" And I'm like "It's called megaloblastic madness. The reason why is that when you start running out of parts in your nervous system to steal from, your body starts stealing it from your brain."

THERAPIST: Yeah.

CLIENT: They don't use that phrase anymore, by the way. That's one of those phrases that they don't use anymore, partially because of the name.

THERAPIST: Yeah.

[00:23:07]

CLIENT: Yeah. But, you know, I have to like explain this over and over to him about this and he's like "Okay, I'm going to do this." And so now I'm hopefully going to get an email or a text message from him every time he goes over to see Dr. Carter (ph) and get a shot. Dr. Carter (ph) is a former neighbor of theirs from a couple of streets down, but now because of health issues, he's moved to a different place. And I keep saying to him that quite frankly, Peter really needs visits regularly and anyway, he's really lonely and he's actually going through a skin graft right now.

THERAPIST: Oh no.

CLIENT: Long-term like I have a lot of empathy for him because he is dealing with the consequences of all the steroids that he's taken over an entire lifetime. And now when he falls, if he trips and falls, like it's tremendously, tremendously bad, you know? So things don't heal. They're doing the skin grafts for when he bumped his foot on the bed or something like that right now. Yeah.

[00:24:11]

And although he's like one of the three people who pioneered the heart-lung transplant so therefore he has access to some of the best things, it's just that also your ability to accept things just gets very wonky.

THERAPIST: I see.

CLIENT: But I'm just like, "You know dad, it's not hard for him to give me an [intramuscular injection] (ph) and he said that it's not a big deal. Think of it though as you're going to see him. You're not getting in on his time. You're going to see him because he needs, you know, and we'll see." This is sort of an ongoing struggle to get him to do that. But I think it will get better. I just he definitely sees and feels the results and the differences in it. And I know he thinks it's not a placebo, there really is something there. (pause) He's always so darn it's hard to get him to comply with that kind of stuff.

THERAPIST: Your dad.

[00:25:10]

CLIENT: Yeah, my dad is really hard to get to comply with kind of thing. (pause) I think I've mentioned briefly to you that I asked my dad "Have you adjusted your are you adjusting your insulin levels and your blood sugar levels?" and he's like "Yeah, I've done them." "This year?" "No, not this year." "Last year?" "Oh, probably last year." "Do you think more than " Like I have to give it to him. "Like more than 10 times?"



THERAPIST: Right.

CLIENT: "You're supposed to do that once a day, dad." There's lots of and after talking to him, I find out that the things that you stick in your hands are very, very painful and it makes it hard for him to type afterwards. So it's not even so much that's more of a, you know -

THERAPIST: The fact that he's just blowing it off. It hurts him.

CLIENT: Yeah.

THERAPIST: [He has a hard time typing]. (ph)

CLIENT: Yeah. "Well, I just need to type." (pause) So that's at least I mean, that's reasonable. But, you know, it's just one of those things where I just worry about him.

[00:26:21]

My mom is better at taking care of her health than dad is, but you'd never know it because mom vacations up in the hospital for a few months or something like that. A good bit of my childhood I remember -

THERAPIST: Your mother?

CLIENT: Yeah, she's had some heart problems and some other stuff.

THERAPIST: [Was she in the hospital when you were growing up?] (ph)

CLIENT: Mmm-hmm.

THERAPIST: Oh.

CLIENT: In fact, when I was very young, a lot.

THERAPIST: Really?

CLIENT: To me it doesn't really think as a negative thing though because the hospital where she was at was right next to a beautiful park that actually reminds me of Sevilla, like right outside, that kind of place with a balloon seller and everything, you know?

THERAPIST: Wow.

CLIENT: Yeah. And so I spent a lot of time there and so I didn't really although she was very sick, I don't really think of it as a negative part of my life at all.

[00:27:12]

Between that and the fact that, you know, my mom's doctor also was the doctor for the football team and so like she became my doctor eventually. Like I saw a lot of that, and this kind of stuff didn't seem all that strange. It didn't seem all that negative to me. No one ever thought that she was going to die. They just didn't really understand what was happening. We got sort of a better idea on it now, but it is it's one of those things where you've got those mysteries of people who potentially have gotten exposed many times in different places to various different types of war-related air contaminants.

THERAPIST: Oh.

CLIENT: Whether being like gas itself -

THERAPIST: Yeah.

CLIENT: or certain things that have stuff that goes in the air or whatever.

THERAPIST: I see.

CLIENT: So they don't really have a good grip as to what the cause there's so many things she's been exposed to.

[00:28:10]

THERAPIST: Uh huh.

CLIENT: Nobody knows.

THERAPIST: Yeah.

CLIENT: But she also knows how to take care of herself. I remember her as a child like knowing that my mom knew how to take her own blood pressure which seemed to be really odd at the time. Now they've got things that can do it themselves, but back then was actually a lot of training to it.

And that's actually part of the reason why I get especially uppity when my doctor gives me a hard time about my blood pressure. Because it's like the only reason of why I've had low blood pressure all my life and now I'm in the normal range. I've only had high blood pressure either one, because I'm in extreme pain or two, because you've made me so freaking nervous about my blood pressure that I get in there and there's nothing I can do to bring it down. So I'd be delighted to have it taken somewhere else and have it sent to you. Like I've gotten very feisty

about this, not because I'm in denial about it. It's because I know what high blood pressure looks like, you know? I know what this kind of stuff is.

[00:29:07]

THERAPIST: Mmm-hmm.

CLIENT: (pause) You know, I feel like it's not necessarily false concern but like I am distracted by the fact that I do not like the fact that he is inadvertently giving me false positives. (pause) So, you know, it's hard. It's really hard being an only child because I don't have anyone to fall back on right now.

THERAPIST: [In terms of your concerns about -]

CLIENT: Yeah, yeah. I mean, I do have both of my parents have sisters and, you know, I have cousins. But the thing is that there is only so much you can have a one-way relationship like that. (pause) There is because my cousin is going to be getting married soon, there is a lot of like in general I've gotten married before, so I know what this is like.

[00:30:10]

This is generally the high-level stress of people not really noticing what the important things are and getting wrapped up in the ridiculous details, you know?

THERAPIST: Yes, it's a fairly common condition in preparing for a wedding.

CLIENT: Yes. (pause) So that's, you know, asking my cousin Sarah, which is the only cousin I'm close in age to at all, to take care of this stuff she does check in with my mom because she talks [to her about the wedding]. (ph) But the thing is that I think it causes conflict between her and her sister because when people like I know this will go over soon, the whole thing of "Oh, you're talking to my sister and not to me" and this and that. It's like, "Oh man, Sarah, can you just go get married fast because we want this to be over," you know?

[00:31:14]

But the funny thing is, as much as like this kind of stuff stresses me out, it wasn't nearly as bad as when I got married. And that is not me belittling what's going on.

THERAPIST: Yeah.

CLIENT: It's just that I have to keep reminding myself that this kind of stuff is extremely normal. It doesn't mean that it should happen, but it is a common occurrence, you know?

THERAPIST: Yeah. Right, it's not indicative of something being the matter.

CLIENT: No. Well, maybe but maybe nothing that is my business to fix, let's just put it that way.

THERAPIST: Uh huh.

CLIENT: It is indicative of the fact that Sarah needs to learn to like properly talk to her mom in a way to be able to diffuse these situations. As opposed to still doing a little bit of the young thing of "Ha, ha, ha. I'm getting my way anyways." Or "I'm going to let you have your way, but I'm letting you know that you're having your way so that I can feel " You know, that kind of immature behavior.

[00:32:13]

THERAPIST: Yeah.

CLIENT: I think that basically this is going to be hopefully that she's going to learn how to interact with her mother the way she interacts with other adults in her life. This is sort of a learning experience. Hopefully. It's not like when I say something is wrong, it's not like wrong-wrong as in like you know. There will not be a point where no one ever talks to each other or anything like that, like in Mike's family.

THERAPIST: Yeah.

CLIENT: One of the things that was really, really upsetting that I was talking to Mike about is that we were talking with Barry, as I said, his long-term mentor, and I mentioned to him because he insisted that I come to lunch. He insisted in like a good way.

THERAPIST: Yeah.

CLIENT: And we were talking about the adoption thing and how -

THERAPIST: Yeah.

[00:33:03]

CLIENT: one of the biggest pressures we've actually actually one of the things that people are really encouraging us to do is not just going through adoption agencies but making sure that you use your social network to make sure that everybody knows that you are trying to adopt. That way if anybody hears of anybody who has, you know, a child or has a baby or is pregnant basically, who is not quite sure what they should do, often the fact that they know that there is a good family that immediately needs it will actually influence their decision.

THERAPIST: Huh.

CLIENT: I thought that this was kind of strange, but I've been told by more than three customers I work with. They'll even ask how [this and this] (ph) comes up when you teach people how to use (inaudible at 00:33:45) and videos and stuff like this, these kind of conversations inevitably happen.

THERAPIST: Uh huh.

CLIENT: Especially people who have done adoptions. But apparently it is really, really important to make sure that you tell people more than just a passing thing that you are trying to have a baby. In terms of like get a baby, trying to adopt, because of that. Well, when we were talking to Barry, Barry took this very seriously, especially telling him that one of the things we need to do is to get the word out so that if anyone knows what's happening.

[00:34:14]

And he took it very seriously and said "You know what? I immediately I don't know anybody, but I want to try and let other people know that I know this nice couple who are very academic-oriented who, you know, blah blah blah, want to have a baby." And so he seemed more invested in helping us adopt than any member of his family. My parents are to some extent. They're not as much. They're very, very supportive, but my mother would never she's one of those people that it would never want to feel like she's pressuring somebody.

THERAPIST: Yeah.

CLIENT: And so therefore because she is the potential grandmother, she wouldn't want to be like putting the pressure on it.

THERAPIST: Right.

CLIENT: Whereas Barry, he's a professor but also which occasionally you get really smart kids that things happen to. But also he does a lot of not really outreach, but like he does a lot of stuff with schools, especially Catholic schools but just schools in general, in which he goes in and helps them think about what kind of careers they want to do and figure out less about what you would imagine doing for your job and finding exactly what your talents are and (inaudible).

[00:35:27]

And so therefore, he potentially has a lot of people he can just sort of put the word out for and say "Hey, if anybody hears about something like this, I know this couple. They are desperate to be able to do this."

THERAPIST: Yeah.

CLIENT: "I attended his defense. I can tell you that he is a good guy," that kind of thing. It was really nice because -

THERAPIST: That's terrific.

CLIENT: Yeah. I know that it made Mike sad to have that friend realizing that he seemed more like -

THERAPIST: Yeah.

CLIENT: engaged in helping us have a family. And part of it is the fact that [he has his children]. (ph) So like I used to take like on days the schools were closed but people like Barry's wife needed to be somewhere and this and that I would bring his kids to school on days that were snowing because [he had to grade things] (ph). I would go right next door to the museum and I would spend the whole day in the museum with them. And Devin, who is now 15, back when he was five, he could've been a docent. Like he was giving tours to people, like inadvertently, letting them know about these things. It was so adorable.

[00:36:31]

But the fact that he trusted me to go off with his two children, his infant son and his five-year-old son, for the day to the museum, you know. So he actually knows that I do have the skills.

THERAPIST: Mmm-hmm.

CLIENT: Whereas I don't think that actually any of his family have a clue that I'm pretty good with kids.

THERAPIST: Yeah.

CLIENT: Because I've been around my niece and nephews a little bit, but there is so much anxiety that (pause) They only are themselves around me when no other grown-ups are around, you know?

THERAPIST: Yeah.

CLIENT: They can tell. I mean, kids at a very young age can tell very quickly, something I don't know if it's a smell or just that they've got a lot of body language or whatever it is, they can tell that there's something that they need not to react, you know?

THERAPIST: Yeah.

[00:37:27]

CLIENT: You know, that's the biggest reason why actually that I don't really I would not be thrilled if Mike got reconciled with his mother, but I could accept it. But I don't want her or most of my family most of his family anywhere near our children ever. Ever, ever. Because I know that kids can figure that kind of stuff out really fast, and it's so much better if they just don't know them.

THERAPIST: Mmm-hmm.

CLIENT: I mean, it sounds awfully selfish to say it that way, but (pause) I don't think that there's anything they could do to make these kids feel any better about them. This relationship would be only about them, not about the kids.

THERAPIST: Yeah.

CLIENT: You know?

THERAPIST: Sure. How could you not feel that way seeing how they've been with Mike, especially (inaudible).

00:38:25

CLIENT: Yeah. Or like just seeing how the next generation of Aiden -

THERAPIST: Yeah.

CLIENT: Like Aiden has to ask other people how he's feeling. Where do you think Mike got this idea of like picking up on everybody else around him?

THERAPIST: Yeah.

CLIENT: And they think it's adorable. They think it's great that it's a miniature Mike.

THERAPIST: Right.

CLIENT: (pause) It's disturbing. It's really disturbing. I know I feel really defensive, and I understand that I feel defensive about it, but you know what? (pause) I don't think there's anything that could change my mind on that. I really don't. Aside from like massive, massive personality changes. I'm talking zebras instead of horses here, you know?

THERAPIST: Yeah, it's not going to happen.

[00:39:22]

CLIENT: Yeah. (pause) And I just it's important for them to be loved. It wasn't as profound to me when I noticed it as a kid. My grandmother on my father's side and my mom never really got along. They never nothing was ever said. They were never anything but cordial [and appeared like normal] (ph) but I knew like before I could voice whole sentences that there was something up.

THERAPIST: Mmm-hmm.

CLIENT: And I figured it out that she wasn't especially thrilled with me because I was related to her.

THERAPIST: Mmm-hmm.

CLIENT: Because it was my you know, my mother's child -

THERAPIST: Right.

CLIENT: kind of thing. I knew that. I was extremely aware of it early on. Very luckily it didn't substantially affect me. (pause) You know, but it made me really, really hyper-aware about how some people there's nothing you can do to change them. That's just who they are.

[00:40:28]

THERAPIST: Yeah.

CLIENT: It doesn't make them a bad person. They may do good things. But the overall like exposure to one another isn't necessarily important.

THERAPIST: We should finish up for now, but we're on for -

CLIENT: Tuesday.

THERAPIST: Next week as usual, good.

CLIENT: Yeah. Probably that way for a little bit, like at least until October or so.

THERAPIST: Okay, sounds good.

CLIENT: Thanks for being so flexible.

THERAPIST: Oh, no problem.

END TRANSCRIPT



BEGIN TRANSCRIPT:

CLIENT: I'm just trying to over-praise her because she (inaudible at 0:00:03) again, so... before it got bad, so, if this is actually... I don't know if this is just coincidence or not. But I figure if I just reinforce that and if it really is true that she can tell, who knows?

THERAPIST: What happened? How did she tell you?

CLIENT: She just refused to... like, I was trying to get here, trying to get here, trying to get here, and she sat down, and she refused to move. She'd not lay down like she was tired. She sat, and she completely refused to move. And she's done that a couple of times.

THERAPIST: And it's just preceded an asthma attack?

CLIENT: Within two or three minutes, yeah.

THERAPIST: Wow, that's amazing.

CLIENT: So...

THERAPIST: That's pretty awesome.

CLIENT: I don't know if it's just because my exasperation's causing me to breathe more, or... I'm trying to be really open-minded as to what is cause versus correlation. But thank you. You're a good girl, yeah. She probably just notices something in my body and... language or something I'm doing different. I don't think she's psychic or anything. [0:01:01]

THERAPIST: Yeah, no, it makes sense that, particularly when you're in a state that's probably a bit agitated, she could be picking up on something more easily than you.

CLIENT: Yeah, so... something where... because I'm not getting enough oxygen I'm not even processing the information enough to notice it. So...

THERAPIST: Sorry about the attack.

CLIENT: Oh, that's okay, I've been having them all the time right now, so... I... luckily, when I was at my parents' house, they gave me quite a bit of money to do some things with. And one of them was to be a very expensive filter that I could not normally justify in any way, shape, or form. I would have gone with one less expensive...

THERAPIST: Right, not as good.

CLIENT: But Mom and Dad, they basically explained to me that... you know, we talked about it. And they said, because of the fact that most of the less expensive ones, cleaning a filter

releases all... you know, you have to get it out, it's not self-contained. But it's meant to be reusable. [0:02:02] It's... those ones, they look like they're better, but it's... you're just going to get it all over you getting it out. Therefore (exhaling), not helpful. And I thought, oh, I'll just get Mike to do it, or something like that. But they're right. I should just get one that is self-contained, that... it's not a reusable filter, you buy the filter for every year. So... but... so that's actually been helping a little bit.

THERAPIST: Good.

CLIENT: But I think it's also ozone, which is...

THERAPIST: I see.

CLIENT: I don't know. My doctor thinks it's because I'm obese. That's pretty much... I don't know even know why I bother taking his... he has a 4 PM emergency appointment every day for people that need to be seen. And I took it yesterday. And he said to me, your tonsils are swollen. You should probably get them taken out. [0:02:57] And you should lose 15% of your body weight. And I'm really frustrated because I went through a lot. I mean, I had to cancel with you. I still had to [do it through the heat] (ph) at 4PM yesterday to get there, to just... I mean, I could have asked them to call in a new... I mean, not new, but extra inhalers because I'm going through them faster. I could have called and gotten that. I honestly was expecting something. I don't know what I was expecting. But (pause) I am pissed, really pissed that, no matter what happens with me... it's not just my GP. I mean, just about everybody but my rheumatologist, who... she's a little less so because she knows that it's all so interconnected. [0:03:55] She just simply tells me that it's more of a snowball effect. If I can lose the weight, then I'll be able to move more, which will help with this, and... she thinks it's a snowball effect. But she's nicer about it at least. But no matter what it is, it is, lose weight. You know?

THERAPIST: Mm-hmm.

CLIENT: It's not like I'm not trying. I... I did the last thing I can right now on my own without actually seeing someone in bariatrics. I am now using an app with a specific... that has you scan the barcode of what you eat. You write in... you type in the amount that's weighed, and you take a picture of it, to blog every single thing that you eat.

THERAPIST: My God.

CLIENT: Yeah.

THERAPIST: That's a lot of work.

CLIENT: Well, at least once you've eaten the same food again you don't have to scan the barcode.

THERAPIST: I see.

CLIENT: But still...

THERAPIST: Right.

CLIENT: At first I'm like, well, isn't food with barcodes worse for you? [0:04:58]

THERAPIST: Right (chuckling). Yeah, right.

CLIENT: (Laughing) Then I found out there are barcodes on all fruit, too. They're just very small.

THERAPIST: I see, yeah, I'm thinking about labels on apples.

CLIENT: They're fickle (ph), yeah. But it just... (Pause) I'm not lazy. I don't... it's not that I don't have self-control. I've got way more self-control...

THERAPIST: Yeah. You told me a lot of it was the steroids that you've been on.

CLIENT: My spouse is worried because he said that, basically, the kind of behavior that I've been going through the past month, month and a half life this, with getting so much harder to lose weight from medical things, he's like, if this was not being justified by your doctors, I would worry about you being anorexic.

THERAPIST: Uh-huh. You're eating very little?

CLIENT: I'm eating very little but also obsessing about the food and thinking of the food as poison... not poison, but... [0:05:59]

THERAPIST: Yes.

CLIENT: Being as it's the enemy and all this other stuff.

THERAPIST: Right.

CLIENT: The sheer amount... and it's not like I really like food that much. I really... I'm not a person who...

THERAPIST: (inaudible at 0:06:09) before this all happened it was not so much an issue really.

CLIENT: No, I mean, I liked food, but it wasn't like I really...

THERAPIST: Yeah.

CLIENT: It was just... it was there. Sometimes I forgot to eat.

THERAPIST: Right.

CLIENT: I've never been a huge person to medicate myself with food. In fact, 99% of the arguments I've had with my mother is... has to do with... really, true, no hyperbole, 80% of the fights I've had with my mother has been about food, because she wants to, oh, well, you did this. What's...? It's good, bad, everything is food. And it's like I'm a little kid, I've been... my willful thing with her about this has... you had a bad day, let's do this. You had a great day, let's do this. I just don't have that kind of drive. I don't hate it, but now I do. [0:07:00]

THERAPIST: Right.

CLIENT: And then [you're told by the doctor] (ph) that sugar is poison. Well, I don't really... I don't even own refined sugar in my house. But I really don't eat that much sugar or anything like that.

THERAPIST: How many calories do you eat a day?

CLIENT: Right now, 1100.

THERAPIST: Oh my God.

CLIENT: Yeah.

THERAPIST: You must be hungry a lot. I mean...

CLIENT: Not really, more light-headed. But yeah, sometimes hungry.

THERAPIST: [What are you supposed to do] (ph) at work? I mean, I get that it's in response to what your doctors are saying. I just...

CLIENT: And I've lost all of two pounds. I should be losing two pounds a week.

THERAPIST: Sure. Yeah, you're avoiding (ph) about half of what your body needs to...

CLIENT: Mmm, they have a different description of it.

THERAPIST: Sure, I don't know much about it, yeah.

CLIENT: Yeah, steroids change the way that your... insulin responses. [0:07:59] So you gain weight, and get tired instead of being able to have the energy to go do something.

THERAPIST: Yeah, it's kind of a double whammy in that you both... it changes the way you absorb the calories or something, and it makes you too tired to go run around.

CLIENT: Yeah. So it is... and then that's the reason why I don't want to use this anymore, because this is more steroids. (Pause) It made me sunburn so badly without being out in the sun that much, and, I mean, it just... steroids are bad. They're really bad for you. However, I need them to live, and I don't want to. I want to get off of them.

THERAPIST: Uh-huh.

CLIENT: I do everything they say. I am staying away from foods that tend to make an inflammatory response. I'm doing... I almost (ph) honestly believe this whole thing's bullshit anyways. [0:08:59] I really... half the stuff they call an alkaline diet... by the way, if you read the actual ph levels, are not in the base category. They're acids. And no way is lemon an alkaline.

THERAPIST: (Chuckling)

CLIENT: So I'm also the person who gets all upset when people call the word organic... use the word organic when they're... technically anything that's carbon's organic, too, so I'm kind of a pain in the ass about this.

THERAPIST: Wait, I missed something.

CLIENT: The word organic. I mean, I took a lot of organic chemistry. That just means there's carbon in it.

THERAPIST: Oh, okay, I get what you mean, yes. As in organic versus inorganic chemistry.

CLIENT: Yeah, they need to make a word for it.

THERAPIST: A different word.

CLIENT: I get very pissed about that. I want a different word.

THERAPIST: Right. Nobody's eating inorganic food.

CLIENT: Yeah. Well, actually I just... I've been sort of talking to one of the models that I work with. And she's been telling me some of the things that they... that she used to do back when she was in Paris to stay skinny, and it scares the bejeesus out of me. Usually, it involves swallowing non-digestible objects.

THERAPIST: Oh, really?

CLIENT: Like pennies. [0:10:01] Yeah.

THERAPIST: Why?

CLIENT: So that if you feel a penny, a penny's heavy...

THERAPIST: I see, you feel full.

CLIENT: You feel it in your stomach, and then you pass it. And there's no calories in copper, but I told her it's actually not mostly copper any more.

THERAPIST: Right. CLIENT: But yeah.

THERAPIST: That's horrible.

CLIENT: Yeah. So... (Pause) But I'm doing the best I can.

THERAPIST: Yeah.

CLIENT: I'm trying to be really open-minded (pause) about it, but it's hard. It's really hard. (Pause) It makes me really pissed, because, as a person who has a lot of very specific... I am a subject expert on a couple of things. [0:11:03] Like, I'm extremely knowledgeable on many, but on a couple of things. And therefore I understand subject experts on things. Therefore I am willing to give them the respect due, because that's what they've studied for. I obviously don't know better than they do.

THERAPIST: (inaudible at 0:11:17)

CLIENT: But then, when they fail me and they really don't have the knowledge that they want, they try to tell me about something that's not true or irrelevant (pause), it becomes harder and harder to put my faith in them. (Pause) (Exhaling) And that's pretty much... yeah. [0:11:57] (Pause)

THERAPIST: [There's some things] (ph) that remind me of the way your in-laws have treated you, in that you're being treated as though...

CLIENT: They know me better than I do?

THERAPIST: Yeah, I guess I was going to put it a little bit differently, (inaudible at 0:12:21), but (pause) that... (Pause) I was just distracted thinking that I had your container [and wondering if she wanted to use it as a water dish] (ph).

CLIENT: (Chuckling) Actually, she's not thirsty anymore, so...

THERAPIST: (Chuckling) Okay. [0:12:49] So (pause) my impression is that it at least feels like there's... and there probably often is an implication when a doctor is telling you that you need to lose weight, that you're being irresponsible (pause) and maybe even a little noncompliant?

CLIENT: And unknowledgeable.

THERAPIST: And ignorant. And (pause) you're not being any of those things. I mean, you're actually kind of over the top. You're counting your calories to the fifth decimal place and restricting them considerably, and-I'm not sure but I'd imagine-trying to sort of do as much physical activity as your system can physically bear, which may not be a lot. But that's not because you're not trying. It's because of your illnesses, your illness. [0:13:55] And yet you're being treated as though you're being noncompliant and, as you say, ignorant.

CLIENT: And possibly lying to them.

THERAPIST: Yeah. Obstinate. Non-responsive.

CLIENT: On top of it, I am trying to, in speaking to them, use precise terms, not terms I looked up on WebMD but actual precise terms for things. The only person who's going to be able to take charge of this is myself, and they use hyperbole, like using the word morbidly obese to me. And I said, actually, I am not morbidly obese. I am one BMI category into the obese. That is it. I am... morbidly obese is over 35. I am 30.

THERAPIST: Yeah.

CLIENT: That is not... do not use that phrase. And he says, well, what I'm trying to bring to mind is how this is going to kill you.

THERAPIST: Right. So clearly the implication... the idea is that you're not taking this seriously. [0:14:59] And they need to be threatening and dramatic, because you're failing to acknowledge and take responsibility for what's going on with you, which is really treating you as someone, as you say, who's very different...

CLIENT: Than how I am.

THERAPIST: Yeah. (Pause) I guess you put it a little differently, as though they know you better than you do.

CLIENT: Yeah. And I do get... I get the idea that, because you're on the inside, you don't... sometimes there's a whole different part of you that you don't see. It's what others see, blah blah blah. But I don't know that that...

THERAPIST: That's not what's going on. I mean, nobody's more into that than people like me. (Laughing) And, at least to me, that doesn't (inaudible at 0:15:15). [0:15:58]

CLIENT: No, and the thing is that I know people like that...

THERAPIST: If there was somebody who was going to get excited about that, it would probably be me, and often I do. But that's I don't think what we're talking about.

CLIENT: No.

THERAPIST: No.

CLIENT: And I... the thing is, I've been here so long, I trust you to, if for some reason something is not what... what's really happening is different than what I see it as, that you're going to tell me.

THERAPIST: Yeah, I would tell you.

CLIENT: I mean, the most extravagant thing I bought recently is a new bed and an air cleaner (chuckling), so...

THERAPIST: (Chuckling) Yeah. You do the same thing with your finances that you do with the calories...

CLIENT: I'm trying to do the best I can.

THERAPIST: Be able to manage really scant resources.

CLIENT: Yeah. (Pause) And it's funny, because it's not even like... well, luckily I've been able to simplify it because of my health things I've been eating oatmeal for breakfast for the past five years. [0:17:00] So it's not like I have to really know that I'm eating more or less, it's the same packets.

THERAPIST: Yeah, it doesn't sound like the money is a huge issue.

CLIENT: I mean, the money is. I couldn't afford to eat extravagantly, let's be honest here.

THERAPIST: No, the money's an issue in its own right, but it doesn't sound like that's interacting much with the food stuff. (Crosstalk)

CLIENT: No, but I'm just saying, in terms of same thing with my... it's very... I've got it down to a science, such that this is all I can do.

THERAPIST: Right.



CLIENT: Therefore there aren't that many choices to get confused and bogged down with, which is actually kind of good.

THERAPIST: Sure, because there's a lot of organization involved in all of this.

CLIENT: IF I had to worry about... honestly with certain things, if I had a bigger budget for food, I could go crazy with this whole diet thing and find all kinds of special foods and this and that. And I could spend a lot of... not only just money but emotional time planning it?

THERAPIST: Sure.

CLIENT: This is really just like taking a vitamin or getting a shower in my life. It's really...  
[0:17:57]

THERAPIST: Yeah, no. It isn't... I've seen a lot of people who have pretty complicated relationships with food for emotional reasons. And that's okay. People who eat when they're anxious, or people who don't eat when they're anxious, or people for whom food takes on all sorts of meanings. I don't really think that's you.

CLIENT: I brought back a dozen and a half macaroons from Cincinnati. I still have a dozen of them left, and I split the six that I ate with my husband. So I've had three (chuckling).

THERAPIST: Yeah, it's not that you don't like food, [there's nothing wrong with liking food] (ph).  
(Crosstalk)

CLIENT: No, I understand in terms of that. But I'm just saying, that would be irresistible if I had a problem with emotional eating.

THERAPIST: Yeah, no, I know. It's just not your thing. I mean, it's the same with you don't have a problem with impulsive spending.

CLIENT: I do fall into habits, but the thing is, it's not about impulsive spending to make myself feel good about it. It's often like I begin to have... like, when I was traveling, because everything was constantly doing an expense report, I just forget. [0:18:56] But it wasn't...

THERAPIST: No, I'm sure it wasn't.

CLIENT: But it wasn't that bad. It was never that bad.

THERAPIST: It's not the worst thing in the world to be, but you're not neurotic in those ways.

CLIENT: No. I've got other ways to be neurotic (laughing).

THERAPIST: (Laughing)

CLIENT: I... it's funny because I can totally see myself right now as this progresses becoming extremely... not germ-phobic, but contaminate-phobic kind of thing, not really, but... how to explain this? Trying to make sure that there are... there is no dust or anything else in the house in terms of bothering my lungs.

THERAPIST: I see, yeah.

CLIENT: I... doing the vacuuming and cleaning and changing the seats, I could see myself easily (crosstalk)...

THERAPIST: [As getting obsessional about it] (ph). Not like OCD-obsessional, but another direction. Yeah.

CLIENT: No, just... you know. [0:19:58] But... pardon me for a second. I just need to make sure everything's okay there.

THERAPIST: Sure.

CLIENT: I hope everything's okay.

THERAPIST: (inaudible at 0:20:08)

CLIENT: I don't know who it is.

THERAPIST: Oh, okay.

CLIENT: Oh, his bus broke down.

THERAPIST: Oh no.

CLIENT: Well, he made friends, that's good. (Pause) He just wanted to let me know that he was stuck (ph) at the stop waiting and had made some friends because the shuttle broke down. But yeah, I mean, it's not really OCD... like, yeah, it is, I mean, the behavior's the same. But the driving force behind it isn't? I don't actually think, though... I mean, more than... I think... right now I'm having to tell this to myself. [0:20:57] I really don't feel like vacuuming more than every other day-we only have one room with carpet-on the room with carpet, is (ph) really going to do significant amounts of changes. So I'm just trying to make sure that it's like, okay, which days am I going to do it, because I need to make sure I do it every other day. That kind of stuff. Or just that kind of thing, to make sure that I'm just exposed to less stuff.

THERAPIST: Yeah.

CLIENT: But, for being a person who takes immune-suppressants, I'm actually remarkably un-germophobic.

THERAPIST: Uh-huh.

CLIENT: I have friends who are perfectly healthy, that won't use certain public bathrooms. And I'm just like, well, I guess I'm just going to have to wash my hands extra hard, and everything (ph) will be fine. Just surviving.

THERAPIST: Well, I think the main thing you're dealing with is incredible amounts of stress...  
[0:21:58]

CLIENT: Yeah.

THERAPIST: And not a lot of resources to deal with them. In other words, when Mike is feeling relatively well, he's really there for you. And your parents and some friends are really there for you, I think, to the extent that they can be.

CLIENT: Yeah.

THERAPIST: And your parents can help out a bit financially, and you guys have enough income to live, although it's close.

CLIENT: Yeah, it's a growing experience.

THERAPIST: But you don't have a lot of money. You don't have a lot of family really close by. Mike can really be there, but sometimes he's really... he really can't be because of his own stuff...

CLIENT: And sometimes I need to force him to go to work.

THERAPIST: Yeah.

CLIENT: He would sometimes blow... it's almost like he's acting out by trying to take care of... well, he doesn't actually take care of me. But he'll think he needs to be very vigilant. [0:22:56]

THERAPIST: Yeah.

CLIENT: It's just another way for him to escape.

THERAPIST: Yeah. Right. You have so much stress, with your health, with money...

CLIENT: The fact that I realize that I am literally trying to kill myself. Let's be honest here. My body is trying to kill me.

THERAPIST: Uh-huh. Yeah.

CLIENT: I do tend to sometimes be a little bit over-exaggerating. But my body was dismantled at one point in my life. My nervous system, right now my ability to breathe, I've had infections. I've had to have parts of my body taken out and replaced with metal.

THERAPIST: Yeah. Absolutely.

CLIENT: My body's trying to kill me. It doesn't know it. There's no consciousness involved.

THERAPIST: Yeah. It's not mal-intended.

CLIENT: And the worst part about that is the fact that it's really hard not to get wrapped up in that. [0:23:54] I mean, there is... I've had a couple people in my life tell me that I need to stop being so hard on myself and my body will stop, which is extremely well-intentioned but not true. Being self-critical is not making my immune system tear my body apart.

THERAPIST: Geez, how many goddamn ways is everybody going to make this your fault?

CLIENT: Yeah. Well, it's never mal-intentioned.

THERAPIST: I don't care. I mean, I guess I feel [bad and] (ph) protective of you. I understand they're well-intentioned. That's better than if they weren't. (Chuckling) But it still lays the blame on you.

CLIENT: Yeah. But I don't need that, because they don't understand, very few people understand that I am the type of person who stresses out because I am too stressed out. I cannot force myself to relax. When I do get massages...

THERAPIST: [You know what it is that] (ph) you're doing?

CLIENT: I actually stress out that I'm not relaxing enough. Luckily these things... the kind of stuff I get done is not something where you need to really be relaxed...

THERAPIST: Right.

CLIENT: But, back when I used to get ones that were for pampering things, I can't let go. [0:24:58]

THERAPIST: Yeah. You need people telling you that you're working incredibly hard, that you're doing everything you can and then some, that you are absolutely as on top of all of this as anybody could reasonably be, and that it is just really awful in so many ways that are not at all your fault.

CLIENT: Yeah. Could I just record that and play it back every so often?

THERAPIST: Sure, I'll (crosstalk).

CLIENT: (Laughing) I'm mostly joking maybe, but it's so hard because... and the thing is that... the reason why... the thing is the maliciousness I can usually shrug off.

THERAPIST: Right.

CLIENT: I have actually had customers tell me that my weight is killing me, too. They're like, it's like putting a gun at your head and pulling a trigger. And they're just being mean. They're just being fat hating or something like that or just people being nasty. [0:25:57] I can usually shrug that kind of stuff off. But when people try and be like, oh, well, as soon as you come to accept yourself and stop being so hard on yourself, that your body's going to stop... maybe. Maybe my blood pressure might go down. But that's really... I mean, we're talking, in the big picture of things...

THERAPIST: Right.

CLIENT: These are not...

THERAPIST: That's like number 79 and 83 on the list.

CLIENT: Yeah. And maybe they're influenced... like I said, again, not...

THERAPIST: Not the issue.

CLIENT: I became this way after I got sick. Being this way did not make me sick.

THERAPIST: No.

CLIENT: I lived in denial for years over being sick. (Pause) I think that it's the mindfulness, that this whole, I need to be more mindful about everything I do and be aware of my body... I think it's the mindfulness that's killing me.

THERAPIST: Uh-huh.

CLIENT: It's the ignoring. I need to shut out what my body is telling me all the time so that I can be happy. [0:26:58]

THERAPIST: I see. Like, if you pay attention to the pain or the tension or the, I guess, hunger at times, you'd be totally overwhelmed all the time.

CLIENT: Hunger isn't really the big thing, but the rest of it is.

THERAPIST: Uh-huh.

CLIENT: But yeah. It... (Pause)

THERAPIST: Yeah, I guess it's funny I wasn't thinking about it because you don't bring it up a lot, although you have told me and it's clear. But have chronic pain. You're in pain all the time. [0:27:54] I mean, there have been a few times where I guess it's been a little less, and there are sometimes where it's more...

CLIENT: Yeah.

THERAPIST: But, I mean, you've made it very clear that it's always there.

CLIENT: (Teary) It's always there. And by saying I need to not pay attention to it I am not saying I need to take pills for it or I need to do drugs for this or something like that. I'm not looking for an escape.

THERAPIST: Yeah, or to lie to yourself about whether you have chronic pain.

CLIENT: Sometimes I do, but that's only a temporary thing.

THERAPIST: Yeah, my impression is that it's like (pause) somebody who has ringing in their ears just trying to block it out because otherwise it drives you nuts.

CLIENT: Yeah. Just sometimes you have to just sort of... it's the equivalent of, okay, only five more reps, you can do this.

THERAPIST: Right.

CLIENT: You tend to lie to yourself just long enough to get what needs to be... not like five reps, but, for me, there's only a few more dishes in the dishwasher. Everything's okay. You're doing great. [0:28:56]

THERAPIST: Yeah.

CLIENT: That kind of lie to yourself... I mean, I'm not even talking long term, really.

THERAPIST: Yeah.

CLIENT: But...

THERAPIST: Sure.

CLIENT: I just struggle so much with this, because (pause) being aware of the limitations all the time is too much.

THERAPIST: Uh-huh.

CLIENT: And I'm kind of sick of it. So I do spend a lot of time trying to distract myself.

THERAPIST: Yeah. And as you say you get totally opposite (inaudible at 0:29:31).

CLIENT: Yeah. Well, my GP's like, well, how about this mindfulness-based meditation and this and that?

THERAPIST: Right.

CLIENT: I am all about this whole bio-feedback thing. But you know what? I tried to explain this to him in terms of signals on... electricity signals. I understand this idea, but there's so much in the system that you can't actually tell what's happening.

THERAPIST: Yeah. [0:29:55]

CLIENT: And he just... it just... (Pause) And the worst part is that my... when things are really bad, like right now with my breathing and other things like that, or just in general whatever's happening... because I almost always have some sort of random extremely annoying thing during that I just try and ignore because it's just so bizarre that nobody would ever have it. The... (Pause) Whenever I tried to... I just... that's exactly the problem I'm having, is that I'm losing my attention and my focus. I have now sat down and watched an awful lot of things with my spouse. I have no idea what I watched. I couldn't... I mean, I could tell you the name of the thing, but I couldn't tell you anything about the story. Sometimes when people talk to me and they tell me whole sentences I retain exactly zero of it. [0:30:56] My focus and my attention are being completely bled away...

THERAPIST: Yeah.

CLIENT: By the fact that there's all this noise in the system constantly telling me...

THERAPIST: Ow.

CLIENT: Ow. (Pause) (Sneezing)

THERAPIST: Bless you.

CLIENT: I have tried... my old doctor did believe very much in the idea of certain things related to break through a pain, of, when things get to a certain level, you have to stop it before it gets too bad, because then it gets very hard to control it.

THERAPIST: Huh. I see.

CLIENT: Basically understanding at what level you should take Vicodin or this or that...

THERAPIST: I see. Yeah.

CLIENT: Specifically because, if you don't do it at this point, when you take it when it gets worse, you're not going to be able to take enough to get rid of the pain. So...

THERAPIST: I see. Huh. Like, you've got to take it when it's a six, because if you wait until it's an eight...

CLIENT: Yeah. [0:31:57]

THERAPIST: Then it's too late.

CLIENT: It's too late. And you may have to take a whole lot more.

THERAPIST: I see.

CLIENT: And I really do believe in that as much as I... but the problem is that it really isn't... I mean, it's sort of effective. It's better than nothing else. But I don't really like the way I feel when I'm on those things either.

THERAPIST: Yeah. I mean, if part of the reason you want to be getting rid of the pain is so you can pay attention to things, be focused... I mean, not the only thing, but I guess that's part of it, and remember stuff...

CLIENT: Yeah.

THERAPIST: I would think Vicodin is really not ideal. Yeah.

CLIENT: Or even just be awake (chuckling). Yeah, so I only really use that... and we talked about it for a long time, and we did figure out... because you have to figure out what works for you. [0:32:55] This is why I so miss him. I hope he doesn't go to jail for life at this point. It's breaking my heart. Realizing that we had needed to use that awareness for sleep, it was maybe not for during the day, but, hey, if you wait, if you're in pain and you're sleeping, if it gets to the seven or, whatever, six, whatever, take something now because once you get to an eight there's no way in the world you're going to take enough to be able to get back to sleep.



THERAPIST: Yeah.

CLIENT: And (pause) so for me that's really how I have adjusted to that. But I don't really even do that that much anymore just because I'm sort of afraid of the stigma?

THERAPIST: (inaudible at 0:33:45) taking more painkillers?

CLIENT: Yeah.

THERAPIST: Huh.

CLIENT: On top of it, I don't really... I mean, I do have some left over from other things. But I do not have a doctor right now who is actively prescribing me opiates...

THERAPIST: I see. [0:34:01]

CLIENT: Therefore, in the event that something were to happen, like I got a job interview or something like that, I'd have to do a drug screening, I wouldn't be able to have a note. I probably could call my rheumatologist and told her this (ph), that I had something. But the point is that it's not already recommended less, so I usually wait until it gets extremely bad anyways. But (crosstalk)...

THERAPIST: If it weren't for different things like job screenings and what other people thought of you, would you take them more? Like, if it were just about...

CLIENT: Maybe.

THERAPIST: A balance between your level of pain and your level of awakesness?

CLIENT: Probably. That just... (Pause)

THERAPIST: Shitty decision to have to make.

CLIENT: Yeah. Those are the... basically the drawbacks of it aren't especially great. Opiates don't do great things to your body. [0:34:54] And I'm not talking about not getting enough medicine not great things to your body. I'm talking immediate, more obvious things. So I really don't like them.

THERAPIST: Yes.

CLIENT: And like I said I'm not as bad as Mike. My spouse really... he gets carsick when he gets them, so I know that it actually could be a lot worse. I just don't feel well. It's like having a little off day feeling...

THERAPIST: I see.

CLIENT: When I'm having it. He literally will be in a hospital bed when they've given him stuff for his kidney stones. He's standing still, and he feels carsick.

THERAPIST: Wow.

CLIENT: Yeah. Which is completely amusing, thinking about the fact that his younger brother is addicted to those things...

THERAPIST: Right.

CLIENT: And from recreational... not because of, he had an injury and started doing that. He started doing it recreationally.

THERAPIST: Yeah.

CLIENT: Here's Mike, who's afraid of needles, and this makes him sick.

THERAPIST: Right. [0:35:57]

CLIENT: And then here's the IV user. How different can that be? (Pause) But it's just... (Pause) It's just so damn hard these days. And I know it will pass. But (exhaling) (pause) I just don't want to spend another day of my... the problem is I'm just so afraid that I'm [going to get] (ph)... in the end I'm just going to be bitter. I mean, I'm already a little bit bitter now. But the supposed best days of my life kind of things (pause) have been pretty much wasted with crap.

THERAPIST: Yeah.

CLIENT: I found pictures of me... I scanned a couple of them in, of me back when I was young. [0:37:05] And it's funny because I used to say I was [amazingly knocked out] (ph), you would stop traffic, literally. And I looked at this thing again, and I'm like, no, this is true. Even looking back, I've had other people just quickly just take a glance at this, and (pause) I used to have it all. I used to really, legitimately have it all. (Pause) And I feel guilty for being mad about what I have now, because quite frankly there are people that have worse.

THERAPIST: (Crosstalk) a whole lot to lose.

CLIENT: Yeah. [0:37:56]

THERAPIST: And [this is for better or worse] (ph), but actually not because of really anything you have or haven't done.

CLIENT: No. Not really. I mean, there's a few things, but these are maybes. Like, maybe if I had started paying attention to the pain a little earlier or been a little bit more this, a little bit more that. But I think I mentioned to you that I had mentioned about the Socratic (sp?) pain when I was in my teenage years. And the doctor felt as if it was just teenage nonsense, angst things. And my dad believed him because that was the... my dad believed because of the doctor's say.

THERAPIST: Yeah.

CLIENT: This is the premier person for diagnosing things. I still want to send that man a very nasty letter. Do you think if I did that that I would get in trouble, there'd be people calling me or...?

THERAPIST: If you sent a mean letter? No. [0:39:00] I mean, you might get a response. Probably, my guess is you wouldn't.

CLIENT: I'm just afraid that maybe something like they would think that I'm threatening him or something, because I'm not. But...

THERAPIST: No, I mean, you'd be just talking about how angry and disappointed you are with how he treated you or what he missed.

CLIENT: Yeah. (Pause) I mean, it's very easy to vilify just one person. And there's just a lot of things on the way, but that was one of the first people who could have identified it.

THERAPIST: Mm-hmm. And your life would be pretty different.

CLIENT: Yeah. I don't blame... when I was six I was taken to hospital for some repetitive stress problems back before they even knew what repetitive stress injuries were. [0:39:55] They didn't diagnose it because that was just simply that they didn't know. So I don't blame that, but this person's supposed to be the person who... (Pause) That's their job, not like the people at the ER. And that was when I was 16, or 15 or 14 or... I remember seeing him a couple of times. (Pause)

THERAPIST: Well, we should stop.

CLIENT: Thank you so much for accommodating me this week. I appreciate it very much.

THERAPIST: Sure, you're welcome. I've got this time (inaudible at 0:40:44).

CLIENT: So... I will see you next week.

THERAPIST: Sure. Good luck with the asthma (inaudible at 0:40:57).

CLIENT: Thanks. Yeah. [0:41:01]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hello (ph).

CLIENT: (inaudible at 0:00:13)

THERAPIST: Well, sorry again about last week.

CLIENT: Oh, it happens. Don't worry.

THERAPIST: And I'm away part of next week, but just Wednesday, Thursday, Friday, so it doesn't affect us.

CLIENT: Okay.

THERAPIST: Good.

CLIENT: You've been more than understanding about my health issues, so I am... I have no... I am more than willing to reciprocate on any level (laughing). So...

THERAPIST: Thank you.

CLIENT: It's been sort of a... I don't know what's going on right now. I have both an energy and physical and emotional rollercoaster I've sort of been on, so, just when I think I'm completely and totally exhausted, I'm like, okay, I can do this. It's like... when I get like this, I hate this because I'm a very easily reinforced human being. [0:01:01] And so what's going to happen... in the back of my head I'm going to think to myself, well, you know that last time that you just sort of pushed through even though you couldn't do it, and you found the energy to do it, and it wasn't that bad? Yeah. (Pause) But... so that's sort of a problem. But I'll make it, I guess. Just did something totally and completely impulsive that I don't normally do. But I have a feeling that if I get myself in trouble I can totally get myself out of it. Like I said, I don't do impulsive spending at all. However, do you know what the Nobel Prize is?

THERAPIST: Yeah, I do. I think I listened to those on NPR or something a while ago. [0:01:57]

CLIENT: So there's a small kind of like... I wouldn't really call it a journal. It's all kinds of things that either cannot or should not ever be repeated. And it's run out under Harvard, and it's basically... you would think it was spoofed, but it's almost always real fake research.

THERAPIST: She looks like she was reaching for the water or something?

CLIENT: Yeah, are you reaching for the water, or are you just sniffing? There's nothing in there. You want to make sure you're okay? No, I think she's just being weird.

THERAPIST: Okay.

CLIENT: Nothing on you? Okay.

THERAPIST: [She went weird] (ph).

CLIENT: Yeah. That'll make her better though for the walk... ride home. Anyway, so the...

THERAPIST: If you need some more water for her or something, I have a whole bunch of water.

CLIENT: Okay. I'll let you know. If she seems like she's really dehydrated I will. But she had a ton of water on the way, so I'm guessing...

THERAPIST: Okay.

CLIENT: Well, when someone's five pounds it's really hard to really gauge (chuckling)...

THERAPIST: Yeah (chuckling). [0:02:59]

CLIENT: Anyway, so the thing they do is supposed to be a... it's supposed to be this journal of things that should never be repeated. It's actually... the people who are the peer review people are people who won real Nobel Prizes.

THERAPIST: Oh, wow.

CLIENT: So it's sort of a running joke. I mean, it is extremely prestigious but yet extremely hanky (sp?). All of the data is complete... it's basically where, if you have something, an experiment that goes horribly wrong, that the data doesn't actually... there's something not right, like imagine table top (ph) fusion or you accidentally found Fermat's Theorem answer, but you found it by using... by doing something completely irrational. And for some reason it looks like it's real, but it's not. You publish it.

THERAPIST: Right.

CLIENT: Well, every year they have something called the Nobel ceremony, where they have as many Nobel Award (inaudible at 0:03:46) they can. And they award the world's worst research.

THERAPIST: I see. So they give... so that's separate from what they publish in the journal.

CLIENT: Yeah, separate. This is the best things of the year. [0:04:00] And sometimes they actually don't have the real people who get it, who... for example, the one year that they had this

minister calculated how many souls were going to hell if they don't repent now. He won the mathematics award, and, since he wasn't around to take it, they actually... for some reason, I guess, this person who... this ambassador from Norway just happened to be in the area, and they invited him.

THERAPIST: (Laughing)

CLIENT: And so he accepted on their behalf, how excited they were about all the recent tourism coming to Norway, that kind of sort of... but it's actually totally prestigious. I've been wanting to go for years and years and years. And usually by the time I realize it's coming up, it's sold out. And it's extremely expensive, too, because almost all of it is... the money... well, it's (inaudible at 0:04:46) which is in general expensive to do. But they usually have things that they actually do fund with the money from it. [0:04:54] And so some friends of ours were talking about coming up for it this year. We always talk about it every year, but this is the year that we all realized that the tickets were actually on sale. Last balcony seats, just over there. So I went, and, before I could even get confirmation that they were going to come, I just bought four tickets. It's unlike me. But I figured that if I can't do it I can scalp them because they're really hard to do, but it's so embarrassing because you have to understand that 15-year-old me had no problem spending \$170 on anything. Now I am terrified to spend that much money. And it's weird because that's... there's 20-some-odd-plus years of inflation, and I don't know. So we'll see. Like I said, I'm pretty sure that if things got really bad and they couldn't come up or I couldn't afford to do it then...

THERAPIST: [Or actually] (ph) you could scalp them.

CLIENT: Yeah, so I got four... the last four balcony seats they had, which aren't expensive tickets, but they're the ones that are more... because they... they're the ones that are more supposedly fun because it's more bad... it's more almost bad behaviors MST3K kind of dork sitting up there, yeah. [0:06:10]

THERAPIST: MST... is that Mystery Science Theater 3000?

CLIENT: Yeah.

THERAPIST: [You don't hear] (ph) that every day.

CLIENT: Yeah. So this is... that's... it's not the prestigious seats, but it's actually dork prestigious seats.

THERAPIST: (Chuckling) Yeah.

CLIENT: So that's... yeah. So I did that. And I am of course beating myself up over it, but I know I can reclaim it. It's not that big of a deal. But at the same time it's so awkward for me to do anything like that. Like, oh. And the thing is, is that it's not awkward in my usual nature but because of (inaudible at 0:06:44). It was hard... it was very weird to do. But the funny thing is...

and I'm sort of flattered. [0:06:58] The people at the box office are like, yeah, I know you. You're needing two student tickets. I'm like, I'm just not even going to lie. I'm just not going to argue. I guess I could technically consider myself ABD, just ABD on hiatus. But she's like, yeah, I know you're a student. Don't worry. I'm like, really? Okay, I'm just going to lie by omission...

THERAPIST: Right, (crosstalk).

CLIENT: And just let... spend a little bit less per ticket. But I don't feel guilty about that part because... but I was flattered because I don't know if I just look like somebody else or if I just look like I belong as a professional graduate student or what. But it was nice, nice to be the, oh, you belong... have them say, I know exactly who you are, don't bother.

THERAPIST: Mm-hmm.

CLIENT: And I could see that in Cincinnati, but Providence's a big town. I doubt this person actually knew who I was, but that I looked young enough to be considered a grad student made me feel good. [0:07:55] So...

THERAPIST: Nice. Sounds great.

CLIENT: Yeah, so that's been pretty much this afternoon. But it's been... it's actually probably for the best that you were out sick yesterday... not yesterday, I mean last week, because I came in after child hell. We conduct camp at the store.

THERAPIST: Oh.

CLIENT: Yeah. Kid camp.

THERAPIST: (Crosstalk) last year, yeah.

CLIENT: Yeah, it's not... I mean, I actually... I don't... I'm really great with children, and I'm exceptionally great with computers. I am very... I have a lot of difficulty working with kids and computers. Lots of people say I'm good at it. I've seen people who are good at it. I just seem to look like I'm not... I can fake not being uncomfortable around it. But the way the kids grasp certain things is really different than the way adults do. And so pretty much... it's one of those things where... (Pause) [0:08:59] It... I don't have self-doubts about becoming a parent. But for the 30 minutes afterwards I kind of do. You know? And so it's kind of a weird situation like that. It's...

THERAPIST: How do you doubt yourself? (Pause)

CLIENT: People are really good at having these really wonderful sagacious answers to questions or being able to divert situations. And almost always the way I do it is by (pause) saying something along the lines of, I do realize this is what you want. But we can't do that right

now. We have to do this. Or my personal favorite is, if you can just be quiet and listen to what John's saying up there, he's saying exactly the question you're asking. That kind of stuff. I lot of other people are really... they seem to have much snappier, interesting answers, more... not the word entertaining, but more engaging? [0:10:08] I don't remember what it was, but one of my... the kids were saying something about how... that this wasn't play, this was work, and blah blah blah. And Carrie (sp?) who of course has kids, she says, no, no, no, you're playing. I'm working.

THERAPIST: (Laughing)

CLIENT: (Chuckling) And just various different things like that. And the kid took it totally okay, while with me, I had to spend time coaxing them into believing that this is fun.

THERAPIST: Yeah.

CLIENT: Or... and I don't know. Like I said, I don't have... only for a very... of course 20 children at that age all together I think makes a lot of people go doubt their ability to deal with kids (chuckling).

THERAPIST: Sure.

CLIENT: But yeah, that was an experience. [0:10:58] So it was actually kind of good to be able to drag myself home and go straight to bed after that because that was hard.

THERAPIST: Yeah. Must take a lot of energy.

CLIENT: I feel... now, that's one thing I do feel bad about, because I do feel bad that other people don't seem to be nearly as phased by it as I do?

THERAPIST: Hmm.

CLIENT: The energy involved, but also they're either one, parents and they're kind of used to at some point doing a play date with a bunch of kids?

THERAPIST: (Crosstalk) I'm sure it will be the same for you...

CLIENT: Or they're 22.

THERAPIST: It's a totally different ballgame once you're a parent, I think, with that kind of thing. I mean, you spend thousands of hours dealing with kids...

CLIENT: Yeah, you just get used to it.

THERAPIST: And your kid's friends and the other kids in your kid's class. It's just a different everything.



CLIENT: Yeah. To me it was just so weird, because on some level I could definitely see... and I don't... and it was very hard for me to... at first, because some of the things that seemed really difficult, I started seeing patterns. [0:11:52] The kids that were all siblings seemed to have... if they had a really low frustration level, it was all on the same stuff. I can't find the letter H. What the hell? You have to stop the entire thing because you're trying to type, and you... and stop everybody because you can't find the letter H?

THERAPIST: (Chuckling)

CLIENT: Really? That was... it seemed like the kids that got really, I am bored, it was like they were all siblings. So it's... I don't know if it's like a nurture-nature thing in terms of that. But it made it feel... made me feel at least a little bit better because it seemed like they were all together in terms of having...? It wasn't like in general all the kids found it boring or all that. It seemed like it was more of a... so... and I don't know. (inaudible at 0:12:43) it was... I'm sure this is... I will evolve into this and it will become a lot easier, just (laughing)... just once a year. Like I said, though, if we're sitting on the ground doing art projects or doing something outside or something like that, perfectly okay. [0:12:58] It's just... to me it's really hard to properly get them at the right level for computer stuff because they seem to grasp stuff a lot faster. But at the same time they really don't. It's... they show the kind of behavior that makes you think that they understand it, but they don't really truly understand it? They just are not afraid to experiment?

THERAPIST: I see.

CLIENT: So it's more like... random behavior looks like intelligence...

THERAPIST: Hmm.

CLIENT: Not really intelligence, but you know what I'm trying to say.

THERAPIST: Yeah, comprehension or something.

CLIENT: Yeah, so the... (Pause) So that was kind of... like I said, kind of an interesting, bizarre experience. And, like I said, every year it happens. We also have kids come for school field trips, which is usually... it varies a lot, that, but that's different, one, because the parents usually aren't there, and because, when the parents are nearby, it seems to really change behavior a lot. [0:13:58] So... in terms of that. But, like I said, it worked out for the best in general. So that was kind of good. But yeah. I don't know. Like I said, I've been feeling really... and part of it is I know now again that it was due to medication deficiency sort of. But I've been really feeling out of myself in terms of not feeling normal a lot?

THERAPIST: Oh.

CLIENT: Yeah. Fuzzy-headed, feeling like the world is very cloudy, that kind of stuff again. I had an extremely...

THERAPIST: Not exactly emotionally but... (Pause) I don't know how you'd say it, like psychologically not right. I mean in the sense of being like, the world is cloudy, your head is fuzzy, (crosstalk)... [0:15:00]

CLIENT: Yeah, I don't feel sad and... I mean, a little bit, but most of the sad... it's not like emotional swings entirely? It's more like noise in the system and can't figure out what I need to pay attention to, kind of stuff.

THERAPIST: Yeah.

CLIENT: Like, I had to write a self-evaluation. And usually... not usually, but, if I'm in a room with a bunch of other people and there's some banter going on, this and that, usually it's not the end of the world. I can ride it, sort of. I'll struggle but I can do it. I am unable to focus on writing a single sentence.

THERAPIST: Oh.

CLIENT: That kind of stuff. I mean, part of it was the nature of what it was. It wasn't like I was writing down a procedure, but I actually had to talk about my own achievements, which is a little bit different.

THERAPIST: Yeah, sure.

CLIENT: So... and we have sort of a running joke that, of course I broke the system because (inaudible at 0:15:54) because there was so much bullshit. But it just takes a lot of time. [0:16:01] It's a lot of time, even for two paragraphs, writing about this kind of stuff because (pause) I... (Pause) I wanted to make sure that I really capture what I want to say correctly. But at the same time I don't want it to... the problem I have is I second guess this. I have been told by many people that, in their words, I use too big words. It looks like I ran through it with thesaurus and then switched out for the most impressive words. That's just not who I am. I'm actually... I just... and the funny thing is, is that, honestly, I don't use... I use a lot of big words, but they... I really do have... there's a distinct set of 200 bizarre words that nobody else but they're totally (inaudible at 0:16:50) from normal vocabulary that I would use that other people wouldn't. [0:16:58] And it's not like I'm looking them up. They're just the words that I use for all kinds of stuff. And so I kind of had to second guess and switch things out occasionally when things seemed a little bit too much like that, which is kind of hard for me, because it's... it goes back to my general problem of... ever since I was once told, and it's been told more than that by my in-laws, just be yourself. But what I am... but I am being myself?

THERAPIST: Yeah.

CLIENT: And then I get these little bits of feedback that I have to second-guess who I am because I would rather just naturally be who I am. I really do. But the problem is, is that, when I'm being who I am, apparently it's not very authentic to a lot of people.

THERAPIST: Well, or people just misread you.

CLIENT: Yeah, but they don't think it's... they feel as if it's very... I am... I lean towards cheesy. That's just who I am. I talk about things that I'm especially proud of somebody for this or... that's just who I am. [0:18:00] I lean towards using words that other people don't, partially because I'm looking for a concise feeling or emotion towards it. But sometimes it's just that that's the word that comes to mind immediately.

THERAPIST: Yeah.

CLIENT: But it's just...

THERAPIST: Yeah, a few minutes ago you used the word sagacity, which is... I know what it means, but it's not one you hear every day.

CLIENT: (Laughing)

THERAPIST: (Crosstalk)

CLIENT: Oh my God, sagacious. That is true. To me that's exactly though to me what it is. It's... it is one who's sage-like. In terms of what... because especially among my co-workers I mean that from the heart, because I think they say things almost Yoda-like to these children. And the children are like, oh, yeah.

THERAPIST: (Laughing)

CLIENT: And then [they're walking out there] (ph), and I feel like I've just seen some sort of Buddha-like wisdom imparted to these children. [0:18:57] So I really mean that word.

THERAPIST: I know.

CLIENT: I'm not just saying it to impress anybody.

THERAPIST: I didn't think you did.

CLIENT: No, I didn't think you did either, but that's just... I mean, the reason why I say these words is because it's exactly what I mean, it's the emotion that I'm feeling at the time.

THERAPIST: Right. Sometimes you can get a connotation with a word like that that's what you want and that you can't otherwise get.

CLIENT: Yeah. Especially because of the fact that I feel like sometimes praise is very cheap in certain situations...

THERAPIST: I see.

CLIENT: Either from myself or other people. And sometimes... for example, something like, oh, you must be really smart. That is true, but that is so bland. And that is not... it's not... to me it's not measurable. It's not concise. It's... I want to give, in what I write and when I speak about certain things... I want to make sure that it is something that is... it almost has a mood to it, but it also has [something that's measurable] (ph). [0:19:56] It is something that is very... it imparts what I'm trying to say. And so it is difficult for me when I do get this information... and I haven't gotten it in a while. But there are people in my life, every once in a while when I'm just not looking I get blindsided by this point in which I get wrapped in this whole thing of, well, just be yourself. And I'm like, crap. I am being myself. What am I supposed to do now? (Laughing) You know?

THERAPIST: Yeah.

CLIENT: And so I sort of faked these... and at various different periods of time I have these almost personas that I... to get out of those situations that I have. Not personas... I don't even know how to explain this. I have these fake personalities in which I try to do certain behaviors that are socially acceptable around these people so that they can cope with that? Most... almost all of them involve... for example, a work-related one. [0:20:57] I was told that I was not very approachable because of the kind of way I use words and this and that and all that kind of stuff. And so I had... so then I started to pick up... putting smilies (sp?) in my e-mail. But the smilies did a lot for people thinking that I seem more approachable. I thought that was extremely unprofessional in a workplace environment. But then in various different types of... things, like being excited about new lip gloss or this or... yes, I mean, sometimes it's helpful. But not... I had to take a serious interest in this stuff so that I had something to talk about that they would find approachable as opposed to the things that I'm really excited about and things I find really interesting. And boy, that's a giant pain in the ass, because I don't like having to try and be somebody different than who I am.

THERAPIST: Sure.

CLIENT: And so... I mean, we all do it a little bit. [0:21:58] But the biggest reason why I don't like to do it is because I have seen my poor husband who... he doesn't try to be... he expends so much energy of his life trying to be what... at any given time, what somebody wants him to be, such that I sometimes wonder... I feel like I know the real him. But then I start to wonder, is he... is that really what he wants... he thinks that I want, and therefore sees as...?

THERAPIST: I see.

CLIENT: I don't think so, because it's really hard to keep that up long term, I would think, as opposed to just with a boss. When you live with someone a lot, it's a lot harder to do that.

THERAPIST: Yeah.

CLIENT: But it is... it's got to be... I see it as exhausting for him. Living and dying by all of your behavior, trying to make other people happy is exhausting. And so... yeah, I don't want that to happen. (Pause) [0:22:57]

THERAPIST: Well, and it's insulting, I think.

CLIENT: I'm not sure if I understand that, but...

THERAPIST: Well, what I mean is...

CLIENT: To the person, or the person doing it, or...?

THERAPIST: Yeah, to the person who's having to do it, because there's some...

CLIENT: Oh, okay, yeah.

THERAPIST: Implication somewhere, not necessarily on the part of the person you're in front of... in other words (pause), usually it means somebody felt like it... may be feeling it wasn't okay to just be as you are, that was wrong in some fashion, or not good enough in some way.

CLIENT: Yeah. It's such a left-handed compliment with certain things. There's something where they're trying to tell you one thing, but what they're really actually saying is something pretty mean...

THERAPIST: Uh-huh.

CLIENT: Like, the equivalent of... and I had a roommate who did this to another roommate, of, you have such beautiful clothes. Can I borrow them because you don't ever get a chance to use them, kind of thing, because you don't ever get to go anywhere kind of stuff...

THERAPIST: I see. [0:24:02]

CLIENT: That kind of... just be yourself, but obviously being... it's supposed to sound like... it sounds like it's a nice thing to say, but really it's a really horrible thing to say.

THERAPIST: Uh-huh.

CLIENT: So... yeah. I just... I guess for me the big thing is that my ideal situation is where I wouldn't have to be like that. I mean, we all have certain things that you do that for. I mean, and

I was raised that there are things like that. Like, pretend you're in court (laughing), for example. It doesn't matter who you are. You have a very set set of behavior. There are certain things that you do this with, when you're having conversations with certain people. But these are very small... I mean, they're such rare situations that they're ritualized and... but not a day to day thing. [0:24:54] One of the things that really bothered me actually with certain things in my life is when there were situations where people who claim that they really are wanting... they're really open to anything, and they want you to absolutely be that way, except for the fact that, when you don't fit in, and then it's like everything but you. I do this to be individualistic, just like all of my friends, kind of bullshit, that kind of stuff? That really bothers me.

THERAPIST: Mm-hmm. Wait. (Crosstalk)

CLIENT: Being open-minded to everybody except for saying, oh, this is a place where you can be yourself. You can be legitimately weird. Seattle. All of Seattle, Washington, I felt like I couldn't be myself. And that's a place that you're supposed to be able to be yourself.

THERAPIST: Right, I see what you're saying.

CLIENT: Yeah. But...

THERAPIST: But sometimes that means, be yourself as long as yourself is a very particular way, that looks like it's just authentic.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: Yeah, so... exactly. [0:26:04] So I felt like I was pretty much... the whole time I was in Seattle I felt like a some sort of anthropologist. So... and I'm weird, trust me. I started a blog about weird.

THERAPIST: Uh-huh.

CLIENT: So... (Pause) I don't know. And that's actually something else. I finally got around to doing the blog thing I was supposed to be doing, all those months, years, lives, that my dad's been pressing me about.

THERAPIST: Oh.

CLIENT: I told him that sometimes my life here... I have to laugh about it, otherwise I'm going to cry. And I would send the people that I love hilarious pictures. Like, there was... a couple days ago, I'm on the subway. There is a person dressed up like a real, honest to God shrimp. Real shrimp. Like, human being on the subway.

THERAPIST: Right. Dressed as a shrimp. [0:26:54]

CLIENT: Dressed as a shrimp.

THERAPIST: Wow.

CLIENT: So of course I wanted to take a picture of it. And that's the kind of things that... or just in general. I see strange signs or... there's a picture... there's someone's house that has a little... what's it called? Can't think what it's called now. Stonehenge.

THERAPIST: Really?

CLIENT: There's... in their front yard there's a Stonehenge. I accidentally met the person because I posted it for Happy Summer Solstice with the picture of Stonehenge on it and things like that. And now they're sort of famous. But I... yeah, I've been sort of just taking pictures of the crazy things that I see and posting them. And mostly it's just a picture blog of weird... with occasional funny comments about something. And I'm finally doing that. And it is true, he's right, that by laughing about it... even if I... I mean, I don't... really, it's nice to know about the statistics and things like that, of people who read it. But it's not really about that? [0:27:57] It's more about just the creative expression of just putting it out there.

THERAPIST: Yeah.

CLIENT: It is nice to know that there are people that like it, and it gets passed around now, but not all that... (Pause) Did it feel weird, it'd be selfish to say I'm doing this entirely for myself, yet it's on the Internet?

THERAPIST: No.

CLIENT: Okay. I guess maybe I get the idea that, to me, is that if I... (Pause) If there's one other person out there potentially, I don't have to meet them or even know about them. But if they are having trouble fitting in sometimes and see the world... things that people think are completely normal but I think are completely not normal, if that helps, then it does.

THERAPIST: Yeah.

CLIENT: So that's pretty much what I've been trying to do to... some sort of self-expression, and we'll see how it goes. [0:28:59] It's... I'm not a big social media person, so I don't know if I'll be able to keep it up or not, or if... (Pause)

THERAPIST: Well, a lot of the stuff you're talking about, I think, has to do with (pause) feeling socially out of kilter...

CLIENT: Yeah.

THERAPIST: And (pause) as though if you sort of simply are yourself that won't be socially acceptable or won't be well received...

CLIENT: Yeah. (Pause)

THERAPIST: And I think also... [I don't know if this] (ph) is true, but I think sometimes that can almost be like, it means you've done something wrong.

CLIENT: Yeah. [0:29:59] (Pause) A little bit. I mean... (Pause) I don't really feel like knowing where I do fit in, and in certain ways by [dealing with] (ph) it makes me feel more like I can sort of (pause) fit in at least, but pointing out that there... I can, in my anthropology or whatever, sociology, think of looking at this from afar and going, nothing really... can this actually be okay? Or not really be okay, but being... can't you guys...? Because you are stuck in the weeds, you don't really feel out and see how strange this culture really is.

THERAPIST: I see.

CLIENT: So...

THERAPIST: Like various subcultures can look quite out of kilter to you.

CLIENT: Yeah. So... or not even out of kilter (crosstalk)...

THERAPIST: (Crosstalk)

CLIENT: Some of it, I love it. Some of it is absolutely hilarious. [0:30:57]

THERAPIST: Yeah, and other ones don't, yeah.

CLIENT: And some of them don't, but I mostly enjoy [giving to their puddle] (ph). I'm trying really hard not to be mean or anything that is negative. I'm trying to at least be something to me that's funny.

THERAPIST: Yeah, I can imagine when you... (inaudible at 0:31:09) that when you go to the Ig Nobel ceremony, those will be some of your people.

CLIENT: Those will be my people, yeah, for the most part. I guess part of it is... yeah, it's all about... I don't know what it's about, but feeling like I fit in.

THERAPIST: Mm-hmm.

CLIENT: It makes me sad, because I thought I would fit in. That's the big thing, is that everyone was like, you're going to love it. This is going to be exactly up your alley.



THERAPIST: Referring to where?

CLIENT: Dartmouth.

THERAPIST: Oh, Dartmouth.

CLIENT: Everyone's like, this is going to be perfect for you. You're going to love it. It's going to be exactly... it's exactly what you need. And maybe it is, and I was just at the wrong place in my life when I moved.

THERAPIST: Huh.

CLIENT: But I guess I got it from so many people that I trusted and I actually believed understood me, that it felt really upsetting and distressing that I didn't feel like...

THERAPIST: I see. [0:32:01]

CLIENT: Is everything okay in there? Maybe not, hold on.

THERAPIST: Is she all right?

CLIENT: I don't know. Hold on. Is everything okay? Are we just being...? Could I have some of that water after all?

THERAPIST: Yeah, sure.

CLIENT: Here. [Here's some water] (ph). I think you're fine, but I think that you're just not getting enough attention today. (Pause) That should be plenty. (Pause) About the only dog that can drink out of glasses, so... okay, there we go. (Pause) I didn't teach this to her. She came like this.

THERAPIST: Uh-huh.

CLIENT: But the... I guess a part of the big thing for me at least is that I felt like... not just like people I didn't... like people who didn't know me. [0:32:56] I felt like people that really would actually understand thought I would actually really like it. And so I guess it was just really... you want some more? I guess it just really was a big letdown to me to be able to not get the...

THERAPIST: Absolutely.

CLIENT: It's... especially because of the fact that it's not even like a no-place-is-good-enough-for-me thing, because I have totally had situations where I'm like, here I am. I'm in the middle of my people here.

THERAPIST: How has it not worked?

CLIENT: I'm sorry?

THERAPIST: How has it not worked in Dartmouth?

CLIENT: Just... (Pause) I don't know. (Pause) I guess part of the thing is that... (Pause) [0:33:58]  
It really is partially me but partially just (pause) feeling out of place, I guess. I don't know. This is one of those things where I really... and this is... might be my memory just maybe is kind of on the spot, I don't know. But I'm having a hard time thinking about it. But it really is something where I felt like I just hadn't been quite... felt as much comfortable and that kind of thing.

THERAPIST: Yeah. (Pause) [You gather up all the] (ph) sort of impression (crosstalk).

CLIENT: Yeah, or just thinking about the sense of it, yeah. Well, for a really good example, at one point... this was a little over a week ago, I was having problems with an asthma attack. I'm lying on the ground, right?

THERAPIST: Oh my God. [0:34:55]

CLIENT: Like, I'm lying on the ground holding my asthma inhaler... I'm sorry, I was chasing after the bus that decided not to stop. Sometimes the bus drivers... I guess they skip stops, I don't know.

THERAPIST: Yeah.

CLIENT: I end up lying on the ground, right? And I just got so pissed because I had a couple people actually walk over me to get on their way. I'm like, you know what? I understand you don't want to get involved. But fucking walk around me. I'm sorry, but that is just... that is a message in my head to say, I don't give a damn, by walking over you. There was plenty of room on the sidewalk to walk around.

THERAPIST: Yeah.

CLIENT: That kind of stuff. You know?

THERAPIST: Yeah.

CLIENT: I understand when you don't want to actually get involved. You may not want to say anything, like, are you okay? But walking over somebody, really? But this is mostly a place where we're so concerned about everything. We're supposed to be concerned about people's mental wellbeing. We're worried enough about that, and we're worried about that. But yet walking over somebody, really? That kind of thing. [0:35:55] But I can't think of anything

immediately. Oh, in general, something nasty, like the whole slew of nasty... like, back when I had a car, nasty letters I would get on my car, that kind of stuff.

THERAPIST: Yeah, right. I [remember those] (ph), yeah.

CLIENT: It's actually spawned out of the nasty letters I used to get, this whole posting things. But I would never post anything as negative as that. But this whole... why in the world would anyone find the need to say... passive-aggressive... it seems like there's less direct contact I get with people. And it's not like I'm... like I wanted to have conversation. I'm not looking that Midwest... like, everyone-want-to-be-friends kind of thing. But it seems like it's actually they seek out specifically extremely passive-aggressive ways to let you know that you're not conforming, if that makes sense.

THERAPIST: Yeah.

CLIENT: And that's what really gets me kind of... either leave me alone, ignore me, or speak to me. [0:37:00] Don't leave me nasty messages on my car because you perceive that I am actually not handicapped. Don't write mean messages about how you're going to do terrible things to the cardboard because I didn't know that they needed to be in three by three squares instead of four by four squares.

THERAPIST: Yeah.

CLIENT: Ring my bell, talk to me. Or just let it go.

THERAPIST: Right. Yeah.

CLIENT: That kind of thing. (Pause) So... (Exhaling) that kind of just very... that kind of frustration. And, like, I said, I know it isn't just them. It is partly... and I know more than half of it is me. I just wasn't in... I... a lot...

THERAPIST: How is it you?

CLIENT: I have a lot of baggage, and therefore I'm not necessarily willing to have a good sense of humor about something. Or I'm not willing to...

THERAPIST: [I think the examples you gave] (ph) don't sound like you're (sp?) baggage.

CLIENT: I know. That isn't... well, maybe a little bit.

THERAPIST: I mean, people stepping over you on the ground when you're incapacitated. That's not really much you. [0:38:00]

CLIENT: Yeah. Now, I did find out after the fact that there is actually a real reason why potentially that people were too busy. But I still think they could have walked around me. This was about the same time that there was... it actually was the same time that there was some sort of emergency, and they were re-bussing people around from Kendall (sp?) somewhere else.

THERAPIST: Okay.

CLIENT: Yeah. So... but the point though is that you still don't do it over somebody. Yeah.

THERAPIST: Sure.

CLIENT: But...

THERAPIST: You're not really implicated there. You didn't choose (crosstalk)...

CLIENT: No, but I'm talking about also just in general...

THERAPIST: Could have been.

CLIENT: Yeah. I actually really don't like attention when I'm like that, either.

THERAPIST: Sure.

CLIENT: I would prefer that you walk around me than, if I can't... than actually engage me to see if things are okay, because usually... it's not even that the... (Pause) [I'm trying to play it both ways here] (ph), I guess. [0:38:54] I don't know. I don't want you to bother me. If I need help, I will ask for help. But... (Pause) Usually... I don't know. It's weird. It's... but I also... like I said, I was in a... just a very frustrated... I've had situations where I have broken down and not wanted to deal with the situation. I basically got frustrated way too early on than I should have and became bitter and angry about certain things. And so... (Pause) I don't know. It's one of those things, I guess. I just... (Pause) Part of it is that I have a lot of... did I say baggage stuff going on? I have a lot of crap going on in my life right now, so I don't really have a good open mind often, I guess. I don't... I want to make friends. [0:39:58] But at the same time I also don't want to make a commitment of it, because I don't know what's going to happen and all of that.

THERAPIST: Mm-hmm.

CLIENT: It's... (Pause) It's just been a bad time in my life to be able to really...

THERAPIST: Yeah.

CLIENT: Have a good time, I guess. You know?

THERAPIST: Mm-hmm.

CLIENT: (Exhaling) It just seems like something's always getting in the way, and I hate that. (Pause) But I do get... I do have moments where I get horribly unbent over something that I shouldn't, that is totally irrational. But in my own head I get upset a lot anyways. [0:40:56] Good example, actually.

THERAPIST: Yes.

CLIENT: A couple of people I work with, talking about this one cooking... it's not a real show, it's someone who takes picture... there's a video of... they're cooking things. And I know about it, I've taken a couple of things from it. I am extremely... I don't know where in the world I... how in the world I didn't know about this, but I got extremely bitter and pissed and betrayed with I don't know who, because I didn't know that the person who is running this cooking show is actually a very famous porn star. His last name is Deen. I thought he was related... not that I wanted him to be related to Paula Deen.

THERAPIST: Right.

CLIENT: But his name is James Deen. Apparently he was quite the porn-star-man thing.

THERAPIST: Okay.

CLIENT: I don't know. And everyone's like, you can't not know this. I'm like, no, I really don't. I really don't. And I just got so pissed that I... here I am. I feel like I've got tricked into watching this person's video at work and talking about it. [0:41:57] And now I feel like a complete and total fool. I don't know why. And so I refuse to watch it. (Laughing) See, this doesn't make any sense at all. I know it doesn't.

THERAPIST: Huh. Well, I bet it does, we just don't really know how yet (chuckling).

CLIENT: I don't... (Pause) I used to have a really healthy point of view toward the porn industry, but I don't any more. I feel very (crosstalk)...

THERAPIST: Yeah, (crosstalk).

CLIENT: An awful lot of this is a tremendous...

THERAPIST: I can't imagine why (crosstalk)...

CLIENT: Exploitive behavior, that kind of thing.

THERAPIST: Right.

CLIENT: So... yeah. So I have...

THERAPIST: Well, of course it's charged for you.

CLIENT: Yeah. This is... again, this is a lot... I get these irrational... not irrational, but I have... I can get very upset about something that I don't like. And therefore I will almost (crosstalk)...  
[0:42:56]

THERAPIST: I don't know that it's irrational so much as it's a little displaced.

CLIENT: Yeah. It's displaced.

THERAPIST: You're only mad because of stuff going on with your husband. And it seems like this has at least partly to do with that.

CLIENT: Yeah, it's more than partly to do with that. But yes. But it's like...

THERAPIST: I get in a sense it's irrational, but in another way it completely makes sense.

CLIENT: But also getting cheesed by people at work for not knowing this...

THERAPIST: I see.

CLIENT: Also, makes it even worse, and makes it even more... makes me be even more un-liking (ph) doing this kind of thing. So it's a lot of it.

THERAPIST: Yeah.

CLIENT: But I just... (Pause) To me, it's just one of those ridiculous things that just make me very unhappy. And so, [like I said] (ph), that's a completely irrational situation that's mostly on me.

THERAPIST: Yeah.

CLIENT: Don't think I'll be watching that again...

THERAPIST: Right.

CLIENT: Because I feel as if it's a very exploitive industry.

THERAPIST: Well, we should stop for now. [0:44:00]

CLIENT: Yeah... so. Yeah, I'll see you next week.

THERAPIST: I'll see you next week. Bye bye.

CLIENT: Let's get out of here.

THERAPIST: Have a good week.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So it's very distressing to me because I just don't feel like... I feel so unlike myself...

THERAPIST: Yeah.

CLIENT: And the things that I wouldn't react to normally I totally react to and that kind of stuff. So I was having a lot of problems earlier in the week. And I didn't actually put... the problem is I only put this together after the fact. At the time of, it's not like I feel that way, and that's why (inaudible at 0:00:31), wow, I realize that I'm also running a fever...

THERAPIST: I see, yeah.

CLIENT: Which means my immune system's (inaudible at 0:00:37), that kind of thing. But I had a really sort of screwed up week. One of the things that really bothered me was that I have all of a sudden gotten news that I am old from my doctor. I went in because I have to get birth control stuff renewed... [0:00:57]

THERAPIST: (Crosstalk) just a question (inaudible at 0:01:00). Do you want me to try to find a second appointment, would that be helpful (crosstalk)?

CLIENT: No, it's okay. It's fine.

THERAPIST: Sorry, I didn't mean to interrupt you, I just... before we entirely left this...

CLIENT: No, that's okay. No, I [figured you were saying] (ph) you're out of town or something?

THERAPIST: The rest of this week.

CLIENT: Yeah.

THERAPIST: I just meant in general.

CLIENT: Perhaps. We'll see.

THERAPIST: Okay, just keep me posted.

CLIENT: Yeah, so...

THERAPIST: And actually, I'll say, any time you want, it's not a bad time of year for that for me. I mean, I'll do the best I can whenever I can [depending on when] (ph) you want it...

CLIENT: Okay.

THERAPIST: But it's... August, September are usually a little easier for me to do.

CLIENT: Okay, that sounds good. But yeah, so I went to go to my doctor's. I'd sort of... due to the fact that I'm not really sexually active, sort of let my birth controls lapse for a bit. And so I had to go back to the doctor to do that. And he sort of sat me down and told me that I'm getting to old to be on hormonal birth control and that I sort of have to figure out what kind of more permanent types of options I want. [0:02:04] That really bothered me. Now, apparently it's true. I've done some secondary things and talked to other people, other women, and they're like, yeah, didn't you know that, your late 30s, you're not really supposed to be on hormonal birth control anymore? You're supposed to either figure something else out or get fixed or do an IUD or something like that. And so that was pretty darn eye-opening to me. I did not realize that I was completely... I mean, I knew that I... I knew that my chances of actually being able to have children were... children that are healthy, pretty darn low. I haven't been putting the actual earnest try to conceive thing because, well, it's a bad idea. But also just, like, it's a bad idea (chuckling) for lots of reasons. And [it's all about the heartache] (ph) and all that kind of stuff. [0:02:55] But it still doesn't mean it doesn't hurt to have that nail in your coffin...

THERAPIST: Absolutely.

CLIENT: That kind of thing. Even... he basically said, even if we were to try and have a baby right now, that I would be categorized as basically in terms of that... as being older and therefore have much more risks and they'd be handled completely differently.

THERAPIST: My recollection is that higher risk is anybody over 35 with...

CLIENT: Yes.

THERAPIST: Sorry, yeah.

CLIENT: Yeah. And by higher risk I thought birth defects, things like that. Apparently it's also all kinds of things for the mother and just in general. There's much more preeclampsia, there's much more diabetes that get onset. That's fine. I mean, I kind of knew that wasn't that... the point, though, is that at no point was I ready to be told that I'm too old for birth control.

THERAPIST: Yeah.



CLIENT: That to me just seemed like, oh my God. [0:03:56] I am totally going through a period of my life that I had no idea was even coming and just sort of threw me into that. (Pause) And that was pretty darn... still is pretty darn upsetting to me. I don't know... I mean, it doesn't... it makes sense, but it doesn't make sense. It's not as practical, I want to be more rational about it but can't because it's so upsetting. I mean, I just didn't realize it was that part of my life. [It's been a struggle] (ph) especially because so many other people in my life, I've been ignoring them. But in the back of my mind I guess I haven't, the whole, oh don't worry, you'll go into remission. And don't worry, things will get better. I didn't really believe it, but yet at the same time it's like, wow, yeah, I really ran out of time. [0:04:55] And so that's pretty upsetting.

THERAPIST: I guess I'm... (Pause) It seems to me there's two sorts of things that could be upsetting about this, and I'm not sure if it's one or both of those?

CLIENT: Uh-huh.

THERAPIST: One of them being aging in general.

CLIENT: Which I have a big problem with.

THERAPIST: Okay. And the other one being, being able to biologically have kids.

CLIENT: Mm-hmm. Both of them.

THERAPIST: Both of them.

CLIENT: Also just not being prepared, never knowing that, on some level, that's really... that's the kind of thing that (pause) would happen, just like, this is what happens in your late 30s. [0:05:54] I guess I just wasn't prepared for that. I figured I had at least a couple of years until that. So... and that's just... (Pause) It's emotionally distressing because I feel like my life is just slipping away from me. I am just closing a lot of doors, and it's just really upsetting. (Pause) And so, between that and just everything else in life, I sort of really... hold on for a second. Are you awake? Okay. I wanted to make sure she's okay. [0:06:57] The... I mean, it's just very stressful for me. (Pause) So in general I've just found myself being just very quick to anger, quick to just lose it in so many situations, that I just... I don't like who I'm becoming. I really don't. So (pause) it's... (Exhaling) (Pause) [0:07:57] I don't like that fact that I am a person who used to have all the patience in the world, and I'm snapping. And I don't like the fact that I'm realizing how old I am. And that's really distressing. (Pause) So... but it's not like there's anything I can do about it. (Pause)

THERAPIST: Well, I think... (Pause) I think that's something that makes this very difficult to talk about, that there's nothing you can really do about it. [0:08:57] And it's really just about being upset...

CLIENT: Yeah.

THERAPIST: Which I think makes you feel like you're being weak or irrational or something, I think.

CLIENT: Well, I mean, it is definitely something that is in my head. It is definitely something that, when I try to talk to people in my life about it-at least my mother-it's definitely reinforced, that kind of thing. [0:09:55] That went over really badly. I was trying to call my mom about this, and she just basically thought that it was... (Pause) Briefly, at least some of it was the fact that she was just, that's just what happens when you get old, older, which is great. I just feel like I just didn't... I missed out on my life, at least part of it. And then the other part of it is just, she feels as if I just need to get a tougher skin about that kind of thing, [that to get better] (ph), I need to get more accepting of what is and is not. And that's great and all. It's really wonderful to be told that, but (pause), I mean, it's just really hard because I just feel like I don't have anybody I can really talk to about this in the absence of the... or at least, I don't know, sort of sympathy, I don't know what. [0:10:59] But it's just... (Pause)

THERAPIST: Well, (inaudible at 0:11:08) you want some understanding. I don't mean in the sense of some revelation about it but just some acceptance of how upset you are about it, without an implication that you shouldn't be, you should be doing something different, whatever.

CLIENT: Yeah. (Pause) I mean, it isn't as much an implication as much as you shouldn't be reacting to this so much, I guess is probably the... just accept it and move on kind of thing. (Pause) [0:12:00]

THERAPIST: Yeah, I mean, I think (inaudible at 0:12:06) it's hard, I think, for you to have the confidence that, when you're upset about something, there's a very good reason to be upset about it, inevitably.

CLIENT: I still don't think that I have a good reason to be upset about this. This is not new news apparently, that I can't have children. Yes, I kind of knew that, but yet at the same time it's kind of... and it's not that getting older is not new news, but getting it like this... (Pause) And of course my mom's like... basically she... the way she sees it is, she sees that I should at some point... I don't really understand exactly where she gets this idea from this. This is... she's not normally a person that jumps to immediate conclusions. [0:12:58] But she feels as if I should have told the doctor that basically what he more or less wanted... I had to look into was the equivalent of eugenics in terms of, well, you're not really going to be able to have children anyways, so why don't we just go get you fixed? You're genetic... you already have a lot of health problems and this and that, and it's going to be problematic. Let's just get you fixed, and immediately jumping to that. And I'm like, great, this is not the kind of conversation I want to have.

THERAPIST: Of course not.

CLIENT: She... basically she's looking at [this in the sense of] (ph), if you want to fight back against this, then fight back about... but that doesn't change the fact that I'm still getting older. (Pause)

THERAPIST: Well, you are, and you have missed out on a lot of things.

CLIENT: Some of it is due to health. A lot of it's just due to the hard work. [0:13:57] I mean, I spent so much of my time putting hard work in, that I feel like I never had the chance to do... I don't know what specifically I was planning to do. But I feel like there's a lot of things out there that... things that people could put off until much later, until their 40s and 50s to do, that I probably can't do now because of my health at the very least, but also things like things you do when you're young, the silly things you do. And (pause) it's...

THERAPIST: To me, I guess I'm picking up things like financial security, increased sort of (pause) seniority of a certain kind at work...

CLIENT: Mm-hmm. [0:14:56]

THERAPIST: More intimacy and sex in your marriage.

CLIENT: Yeah. (Pause)

THERAPIST: Yeah, sure, I mean, having kids is a huge one, maybe the biggest one.

CLIENT: Yeah.

THERAPIST: I mean, the other ones are pretty big, too.

CLIENT: Yeah.

THERAPIST: And then other things that you've spoken of being very important, like travel, seeing friends, feeling up to seeing friends.

CLIENT: Yeah.

THERAPIST: And you've [lost out on] (ph) all of those...

CLIENT: Yeah.

THERAPIST: Which (pause) at the time you got married and (pause) as a culmination of the time before that had every reason to expect you'd have, probably actually more so than most people around... [0:16:08]

CLIENT: Yeah.

THERAPIST: Not most people in the world, but just most people around you, given how your life had gone to that point.

CLIENT: Yeah. (Pause) And I feel like a lot of things I just put off doing because I figured there'd be time for it later. I mean, even the silly things like drunkenness-adventure-type stuff even, a lot of stuff like that I just put off because I figured I need to spend the time to do this now, because this is the time that I need to focus. And then there'll be time to do that later. I guess I...

THERAPIST: What you're saying is, you were a serious researching student.

CLIENT: Yeah. And I know I had a good time. I was always very practical about that kind of stuff. [0:16:56] And... (Pause)

THERAPIST: Well, I think you have to be like that times about five these days. it's not as obvious, I think, to most people around you, but in terms of just getting through... getting out of bed, being able to do what you need to get through the day, including getting to work and getting home, getting here, [getting the finances] (ph)...

CLIENT: Yeah. To give you an idea, tax-free's coming up, so I'm working all weekend. First of all, we rented a car because we just needed to make sure that that... but I need to make sure for tax-free... before I do this, I need to make sure I get at least a good ten hours' solid sleep beforehand, not ten hours in the twenty-four hours beforehand, ten hours before I get up. I need to make sure that I pack myself with ice for swelling of joints when I get home so I can make sure of this. I (inaudible at 0:17:47) take Vicodin for this. I don't believe in taking... I mean, I've talked to you ad nauseam about this. [0:17:56] But I do know that, if I don't do at least... and I usually take either a half or a quarter of the dose a normal person would take if they broke their leg or something like that, nothing big, but a normal dose. If I don't start that now, then the cascade of the pain will be so bad that there won't be enough I can take, which sounds weird, I know. But it's totally true, because...

THERAPIST: Yeah.

CLIENT: And so... because... and this isn't just a Debra theory. I have pain doctors tell me that breakthrough pain theory is true (laughing). And it's like, doing that, all this other stuff, and... just so that I can be able to go to work during those periods of time. Most people are like, yeah, I'm a little tired. Probably I won't go out with friends that night because I've got to be up in the morning because it's kind of a crazy day.

THERAPIST: Right.

CLIENT: That's not like that for me. And I am... if I have to work on Sunday morning, I don't go out Saturday night. [0:18:59] Never did. I'm in bed nice and early.

THERAPIST: Yeah.

CLIENT: And quite frankly, if I'd gone to work the day before, like Sunday, this Sunday, I come home from work, go to bed, and then I get back up again in the morning to wake up... there's this huge period of time.

THERAPIST: No, I'm sure... I know you don't want to, but...

CLIENT: I have to.

THERAPIST: You could qualify for disability if you wanted to.

CLIENT: Probably.

THERAPIST: My point isn't that you should, only that that seems to me an index of how much you have to be doing to manage work.

CLIENT: Yeah. But at the same time, if I didn't, I'd really hate myself.

THERAPIST: Yeah, and I understand. I'm not (crosstalk)...

CLIENT: No, I'm not saying that, but at the same time it's like, it's... I know it's exhausting, and it is a lot I have to do. The fact that I... when I'm done with it, and I realize, wow, I managed this, I figured this out, and I did it...

THERAPIST: Right. Yeah.

CLIENT: Because a lot of times I looked at things in my life and I'm like, this is going to be too hard. I'm just not going to do this. [0:19:56] But, when I've been able to figure out how to do it and I've made it past it-even if I'm in pain and even if I'm all eaten up-it's a lot to...

(Phone sound)

CLIENT: Let me... just a moment, I need to make sure this isn't anything important.

THERAPIST: Sure.

CLIENT: [It's my parents] (ph). Never mind. But... so to me that's very important.

THERAPIST: Well, yeah. I imagine it's actually pretty much the same thing as when you were... at least in part, as when you were working in high school or college or graduate school, where part of the reason you were making the sacrifice of working really hard then was... not all of it, but part of it was because it was important to have the sense of accomplishment.

CLIENT: You've got to sit up, I'm not going to feed it to you sideways (ph). Come on. Sorry.

THERAPIST: It's all right.

CLIENT: She's overheating, I think. But yeah, it is. I actually didn't start getting the accomplishment for getting something that was hard done until college, partly because of the fact that everything was easy in high school. [0:21:01] So I had so many other friends that had this sort of problem. But they never dealt with it right. They were a big fish in a small pond, and then they didn't think they ever had to do anything. And then they just did it perfectly, and... but when they got to college they got screwed. They got screwed big time. Not me. Oh no, I never did homework in high school if I didn't need it. Never.

THERAPIST: Uh-huh.

CLIENT: However, if I... but in college I did it, and I felt so accomplished by getting it done and getting it... having it there and ready to turn in, because it was the... the fact is I was having my... not my ass kicked, but I definitely had a reckoning in realizing that I had to get... that I really had to try. I didn't just naturally be able to figure it out on my own. And so that's actually when I actually really got good at what I did, is when the point of once I got things that I just couldn't... I just didn't know. [0:21:58] And so it was a struggle with that. But the... but yeah, until then it wasn't as big of a deal. I really... it would have been easy to say I wasn't applying myself except for the fact that I didn't... there was nothing to apply myself to.

THERAPIST: Yeah.

CLIENT: So the... but the... (Pause) That just... that's just sort of what it was. But, I mean, in terms of things to be struggling to, I [have to] (ph) tell you about this. I think I mentioned to you that one of the big things that I've always wanted to do with my life that makes me very sad that I probably now never will, is my dad and I occasionally talk about the idea of going to see the ruins of... from the Aeneid (pause), Troy.

THERAPIST: Troy?

CLIENT: It's one of the few ruins that actually technically right now I probably could do because they're not... unlike pyramids and other things like that, it's actually not that hard to get in and out of. [0:23:03] It's not a lot of... it's not that much climbing. It'd probably be exhausting at the end of the day, but it's not that bad. And it's the equivalent of just going around Providence or something like that...

THERAPIST: Yeah.

CLIENT: Or (inaudible at 0:23:13) or something. But just because of... my dad's getting older. I didn't have my time, this and that, and just things like that. So every Wednesday now, Dad and I

are learning classical Latin together via Skype. I'm not joking. We've already done it once. And we're doing it only specifically so that we can read the Aeneid together in Latin.

THERAPIST: That's awesome.

CLIENT: Now, my ass is being kicked by Latin, really kicked by Latin.

THERAPIST: Mm-hmm.

CLIENT: It was the worst and most difficult thing I've done, and my dad and I both struggled through our first lesson together, doing this together. He doesn't... he sort of...

THERAPIST: [But most of the letters are math] (ph), at least. [0:23:56]

CLIENT: Well, that's actually really funny because...

THERAPIST: (Chuckling)

CLIENT: You would think that... because they all know the math or the letters from math and from physics. But you'd be shocked actually...

THERAPIST: There are way more letters than (crosstalk).

CLIENT: (Crosstalk) I know the capitals. And I know a good bit of the small, because we use gamma and this, that...

THERAPIST: Right.

CLIENT: But I have never had a need to use small iota in my life and therefore do not know what it looks like at the top.

THERAPIST: Huh. Okay. (Crosstalk)

CLIENT: Also, a lot of it is... what's it called? Because it is almost the same as Cyrillic but not quite the same, it's actually harder than you think, because then you get screwed up as to which...

THERAPIST: Huh. I see, yeah.

CLIENT: It's like watching me with Sesame Street. I will actually sound the word out, sound the word out. All of a sudden the trigger's... then I'm like, oh, they're saying akula (sp?). That's [ah koo la] (sp?). Seriously, I'm like, oh my God, sure, okay. That's what that words says. But yeah, I can read it. [0:25:05] But the...

THERAPIST: But anyway the Latin alphabet looks enough like that to make it confusing.

CLIENT: And it's not all of it. It's maybe 10%, there's a difference?

THERAPIST: Uh-huh.

CLIENT: But those differences are big differences. So that's kind of a weird thing. But yes, so it's also learning the way that things are pronounced. Knowing the alphabet is good, but there're certain things that are not quite pronounced the way you would think they would be, that kind of thing.

THERAPIST: Mm-hmm.

CLIENT: So it's very... we're both laughing to death while we're doing this, but I think it's really good. And we're doing it specifically... there's a text basically specifically to teach you enough Latin to read the Aeneid. That's it. That's the only thing we are doing this for, specifically so we can read the Aeneid, maybe the Odyssey. [0:25:59] But just to focus on that in terms of that, and so yeah, it's been...

(Phone sound)

CLIENT: This might actually be important. Nope, that's mom. Okay. But the... yes, my phone does sound like a modem. Everyone loves it.

THERAPIST: Circa 1985 or so.

CLIENT: Well, that's a nineteen two, so that's got to be 1994.

THERAPIST: Oh God.

CLIENT: But yeah, that's a nineteen two handshake. But yes, it's part of my little hacker cred there. So the... so it's like one of those things where it's a struggle, but we're laughing, we're having a good time. Originally he was saying I needed to be really judicious about who I say this to. [0:26:56] And he's right, because the first time... the reason why I didn't learn ancient Latin originally... and he knows Latin. He knows Italian, he knows French. I mean, they're... he's not as good as mom is. Dad's sort of like... he's okay. But he doesn't pick it up like Mom does.

THERAPIST: Hmm.

CLIENT: Mom just picks up languages like you wouldn't believe. I have no idea how she does it. She... her sister worked as an international operator, because she would pick up languages like some people bought shoes.

THERAPIST: Wow.



CLIENT: So there's... it's one of the many reasons why I think I was... brought the wrong baby home from the hospital.

THERAPIST: Mm-hmm.

CLIENT: But... so... but he was told by his parents that he shouldn't learn ancient Latin because it was completely useless, as a kid. And he's like, you need to do blah blah blah. And he was told not to and how useless it was. And a couple of other people have made some faces when he was talking about this. [And he said] (ph), you need to be judicious about this. And I told him a couple of things, one of which is I don't... he has a lot of business associates that have become friends. [0:27:57] My friends would... anybody who would judge me or say something funny about that, they're not my friend. If they gave me crap about the Latin thing...

THERAPIST: Yeah.

CLIENT: Not my friend. And... although he doesn't have that choice, because a lot of the people, they have this blurred line between... in terms of... in the legal world, of people that you work with so often that they really are friends. But they still taunt you a little bit about that kind of thing. But yeah, so I'm basically... on Wednesday we're doing that, and on Thursday I'm sort of writing a series of small, very quick essays about insights I've had about learning Latin. And basically It's All Latin to Me is what I'm calling it. But it's basically things like... me actually be talking about the fact that, gee, I really thought that my extensive science would have made this easy. But no. I mean, I can recognize all the letters. It's easy. I can write all the letters. [0:28:55] But trying to get a word and sounding it out, harder than it looks.

THERAPIST: Mm-hmm.

CLIENT: And so yeah. And so that's been kind of a... the struggles with things...

THERAPIST: Yeah.

CLIENT: But luckily there's zero stakes at all. And so it's pleasurable so far. But yeah. So... and it's just like I said, this week has been like a freaking rollercoaster. I had a really great time with that, but then all this stuff about getting old. There was quite a bit of drama on Saturday because... I'm not sure if you've ever heard of this. There is... you know the Theatre is?

THERAPIST: Mm-hmm.

CLIENT: Okay, so they have a bunch of different shows that run every... they run every week, but on a certain night of the week. I had always wanted to go to the donkey show because I like Midsummer Night's Dream. Never got a chance to go partially because my spouse doesn't really want to go. [0:29:55] There's a lot of... it's very complicated why he doesn't want to go. A lot of it

is because of the nature of the production of it. Well, [some of the] (ph) other things, too. He's not really into disco. I'm not really into disco, but I'm interested in this kind of thing.

THERAPIST: Yeah.

CLIENT: One of my coworkers is leaving to go to New Zealand for a year. She's teaching out there. So she... as part of this she wanted to go to the donkey show. Unfortunately she wanted to go to the donkey show last weekend, the late show, when I had to work on Sunday morning.

THERAPIST: Right.

CLIENT: I actually did end up going to part of it. I slept all day, and I went to a few... more or less an hour of it and went home. Not... this was a big deal for me to do this, though.

THERAPIST: Yeah.

CLIENT: But Mike was just like... he's like, I have all these... I already have kind of (inaudible at 0:30:40) three reasons why I think it's a bad idea for you to go, partially for finances, which makes sense, partially because of... I'm trying to remember what it was... just reasons, reasons that seemed kind of vaguely okay. [0:30:54] His feet were already starting to hurt him from hanging around all day, standing up and doing this kind of thing, interactive stuff, [maybe not] (ph), etc, etc. And so I'm like, okay, well, you're not going. That's fine. So I'm going to get myself up and get myself dressed and try to get ready to go out. And eventually he's like, well, I was just thinking. And it is Shakespeare, [which means I will] (ph) have a good time. And I was like, oh no, you don't get... that ship has sailed. You just told me all these reasons that had nothing to do with the fact that it's Shakespeare and you'll have a good time, that you're thinking about going now. I'm like, no, I've already got it in me to go by myself out to this. I'm going by myself is the point...

THERAPIST: Yeah.

CLIENT: Because I just didn't want to be like, okay, now you're done, you've decided this, that... I don't know what it was that got into me, but I just felt like, you know what? I'm... you never want to go to these things. I understand. It was only after I was getting dressed to go out, and he might want to go. [0:31:57] And it just felt like... (Pause) Luckily he realized partway through that... and he actually admitted this, he's like, you know, I am acting really selfish right now. I want you to have a good time. So you go out. I'm like, wow. It only took me being very (pause) impolite about how I felt about it to get him to get to that point. But it was nice to actually eventually have him realize he was being selfish...

THERAPIST: Yeah.

CLIENT: Because it's like, this isn't about you. This isn't your friend. I wanted you to come, but you didn't want to go.

THERAPIST: Mm-hmm.

CLIENT: And you found every reason in the world that you couldn't go, but those reasons weren't so bad when you thought, oh, well, I guess once I got dressed up and ready to go out and all this kind of stuff, he thought maybe he could go. I don't know. But it just really frustrated. So we went. And since I decided to come super home... or I got, you know... go home super early because... so I didn't actually get to see the whole thing. But that's okay. [0:33:01] I'm glad I just went, because I'm the kind of person who never goes anywhere, especially if it's on a Saturday night. And...

THERAPIST: Did you enjoy it?

CLIENT: I had a good time, I had a really good time (chuckling).

THERAPIST: Good.

CLIENT: I disturbingly enough now have way too many pictures of things to potentially blackmail my coworkers with.

THERAPIST: (Chuckling)

CLIENT: So a couple of my coworkers ended up becoming part of the audience participation, and so that was something amusing, to say the least (laughing).

THERAPIST: Mm-hmm.

CLIENT: But I just... I had a great time.

THERAPIST: Good.

CLIENT: I was exhausted by the time I came home. But, because I knew I wanted to go, I pre-slept. I grabbed a bottle of water to drink while I was in line, all these things that, I guess, you... if you're 24 or 22 or whatever you don't really have to worry about any more. [0:34:00] But yeah... so that was at least helpful. But I just felt so bad, because I was just like, I'm... (Pause) I'd already been feeling really crappy about feeling old and all that kind of stuff. And it just took a lot for me to go and do it by myself, I guess is what I was trying to say. (Pause) But yeah, that's pretty much... like I said, it's been up and down, up and down this week. I hate being like this. There's a lot of people who love the extremes of life. I don't like them, I just happen to live them.

THERAPIST: What...? Sorry, what did you have to kind of contend with? I mean, you've made it clear so far about the physical side of it, how you had to prepare and kind of get ready and leave early... [0:34:58]

CLIENT: Yeah. I just felt really... like I said, because I was running a fever this week. Then all this stuff was happening. I've just been more or less sort of... more than a little bit of a meltdown of, like, my life is over, I feel like crap, why in the world I even bother, kind of feeling.

THERAPIST: I see.

CLIENT: Everything was making me cry. Everything was making me this. And, like I said, it wasn't until afterwards, when I realized I was running a fever, that that's probably what, at least on some level, contributing to it. But I've just been snapping, and just it's like... do you have any idea how embarrassing it is to have a meltdown in front of a person (inaudible at 0:35:31)? Having arguments with people about something that's...

THERAPIST: Wait, where did the meltdown happen?

CLIENT: Oh, that happened on campus. That was when I was... after the doctor's appointment, when I had just been told that I'm just too old, I had to go by the pharmacy. And I told them something about...

THERAPIST: So this is outside of?

CLIENT: I'm sorry?

THERAPIST: You said on campus (crosstalk)...

CLIENT: On campus, like over... yeah.

THERAPIST: MBM.

CLIENT: Yeah. [0:35:59]

THERAPIST: Yeah, okay.

CLIENT: I had to... I was having some trouble with one of the pharmacists about a very specific thing. And I was just like, you know what? Just put it all back. If you're going be... if you're going to argue with me about something I already know, about something that...

THERAPIST: Is that same pharmacist as before?

CLIENT: Yeah.

THERAPIST: Oh.

CLIENT: You're going to argue with me about something I already know. I need to get this... the way that... to submit flexible spending now has gotten more... it actually... it is now easier for me

to fake receipts than to use the real ones because they cannot understand the real ones. That's really pissing me off, by the way, because I like to be legitimate about things. But they don't understand... they need to have all kind of stuff, like number of days' supply of medication written on... this all started August 1st. And I already submitted stuff, and it already got thrown back. [0:36:53] And it's like it has to have now the number of days' supply on it and not just the prescription name and all the regular stuff, which they don't put on... they used to put it on the UHS stuff, but now they don't. And they did it two years ago, but the new system doesn't, and all this other stuff.

And I just had this argument, and they're like, well, I just submitted them. Then I'm like, yes, you probably did, too, but I just did, and it got bumped. And I submitted it on August 1st, and on August 3rd it got thrown back. And at this point I'm like, if you're going to argue with me over whether or not this is something that is necessary, just put it all back, I don't want it, and just walked away. I was just... but I think I said something a lot more obscene than that, but I don't remember. I just totally lost it. And it's embarrassing, because I'm the person who's patient about everything. These are the things I'm having... I'm having this happen more often. [0:37:59] I'm having these happen every couple of weeks now, where I just lose it on somebody and yell at them. I just... (Pause) It's embarrassing to not have that... to not have much control. It's not... (Pause) I like to have... as much as possible I don't like to be ruled by emotions. I don't like to... (Pause)

THERAPIST: Yeah. (Pause)

CLIENT: And so that's (pause) really difficult.

THERAPIST: Yeah. (Pause) [0:39:00]

CLIENT: And (pause) I don't know. Like I said, that's just sort of... (Pause) I guess I just sort of... (Pause) Because I have to deal with so much crap on a regular basis, I just feel like, on some level, that, if I bother to speak with somebody or deal with something, it's because I already tried these things or I've already done these things. [0:39:56] And so it's just really...

THERAPIST: Sure. And that happens all the time, where people have... (Pause) Well, this may be a little far afield, but I sort of have a feeling maybe you'll appreciate it. You know... did you ever see the Monty Python sketch where there's a guy who can't say the letter C, and then he's (inaudible at 0:40:21). And this other guy comes along and says, well, why don't you just say the letter K instead of the letter C? The guy's like, oh my God, I never thought of that. And then he can pronounce everything because he pretends it's the letter K.

CLIENT: Mm-hmm.

THERAPIST: And it's sort of a joke on the fact that the guy's lived his whole life...

CLIENT: (Chuckling)

THERAPIST: Not being able to pronounce the letter C, and somebody comes along with the bright idea...

CLIENT: Yes.

THERAPIST: To try this other thing, and obviously that's something he would have thought about decades before...

CLIENT: In theory. Yes, exactly.

THERAPIST: But, I mean, sort of the joke is that, oh my God, I never thought of that (chuckling). It's kind of like that, where...

CLIENT: Yeah. [0:40:55] Well, actually I think I said something along the lines of... because they're like, well, is...? Aren't you supposed to put something on the form? I'm like, there is no part on the form. I'm having to start to make up my own forms. I'm tearing apart them and making new forms because they keep coming up with new things that are supposed to be on the forms. But there are not... physically there's no part of the form that says this for that's on there.

THERAPIST: Yeah.

CLIENT: I'm like... I think I actually started off, we're at Yale. Do you think I haven't read the form?

THERAPIST: (Chuckling) Right.

CLIENT: I think I actually said that. But I said something equivalent to that. And it's just... I swear that I just... maybe other people have this feeling, too, but not me. I never used to do this.

THERAPIST: Uh-huh.

CLIENT: But just I'm... my fuse has gotten very short for dealing with incompetent people.

THERAPIST: Well, I'm not sure about this, but... (Pause) [0:41:57] In addition to feeling really upset about the sort of time and kind of opportunities or expectations or things you've expected that have been lost, I imagine you're kind of pissed off about it, and that that maybe has something to do with...

CLIENT: Oh, trust me, I also wish I could get my time back.

THERAPIST: Yeah. And [you've gotten] (ph) mad about losing it, and...

CLIENT: I'm very mad about losing (inaudible at 0:42:24) that it was totally my fault, and now I have to spend 45 minutes on the phone arguing with people over how to do math.

THERAPIST: Yeah.

CLIENT: You know what I mean? I wish I could get that time back in my life, too.

THERAPIST: Yeah. I see.

CLIENT: I mean, it's different... it's a different type of you're-wasting-my-time kind of thing.

THERAPIST: Sure. (Pause)

CLIENT: And it's just very frustrating. There's a lot of things in my life where I wish I could just get that time back. [0:42:59]

THERAPIST: Mm-hmm.

CLIENT: Probably the biggest reason why I don't actively pursue talking to my husband that much about his addiction any more is because I wish I could get this time back in my life that I've had to be staring each other, running around, having these vague conversations in which they're left up for interpretation, or being lied to, or having to slowly spiral into the truth. You know what? I just... I have so much of my life that I've had to spend towards this.

THERAPIST: Yeah.

CLIENT: I just don't want to spend another minute of it. So... (Pause) I just... but at the same time I feel (exhaling) ashamed that I feel like I shouldn't have to... not that I shouldn't have to, but that I don't want to have to. [0:43:57] Like, as if somebody... I think that I'm special or something like that, that I need to be somehow exempt from having to do these kind of things.

THERAPIST: Mm-hmm. (Pause) Well, we should finish up for now.

CLIENT: Sounds good.

THERAPIST: And I'll see you next week.

CLIENT: Sounds good. See you next week. (Pause) [Ready to go] (ph)? (Pause)

THERAPIST: Do you want me to get the door?

CLIENT: Yes, please. Took a lot more than usual this week.

THERAPIST: Sure.

CLIENT: (inaudible at 044:45) I can fix that.

THERAPIST: (Chuckling) Take care. See you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Are you okay?

CLIENT: (Coughing) Yeah, just need to take a couple seconds to recollect. (Pause) Okay. Oh, I'm sorry, I got water on your floor.

THERAPIST: Don't worry about it. (Pause)

CLIENT: Thank you for all this week. I've just been... I feel like I am constantly now at the mercy of other people who don't really care about much... about your own personal life.

THERAPIST: Yeah.

CLIENT: And having an employer basically, it's on, it it's not on, it's on, and so I'm like, can I just go through your e-mail? Can I just find out when the thing is? [0:00:59] (Exhaling) It's been a really freaking hard week. I am... as you know it was tax free weekend.

THERAPIST: Right.

CLIENT: And so I worked all day Saturday and all day Sunday, some pretty long hours, which was pretty rough on me. And then long days on Monday and Tuesday. So I just feel like right now I just... I'm still not getting back to normal?

THERAPIST: Yeah.

CLIENT: So I'm just sort of in a state of hyper-exhaustion. So (exhaling)... but I... (Pause) I'm trying to collect both my thoughts here. [0:01:54] The... it's just been, like I said, kind of hell on me.

THERAPIST: Yeah.

CLIENT: I talk of it. I was very excited, because I had some friends who had been kind of near me. But one of them is turning out to be a little bit more of a burden than a help right now. So... and not really sure babysitting Joshua (sp?) is going to be easy for me right now. He's always been sort of a naïve guy. He came out... he just finished his PhD down at UNC, and he's



always been kind of naïve. But he's... how do I explain this? Trying to explain to him the way that things work in Providence has been really hard, because...

THERAPIST: What's he doing up here? Is he postdoc?

CLIENT: He's a postdoc over at Harvard. [0:02:53] And, although he's making 50K, I had explained to him... he's like, well, I still need to save money. And I'm like, oh, yeah...

THERAPIST: (Chuckling)

CLIENT: (Chuckling) That's not making big bucks up here.

THERAPIST: Yeah.

CLIENT: That's just above food stamps, basically. And then he was checking out all these places that, in Kentucky, are not especially that far away? But I guess there's this propaganda about the... I mean, yes, there's a fantastic public transit system. There really is. But he's like, have you heard of these places? I'm like, I kind of heard of... I might have heard of them. But I'm like, do you have a car, because it might be easier just to sell the car and stay in the city. And he's like, no, I don't have a car. I heard there's public transportation. I'm like, oh, well, let me explain to you. And then I did the... it's been a lot of babysitting. I feel really bad. But at the same time I feel like I need to let somebody else know, because it's very easy. I mean, I never thought it was a [bat trap] (ph) of... he grew up in Kentucky. [0:03:59] I met him at Virginia Tech, and he was still... he was mostly naïve through that. But trying to explain to him that, at least for a little bit, find yourself a sublet in Hanover. Just one month sublet, so you can figure out the lay of the land. And he's like, oh, can I stay in your house? I'm like, no, that's going to become problematic. It's... I don't think he understands that also the way that apartments are, that there is... I mean, staying on my couch is not as easy as you would... for a night, maybe. Two nights, that's okay.

THERAPIST: Yeah.

CLIENT: That kind of thing. But then the way things are cut up, there's no ability for me to get to the bathroom back and forth without walking in where he is. These... you know what northeastern non-tract home apartment type things are.

THERAPIST: Right. Yeah.

CLIENT: They're not apartment homes like I (ph) had in Kentucky.

THERAPIST: Uh-huh.

CLIENT: I wish that... the closet that I... any of the closets I had while I was living in Kentucky...

THERAPIST: (Crosstalk) 5,000 square foot, two bedroom apartment in Kentucky (chuckling).  
[0:03:59]

CLIENT: Apartment. Yeah. We have many of these. Yeah, so... luckily he doesn't actually have a car...

THERAPIST: (inaudible at 0:05:07) parking space here.

CLIENT: Yeah, and actually that's one of the things I really loved about Kentucky, was the fact that property was very cheap. And, of our friends who are like-minded, I am super excited about... it sounds weird, but Everett, who got the 11,000 square foot home that he just got... I'm actually very excited for him. He knew what he was getting into, that was what he wanted. I don't know if I mentioned that his company was bought out. Yeah, it's very big (inaudible at 0:05:38). Battlenet (sp?) is basically any cloud experience use, if anything's not Microsoft, is almost... has... uses Battlenet technology, the technology that he did. I really feel like I mentored him, because he has no degree. [0:05:53] He was a hacker that was just a buddy of Mike's back when we were all undergrads. And I told... he was sitting in a classroom, and I sort of got him into this... I sort of mentored him into living this quote, unquote straight life. And so I couldn't... I am just as happy for him as I would ever be for myself. It sounds cheesy, and it sounds not genuine, but it really is, first of all. So... and not really truly sour grapes, but I also couldn't upkeep the house (laughing).

THERAPIST: (Chuckling)

CLIENT: I bet she can't either. But I am really happy about... but Joshua is one of those kids who, he lived a very sheltered life. And I am really worried that he's going to become a burden to me, a big burden. So I decided what I'm just going to do is I'm going to put together a package and mail it down to him of things he needs to know. I'm going to send him a blank card and things about how to get a Zip card membership and so he knows to get his license renewed before that and a bunch of other stuff, and a decent subway map, and just mail the stuff down to him and being like, these are the numbers you need to call. [0:06:55] You do not need to call me to find... or do not need to e-mail me, so that I can... it's not that I'm trying to say goodbye in any way. I just... I honestly thought by this point in our lives that he would have figured it out. But it's... yeah.

THERAPIST: Yeah.

CLIENT: At the same time though I have to be really careful because he and I have a very longstanding friendship. He's one of the few people that still believes in... he still, I believe, worships me as being the most smart person he's ever met, which is why he calls me up to ask me questions about things I have no knowledge about whatsoever. Yeah, things like differential torque on Audis, (inaudible at 0:07:40). He still thinks I know everything. So it's flattering but...

THERAPIST: Yeah.

CLIENT: I'm glad that he's going to Harvard for his postdoc, but at the same time I'm trying to be really careful without sounding really mean about what he's getting himself into...

THERAPIST: Right.

CLIENT: Because it's a hard world up here. [0:08:00] It is not... I mean, not that UNC isn't hard. But the easygoing lifestyle isn't quite the same thing. It's a very different place, and it's a lot more expensive. So, I mean, we live... when we lived in Orlando, we could buy... we could rent four or five apartments for what we pay for our tiny little place here. But it's sort of a getting used to thing, trying to set boundaries appropriately, that kind of thing. It's hard, though, like I say, because he's one of the people that remembers me back when I was brilliant and still thinks... treats me and thinks of me that way. So we'll see. But yeah, just that, work. I have a ton of work to put in, too. I'm teaching some iBooks Author type stuff to my (crosstalk).

THERAPIST: Are you less brilliant now?

CLIENT: Yeah. I think I am. [0:09:04] My ability to... I guess probably... (Pause) My ability to take in information, retain it, and immediately go to the next step is not nearly as good as it used to be. I can't have... right now, for example, I can't have my attention divided at all. I can use my iPad, or I can watch television. I cannot do both. I can probably tell you what the name of the show is in the background, but I am not able to split my attention at all. And I just... I sat through a Linux meeting in which I, although I had to be there, realized that I had to just sort of... I couldn't give it the attention that I need to. [0:10:05] And so I sort of (chuckling)... sort of set screen capture on for the whole thing just in case, so I can go back later to it. It's something that... I mean, yes, it was presented horribly. But it used to be that I could find a way to make it engaging to me. I've been struggling with picking up... I've always had trouble with languages, but I'm really struggling with Latin. I did not realize... I really thought that I had an advantage to it, but I do not have an advantage to it because there are not a lot of letters but just a few letters that are very different. The symbol is pronounced very differently and needs a completely different thing. And, because it isn't all of them, it's only, like, five, is... my having to stop and reprocess is getting harder. [0:11:01] But I feel like I'm less brilliant than I used to be.

THERAPIST: [That's a lot to leave] (ph).

CLIENT: Yeah. I have moments... basically it's all about priming for me. If I can shove off all the other things I have to pay attention to, I can usually still seem pretty darn astoundingly intelligent. But (pause) having those perfect situations don't... aren't as practical in adulthood that it is in college life. There really are other things that are competing with your attention. And so (exhaling) it is hard. [0:11:55] (Pause) But I think that at least what I'm teaching on Monday hopefully will really make me at least feel better about myself, I hope. And it's nothing that extremely hard work won't get me past. So I am teaching my fellow colleagues a class that hopefully with... that I'm designing right now because I haven't had time otherwise (chuckling), about basically how to add in new levels of functionality to iBooks, for teaching people who want

to use iBooks Author to program and make widgets and make things that are, not preprogrammed, but go to this next level of this. So being able to do touch interact... to give you an idea since you're a math person, imagine if you will something where... if you're doing something with... you can set a permissible sense of row swapping. And if you pull to the wrong side it would turn red versus pull to the right side and turn blue.

THERAPIST: I see, yeah.

CLIENT: That kind of stuff, or something very... something where you could pull along. You could see what... when you're changing a variable, you can immediately see (crosstalk)...

THERAPIST: (Crosstalk) yeah. Wow.

CLIENT: That kind of stuff. [0:13:06] But the row swapping is easier than you think. You just think of all the permutations, make some of them red, some of them blue, and same. That one's a lot easier, because the other one, they have to be sent out to... and this is actually what I'm thinking about for this, is (inaudible at 0:13:18) and having it dump back what the information is, which is different. But being able to teach this next level of this. And to me it's really important because I used to do this kind of stuff on a corporate level for Microsoft all the time. And then I sort of had my life fall apart. And I sort of on purpose made it seem like I was doing it for personal reasons but not the same personal reasons of taking time off from that. And I really miss being on that more global level.

THERAPIST: What did you used to do?

CLIENT: This is kind of stuff, where I would teach these classes...

THERAPIST: I see. [0:13:56]

CLIENT: These kind of innovative things to get everyone's skills up on stuff, stuff that would be unusual, new technology, that kind of thing. And I miss doing that. So we'll see. (Pause) But yeah, so, like I said, it... I go through these periods of thinking... the terror isn't actually that I can't do it. It's that I don't have the physical reserve to do it. So... and I hate that. I hate having that feeling of being afraid of not being physically able to do it, not that I can't...

THERAPIST: Yeah.

CLIENT: But... (Pause) I just feel like I am... although I do not work many physical hours compared to other people, I do feel like I exhaust it and just don't have enough hours in a day, and... I don't know. [0:15:05] Lately I've been feeling really bad about myself a lot. And so I just... I'm trying to find something to feel good about myself about. I feel like (pause) I've been letting, not just people, but creatures in my life around me down because of my incompetence of one thing or another. I finally got a chance to take my turtles to the vet. And I really should be doing it every year, and I haven't. And I've been feeling really bad about it. So I decided that it was

worth it not to not be able to sleep at night thinking I'm not taking care of my pets. So I have this excursion to do that on Wednesday? [0:15:55] Yeah, it had to be Wednesday, do that. So (pause) it is expensive and hard to find turtle doctors, believe it or not. (Laughing) I know.

THERAPIST: (Chuckling) Okay. [Too much of a stretch] (ph).

CLIENT: Yeah, so... (Pause) But I guess I'm just looking for something to feel good about myself about. I don't necessarily think that I'm all bad. I just feel like I... it's... (Pause) I guess that I was just trying to say is it's kind of hard when you're just sort of struggling and...

THERAPIST: Is it possible some of this is displacement? [0:16:55] I mean, you're talking about taking care of your friend from Kentucky.

CLIENT: That I don't necessarily feel bad about so much. I mean, I feel bad about it in terms of exhaust... I don't feel bad about the fact that I can't take care of him. I just need... I mean, he's about my age, maybe a year younger. So that's more of a... I need to... I feel like I need to do that because I felt alone, and I want to make sure that he has a good chance of it. Plus, it will... it could come back to pay back for me. But...

THERAPIST: I guess what I mean is (pause), I would imagine you're not feeling very much taken care of, especially in light of the amount of work and amount of stress and amount of physical pain and exhaustion you've been having to deal with. [0:18:00] And I know that you've got to take care of, for example, the turtles, but I wonder if some of the charge on that is also a charge of, somebody somewhere has got to be taken care of, having something to do with your not feeling so much that way yourself.

CLIENT: Actually this is one of those things where it's actually more guilt about having to be taken care of. At least lately I have had to be taken care of a lot.

THERAPIST: I see.

CLIENT: So it's sort of an inverse thing.

THERAPIST: Yeah. No, I can sense it's kind of the opposite (inaudible at 0:18:32) where you feel really bad about how much you have to be taken care of, and so focusing on other people who need to be taken care of in part assuages that.

CLIENT: Exactly. It is... I also feel really bad about the overall sum cost of taking care of me, because it looks like we may have broken even by the extra hours that I worked, because of the cost. [0:19:04] We had to rent a car so that I could get back and forth and back and forth to work. Usually I would... the only time we have to do it is Sunday because I have to be at work before the buses start running out in Salem. So that's not... that's one rent a week, but since this was lots of back and forth we rented something from Enterprise. And so there was that plus gas plus some other things that just needed to be taken care of because of that and just... and it

makes me feel bad, because I feel like, on some level, that the amount of money that I need for that additional amount of time was totally spent on expenses for keeping me able to keep going.

THERAPIST: (Crosstalk), yeah. [0:19:50]

CLIENT: I don't... I should probably preface this. I mean, I know you already know this. I don't really believe in reflexology. I don't believe that it's that point in my foot to my spleen or anything like that. However, I did discover that when I was working in Kentucky long hours in heels... that I found that going to these places and paying to have someone rub my feet for an hour did a lot to making... from my overall wellbeing in chronic pain. I don't believe any of it, though.

THERAPIST: Right.

CLIENT: I believe that there's... rubbing the areas that are swollen and that are painful do make me feel better.

THERAPIST: (Chuckling)

CLIENT: So what I did was I arranged to do something like that basically that Saturday night in between the two, up in Cheshire.

THERAPIST: I see. Right.

CLIENT: So there's an expense with that, and (pause) I think it was absolutely 100% important to do because it... I went in kind of delirious and not feeling very well...

THERAPIST: Oh gosh.

CLIENT: I get... sometimes when I'm in a lot of chronic pain I get almost punch drunk from it? Not really punch drunk, I don't know how to explain it. I get kind of spacey from the pain. And I just don't notice things. [0:20:59] And, I mean, it has to be really bad. And this was a combination of losing my voice due to having to raise my voice and being on my feet and being in pain and then also being abused quite a bit by a few people, that I definitely was... just having one major thing taken away made it... made me able to go home, get some sleep, and go back to work the next day.

THERAPIST: Yeah.

CLIENT: So... which is kind of important for me to keep going. So there's just... like I said, sometimes I just feel like Sisyphus, that's part of the thing. I don't really... and not even just monetarily, but in life I don't feel like I'm really getting anywhere sometimes.

THERAPIST: Yeah. (Pause)

CLIENT: (Coughing) And I don't mean career advancement or anything like that. I mean...

THERAPIST: Personal [kind of] (ph).

CLIENT: Yeah. [0:20:59]

THERAPIST: Yeah. As I recall, Sisyphus is working pretty hard, too. [0:22:05]

CLIENT: Yeah. (Pause) Yep. (Pause) And so basically I've been sort of artificially... and I don't live my life on line, but I am artificially propping myself up with little projects to try and make... it's more about completing the project less than the public attention from said project, because I really don't give a damn about people I've never met before, really (chuckling).

THERAPIST: Mm-hmm.

CLIENT: It's more of a, okay, so I sat down, and I wrote this, or I sat down, and I produced this little video, or I did this. And it makes me feel a little bit better, because I can actually say, okay, well, this is what I did. [0:22:57] I did something. And I... it's funny, because over the years I look back at things I write and go, holy crap, I actually write pretty darn well. But, when I sit down and write it, it's terrible. And so it's like, I have sort of this... it takes... I write very well, but it takes a long time to do it. I can't just pound it out. But I feel in some ways maybe again it's part of the struggle to feel really worthwhile. Same thing with the Latin.

THERAPIST: Mm-hmm.

CLIENT: It's... yes, I'm struggling really hard with it. But it is... I think that if it were easy that it wouldn't be nearly as... these little fake projects to do something wouldn't necessarily be as fulfilling. So... (Pause) [0:23:59] But...

THERAPIST: [These are the kind of things that] (ph) give you more that sense of involving yourself.

CLIENT: Yeah.

THERAPIST: Personally (ph) meaningful.

CLIENT: Yeah, doing something.

THERAPIST: Yeah.

CLIENT: Something other than sleeping and wasting away. Even, I mean, on some level just getting laundry done is somewhat of an incentive. I get a lot of pride out of what I have in my house. Semi-clean, it's never fully clean. But straightened enough that it doesn't feel distracting. I have a really hard time right now lately with focus. I don't know if I can emphasize that enough.

It's actually something that I (pause) dislike greatly. I used to make the joke that I have attention surplus disorder, because, when there was something that was really important, I would basically make sure... I mean, I would not... I wanted to make sure I could dive into every detail and really understand it before I would let anything else in. [0:25:11]

And so the fact that I can have conversations, walk away, and not even... not just bullet points but that I just talk to. And I am really finding... I mean, part of it is I've identified that I need to make sure that I don't try and multitask technology. I knew that already. I mean, everyone at work makes fun of me because I don't carry my phone while on my job, unless it's something important. I never carry my personal technology with me. I leave it in my locker. But, I mean, it is too tempting. There's lots of... there's a million different reasons why I don't. But the other reason why is because it is already... during certain circumstances in life I just feel like I can't pay attention to the phone and pay attention to somebody else in reality. [0:26:05] I just can't.

THERAPIST: Right. And that sounds like also that it would be hard to always kind of make the right decision about that, that it might be easy to get sucked into paying attention to the phone instead of paying attention to the person...

CLIENT: Oh, totally.

THERAPIST: Which I imagine is also another feature of this same stuff.

CLIENT: Yeah. I have always abhorred when people did it to me. I understand there are certain situations where you kind of need to. But even then lately I have been having more and more difficulty... it's not that I've been having trouble pulling away from it. I mean, I can definitely pull away from it. But I have really hard time managing both at the same time if I have to. So I just try not to.

THERAPIST: Yeah. [0:26:54]

CLIENT: And it... (Pause) In some ways, I mean, I'm losing out on a lot. But I'm not really sure if having it... (Pause) I don't know. It's... (Pause) (Exhaling) It's frustrating for me. It's really frustrating. So now I'm trying to keep... if I'm doing something particular like that but trying to make it this instrumental technology... like, if I am watching a TV show about X and I need to look up something referential to that, I will do that specifically referential to the show or to the whatever I'm doing. If I'm at a restaurant and I'm curious about what this and that, I may look up something there. But I don't want to be one of those people that spends all their time on the phone because, not only do I find it obnoxious, but I don't really feel like I'm really getting that much out of the experience either. [0:28:03] And I know this a very common phenomenon that lots of people feel themselves. I just don't ever want to... I didn't want.. I've not experienced the pitfall per se yet, but, boy, I don't want to get there.

THERAPIST: Yeah. But also, I mean, you don't sort of trust yourself not to in the way that you probably would have years ago.



CLIENT: Yeah. Oh, I could have easily balanced things out before. But also at the same time I also had a rigid sense of manners and politeness on some level as well still. And I still have them, and people think it's funny and kind of old fashioned about it. I don't take calls at the table. I'm sorry, I just can't do that. Or a lot of public places, just can't. But it just... yeah. [0:28:58] (Pause) So... but it's always such a weird thing being a person who teaches and is part of a very high technology company, having to have a certain amount of downtime away from technology. So... (Pause) And it's very hard because my feelings are not with the general public opinion. And therefore I sort of have to hedge ever expressing my feelings about that kind of stuff. My favorite one in terms of that is, people ask me if I have Twitter. And I'm like, I can't keep myself to 140 characters. It just doesn't happen.

THERAPIST: (Chuckling)

CLIENT: That's the only... in a sense it's technically true. It's sidestepping the thing of...

THERAPIST: Right.

CLIENT: The fact that I find oversharing to be way too invasive. I don't really have anything to say about my day or whatever, too. [0:29:58] But it's just... (Pause) Yeah. (Pause) (Exhaling) I guess (inaudible at 0:30:09) the big theme of the day is I'm just not feeling real great about myself right now.

THERAPIST: Yeah.

CLIENT: And I'm just... (Pause) I don't distinctly feel like I want to... that I'm worthless or anything like that. I just [wish I hadn't] (ph) had a bad run of things.

THERAPIST: Yeah, [I understand that] (ph) you're feeling, as you said, guilty about being very stuck on care and being taken care of and resources. And also you're not doing enough that feels substantive and meaningful.

CLIENT: Yeah. (Pause) [0:30:59] I don't feel like I am manufacturing the criticism in my life. However I really need to figure out a way to filter it out in a way that is less... (Pause) Finding a way to basically handle situations like that, where I feel like I have to scramble to justify my existence with... or justify my whatever with people in a way that is non-confrontational but not my total obsequious nature at my job either. So apparently it was a big shocker when I told a customer they were unkind to me. They were shocked that I actually did that. They said that that was actually worse than me actually saying other bad words.

THERAPIST: Huh.

CLIENT: This lady wanted to know my schedule, and she wanted... she was, I mean, really abusive to me, really. Other people on the floor, from across the floor, heard her. [0:31:57]

THERAPIST: Yeah.

CLIENT: And then she wanted to know my schedule and this and that. I said, well, Microsoft doesn't disclose it to people. And she's like, well, can you tell us? And I said, ma'am, you've been exceptionally unkind to me, and I don't really want to get in... put myself in position where I'm exclusively catering to you.

THERAPIST: Uh-huh.

CLIENT: And she was shocked, because she was. I mean, she was a bully and a jerk. And (pause) I deal with that a lot. I deal with a lot of people. I don't understand why it is, but I have a lot of people in my life, people I barely know, who for some reason have to feel like they need to pass comment on my life on some level. And I just need to be able to filter that out better, because I by nature think that somebody is well-meaning. And therefore I'm like... (Pause) Yeah, I ought to pause and take into consideration what they're saying. But it's not even that. Sometime people aren't even freaking well-meaning. [0:32:59] They're just saying shit just to make... just to...

THERAPIST: Yeah, sounds [fun stuff] (ph).

CLIENT: Yeah. Or just to be judgmental. It's just... (Pause) And I don't really carry necessarily the individual things with me all the time. I don't really remember much about any one given thing. I do carry with me when my doctors give me crap, if only because in theory they're supposed to be right. But... or my in-laws. I don't believe it, but, you're told anything long enough it's... I mean (pause), if doing certain types of behaviors, telling somebody over and over again didn't eventually work to break them, then they wouldn't do that in the military to prisoners and things like that. [0:33:59] After a certain while, even though you think that you're resisting against it, you're still on some level... (Pause) It still could... you'd carry it around with you. It's really hard not to, especially when you are the special situation in so many situations. The situation where it's not... it is not this, it is this. When the...

I told you many times about my in-laws. They run various different kinds of diagnoses to... as a way of controlling me. I know I'm not bipolar. I grew up with a very good friend of mine who did. I know what that looks like. But at the same time it definitely keeps me in check for showing any enthusiasm. It makes me so flat, level as much as I can, I can't get animated about anything. [0:35:00] I'm a passionate individual about certain things. But it doesn't keep me up at night. I don't give things away. I don't have that kind of problem. I just get passionate, excited about certain things. That's just who I am. But, boy, like I said, it does definitely keep me in check. It also keeps you from being sullen. I can't be mopey either.

THERAPIST: Mm-hmm.

CLIENT: I have to be extremely even-keeled or else that. If I anything, I have to be... I have to watch my behavior all the time because I just don't want to hear it, because I hear it a lot. And you know what? They're not even in my life right now. And I still... (Pause) I still get it. I don't think they have any idea how effective they are at this. [0:35:54] I don't know if they should ever know because...

THERAPIST: Right.

CLIENT: Half the comments they've made, they've probably forgotten. (Pause) Or they've been said to me, so that they came by another source, such that they didn't... [their plausible deniability] (ph). That's definitely a good one. (Pause) But I don't know. (Pause) (Exhaling) [0:37:00] And so basically I just still do the Sisyphean thing of, well, it's better to at least be more or less having net of zero than end up going backwards, I guess. And that is something where, at least right now, I am almost not going backwards financially.

THERAPIST: Mm-hmm.

CLIENT: My health is sinusoidal, but I think that if we evened it all out it'd probably be close to being zero. But I don't know. (Pause) So I feel like I have to be just grateful, damn it, that at least things are not bad as they could be. They could be a lot worse. (Pause) [0:37:59] It's hard to practice gratitude, though, when I feel like my life is really crummy. But I'm kind of hating myself for the fact that I'm not more grateful about what I do have and (pause) focusing on that. (Pause) But that's pretty much... [that's what's been] (ph) on my mind, I guess. [0:38:57]

THERAPIST: Mm-hmm. (Pause)

CLIENT: Just kind of sick of internalizing everything. (Pause) I really want to get better. (Pause)

THERAPIST: Well, [I think there are lots of] (ph) reasons. [0:39:55] But it seems to me that part of what's been so hard to manage with your illness and other things, related things, is having to change or be really flexible with your expectations for yourself and what you can do...

CLIENT: Yeah.

THERAPIST: And accomplish and (pause) take care of.

CLIENT: Yeah. (Pause)

THERAPIST: And maybe (pause) there's part of you that's still not very good at that. [0:40:58] (Pause)

CLIENT: I say that I am, but...

THERAPIST: Uh-huh.

CLIENT: There's a difference between... and I'm sure if they gave me some sort of polygraph test, I could totally pass it, at least most of the time. But I don't really believe it. That's the biggest reason I get so angry about so many things, so many inputs around me about hope and things like that, is it's kind of bullshit. It's [more than] (ph) bullshit. And I think that it is... (Pause) The sooner I get okay with reduced expectations the better.

THERAPIST: Uh-huh. I think part of what makes it hard is quite understandably you're very much in love with the person you used to be. [0:41:56]

CLIENT: Yeah. I don't think I have... I mean, yes, I sound like I have it on a pedestal, but I don't think I remember it is being in any way significantly different than what it really was.

THERAPIST: Yeah. I'm not saying you're romanticizing it, (crosstalk).

CLIENT: No, I mean, if it is, it's 20% tops. (Pause) But yeah. It is...

THERAPIST: I think...

CLIENT: I miss my old life.

THERAPIST: Yeah.

CLIENT: And I feel like... I deal constantly with... dealing constantly with actions and consequences. And I feel like this set of consequences really was not due to my own actions.

THERAPIST: Mm-hmm. (Pause) [0:42:55]

CLIENT: (Teary) It's also extremely distressing and humbling to realize my body's trying to kill itself.

THERAPIST: Mm-hmm. Yeah.

CLIENT: And (pause), I mean, I can see all kind of many different things to change the words for this, but I have widespread problems with my immune system. Widespread. My body's rejecting my own blood. And that's really (pause), on a level, really distressing.

THERAPIST: Uh-huh.

CLIENT: Really distressing. (Pause) [0:43:59]

THERAPIST: We should stop.

CLIENT: Sounds good. I will be back on Tuesday.

THERAPIST: Okay. See you then.

CLIENT: Okay.

THERAPIST: Take care.

CLIENT: Yeah.

THERAPIST: [How about I get the door] (ph) (crosstalk)?

CLIENT: That would be great.

THERAPIST: Bye bye, Debra (sp?).

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Okay.

CLIENT: How's it going?

THERAPIST: All right.

CLIENT: It's been a really hard week for me. Yesterday I...

THERAPIST: I'm sorry to hear that.

CLIENT: Yeah. Yesterday I attempted to quit my job, but I was talked out of it. So...

THERAPIST: Oh, wow.

CLIENT: I had a customer that was so frustrating in that they were not... they wanted me to teach them something but would not let me speak. Kept cutting me off, they kept telling me I was wrong. Halfway through this I was like, I am guiding you through this. But I... [then I learned my lesson] (ph) by the time I said, can you please wait for a second, somebody will be with you in a few minutes, and just immediately walked up to a manager. I said, I need to give my two weeks'. And I was doing fine (ph) with it, which is good.

THERAPIST: Wow.

CLIENT: Yeah. [0:00:55] It's just one of those things where I just felt that... I mean, I can... at that moment I just felt really frustrated and very unable to cope with things. And I am hoping that it

won't be like that any longer. But I have been just in general... I mean, for a while there it was the little things that had been just driving me crazy in public sort of... kind of been sort of spilling over into, I guess now, my workplace, because I'm just... I didn't yell at anybody or anything. I just really, really needed to get away.

THERAPIST: Yeah. Wow.

CLIENT: I mean, it... what do you do when you're put in an impossible situation where you don't even get a chance to say what you're going to do before they tell you how wrong you are, but yet that you're supposed to be there for them? [0:01:55] You know what I mean? It's just... it's an impossible situation. (Pause) And I had just viewed another customer treating another person I work with very poorly, like, maybe an hour or two before that. [They were being insulting] (ph), they called her a nitwit to her face.

THERAPIST: Wow.

CLIENT: So... and just other... just stuff like that. And it's just like, it's... the ante in terms of what people... the way people are treating people in the store just keeps coming up and up and up and just... I don't know what to do. So... (Pause)

THERAPIST: Wow.

CLIENT: We were...

THERAPIST: Yeah, because you've worked with a lot of people at this point.

CLIENT: Yeah, nine years' worth of people.

THERAPIST: Yeah.

CLIENT: And... [0:02:56]

THERAPIST: And I've never heard you say that you were ready to quit.

CLIENT: I had thought briefly, well, it would be great to quit...

THERAPIST: Uh-huh.

CLIENT: But not like, as in, like... in the middle of a session leaving the person alone. Apparently he was a little bit better when someone came and worked with him, possibly because he realized, when I walked away in the middle of it and it took about 20 minutes for them to find somebody else to work with him...

THERAPIST: Yeah.

CLIENT: He sort of semi-apologized. He was back in today, too, not with me.

THERAPIST: Yeah.

CLIENT: But I'm not sure if he was back in to be abusive to somebody else...

THERAPIST: Right.

CLIENT: But he sort of made the rounds at different Microsoft... he's been at many Microsoft stores. And I'm starting to think maybe he...

THERAPIST: I see.

CLIENT: He wears out his welcome. At least, that's what one of the managers suspected...

THERAPIST: Yeah.

CLIENT: Because you could see from the listings the different places he'd been to. So... but between that and just a lot of... I mean, I'm not ready to quit, per se. I'm just... that, and we have a bunch of other things that are going on at work. [0:03:56] Just little things are just really stressful and overwhelming. So... (Pause) I don't really know why. It's not a big deal to me in that my hours are being cut back, per se, but it does affect me indirectly. There's some sort of problem with payroll in terms of not having... I don't know the exact information of it. But a couple of times they've said things like, oh, there isn't enough payroll for this or that. And that is... we haven't had that kind of comment made since... this one guy working for Microsoft retail that he was fired from the jobs. But we don't have anybody else that's doing that. And I don't know what's going on, so... plus they're rearranging a lot of the way we do things that is going to piss off the customers and piss off the... like, where things are located and stuff like that and kind of I think make some of the service industry... I don't think it would bother me, per se, but the repair people will be very upset about it. [0:05:02]

THERAPIST: Uh-huh.

CLIENT: So that'll be exciting to see. But... so it's indirectly going to be very stressful. Things are not affecting me as much?

THERAPIST: Right, but they're affecting a bunch of people that you work with...

CLIENT: Yeah.

THERAPIST: So (inaudible at 0:5:24) overall morale, it would affect you. I mean, as you say, indirectly.

CLIENT: Yeah. Last time we were making jokes about going through our couches to see if we had enough change for payroll, that kind of stuff. Yeah. But...

THERAPIST: That's terrible, too, because I believe I recall hearing that overall Microsoft's doing pretty well.

CLIENT: Yeah. I don't know if it's just they didn't give us additional hours for tax free or what. [0:05:56] I don't know what this is going on. This only just started a little bit ago, the amount that they gave... the number of overall payroll hours we spread across the entire thing wasn't changed because of that. Well, I don't know what's going on. And to be honest I really don't need to know the immediate... as long as it doesn't go on too much longer, I don't really want (ph) to know.

THERAPIST: Right.

CLIENT: But one of my coworkers who used to be alternately very bitchy with me and then okay for a while has started up on her crap again, things like, no matter what... what was it? Something like, no matter what person B says, I don't dislike you. That kind of crap.

THERAPIST: Yeah.

CLIENT: Yeah. Or, may I borrow your computer for a moment? No. No reason, just no. And very satisfied, like a, no, kind of thing. Yeah. That kind of stuff. And I don't know. It just... we'll see what happens. [0:06:57] I just hate when things get political like that, because it's just... I do like my job, but it sucks all the happiness out of it.

THERAPIST: Uh-huh.

CLIENT: And I don't know if this is just like an every August thing in Providence or what, that this happens. I don't know. But that seems to be kind of what's going on with that. I'm just in general just exhausted, sort of running very low energy. (Pause) Yeah, that kind of stuff. The one good thing sort of-and hopefully we'll find out more about this-is that one of Mike's advisors sent out a couple of things about different...

(Phone sound) [0:07:59]

CLIENT: This has been going off for a while. I'm going to check to make sure everything's okay.

THERAPIST: Yeah. (Pause)

CLIENT: Okay.

THERAPIST: (inaudible at 0:08:10)



CLIENT: Yeah, everything's fine. Just apparently we're making... we're doing this by bullets, every thought to a different text message, so... same person.

THERAPIST: Oh.

CLIENT: But yeah, his advisor sent a thing about a postdoc opening in... at a school called OVO. I don't know if you know much about that. That's sort of like the Harvard of Italy.

THERAPIST: Oh.

CLIENT: And they're looking for a postdoc up there...

THERAPIST: Oh, wow.

CLIENT: Although he already did one postdoc. It would be very hard to break into living abroad if...

THERAPIST: I see. (Crosstalk)

CLIENT: It's easier if you're already a postdoc. [0:08:56] So we'll see. (Crosstalk)

THERAPIST: And was that at the... I remember there was... that you had said you guys were thinking about some place in Italy.

CLIENT: Yeah, Milan. Yeah, that's... it's definitely in that area.

THERAPIST: I see.

CLIENT: Yeah, so...

THERAPIST: Was it a lab at OVO or...?

CLIENT: Nothing specific. I just wanted to move. I like Milan.

THERAPIST: (Crosstalk) Milan.

CLIENT: Yeah. It's a reasonable... the amount of money they give you is a very reasonable amount for what you're... I mean, it's still tight. But it's not...

THERAPIST: Easier.

CLIENT: Yeah. So... and it's an expensive town, but it's not that... it's not as expensive as Providence, I would think.

THERAPIST: Yeah.

CLIENT: But with the conversion to the Euro it's going to be somewhere in the 80s in terms of pay, which is, like I said, a lot better...

THERAPIST: Yeah.

CLIENT: Even in a postdoc, that's... I mean, I guess because they don't... their stuff isn't funded (sp?), they have a very different way they pay their postdocs. So... hey. There are an awful lot of faculty positions that don't pay 80 a year around here, so...

THERAPIST: Yeah, absolutely. [0:09:55]

CLIENT: And for me that feels very safe. As much as I will miss my family, I will see them. I keep in contact with them as well a lot. But to me it seems like that takes an extra distance away from my in-laws. Not that necessarily his mom would ever come up to see us here anyways. But it's definitely a... you can't step into our lives very easily...

THERAPIST: Right.

CLIENT: Especially if we don't give you any information, like, where we've moved to, kind of thing.

THERAPIST: Mm-hmm.

CLIENT: So that would be kind of nice. So...

THERAPIST: Hmm. (Pause)

CLIENT: But... (Pause) That's been pretty much big things, I guess. [0:10:55]

THERAPIST: Yeah.

CLIENT: I feel pretty good, though. But it's exhausting. It's really exhausting (exhaling). But... (Pause) All of these... the good news is, all the little slights, give me a couple days, I've completely forgotten them, forgetting them, that kind of thing. It just... (Pause) I'm just so physically exhausted, that it's very hard to keep going right now.

THERAPIST: Uh-huh. Like, the stress, and kind of emotional wear and tear...

CLIENT: Yeah.

THERAPIST: On top of all the health stuff.

CLIENT: [Either that or, like...] (ph)...

THERAPIST: Yeah. Sure.

CLIENT: I don't necessarily know if I'm sleeping especially well either. I don't know. But yeah, definitely, the stress, the emotional wear and tear has been really hard.

THERAPIST: Yeah. [0:11:58]

CLIENT: And... I mean, as it is right now, I already like to sleep a lot (chuckling). So... (Pause) But it's exhausting. It's frustrating. I want to just go home and go to bed.

THERAPIST: Yeah. (Pause)

CLIENT: Which is probably what I might do as soon as I'm done here, is just go home and get to sleep.

THERAPIST: Yeah.

CLIENT: So... (Pause) But... oh, yeah. Other thing.

THERAPIST: Yeah.

CLIENT: Oh my God. This is one of those things where... it isn't the actual thing that happened. [0:12:57] It's all the other things that it implies. I fell through my deck. Kid you not, I have pictures and everything.

THERAPIST: Oh my gosh.

CLIENT: Not like my leg went through, but yeah.

THERAPIST: Wow. I mean, you look physically (crosstalk).

CLIENT: I'm fine. I mean, as in my... [most of me] (ph) is fine, but I'm on the ground floor. So... the point though is that... (Pause) The one, to me, I was really looking forward to, I haven't really been out on our deck really all that much. We have a very tiny, tiny, tiny ten by ten deck.

THERAPIST: Mm-hmm.

CLIENT: And for a while there it was one of those things where we didn't have any porch furniture. And then it became, we had porch furniture, but we had to get... I needed to make sure that it wasn't... because we bought it off Craigslist, [it was rusted solid through] (ph). So there was the rust. And then we had to get pads so you can sit on it. And it just had been one thing after another with budget-related stuff, because it's been used, and doing all this stuff.

THERAPIST: Yeah.

CLIENT: So finally we have this all set up, right, and everything like that. [0:13:55] So Friday night, we're doing some grilling so that we could go sit outside on our patio, see the Perseids meteor shower...

THERAPIST: Meteor shower?

CLIENT: Which, by the way, when you have a motion detector in the backyard, does not work. We were trying to figure out how long [to sit still] (ph) before the motion detector lights...

THERAPIST: Oh, I see, so you moved, the lights would go on, and you couldn't see anything.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Just sit there. It's something our landlord put in, just in general.

THERAPIST: Right.

CLIENT: So we were working on that. And I had come up with some ideas on how to hide the sensors, blah blah blah. And as I'm walking back and forth I [hear a] (ph) crack, and then I fall right through. Just my leg, no big deal. It's still pretty startling.

THERAPIST: Yeah, absolutely.

CLIENT: And then I realized there's a bunch of other places that are kind of going through on that.

THERAPIST: And then there's a hole in the deck, yeah. (Crosstalk)

CLIENT: And then I'm thinking, is it because I'm too fat, and I just went through the deck?

THERAPIST: Shitty thing to be thinking.

CLIENT: Yeah. [0:14:54] And, I mean, I am just under 200 pounds. I don't think that's really abnormal. I mean, it's not great for my height and build...

THERAPIST: Right.

CLIENT: But in terms of the amount... I wasn't wearing stilettos, so it wasn't like I was putting that much weight over a very small area force.

THERAPIST: (Crosstalk)

CLIENT: It is...

THERAPIST: As much as I imagine you probably like to dress up for meteor showers, I figured...

CLIENT: Yeah.

THERAPIST: Yeah. Right, no, it just sucks.

CLIENT: Yeah, it really sucks. And so it's... the fact that I had to think about that and then realizing, now, so there's... we went and talked to our landlord and pointed out where it is and all this stuff. And when one of our... there are a couple that live in the house above... it's a house. We have the... live (inaudible at 0:15:34) apartment on the first floor. The man in the... of the two, he's right now at the moment in India. I'm not joking.

THERAPIST: Oh.

CLIENT: And he'll be back in a few weeks. So they'll fix it, but it is one of those things where I feel like I spent all summer hoping for this. And I'm afraid it's going to be October or something like that (chuckling). [0:15:56] And it's kind of a letdown.

THERAPIST: Yeah.

CLIENT: So I really felt like this summer has been the first time it's really been mild. It's hard to get Mike to want to spend as much time outside, because in Kentucky you spend (ph) sort of...

THERAPIST: Right. In the summer you don't really go out.

CLIENT: No. And it's also... it's... even though he's been not in Kentucky more than he has, because at this point he's been sort of the big northeast for 20 years, as it was 18 in Kentucky. But you still... at an early age you're conditioned not to go outside. Even when it's nice outside, you just don't go outside.

THERAPIST: Huh.

CLIENT: And so... apparently. When I was there, when I wanted to walk down the street, people thought that was really weird. I mean, I had a lot of experiences where people were very confused by me actively wanting to be outdoors. Yeah. I understand Australia you don't, because of the smog, you don't go outdoors?

THERAPIST: Right, the smog, uh-huh.

CLIENT: I have a friend that lives in Australia right now, and he lives in one of these giant building arcologies (sp?). [0:16:58] He hasn't been outside in a year.

THERAPIST: Oh my God.

CLIENT: There's grass indoors there, though.

THERAPIST: Wow.

CLIENT: They have... I mean, it's one of those, like, every floor... his business in a different... I mean, literally it's a couple... it's a mile of building first of all.

THERAPIST: (Crosstalk). Wow.

CLIENT: And his company's in the building somewhere else. He's on the 57th floor, the company's like 170th...

THERAPIST: Take the elevator to work.

CLIENT: Yeah. But it's like an indoors thing, but they have a park where there's fake light and real grass that they water and everything...

THERAPIST: Wow.

CLIENT: Because... and this is one of those places where it is definitely western, it's very... happens a lot with people that just do not want to go outside. So it's really... it's not just one company. It's a lot. It's just... to me it sounds like something out of science fiction. But he sent me pictures. It's pretty amazing. But that makes sense kind of, because the pollution there is so bad, I mean, really bad that you do not go outside if you... I mean, you would not want to take your dog outside because you'd be afraid that it would hurt your dog. [0:17:59]

THERAPIST: Wow.

CLIENT: Yeah. So the... but this is Kentucky. I mean, it's not that bad. It does get hot, but it's not that bad. So... but the fact that I had sort of gotten this whole thing set up like this and just this happening to me makes me feel like crap. And it was just one of those things where I'm mostly... like I said, I'm completely okay now. At the time I was more actually just startled, that kind of thing. But it just seems like whenever I try and do something positive in my life, it...

THERAPIST: I see.

CLIENT: This is a sort of metaphor for the larger portion of my life. It's almost like it's being told not to... the universe is trying to tell me not to try and get too uppity with things. Just be happy that things aren't bad. Don't try and enjoy life at all.

THERAPIST: Don't go outside.

CLIENT: Yeah. [0:18:56] So... I mean, I enjoy... going outside is enjoying life, I would think, not that much, but a little bit.

THERAPIST: Sure.

CLIENT: So it's, as you can imagine, kind of frustrating. (Pause) I just... I feel like whenever I have these opportunities to do something that is pleasurable but won't... having things that don't have repercussions to feeling bad about myself in some way...

THERAPIST: Yeah.

CLIENT: This kind of crap happens.

THERAPIST: Yeah. (Pause)

CLIENT: So yeah...

THERAPIST: I think it's a lot of reining yourself in, too.

CLIENT: Yeah, I mean, part of it is the fact that, a lot of times, if we go out and do something that is... that costs money, I spend an awful lot of the time worrying about whether or not we can...

THERAPIST: Right. [0:20:00]

CLIENT: Afford it. So... and so this was something that we could do, and all that. But it just didn't pan out. And (inaudible at 0:20:17) one thing that happens. It seems that, every time I'm able to really do something like that, something steps in, an illness or something steps in. And one of the things that makes me sad about this is because it used to be I was very resilient to this kind of stuff. For a while there I had, I kid you not, a really bad run of luck, where every Valentine's Day something bad would happen. And in terms of something bad I'm talking, like, pipes bursting such that, where I was living, I had to get the plumber to come in and cut a hole in the wall to make things stop. One of my dear friends was hit by a drunk driver, so we ended up spending Valentine's Day basically in the ICU.

THERAPIST: Oh my God.

CLIENT: I mean, it was every year something bad. And it was not a big deal, and the thing is we used to laugh about it, be like... about the fact that, oh no, Valentine's Day's coming up. Are we paid up on the home renter's insurance or whatever?

THERAPIST: Right.

CLIENT: And that's the thing that really, on some level, bothers me, is the fact that I used to be very... I used to take the bad things and sort of... it wasn't even like the snarky laughing I do right now about it. It was actually just more of a good-natured, oh well, that's sort of the way things kind of go at this point in life. And now I'm (crosstalk)...

THERAPIST: [When you] (ph) have a little more emotional reserve, you can do that.

CLIENT: Yeah. (Pause) It's... I don't mind being broke. I just don't mind being desperate at this...

THERAPIST: Mm-hmm.

CLIENT: And... (Pause) [0:21:59] Yeah. Other things like that, just it's so... it's a lot to have to bear all at once. (Pause) So... (Pause) But... (Pause) It does feel like, in general, that my emotional reserve is depleted all the time right now. And I don't know... and what I'm a little worried about is, what's going to take to get it back. Or is it going to come back? [0:22:57] I don't want to one of those people that flips out on people constantly. (Pause)

THERAPIST: I would guess it would come back when you'd have a little more kind of emotional breathing room. Things are easier. So (pause) under so much stress...

CLIENT: Yeah.

THERAPIST: Of various kinds.

CLIENT: Yeah. [0:23:59] I feel like I have so much that I have to manage.

THERAPIST: Uh-huh. (Pause)

CLIENT: But yeah, it sucks. The only problem is that I'm letting myself get stressed out over the fact that I am worried that my stress level is due... I find myself getting anxiety about the fact that I am... have a really short fuse.

THERAPIST: I see.

CLIENT: Now, that's something that's not especially productive, but I can't really stop.

THERAPIST: Uh-huh. (Pause)

CLIENT: It's being anxious about being anxious, I guess.

THERAPIST: Right.



CLIENT: Or frustrated about being frustrated.

THERAPIST: Yeah. [0:24:57]

CLIENT: I just... I just feel really good shutting this kind of stuff down. And I don't know if I'm shutting it down to the point where I'm just keeping it all inside, so it got worse, or not? I don't know.

THERAPIST: [The hunch] (ph) is things are just easier...

CLIENT: Probably.

THERAPIST: And so you just have more kind of resources emotionally. You're not... when you're being pounded on 10% of the time instead of 60 or 70% of the time, it's just easier to deal with stuff.

CLIENT: That's probably (crosstalk).

THERAPIST: I would guess you're not fundamentally different other than the situation you're in.

CLIENT: I mean, there are these different periods of time in my life where, at least chemically, I am more quick to anger due to more or less steroids or...

THERAPIST: I see.

CLIENT: More or less thyroid medicine, but this isn't... I mean, I am like this. [0:25:57] But I wasn't... I'm not significantly different than I was in July.

THERAPIST: Mm-hmm. Right.

CLIENT: So I... but I sometimes have to [look and] (ph) account for that kind of thing. It's not significantly different from that point, so...

THERAPIST: Yeah. It's really not every week that you almost quit your job.

CLIENT: Everyone was pretty shocked. So yeah.

THERAPIST: I mean, this is sort of a bellwether of your degree of frustration and kind of had-it-ness.

CLIENT: Yeah. (Pause) And then (pause) (exhaling) I don't know. It's just... I know that I can't be in fury long-term. [0:26:58] Statistically, I could not be getting the worst customers all the time. I'm only there 12 hours a week.

THERAPIST: Right.

CLIENT: Therefore... well, not that. But the point is that, it can't be that I am getting that many... the sampling of me getting all these bad people can't be always there.

THERAPIST: Yeah.

CLIENT: So... although a lot of people do say that I'm extremely patient. So maybe I just...

THERAPIST: I guess the customers are randomly assigned to the...

CLIENT: It depends. It depends on a lot of stuff. Sometimes based upon talent and skill. Sometimes based upon requests. Sometimes it's... there's a lot of things, but usually, I mean, above and beyond that point, at that point (inaudible at 0:27:47) usually is randomly assigned, though I had been getting people more and more often lately, which is I think part of the problem... is they are coming in, wanting to learn how to do something extremely complicated and very hard when they're missing massive... on top of it, they already have a project. [0:28:07] And they're already down to the wire kind of on it, and they kind of don't have the basic skills of clicking and dragging. And I have to teach them professional video editing? And they actually...

THERAPIST: I see. Like, oh my God, I've got to figure out how to do trigonometry in order to get my building project done. But I don't really know algebra or how to add, so much. And I have a half an hour.

CLIENT: Yeah. And it's worse than that sometimes. Also... yeah. I recently had somebody who... she was a children's book author, seemed like a nice lady. But she... and this is sort of... this is again one of those things where just... I don't know where these people get these ideas at all. They have this idea that the important thing is owning the software and not necessarily... and I always tell people, the most expensive thing about, for example, learning Photoshop, is not the \$800 for Photoshop. [0:29:00] It is the roughly 200 hours it will take to learn enough to be able to feel like you can do things okay without being taught on how to do something.

THERAPIST: I see.

CLIENT: It is 200 hours for Photoshop.

THERAPIST: Wow.

CLIENT: Yeah. And on top of it... because there's a whole lot of background about color theory and what this means and what this alpha is and levels. I mean, there's a lot of (inaudible at 0:29:19) a lot of everything that you need to know on top of it. So it isn't just owning... and on top of it a lot of people think, well, why isn't just a couple of clicks to fix the photo? I'm like, you don't understand. Retouching a photo could take all day to get it the way you want it to be.

THERAPIST: Right.

CLIENT: And some things it is far more about skill than anything I can teach you, because I couldn't necessarily do it. It's about some people are better at drawing birds than other people. But nice lady coming in, this and that. And she's like, well, I really... I feel like I want to be able to make this video in Final Cut Pro which is... that's what Lord of the Rings was made in, just to give you an idea of how complicated... [0:30:02]

THERAPIST: Oh, really? Wow.

CLIENT: Yeah. That's one of the things I teach. And she's like, because I'm going on tour, and I really want something that looks professional-looking. And all the other stuff I see doesn't look as professional-looking. Well, the software isn't what makes it professional-looking. It really is having a... almost like a curator's eye as to what's something looks good and what's not. And...

THERAPIST: Right, it's like, when somebody's got a really good pen, it doesn't make them really good at drawing.

CLIENT: Yeah.

THERAPIST: I see.

CLIENT: And it's not even just being... having the natural drawing skills. You spend a lot of time learning and understanding, okay, well, this is what perspective is. And this is how you... there's so much beyond that point, but it's not... coming in because you need to do something for the first time in life because you want to make a whatever for a... for something because you're going to go on tour...

THERAPIST: Mm-hmm. Right. [0:30:58]

CLIENT: Yeah.

THERAPIST: I see. So people vastly underestimate what's involved...

CLIENT: Yeah.

THERAPIST: And assume that, oh, it's Microsoft. It must be, [you point, a few clicks, and] (ph) (crosstalk).

CLIENT: Yeah, or if they saw somebody do it with a few clicks it's often because they can tell what is only a few clicks and what is not. There's tons of things that look like they'd be much harder than they are...

THERAPIST: I see.

CLIENT: And vice versa, I guess.

THERAPIST: Yeah.

CLIENT: But it's also just knowing... there's a lot of intuition that you just need... I mean, over the years you just pick up. And it's not something that can be just immediately... what looks professional is not... that is something that is a learned behavior. It's not something I can teach somebody very quickly. And there isn't one real good answer. [0:31:57] So... and that kind of stuff has just been happening a lot more, where people... I don't know what happens. Because we don't really sell software from Microsoft any more in the store, it isn't like there's somebody on the floor selling somebody the \$1200 video editing software, and they're going home with the box, and they're coming in to see me. We're not doing that. So it can't be, like, I could go to somebody at the store and say, hey, did you properly talk to them at all before you sold them this...

THERAPIST: Oh, I see, yeah.

CLIENT: Almost everything goes through the app store. So it's not... it's something that the person went and did at home or made a decision of... so there isn't even a point where I could short... for me in the past if somebody did this I could immediately... because with Photoshop you can still kind of have them... we don't really sell many of them anymore. But a lot of people buy it online. But it isn't like I immediately stop and say, hey, who talked to you about this, because this is not the right thing. Often I can't get [us to refund] (ph) their money, but at least I can make sure that the next time I have... someone darkens my door, they're not pissed because I told them that they're not ready to do this yet, because we haven't really mastered the fine art of cutting and pasting yet. [0:33:00] I'm not joking about these things. I am not, in any way.

THERAPIST: It's ironic, but I believe you, yeah.

CLIENT: (Chuckling) Yeah. And I have met people that... seriously, they are ready to learn how to... they want to design their own house in various different CAD programs and have yet to figure out how to make folders. That kind of stuff. And not because they're messy, because they're just jumping way ahead.

THERAPIST: I see.

CLIENT: Yeah, it's not like they haven't learned how to make folders because they've never learned how to organize their stuff.

THERAPIST: Yeah, they're just that inexperienced with [how to operate] (ph) (crosstalk)...

CLIENT: Yeah, or at the very least that I'm willing to take risks on how to... like, oh, I wonder if I just keep looking at these menus maybe I'll find something. [0:33:54] And it seems like we're getting so much more of that. And part of it's the larger market share. Part of it's just... I think that people just sincerely believe that... and it's like... that they've been told that they can do anything.

THERAPIST: Mm-hmm.

CLIENT: There are limits to all of this. There's talent. There's an interest. I'm a... you have to have a... what... that there be a desire to do something with it. You have to put the work in afterwards.

THERAPIST: Yeah.

CLIENT: And it just... although I do have some people that I assign homework to, because I'm like, hey, before you come back, this is what you need to do. And there's some people that there's just so much before that point that they are unwilling to hear, they do not understand these things. Therefore they can't... they're not ready for this. [0:34:54] And so it's frustrating, because I used to be... I used to think that it was just because I... I was really great at talking people out of it, but it was mostly because I talked them out of it because they have been told by the masses that anybody can edit their photos or something like that or whatever. It's... and I don't like to withhold information. It's not like I'm playing a... there are people who are little jerks who ... they've decided that they're going to make the decision of what something is for the... I mean, not at Microsoft as much. It does happen. But I have been to other technology stores who've made the decision for somebody else as to what or what is not in their grasp all the time, or what they can and cannot do.

I don't want to withhold information. It's not that. And I'm not trying to decide, oh, well, this person obviously is not... I'm willing to keep going. The problem is that after a while, because of the fact that I'm doing that and I'm not giving in to the easy being snarky about things, I think it's just bleeding into me. [0:36:04] And so... and... (Pause) (Exhaling) It's just... like I said, it's very (inaudible at 0:36:12) everything is just wearing very thin. (Pause) And so, yeah. So (pause) I guess it's probably just at the point right now where I should think about either looking for a different industry or making some way so that I can control the people that I have in... come in some way or doing (ph) something else or whatever. [0:36:54] And it just... it's that it's...

(Phone sound)

CLIENT: Excuse me. (inaudible at 0:37:03) this is so embarrassing (inaudible at 0:37:05). Okay. Hold on. I guess I'm almost done here, so I'll just wait for that. (Pause) Oh. I'm just... (inaudible at 0:37:33) right now.

THERAPIST: Yeah.

CLIENT: And I keep trying to tell myself, well, what am I supposed to say to somebody who's... well, [I'll try and flip it around in terms of this] (ph), but do I say to somebody who's kid isn't very good at something and... like math or something like that, and just being like, you know what? Honestly, this is not their forte, maybe you should try something else. [0:37:57] No, I mean, some keep going, [plugging in] (ph) with them. So I just keep doing this. So occasionally I get people... more than occasionally I get people that are abusive and mean. And yeah. Or at least, at the very least, decided that I wasn't very effective because they couldn't get what they wanted to get done. And, although when they fill out the forms about how I was as a trainer every time, most of the people do have a pretty good overall understanding of it? It so kills me when I get that kind of stuff because it affects my job, it affects my raises and things like that. And I still have... I mean, right now I have an extremely good record, that... extremely good.

THERAPIST: Well, that's good.

CLIENT: But still, I mean... (Pause) [0:38:58] My rating... the only time that... I think I had two months where I didn't have 100% rating in terms of people saying I was good at my job. But then, when you start doing that, it's like the number of days without injury kind of thing. You don't like it when people break your... I'm not a perfectionist and all, but...

THERAPIST: Well, I would imagine [from your mom] (ph) but just from other things you've said that (pause), no matter how much you know, it's not your fault, and the person's being an asshole.

CLIENT: I still have to sit with them for an hour.

THERAPIST: Yeah. Well, I would imagine it still feels shitty. You still have to sit with them. Maybe at some level you feel like there's something you should have done different or... I don't know if you question yourself, but it become a really crummy thing, no matter how much it's all about them being an asshole and really has nothing to do with you. It's, I imagine, in the moment really... [0:39:56]

CLIENT: And then they come back the next day.

THERAPIST: Yeah.

CLIENT: Yeah. (Pause) Back in Cincinnati I had the ability... I actually had... and I'm sure I... I had the ability basically to, when people got all fussy about this, like, oh, I don't like this computer anymore and this and that... I used to have the ability to be like, okay, I realize that you're past the warranty, your return period. I return every cent of your money right now. We used to do this, the equivalent of don't darken our door again, because if they get to take back, not just for their lessons, but for the whole computer, because we knew sum costs. We just... this person is not going to benefit from us, and it's going to be worse than...

THERAPIST: I see. Yeah.

CLIENT: I don't have that power any more. And I think that on some level, even though I used it very rarely, having that power of being able to say, okay, well, I will return everything... it's... because they always play the game of, oh, I'm going to return this, to get what they want. [0:40:59] Trust me, I made an awful lot of money in undergrad playing economics games in which you had to basically more or less find a way to be the person with the advantage to get what you want. I am much better at that than any of these people. They have amazing tells. And so I would be like, okay, well, that's okay. What I'm going to do is get the paperwork filled out. Let's get everything cleaned up so we can put this back in the box. And we'll just call it even then.

THERAPIST: Yeah.

CLIENT: And, trust me, they're like, oh whoa (sp?), wait a second.

THERAPIST: (Chuckling)

CLIENT: I'm like, oh. What? You have no intention whatsoever of returning this? Really? Because...

THERAPIST: Yeah.

CLIENT: I've done that with a car, and I was perfectly okay with walking away. It was back with my old Mercedes and got exactly what I wanted, not... because I knew, and I was okay with walking away with it. Yeah. So... but the... that's... I think on some level not having that escape valve...

THERAPIST: Yeah. [0:41:57]

CLIENT: They don't do it for lots of reasons, one of which is, I guess, they can't trust us to do it anymore?

THERAPIST: Yeah, I would think there's also something about sort of confidence in having some power or authority that...

CLIENT: Yeah. I can take back a six-month-old machine, or [I'll come in] (ph), it's almost a year old or whatever. And you're like, let's call it even. We're ending this relationship now. That's fine. But, when I'm forced into it...

THERAPIST: Right.

CLIENT: I could probably ask for it. But the point, though, is when I had that power I didn't have to... in that case. I could be the person making the call on that. I think it did help. So...

THERAPIST: Well, [I imagine] (ph) it put a floor under what could happen.

CLIENT: Yeah. So it did feel good, very slightly, to have somebody ask me not to leave.

THERAPIST: Good.

CLIENT: That wasn't why I did it in any way, shape, or form. [0:42:58] In fact I never expected they would, not a clue. I was ready to walk away at that point and just... I need to fill out some forms for my two weeks' notice, done, because I don't believe in the... that kind of thing specifically about my job. It's not like they could do anything to change it anyways. But yeah. So...

THERAPIST: Well, we should stop for now.

CLIENT: Yeah. I will see you next week.

THERAPIST: (inaudible at 0:43:23).

CLIENT: Is that the Labor Day weekend, [or no] (ph)?

THERAPIST: No, Labor Day's the following weekend.

CLIENT: Okay.

THERAPIST: I'm actually in, except Tuesday after Labor Day weekend (crosstalk).

CLIENT: Okay, great. No problem. Hold on. Okay. (Pause)

THERAPIST: Do you have the door, or...?

CLIENT: I've got it. (inaudible at 0:43:48) I left Roxy (sp?) behind.

THERAPIST: [Take care, Debra] (ph).

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Seems like forever since I've been in here.

THERAPIST: It's been a while.

CLIENT: It's been one of those extrusions (ph) where I've been pushed into the only way to win the game is by doing things that are impossible, if that makes sense. By doing things like you're



sick but you can't really take another day off because you've already took the day before off therefore you come to work. But you can't breathe and the customer's starting to get freaked out. So basically you need to figure out some way to make yourself able to be not healthy but not scary for long enough to make it through the day kind of things. And just dealing with a lot of pain and feeling really desperate. [00:01:25]

What I feel so pressed is between what I need to do and what, the word want isn't even really the right word for it, what life is actually compelling me to do. It just really puts me in a bad situation. It makes it so it's just hard to keep going. [00:02:09]

THERAPIST: Yes, yes. I think because you got your financial realities on one side and your health on the other.

CLIENT: And then there's the stress from life and work and things like that and guilt from that related stuff. My rheumatologists say more or less told me that no matter what I do that the obligations in my life will string me dry and so I need to stop feeling like I can be controlled by them. But at the same time it's really hard not to because one's my livelihood and -

THERAPIST: Wait -

CLIENT: Like basically he was talking about the fact that I had to reschedule a lot and she said the number one thing you need to figure out right now is how no matter what you do they will always find an emergency for you to have to be doing something. [00:03:03]

THERAPIST: Referring to work.

CLIENT: Work or things like that. So you just need to learn to say no or else it's just going to [inaudible at 00:03:10] you. And she's right, she's absolutely right. So, this was actually also in reference to the fact that she feels as if [pause] if we're going to do it and try for being able to have kids right now but it has to be this year maybe, if it's possible at all. I didn't think it was my work doing that but there's always these things popping up and this and that and she says you've got to just, this is the only year you've got really. And I said wow that's really f\*\*\*king poignant.

Apparently something I did not know is that in my forties due to the drop in estrogen my, in general there's a lot of other, the disease is not more severe but it does tend to have, the symptoms tend to worsen. So if I was trying to bank on going another year or two, she said every [inaudible at 00:04:36] you have is just going to hurt because you're not going to have enough estrogen and this and that. And I said why didn't anyone tell me this? And she said I'm telling you this now. [00:04:47]

THERAPIST: How old are you now?

CLIENT: Thirty-eight. So, and it's something that's been on my mind. I brought it up anyways.

THERAPIST: You mean having kids? [00:05:06]

CLIENT: Yes, if it was even advisable because 10 years ago they said no. Five years ago they said I guess you do have [inaudible at 00:05:17] will but I don't think it's a good idea. She thinks that if I'm going to decide whether or not I can it's completely out of her control. She will put me with a reproductive endocrinologist but this is probably the last chance I got. So, you know. [Pause]

It is also just from the point of view of knowing you're just having kids somewhat depressing to realize that the general malaise will probably increase in my 40s, so that's something I didn't realize. Not the actual this joint is going to hurt more or anything like that but the overall ability to, they often describe it the overall feeling is feeling a little bit like the flu all the time. That does increase. Basically that whole perimenopausal period of time is a strong time that it's formed, that kind of thing. [00:06:56]

So there's a sense of dread for that. I don't know. I just feel like I'm constantly behind on everything. [Pause] But I guess just keep going forward I guess. [00:07:48]

THERAPIST: Are you wanting my advice a bit or ?

CLIENT: I I mean if there's advice to be had sure, but I just don't really even at this point, I'm just resigned that there's isn't any advice at this point but if there is some I'd be grateful. But now, just [00:08:19]

THERAPIST: My impression is also that the thought of trying to have kids and thought of not having kids are both overwhelming.

CLIENT: Yes, yes. [Pause] I guess the thing is that the life that I want is not impossible but it's going to take more than just a little hope (ph) and hard work to get there. Like a lot of coincidences, a lot of luck, I don't think it's going to happen. [Pause] At the same time, though, it's [pause] it's hard to imagine a life without that kind of hope, you know? Basically I'm [handing out] (ph) dreams what the f\*\*k do you do with the rest of your life? What do you got motivating you? Just [00:10:46]

THERAPIST: Well it would involve tremendous grief. I guess it would probably be the biggest loss you ever had. [00:11:34]

CLIENT: Yes. [Pause] It's just really hard because it's just, [pause] when you spend your entire life at playing it safe and doing things the right way and then realize that you sort of don't really have a whole lot to aspire to, it's kind of rough. [00:12:57]

THERAPIST: Absolutely. Incredibly hard

CLIENT: And it's just [pause] it's hard being so tired all the time. It's hard, really hard also on some level to constantly have to be able to be what other people expect you to be even if you fail [inaudible at 00:13:52] miserably. [00:13:53]

THERAPIST: Yes, I imagine people expect things from you like that you're not in so much pain that you can be very focused for long periods of time or that you're not so worn out and exhausted that you have energy to deal with lots of things in a row. [00:14:12]

CLIENT: Yes, or on some level that you just [inaudible at 00:14:17] sickness, if not able to hide it because it's kind of a downer. [Pause] No matter how, I don't know, just like I said, just [pause] no matter how much I think I guess I just seem like a miserable human being to other people, I guess on some level they don't realize how much I really hide and actually pretend to be a lot more cheerful and a lot more whatever than I really am. Like yes, I had to bargain my way into getting my butt into the store this morning or I slept 15 hours to be able to get to do this. [00:15:59]

THERAPIST: They really just see, I mean it's not really respectful but I think it works like the tip of the iceberg of what you have to deal with. [00:16:35]

CLIENT: Yes, and all the stuff that I do mostly is, the only thing I actually really do disclose or either out of awkwardness or I don't know because I feel like I have to at some point or another. I feel compelled to lie a lot. I don't because it's just too complicated but I feel like I want to. [Pause] I think I just come up with some watertight story that I can just be able to explain forward like why this or that. It's so much easier. [00:17:36] [Pause]

I'm sick of getting infections. I'm sick of being in chronic pain. [Pause] If anything the one really good thing about this whole idea of being able to start a family is just that it has really gotten me, my husband to be a lot more mindful about his addiction at the very least. I won't say it's easier for him to control because it's not the same thing. I think the point is, is that I think he's starting to realize that before things happened that he should pause and think possibly and maybe stop something. That's not the same thing as controlling but just I think good. [00:19:29]

I know that this is just in general a really hard time of year for both of us. It really is. It's much harder than at Christmas. People were saying oh Christmas has got to be the worst. I mean it's a little bit sad, yes, and it's all but really January and February is the worst for us. Why because he gets so depressed. I have memories, and this was many years ago, but he would get freaking catatonic, like stare at the wall and I could come back and he hasn't moved at all kind of depressed. He's not as bad as that but it's really bad, it gets really bad. [00:20:19]

And on top of it I feel like crap anyways so I'm not exactly moving around so I need to be cared for a little bit. And to some extent it's 30% good for him because then he snaps out of his own world to help me but then it's also because I'm not moving around and we're not getting things done that things get it's just a terrible, terrible time right now for us. It always has been. And, I don't know. [00:21:10]

THERAPIST: What are your thoughts about starting a family? Where are you at in thinking about it?

CLIENT: Well because of the fact that my doctor said that it would be almost impossible to get an appointment unless we found, this year for me, unless we got, unless I got, an appointment was cancelled. I actually have an appointment next month from somebody who cancelled.

THERAPIST: With the reproductive endocrinologist?

CLIENT: Yes. So at the very least it's an information finding thing. I know that this is going to be planned a lot. I am terrified about what, basically I was talking about this so much today with her just the whole concept of between supposedly if I can stay pregnant how much the symptoms get better. But getting to that part after the first trimester even at all is to me just terrifying because it's going to be painful. It's going to be painful a lot. [00:22:36]

And I did not realize this. I thought I was going to go off everything. I'm not going off everything. I'm still staying with injections; in fact I get more injections. So it's going to be a couple of injections a day and I'm just, I just got past the point last year where I was just I get needle-phobic every so often. I don't really [inaudible at 00:23:02] the word phobia. It's like, it's almost like I can take it, I can take it, I can take, and then no, no, no I can't deal with this any more for a while. [00:23:22]

It's not the needles themselves; it's everything else related to it. It's the scheduling, it's the managing of where the injection starts are, it's the itchiness of the injections and reactions. It's not like the I'm-afraid-of-something-piercing-my-skin kind of thing.

THERAPIST: It's like the I-can't-deal-with-one-f\*\*\*\*king-more-thing.

CLIENT: Yes. And knowing that I'm going to, not only that the stay on antidepressants actually apparently I did not know this but they got approval last year to start using on people who have [inaudible at 00:24:04] miscarriages the kind of stuff I take but in different dosage with different ways of doing it such to because the kind of miscarriages I've had and the ones that generally are really common for certain situations are due to we don't know why your immune system just kills. Anything before eight weeks that doesn't look like anything else that ought, anything else that physically, option is that. So they break it up into a lot smaller doses a lot more frequently. [00:24:34]

THERAPIST: How many miscarriages have you had?

CLIENT: Two. Well, two we think. This is one of those situations where because I was in my 20s, was married, and I did the whole oh hon, we'll send this stuff up for, we'll send we don't really know what's going on, it seems like that's what's happening, blah, blah, blah, we're going

to send this all out and don't you worry about this. You got plenty of time kind of thing. Those are two that I it's hard to tell. Anything right around six weeks you don't know. [00:25:05]

THERAPIST: Yes, I understand.

CLIENT: But [pause] the human whatever hormone whatever that they use for it has always been very, very low so it's never been really definitive but yet you bleed a lot but yet I'm this is always the great thing of being the person who has the type of hemophilia that they're going to start giving me Heparin (ph) shots twice a day. Why, because it's a completely different type of thing where the [inaudible] starts clotting and actually constructing the amniotic cord, which has nothing to do with my bleeding disorder but it just apparently it happens. I just don't know. [00:26:00]

She was very, very positive about this whole thing. She seems to think that if we can get there things would be great. But it's going to be really, really crummy until then. And by really, really crummy it may never happen. I don't mean to seem, to make it seem like my life will be meaningless without children but I'm an only child. My parents had really limited lifespans and my spouse doesn't have, is basically estranged from his family and so we have as much family as we can create in our own way. I need something to focus on besides myself. And I'm not meaning like on the level of oh my God I'm so obsessed with my children. It's like lives that [00:27:03]

THERAPIST: It seems often this pretty simple thing, which is you love kids and you want to have them.

CLIENT: Yes. Yes.

THERAPIST: I mean I know this stuff about family too but I think it's all true.

CLIENT: Yes. I feel like it would be a lot easier if I could just see something in my life that is bigger than me and my problems. [Pause] And knowing that the reality of adoption is probably not going to happen because just financially we'll never look like on paper what we need. [00:28:01]

THERAPIST: Not even if Mike gets a pretty good job?

CLIENT: Well, and even that's a am I going to hold out for that? Really? I think that it's better sometimes when the opportunity to step up thing. I mean tonight he's filling out applications for a thing over at a government agency, which would be good because we could be down in the Chicago area where our friends are, our friends with kids are. But waiting for that I mean I've been waiting for, I've been hoping and waiting and trying to plot things out for so many years now that it's just not realistic. Due to a lot of reasons, some of them our own fault, some of them just faith, some of them just malicious bitchiness we don't have the kind of resources that other people do. [00:29:12]

And the best U.S. (ph) adoption is very resource weighted and foreign adoption unfortunately especially in China is drying up, so along with a lot of other things. Really, I had a huge window open to me realizing that I'm not sure if I'm physically and emotionally prepared to open up that Pandora's Box. But also the weaving of the one-child policy thing starting up is going to change a lot. Plus a lot of countries don't like to lend the deadline to adopt to people over 40 if they don't already have children. So it's just, it's a lot, it's just lots at this point. [00:30:09]

I've had one doctor in my life who hugs me and tells me that let's do this together, let's try this. That's actually nice. It's been on my head, I've been talking to her about it but it's not like she's, I wouldn't say, not influencing me but she has definitely turned her support on this.

THERAPIST: She's somebody who's so hopeful I think and like she's in with you.

CLIENT: Yes, so she's been very supportive. She's made arrangements so that she'll see me in six weeks and she can have my spouse in. I'm usually so awkward. Mike comes in with me to a lot of doctor's appointments. I go in with a lot of [inaudible at 00:31:00] usually because one of us is, the person who's the patient, is so distracted by the ailment the other person doesn't remember shit coming out of it. It's normal. [00:31:08]

She's the only one in the world who says totally why didn't he come in this time? Come on in next time, bring coffee, we are going to chat. There'll be exams but let's talk. That was really nice. Bring coffee. She's coming in on her day off. Not day off but her she's coming in before she does surgical rotations or something like that so that she can see me in six weeks.

THERAPIST: Very nice.

CLIENT: Yes. So, because she, we talked about this the fact that things just sort of pass and they just pass and they just pass and I wouldn't have gotten in with this doctor down south except they were booking for consultations for 2015. 2015 and not like January 2015, like April. So she said okay so let me talk to this person's secretary, and let me talk to this person's secretary and she said okay so I need to get this person on the list for when somebody cancels an appointment blah, blah, blah, and this and that. And after she made a lot of phone calls I have an appointment next month, which is not normal. [00:32:24]

THERAPIST: Yes, that's amazing.

CLIENT: Yes, and she said, she sort of told me I've had to lie to get to this point. She didn't really say it that way but she said yes, we're just going to call your previous history of miscarriages what's happening. Not we're not going to tell them what happened right now but we're going to use that as the reference information to get you in right now because they'll make you try for at least six months before you can try and book an appointment which will put you at least a year and a quarter away. So, and it's true. She's right, she's absolutely right.

It would be very easy to let the system cheat me out of this situation and she said you can make the decision not to do this but don't let scheduling and other things cheat you out of it should not be the logistics that keeps this away from you. And so, and it's very easy like that. I mean so many of my specialist's appointments, I make appointments with them and they say yes so I'm going to see you later this year or something like that. But by then it's at the same problem. I don't know. It's just, it's so irrelevant. It's so frustrating. [00:33:40]

It's weird to have a doctor that has really not so much to do with what I'm doing right now actually really doing something to help out. I mean it's something like that because it's the primary doctor that's going to have to alter my medication so that I can be this way. But it's also the primary doctor that can actually vouch for me to see that I have had eleven injections and therefore I can kind of be compliant enough because if it had just been a regular couple at this point were being handed several boxes of needles and they wouldn't necessarily be able to say that they were in this situation to be able to be compliant. [00:34:28]

So, I don't know. I just on some level at the back of my head I just feel like I have to do this. I feel like it is the most irresponsible thing I've ever done but I feel like if I don't try then I'm going to always regret it. I mean really irresponsible. I have, we have nowhere to put a crib but I figure at that point, at the point in which we really ought to think about having a crib we'll have at least six months to figure that part out. You know what I mean? There's nothing, nothing but I feel like at least if I did something, get myself in a better place for this maybe I can be, say (ph) that I tried. I don't know. [00:35:28]

For me the act of trying to do something is so important. Whenever I be a passive and just let the world happen to me life sucks and it sucks a lot. [Pause] If we go through with this I need to also make sure that we're both, right now we're both on the same page about making sure that Mike's family will have no contact with our children. I need to make sure that never, ever gets breached. We have friends who have done this with other family members too successfully and have successfully been able to talk to their children about this too. And I feel like I need to make sure that this just, we don't ever give in on this one because this is this is not like the oh our dog will never sleep in the bed but now that our dog is 12 she sleeps in the bed kind of thing. [00:36:49]

I need to make sure that they don't ever f\*\*\*k up our children's lives because they, [pause] because everything they've done has been so pernicious in our lives. Everything, everything. Nothing is good; nothing is safe. And I hate to be like everything has to be all or nothing or this or that, but I think that the only way that I can get to the point of forgiving them is by forgiving them in a way that they have no relationship with me whatsoever. Mike's therapist has just wrote a big article about this and has been [inaudible] talking to Mike about the idea of forgiveness of his parents, his mother for the crap that she did to him. [00:37:47]

Not necessarily that this has to be done now or anything like that but it has to have that open in his mind. I don't really, I'm getting this third party, third party through somebody who's depressed and isn't necessarily relating things exactly right. But it doesn't necessarily mean that

she's coming to Christmas dinner, which is perfectly good with me. But to be honest [pause] I think that making sure that there is nothing else, I mean would be the greatest. I don't even want her to know about the existence of children, ages of children, anything like that. Which I mean I know I can't really prevent that. I'm not going to be hyper vigilant in making sure that our children physically are not, never know, knowing about on the Internet or something like that or something, but I need to make sure that through regular channels [00:38:57]

THERAPIST: It shouldn't be that hard. She never pays attention anyway.

CLIENT: Yes, it really, it really shouldn't be that hard. But the point though is making sure that the few people who are vaguely related to us know that they [00:39:11]

THERAPIST: I see.

CLIENT: that it's very important not to mention like Mike's Uncle Leonard, who is Mike's grandfather's brother. He's the only member of the family that likes us on his side.

THERAPIST: And who's going to the Christmas party.

CLIENT: Yes, back in Cincinnati. He knows my dad because they're both attorneys and they're from that, that get the age of this. Yes, so really different. Also reminds you oldest and youngest of nine children so I mean they might as well also come from different families because of that dynamic of being that far away. Just making sure that he understands that this is I mean I think he will but when he finds out that this is not something to pass onto Nadine ever because she's evil. [00:40:00]

I don't feel comfortable saying it that way because it sounds so ridiculously reductionist. It's bizarre but she said some pretty horrible things. Things that I don't want to have my children to ever have to have happen to them. And I think the only way I'm ever going to have to feel comfortable and not feel hyper vigilant, like oh my God I need to make sure that these kids never get [inaudible at 00:40:27] by them, is by making sure that they're never around, ever. So because I just, I have so much firm beliefs about things. Especially if our kids are related like Mike and I are. We're way to oversensitive to that kind of bulls\*\*\*t. I just won't try if you got this kind of crap out.

Mike says he has, he has no memory of childhood but he has memories of childhood of being able to figure out things that people, adults, did not realize that you knew what was going on kind of stuff. [Pause] I think if either they will or they won't be like that but I just, I know that I was really perceptive and how my kids could very well do that. Have I told you really quickly the story about the Santa Claus thing? So at one point my dad was being really pithy with me, really pithy. Apparently I was two. For Santa Claus the story about they say it was the night before Christmas thing and Santa Claus turned with a jerk, apparently he made some sort of an extremely off the cuff comment about the turning with a jerk was my Aunt Iris and jerk, like jerk



as in not the action but the person. Completely sidelined, to me at all but making a joke about something because he's reading it at a party kind of thing. [00:42:07]

THERAPIST: Sort of a grown up aside.

CLIENT: Yes, like a grown up aside kind of thing. I remembered that. I remembered that and repeated it back because my Aunt Iris was the helper of Santa Claus. And I still mention this every Christmas. He gets really embarrassed by it but I do it to remind him of the fact that certain, like the concept of the two, the dual nature of words and children they pick up on this stuff kind of thing. That's the kind of stuff that how early on I picked up and remembered, not strong memories, but that's the kind of stuff, the kind of grown-up aside and making a joke a kid remembers it. I didn't understand that that meant that my dad was really angry at my Aunt Iris who's now passed away but it was really irresponsible and young and late teenager at the time was that kind of thing. But all I did was pick it up and I remembered it. Yes. [00:43:05]

I can't imagine that it is impossible that others, anybody who's genetically related to me wouldn't necessarily I don't think they will but there's a good chance. I don't want them to have any off-the-cuff comments about this kind of crap.

THERAPIST: We should stop for now.

CLIENT: That sounds good. Next week, I need to figure out timing. There is a chance that I may need to reschedule.

THERAPIST: Okay.

CLIENT: Let me take a look here real quick. I have to take the dog for a consult with the dentist. I know. This is another reason why I'm broke because I'm taking care of things like dog dental bills.

THERAPIST: I got you. Let's see. I can meet on Thursday at 3:45 if that works better.

CLIENT: Let me see about that. Normally I'd say sure but now that I have a billion doctors' appointments I need to look. That's Thursday the 23rd?

THERAPIST: Yes. [00:44:04]

CLIENT: Actually I think that's much better. So hold on and 3:45, 3 what did you say, 3?

THERAPIST: 3:45.

CLIENT: Okay, great. Perfect. Okay. I guess he's not worried about making it back before the bus (ph) which actually I have no real perceptive idea how long that's going to take. So, okay, see you next week.

THERAPIST: All right. [00:44:57]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: All right. I am done fussing with things.

THERAPIST: That's okay.

CLIENT: Sorry it's been so confusing.

THERAPIST: It's okay.

CLIENT: Stuff happens.

THERAPIST: Yeah. And I certainly was not going to and would not fire you as a patient. That just isn't going to happen.

CLIENT: That's good to know.

THERAPIST: I did wonder like about scheduling stuff. I guess I felt – Look, first of all, let me make it very clear. I don't like, blame you, feel frustrated. Nothing like that. I mean, sometimes you can't make it because of your health and sometimes stuff at work comes up that for financial reasons you really need to do. I get it. I sort of did feel a couple times like, I mean, at some point – I mean, because I don't charge you for cancellations. Like, I sort of have to protect my time a little bit.

CLIENT: No, that makes perfect sense.

THERAPIST: But I don't know. I didn't come to any conclusions, and I figured we could talk about it.

CLIENT: Okay. Yeah.

THERAPIST: But to be very clear, I don't – It doesn't involve any negative feeling towards you.

CLIENT: I need to find some way to make this so that you don't have any empty spots, though.

THERAPIST: Well, yeah. Or something. I don't know. I mean, the thing with your having to cover at work. That was pretty unusual. That doesn't usually happen. It's usually more just like, when it's health stuff.

CLIENT: It's usually that. And I thought I'd let you know that I'd been pressured to be a good sport about coming. It's only a few hours every week. But it was just one of those things where it just – between the two hours getting there and the two hours getting back, it took for freaking ever. I don't even really want to do this. I need the money, but I felt really pressured. (crying)

THERAPIST: Absolutely. And you're worried about things at work.

CLIENT: In general, I just worry a lot about burning bridges by taking that I need to do things and so I get very worried. (crying)

THERAPIST: I see.

CLIENT: And I guess it's very hard. It's very complicated for me. Because I do have situations. And this goes back to more than just this, really. I don't like being unreliable, you know. I don't like having stuff complicate. But I especially don't like – I have sort of an intense fear over not keeping obligations, which is why I make very few of them. So I guess that's what I'm trying to say. [4:14] It's hard. I'm going to do my best to do everything and let my work know that I can't do this anymore on Wednesdays at all. So that won't be – It will never be a work-related thing anymore. I don't know of anything else, though.

THERAPIST: I mean, I guess a few different things. First, at least not in the sense that it's usually meant. You're certainly earning any kind of grades with me in any case. Nor do I see you as unreliable. I see you as someone who has someone who has medical stuff, and actually probably works harder to get in here than many people do. It's just sometimes against sort of insurmountable –

CLIENT: I'll do my best for certain things. Luckily, hopefully the winter's over. But just, pre-canceling well-ahead of time. If there's going to be a big storm, I'll try and let you know by Saturday or Sunday at least. That way you can give it up to somebody who works in the Yale Square and can, you know, can come in or whatever. [5:27]

THERAPIST: Sure. I don't want to put you in a position where you're feeling like, you know, it's Wednesday midday and you're realizing you're just in a tremendous amount of pain, but then you're feeling guilty because we've talked about it, and what do you do? I mean, that's a shitty position for you.

CLIENT: It's all the time. I mean, I had to drag myself to work yesterday just because on Monday, we all talked as a group of creative saying that basically, we had this situation where I accidentally triple-booked for a few of the hours. I had no idea what was happening other than incompetence in management. But we all made a secret pact that unless we were dead, we were coming into work so that nobody gets screwed. And I mean, that I totally understood. It wasn't just like being Debra (sp) we need to make sure you're – That was definitely a situation we all talked about as a group. [6:34] I just –

THERAPIST: The only alternative I had in mind was something like, where we scheduled week to week. Because I know I have a lot of schedule rearranging, especially I know over the next six weeks or so. So I know I have openings like, late in the day Wednesday and, you know, often mid-morning on Thursday. Stuff like that. But then we wouldn't have this as a regular spot. We would just kind of schedule as we go. But I'm willing to sort of stick with this for a while and see how it goes. [7:24] And then sort of reevaluate in a month or something like that and see where we're at. Again, I would think – I don't have an alternative that I especially like.

CILENT: No, no, no.

THERAPIST: So also, I'm clear that you don't like the feeling of being unreliable.

CLIENT: I don't necessarily know if any of this will help any of that. It's just a long-term global feeling. And it's one that I just came up with in my head. This was put in my head by other people. And it's true. It is true that if I were healthy, I'd be extremely flaky and unreliable.

THERAPIST: I see. Right. Like if you had no health problems, but if were sort of maintaining your schedule –

CLIENT: Or, if I had health problems that were more predictable, you know.

THERAPIST: Right. [8:44]

CLIENT: But it's just not.

THERAPIST: Absolutely. It's just one of the tragedies of the conditions that you have is that the extent to which you're functional really behaves in ways you can't predict.

CLIENT: To some extent, part of – I am very schedule driven as a person. I – when they talk about the gamification of doing something. Like, oh, you get a star for this or that kind of stuff totally works for me. And it's worked for me since birth. It makes no sense at all. But I am a person that the more I stay onto my standard schedule, the better I do in general. And so I really do like to – I don't mean to be inflexible about certain things, but some things I'm just like – If I do this – Like, right now I am coming down with what they refer to at work as the sickness which is different than the plague. [9:42] We have very, very imaginative words for the illnesses we get.

And someone asked me, can somebody come and cover me on Friday. I don't know if I'm getting it or not, but if I wasn't, I still at that point really can't do that. I mean, one of the biggest reasons why is 'cause I know that I need to have – unless they treat it with rest – I'm not talking about treating it with bed rest, but I need two days of – at least a day and a half of non-activity before hitting Sunday. Sunday is such a nightmare in the Microsoft world. Like, it's just really bad. I need the downtime to be able to do this. So unless it's a launch or something like that, I really don't – I don't try and do that kind of thing. It's not that I'm trying to be mean, it's just that –

THERAPIST: No, no. You've got to be careful and planful and it's just –

CLIENT: I have to be.

THERAPIST: Yeah. And you just have constraints that –

CLIENT: And some of them I don't really wish to disclose to any of them, because it's like – It becomes first of all, too much information. [10:43] everything about my life is too much information for most people. But it becomes even more so. Since I've been trying to get off of most of my medications so that we can have kids. And I think I explained it briefly. But yeah, I've been trying to. It's becoming more and more hard as I'm taking more and more things out of my medication list. Not all of it, because some of it's going to be vital to it. But all the things that are easy. And so it's like, yeah now, it's getting to the point where like, a lot of my safety net's already in there. That becomes even more complicated, you know. Like yeah, I don't really want to disclose to them that I'm trying to have a baby and therefore, this is just not, you know. And so in general, it seems like everything in my life is – The biggest reason why I don't like to talk about my life with other people at work, at the very least – I do occasionally with other people primarily it is because of the fact that if they open up that gate, it's just way too much information for any human being to handle. [11:59] And I don't like lying.

So sometimes I come up with simplifications that are actually lies, but they're not really lies. It's just truth they can understand if that makes sense. And so – and the biggest reason I don't really take a big moral stance for it in terms of the lies. One, I just like to be consistent, and two, because it's freaking exhausting to keep up with the parallel reality if only for – you know what I mean, for that situation? It's too much to keep track of, you know. (pause) But it's just, like I said, it's been a lot, you know. Hell of a lot of fucking drama this month, too, which has not been especially great. I am half tempted to put up signs around my house saying, stop letting your in-laws or whatever that work for work for Mike should stop letting these people pay rent in your brain – live rent free in your brain. Because the information we found out by accident was that Mike's dad's grandfather's memorial is going to be a lot sooner than expected. [13:20] We were not told about it and it is in a place that we can't get to.

THERAPIST: Wait.

CLIENT: The memorial for him.

THERAPIST: The memorial. Okay, that's what you said.

CLIENT: It's not really a funeral. It's whatever it's called. But it's not even that. I mean, it's – I don't know. But it's –

THERAPIST: So wait – you found out by accident when it's happening?

CLIENT: Yeah. Mike just randomly – people weren't answering his phone calls. And it's very easy. Like, Mike's cousin, who is the only person who's really forthright just had a new baby which is the reason why it was delayed anyways, was because she had – she had a cesarean and she was not allowed to go anywhere for six weeks or eight weeks. And then it became oh, we need to plan it during this period of time and this timer period because we're going to have this out in Arizona and this and that. [14:13] And so we're okay, we can figure this out somehow. We can't really afford it, but we'll figure it out. And now it becomes, it's the end of next month in Missouri which sounds weird, but believe it or not, St. Louis, Missouri is the world's most expensive and hard to get to flight. There are not very many at all. Alaska Airlines is the airline that flies in there.

It's an extremely – and she knew that. I mean, they knew that. And Mike's mother has only lived in places that were very difficult for us to get to, except for Miami, but that wasn't her fault. That was not her choice list. But every – and things like that. And then they decided to just have it in St. Louis, Missouri. And it's like, okay, so we don't really know what the back story is. But they certainly didn't give us enough time, you know, to do this. And so it's like, yep. We're having it now. We get no closure. So that was really shitty.

THERAPIST: That was really shitty.

CLIENT: And then he mentioned to his father, who although his mother and father aren't married anymore – like he's had three marriages in the meantime or something like that. [15:19] His – Mike's father wanted to come to the memorial anyway, because he had a lot of respect for Mike's grandfather and very strong feelings about him positively. He's like yeah, St. Louis isn't something that I can do either. You know, for him it was mostly spending frequent flier miles. But if he had to pay for it, it would be fine. But then, like, this is coming to \$1,000 – \$1,100 ticket per person. And then, it's like yeah. You know, I can get to Italy cheaper than that. It's not even about like that as much as the fact that it's also – it's a tremendous amount of layovers.

There's just no good way to get there from here to there. And on some level, there's a lot of bitterness because John's mother has always been – that's why she supposedly would not ever come visit us or anything like that, because of the expense. [16:14] But she's engineered that kind of crap before. She lived in Washington in a place not near Seattle, but in an area that was extremely expensive also to get to last time. So this is her thing she does. The inaccessibility is part of the whole façade. So it had a lot to do with that. And the day before my husband's birthday, he has to deal with the fact that he gets no resolution. So apparently, Mike's sister – just to make things – Mike's sister is upset because the kids can't come now.

Like, that was like the bullshit thing to hear. Not that she can't come, but her kids can't come. And it's like, well, you know, I understand that this is inconvenient for you, but you at least get to show up, you know. And you've been out there once already. Pretty much everything involving Mike's sisters is pretty much in certain ways, if I let myself think about it too long gets me into a mildly – into a mild rage. [17:41] Because she is the most self-important asshole who has convinced other people that she is selfless. And it just kills me. If she were just spoiled and

self-centered just normally, it wouldn't bother me. But the fact that she has gotten everybody in the world hook, line and sinker into thinking she is a sweet individual and that she's selfless just kills me. And the world is just out to get her, you know. But I just feel like I've got to stop –

THERAPIST: She's sort of gaslighting everybody?

CLIENT: Yeah. Well, she's gaslighted everybody. She believes it herself. She believes the world is out to get her. You know, people who have a house free and clear do not get their houses taken away from them – like, were given a house free and clear do not, unless they got themselves in their own situation. Like, end up having situations where their house has been foreclosed on them. [18:39] And something that I know about that I doubt anyone else in the rest of the family knows about is the fact that she's on the Dallas list of the biggest toll offenders. She has about \$60,000 worth of tolls she hasn't paid.

THERAPIST: Like on the roads?

CLIENT: On the roads.

THERAPIST: Oh, my God.

CLIENT: Yeah. At one point, because we were going down there, I did some Google searches. It sounds weird to be like this. But if we're put in these situations, I feel like I need to know exactly what I need to know. You know, like in terms of – 'cause I just don't like to walk into crap. It's happened to me more than a few times, being blindsided. And so, I did some Googling and found out that this North Miami Toll Authority publishes their top 1,000 offenders. She's like, 800 or something which even blows your mind (inaudible due to simultaneous dialogue at 19:37)

THERAPIST: I would have thought she was near the top.

CLIENT: But it's not like that I mean, the toll road like 90, that's the only road there is. In Texas, the way it is that there are these things called access roads that go alongside of them. [19:53] But they have lights. They're like the regular roads would be around here. So you can take that road if you – you can take the access road if you needed to. It's just less convenient.

THERAPIST: And you have to pay to take the highway?

CLIENT: Yes. And they use a toll tag system just like we have here and all that stuff.

THERAPIST: The EZ Pass things.

CLIENT: Yeah. They're just called toll tag, but the same concept. It does clear up something, though. At one point, I gave her out toll tag for something, and she gave me back the other one that was actually hers that was ex – 'cause she didn't have one that was – it didn't have any money on it. And I gave her mine. And she accidentally gave me back hers. [20:31] For years, I

blamed her. I thought that she actually just took mine and kept running it up. And after one day I have an \$800 toll bill or something like that. This was ten years ago, fifteen years ago or something. Something a very long time ago. 'Cause I gave it to her, because we were going out somewhere so we could take the toll roads.

And then – this is actually knowing how much money she owes in tolls now. It has actually made me realize that she probably actually wasn't trying to scam me there. She probably actually did – 'cause I thought to myself, who would go through toll booths if they didn't actually have – she wouldn't give me the other one, so she must have known she was taking my stuff, because who would go through the toll booths if you didn't actually think you had any money on it.

THERAPIST: Now you know.

CLIENT: But years later I'm like, wow. She wasn't actually trying to steal from me. She's just been going through these toll things for years anyway. [21:22] So that's just her kind of MO in these kind of things, you know. She's very angry about the world, what the world hasn't given to her. She sees it as Mike got to get a Ph.D. Mike gets to have this. Mike gets to have that. Whereas almost everything that she possess in her life was literally given to her, not earned. But she doesn't get in her head the idea of what real hard work is.

She goes to a job, 9 to 5. And although my husband doesn't always go to work 9 to 5, there have been periods of time where extremely dedicated work that she would never ever do that. She's never pulled an all-nighter for anything but fun, you know. Maybe for a class. But, you know, that kind of thing. She's never to impress her boss, driven something down to the National Institute of Health so they can make it in on – under the deadline. [22:24] That's like from Cincinnati – that's a three-and-a-half-hour drive each way. So, you know, but she sees there are things that people have. And I really – it's funny 'cause I can get a certain amount of range in against Mike's mother. And I do. But she doesn't have obvious things for me to find out about. But she's screwed up. She just, you know. Also, nobody thinks about poor Nadine. Nobody thinks about poor Nadine anything. It's always poor Kerry (sp). Poor Kerry has had such a hard life.

THERAPIST: Wait. Who's Nadine?

CLIENT: Nadine's Mike's mom. Kerry is his sister. And poor Kerry's totally – and her mom even like, perpetrates this poor Kerry thing. Her life has been so fucking hard. Like, not really. Things are only as hard as she wants them to be. [23:29] And, you know, mind you, I don't even have the beginning of an idea what it's like to raise three children, you know, on your own. But I do know that if you want to survive, that you have to have more than – Basically, you have to have – If you have bad things come to you, you have to have some serious survival skills. You don't have to wait for someone to buy you things, you know. And I'm just a poor rich girl. Remember that. That's the part that's hilarious. I'm the poor little rich girl who was raised with more money than sense. All that kind of stuff. I have never been given a car.



Yes, I've been, you know, in terms of that kind of thing. Yes, I have been to space camp and yes, I have, you know, spent extensive time traveling and all these other glamorous things, but I've never been given very specifically things that are – to make my life easier that I don't need, I guess. [24:42] I suppose they would give me a car if I wanted one. But, you know, at this point in my life I don't believe in taking. I'm an adult. Heck, during Victorian times, I'd be elderly. Not Victorian, but, you know. Again, they have this sort of screwed up little thing where they do this. And they tried to do it when Mike's grandmother died, too.

But I sort of forced them into accepting him out there. That was actually Monterrey back then. And they're like, first when she had cancer, oh, you don't need to come – although all the family is gathering around, and although we aren't saying it. Like, there's got to be some reason why everyone's getting together to say goodbye. And then three months later, she's dead. [25:35] And then, they're like, oh, Mike, it can't be – you can't afford this. And this is right before we got married. And I'm like, you know what, I'm going to find a plane ticket for you. I found a plane ticket. It was a pain in the ass, but it was something I could afford to buy for him and time off and got him out there. You know, this is a common, you know, excluding him.

THERAPIST: Yeah. It sounds a lot like his family, or like his mother.

CLIENT: And it's – I – all it does is really, really harden my resolve in wanting to have nothing to do with our children. I've got a very strong – a lot of people are like, you should leave an open mind. Maybe things will change. I'm like, nope. At this point, I've been thought 16 years of marriage, but there's 20 years in general seeing this bullshit happen. [26:30] And honestly, I think that I would hate them more if things – if they started changing because we had kids, you know. I think that it would not be – I think that if they all of a sudden changed out of nowhere, I would probably get so rage – I could probably – I wouldn't consider physical violence. I don't actually think I have it in me ever. But I would get very, very angry. Because it would be like, oh, now that you've actually figured out appropriate, you've got some value, you know.

So I really feel like Mike really supports me on this. No informing them. The people – the members of the family who hear that we're having kids at the time of, get told that we don't want them to know about it, because we don't want them to accidentally mention anything. They don't get to know about it. They don't get to choose names. They don't ever get to visit. They don't get pictures. They don't get dick. Because I don't want my children to ever – I mean, this kind of level of abuse via neglect stops with us. [27:37] No way, no fucking how of any of our children are ever dealing with that. Because once you start the game, you can't get out of it. And then, you have to start answering questions, you know.

Like, why is it that because of my behavior – why is it because my behavior acting this way that I have all of a sudden getting the icy cold shoulder from my grandmother. That kind of thing, you know. And nope. No way, no how. Even if we had all girls. No fucking way. And I have very limited beliefs as to whether his father's family has any contact with our children. Like, very limited beliefs. We'll see how they behave. They haven't been especially supportive in any way. They've been sort of, whenever we talk about having a family, they sort of treat it in changing

the subject. Kind of like, I say something like, I'm planning to start training to run a marathon. As in like, I have this really rational expectation and just because it's my weird fantasy right now, I'm going to forget about it next time tomorrow.

They have no – They just treat it like it's a phase we're going through or something. [29:08] So we'll see what happens. But I've got some serious doubts on that side, too. Just that, and I'm not even sure that I can – not sure be trusted that we do not end up having surprise visits from other people. And it sounds really mean and very isolating now as I'm saying this. But to me, this is the most empowering thing I can do for my kids. You know, and their reality of looking towards having –

THERAPIST: But you see what they did to Mike, and you feel really protective.

CLIENT: It isn't – At this point, I mean just Mike at this point. Now, I'm starting to slowly see other little bits and pieces of this behavior happening to other male members of the family. Female members, a little bit less so. A lot less so. There's still some creepy as hell bullshit, but definitely male members of the family. God only knows why me. I'm an outside, but I'm the only female also that's been treated so badly. [30:12] Possibly because I told her that I don't subscribe to any of the bullshit that she believes in. I don't think I ever said it that way, though.

THERAPIST: Maybe 'cause you're part of Mike's world.

CLIENT: I'm part of Mike's world. I used to be so – also back in the day, my dress and mannerisms were extremely masculine, yet being extremely feminine. I wore guys' shirts and guys' jeans, but at the same time I was wearing lip gloss and things like that, because I was in a guy's world, you know. So I was super skinny so I could get away with all that kind of stuff. I think that kind of, on some level, sort of evoked angry feelings. I don't know. Who knows? Who knows, indeed, you know. God only knows. But things are related to Mike. You know, what Mike could do was ever okay. [31:16] And it is so important to me to – more than having a place where the baby can sleep is to have a place for the baby to emotionally thrive. You know, I could rearrange stuff so that we can, you know, we can figure out some way to make it happen.

People in other countries where they don't have two bedroom apartments find places for children to sleep, you know. In Russia it used to be jokingly, you know, they put children in drawers, supposedly. I don't believe in that entirely. But, you know, pulling out a chest of drawers and using that. At the very least, these things happen. People find ways to make that happen. It's much more important to me to carve out a space that is healthy. It's so important for me to get these people out of my head. I was really hoping with everything I had, that we could get this is the last time you'll ever see these people. Goodbye. You know.

THERAPIST: Yeah, I remember that's where you – I thought I remembered that's where you thought things were at. [32:36]

CLIENT: I thought we were going to do a last goodbye to Mike's grandfather who we loved very much and just walk away from it.

THERAPIST: And just be done.

CLIENT: Now we know nothing. And so we get to back to that same freaking limbo. And that's the thing, that actually at this point – like, we've talked about doing a lot of things to set up barriers, which I'm worried that they seem very immature. But they really aren't. Just to get away from them, you know, because they tend to call out of nowhere. It's been six years, or you know what I mean, that kind of thing. Or, you get this ridiculous card in the mail saying, this bear likes to nap, just like you. Do you know your son? He doesn't take naps every, you know. [33:20] And so we've discussed the concept of if – not necessary. But if we feel if at some point we want to so, changing our last name to – as a way to break off identity for this. We looked into it. We believe we have to prove that there's a reason why we're not running away from anything in particular. And port everything with us in terms of our identify and lives. But, you know, there's something to be said for a little bit of symbolism, you know. And to me, I'm a very conditionable human being. Part of the reason I do these kinds of things is because I've been burned. And not burned like, in little ways. Burned like – I don't think I've told you this story yet. [34:20] Before we got married like, during the couple days beforehand, lots of crap happened around when we got married.

THERAPIST: Yeah, I remember some of it.

CLIENT: This wasn't before married. This was before Mike graduated from undergrad, that's right. This was a different thing. My parents and Mike's parents just got together to do a dinner – simple thing. Get together, dinner the day before graduation kind of thing. A lot of this stuff revolves around the same gears or whatever. And my parents politely asked about Mike's brother, Brad. And they're like, he's in jail right now. He's – he got caught being AWOL in the military and he's in a prison in Kansas now. And like – so meanwhile, my parents were attorneys who were relatively shocked. I'm shocked. I didn't know. It doesn't surprise me now, but at the time of. All this kind of thing. And so, yep.

And now, this is the awkward conversation we have for the rest of the day, you know. [35:18] And I think that's part of the big reason why I am a little bit protective of my parents, because of the fact that they don't need to bear that kind of crap. Another big unfortunate reason why – not that we can afford to at all – but another big reason why adoption is not in the cards, you know, on this side of the ocean is because of the fact that Mike's brother is still running away from the law from his dealing charge. Yep. And we've talked about this idea of –

THERAPIST: That would get in the way of an adoption?

CLIENT: That would very much get in the way of the adoption. We didn't think it would. But apparently, it would. It's something we must disclose. It's his half-brother. There's like a 15-year

gap – or maybe it's only a ten-year gap, or something like that between ages. We had this whole thing.

THERAPIST: When was the last time you talked to him?

CLIENT: Officially, we talked to him last year, because he showed up. Supposedly his family claims that they don't know where he is, but it's amazing that he's able to come – usually when he feels like it, for important things like when we were in Miami last year. [36:43] So we saw him briefly. But before that, maybe four years. He's had a lot of drug related charges. And his family is of the belief that he's waiting to turn himself in, because he's on methadone. They're concerned that he's going to go through withdrawal or something like that. I don't believe any of this. Honestly, I've lived with an addict. (inaudible at 37:09) They believe – that's one of the things. They enable it by this belief in the addict. I actually did look up, by the way and sent the stuff. I gave it to Mike so he could give it to his father, 'cause it would never fly if it came from me. That it is considered to be cruel and unusual punishment for anybody that is on methadone maintenance to not take – in terms of jail. They have to. If you were an addict, they have all kinds of – but untreated. Like, if you just came in like, on heroin. That would be a completely different story.

But if you have been actively working with a methadone clinic and have a record of methadone maintenance, it is considered to be cruel and unusual punishment now to treat you for it. [37:54] So in Kentucky, there's statutes on this whole thing. (inaudible at 38:02) But they'd be like, oh thanks, we'll pass that along. The thing is, that doesn't fit in their model of trying to have the excuse. Besides, if Brad ever stopped being a drug addict, they wouldn't have anyone to kick around and make fun of when he isn't there. They like having him be that way. I mean, everyone thought it was really funny, 'cause they couldn't believe he would be caught dealing drugs that – it wasn't the drug of choice of his. Really? Just because it's the fact that you – he likes heroin doesn't mean that he can't be dealing cocaine to get money for fucking heroin. That couldn't be other than historical (inaudible at 38:40).

And so like, I just want out of that. He's out of it. Mike's sick of it. You know, he's first of all, sick of having to make excuses for them. Sick of being treated like a black sheep. Because we're the black sheep of the family, you know. And we're just out of it. Especially now that we're having the thing about kids, you know. [39:04] And it would be easier to make a clean break. I've got strong feelings about that. And I'm really glad that we're sort of on the same page. And it would be more complicated if, you know, if he had feelings. It's been sort of, as I said, sort of solidified now. We didn't get the chance to have what we wanted with that closure, but we're just going to have to take it as closure.

THERAPIST: I would imagine this way you don't have to see or deal with his family.

CLIENT: True.

THERAPIST: I mean, closure would have been very –

CLIENT: I would have been nice. Same deal with his family. It would be – the financial sting of it is a lot more of a sting when it has to do with the fact that oh yes, and I had – we need to figure out something we can do with our lives so that we can do that scenario, too. It makes it that much harder, too. [40:15] Honestly, we don't want to get involved in any of this potential jockeying money bullshit, too. We're not lining up for it. We got everything we needed from him other than his continued love and survival. But it's been a lot. (pause) I – the only thing I have about feeling about this in terms of feeling – and it's not even that much of a concern, is the perception that we're being immature about this. And to be honest, I'm not even sure this is that we're perceiving from this in terms of this. You know, we've put up with this for years. But other than that, I'm not afraid that I'm going to back out of it. I don't feel afraid from that kind of thing. There may be mitigating circumstances that would change something. We talked about these. These are pretty big mitigating circumstances. They usually involve partial lobotomy of his mother. Like, we've actually talked about what are the – at every point in our lives we've talked about this. What are the breaking points? What would make things change? And now, we've gotten to the point where she has to be lobotomized for us to actually want to have to deal with her. [42:05] So before, it was just shock treatments. And of course, not real. We're not talking about real actual therapeutic causes. We're actually talking about like, more – we're joking about the level of – you know. And –

THERAPIST: Level of change that would need to occur.

CLIENT: We stopped using that, though, once we found out that there are actually members of Mike's family that have – we stopped making that joke, because there are members of Mike's family who have undergone ECT. Not close, but he has had uncles. And therefore, that's no longer a – We decided that we're going to be sensitive about that. We realize how much it got our feathers ruffled when they were making fun of it. That people actually did. Fuck. We're not going to do that. That's wrong. It's funny like that, broke the habit. We didn't know. [43:03] But that's pretty much – I think it's sort of been on our plate. It's a lot. That's a lot. But I'm hoping that things will get better. I truly – I mean, I say that a lot while I'm here. Spring's coming. At least the environmental aspects of this for me is better. So that's at least something.

THERAPIST: We need to stop for now.

CLIENT: Are we okay for next week?

THERAPIST: Yeah.

CLIENT: Good. Thank you so much.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Hello.

THERAPIST: Hey.

CLIENT: Made it. (laughs)

THERAPIST: Made it. (pause)

CLIENT: I (coughs) (pause) Oh gosh. So I have a lot of these thoughts that I've been wanting to think about what to do. I think it may be passing joke about this. So I am trying very hard to slowly get myself off of (inaudible at 00:00:41) and crap, I right.

THERAPIST: (inaudible at 00:00:44)

CLIENT: Yeah. And most of them are (inaudible at 00:00:48) which is hard. The steroids they have to take you off slowly.

THERAPIST: Mhm.

CLIENT: You can imagine.

THERAPIST: Mhm. (pause)

CLIENT: (sighs) [00:01:00] One of the big things that has (ph) really driving me crazy is that my poor husband seems to think that all of this stuff, like the misery I've been through on this kind of stuff, is his fault. He does (ph) this. (sniff) And I made the joke of saying him to his therapist that envelope that opened saying "Get him to quit this the fuck out." (chuckles)

THERAPIST: (laughs)

CLIENT: I keep trying to talk to him frankly about this but I don't think that there's really an easy way for me to talking this through for him to really process this in an easy way. Basically explaining to him that -

THERAPIST: What is it they think is his fault.

CLIENT: Um (laughs)

THERAPIST: (chuckles) Everything?

CLIENT: Well, the fact that I think Okay, so this is hard. This is very hard because he can always attribute the real thing with the action with this. I guess the concept is, is that because he cannot make enough of a living for us to be able to adopt a child, then because of that I have to uphold

(ph) all these medicines I really shouldn't be and risk my life in his head. But more along the lines of just things you have to do. And so it's all his fault.

THERAPIST: I see. [00:02:30]

CLIENT: That's the closest thing to a rational thing I can think of.

THERAPIST: Okay.

CLIENT: He doesn't really know why it is. He just doesn't think Everything (inaudible at 00:02:38) was his fault. But [he was] (ph) never really told of his (ph) fault.

THERAPIST: Okay.

CLIENT: [In fact maybe] (ph) told it that it was not your fault but yet you got punished like it was your fault.

THERAPIST: Yeah.

CLIENT: You know what I mean?

THERAPIST: Yeah.

CLIENT: And I (pause) And even doing things cause I have to, slowing getting off of caffeine and blood tests and trying not to drink because we're going to go to the fertility doctor in a few weeks and they're going to be testing for egg quality and things like that. So I'm really trying to really live I've even taken the pills and things that you Cause it takes at least 90 days to affect egg quality. [00:03:16]

He's actually been a really big sport about this. He's willing to do anything for himself to fix things. I mean, there's a very small small amount of data that says that men taking DHA when you wrote fish oil there's two major types of fats and one of them is DHA. That's the one that women take usually when they're pregnant but also men taking it between 90 days and six months before trying to have kids actually does also -

THERAPIST: (overlapping talking) No kidding.

CLIENT: (inaudible overlapping talking at 00:03:47) sperm quality. The thing is they don't know a whole lot about it.

THERAPIST: Yeah.

CLIENT: They know in general that that's the one that's really good for your nerves. It's nervous tissue. But they don't really know why it would happen to a sperm. [00:04:00]

So he's like, "Oh yeah, I'll totally take any pills you want me to." Especially because I've been buying the ones that are made for people who are already pregnant so they're not nauseous. Fish pills in general, [I don't know if you've ever taken them] (ph), if you don't buy ones that are made for people that are pregnant are nauseous because they are fish! It's like oil from a mackerel. So it just -

THERAPIST: It makes you nauseous

CLIENT: Oh, it makes you nauseous, makes you burps, just in general makes you feel really bad -

THERAPIST: Bleh.

CLIENT: I knew (ph) a long time ago my Rheumatologist told me to find the stuff made for pregnant people because of that you're already nauseous.

THERAPIST: Right.

CLIENT: They're more expensive but not only is it that they make them sort of less nauseous flavored but they're also a little bit more good about. How do I explain this? The word isn't really ethical but they try to be a little bit more aware of using fish sources that might have mercury and other things in them as well.

THERAPIST: I see.

CLIENT: Because you're pregnant.

THERAPIST: Yep. [00:04:57]

CLIENT: Yeah, it's the concept. There's only a few places that make this stuff anyways. But he's like, "Oh yeah, I'll happily take these fish pills, I'll do whatever you want." He's really thrilled about being a help. He also feels like anything negative, so I'm pretty much trying to keep it bottled up as much as I can. Because it's really hard because it seems like this misplaced guilt. And it's not even necessarily what I'm telling you what it is. That's the closest thing. I mean it's more generalized than that but it's the closest thing to a rational thing I can think of after talking to him about this. It really is just sort of a "things are not going well therefore it's obviously all my fault." He also feels bad when I have arthritis flares too. Partially because the fact that he would like me not to have to work.

THERAPIST: Uh-huh. I see.

CLIENT: And that's great when we can but right now, as much as it's a giant pain in my ass, work gives me meaning. [00:06:02]



THERAPIST: Yep. I wondered if you could afford it, whether you would stop or not. I guess -

CLIENT: If I could afford it I would still be doing things. Even if I was just giving away my labor for something.

THERAPIST: Yeah.

CLIENT: But one of the great things my dad taught me back many many years ago is that there's only two things you do. You either have people pay full price or you give it away for free. Because when you do Because that way you can set your own boundaries, if that makes sense. I've never done cheap, inexpensive work when doing consulting. Because when you do that it almost always ruins your ranking, it's not worth it. When you give it away for free you can set the boundaries on this or you pay full price.

THERAPIST: Yep. [00:06:52]

CLIENT: So I would probably just do most of my stuff for free if I could. In fact, I'm going to be doing some stuff with Mike's work. It has to be free because of my non-compete. When I started with Microsoft, I was still in a PhD program. Supposedly nominally I am still. I'm on medical leave EBD (ph). So I didn't realize when I visited back to Cincinnati that yeah, they're keeping me on the hooks.

THERAPIST: Huh? Huh!

CLIENT: Yeah. So I could pick it up. Anyway, so, I had negotiated something with Microsoft and basically said, "I can't not compete, I can't not put any labor into our market because I'm going to need something potentially." I didn't know what was going to go on for a dissertation.

THERAPIST: Yeah.

CLIENT: And they basically said, "If you don't get paid for it, great." So [being a] (ph) scholar whatever and that kind of stuff as long as I don't take in a paycheck -

THERAPIST: Yep. [00:07:50]

CLIENT: Or if I take a paycheck as in in terms of things like "We'll be sending you to conferences." Things like that. they'd probably never know but I negotiated this contract in good faith, I want to keep to this contract in good faith. There's a couple of people in his workplace that could potentially use some help with things. They're finally starting to manufacture the chips more than just one at a time and they're really having trouble with doing some sort of feedback system where they're and they use chips (inaudible at 00:08:25) which, I mean, they're not electronic chips but the same kind of things have, they're done with scilio (ph). Like, it's basically instead of electricity it flows to them as water or fluids. So, same kind of processing, same kind

of thing you (inaudible at 00:08:40) [in a clean room] (ph). I mean, yes, the type of things that will happen, the (ph) clinical elimination (ph), where the water proof things, certain things peel up.

THERAPIST: Mhm.

CLIENT: But the seal, same thing. The feedback loop of where your giving this out to clinicians and this and that, getting this stuff and getting the feedback in so they can get a better job. Think, it's the same thing. It's the bloody damn same thing.

THERAPIST: Yep. [00:09:00]

CLIENT: And so he introduced me to a couple of people who just came in from San Francisco, who are here now, who would really love me to teach them to set up a very small feedback loop system. Because right now they're doing the equivalent of, "Give me your driver's license and you don't get any more chips until you give me feedback" kind of thing. (chuckles)

THERAPIST: (laughs)

CLIENT: Like vaguely threatening and that's not the way you have to do it.

THERAPIST: I See.

CLIENT: So I may be doing that. And I'll be doing that one day a week, a few hours maybe. That's just more of that You know, work is meaningful to me.

THERAPIST: Yep!

CLIENT: It's never been about a paycheck. And to me also, if I stayed home with kids, that's work. You know, that's the thing I can do. But I probably still will do other things too and just [consider it to be] entertainment.

THERAPIST: Mhm.

CLIENT: [00:09:58] It's not that he doesn't want me to work. He's not like, "Oh, you should stay home." He just feels bad because he knows that physically it is often hard for me to work.

THERAPIST: Yeah.

CLIENT: So there's a lot of guilt he has over anything involving my decline in health. And part of it is (sighs) (pause) in a very very remote way kind of a little bit true. If I didn't have such high cortisol levels and all this other stuff a long time ago, there is a possibility my disease wouldn't have been as destructing.

THERAPIST: Okay.

CLIENT: I mean, there's a possibility. We're talking like these are well past hershiary (ph) factors. But he loves to grip onto that, "It's all your fault" and -

THERAPIST: Yep.

CLIENT: Feel bad. And I do like to let him do some stuff.

[00:10:58] Is everything okay in there?

SPEAKER I.D. UNCLEAR: It is, sure.

CLIENT: Everything okay? Yeah, we're just itchy. Okay. But yeah, it's one of those things like to let him help with my disease. He's very very helpful about it. Partially because it makes him feel like he's contributing to helping me. One because it feels wonderful to come home knowing that I've had a really hard day and he knows already to do things to prepare for that and it feels really really good.

THERAPIST: Yeah. That's great.

CLIENT: But (pause) it's an awful burden to bear. I'm worried that if we're able to actually have a successful pregnancy he's going to feel terrible the entire time, for the whole thing instead (ph) of being happy. Because it's true, even for people who are completely healthy, you have to deprive yourself of certain things. And -

THERAPIST: You mean as a pregnant woman.

CLIENT: Yeah.

THERAPIST: Yeah, sure.

[00:12:00]

CLIENT: And it's like we're going to be even more careful with things. There's like these lists of what every doctor thinks and then some doctors are kind of more fussy about it than others. Like, some of them say, "No caffeine." Some of them are like, "It's impossible to get no caffeine No more than this many milligrams a day." A lot of doctors are like, especially if you're high risk, do not want you to eat anything called gangnatrates (ph). Which is in like what's it called lunch meat, bacon, anything like that. Because there is a miscarriage risk amongst other things. I mean, it's not big but when you're already going all out to put all your eggs in a basket literally -

THERAPIST: Right. You don't want to hear (ph) it.

CLIENT: Yeah, when you start going to see reproductive endocrinologist they're like, "No, this is a \$30,000 per procedure thing, we're not doing that!" (chuckles) and I totally agree.

THERAPIST: Yeah. [00:13:00]

CLIENT: My life will be perfectly complete if I don't have to have bacon for a while, you know? (chuckles)

THERAPIST: (chuckles) Yeah.

CLIENT: And that kind of stuff. And I guess he was just hoping that I could have one of these like incredibly enlightened European pregnancies where you're like, "Oh, well if I have [wine aid] (ph) with water in it, then everything is fine!" Which is great if you're a French woman. (chuckles) And it's true, growing up traveling I remember thinking to myself as a little kid hearing about these things, hearing about how you're not supposed to drink during pregnancy and I'm like, "But I see it all the time in Europe!" And it's like, well it's very small amounts and it's almost always dosed with water. Wine and water with children is really common too [in midday] (ph) so it's not like that much.

THERAPIST: Yeah.

CLIENT: But (sigh) I think you're just hoping (inaudible at 00:13:48) things were like, "Oh, well that just means we get to go to Whole Foods all the time!" Or something like that, you know? (chuckles)

THERAPIST: (laughs) Yeah.

CLIENT: It's like, no there really is a lot more things than that.

THERAPIST: Right. [00:14:00]

CLIENT: It was really a real shocker to him when cause there's this sort of a baby book in his lap the fact that you can't take cold medicine and stuff like that too. Like he had no idea I don't know where in the world he got these ideas. I guess he just sort of blocked out everything involving his sister when she had all her kids because -

THERAPIST: Yeah.

CLIENT: Because she's kind of a pain in the ass in general. But yeah, it's things like that. And so, I guess he had thought, "Well, she can't take any Vicodin probably." And that's about it.

THERAPIST: I see.

CLIENT: Which is an obvious one but like -

THERAPIST: Right.

CLIENT: But NyQuil is permanently fine really.

THERAPIST: Right.

CLIENT: NyQuil isn't especially great for non-pregnant human beings. It's not that it's bad but it's not especially good for you either. He's got a lot of sense of guilt because I guess he didn't realize how little things you can do. So I'm trying really hard to find a balance between just not sharing that much with him -

THERAPIST: Mhm [00:15:00]

CLIENT: And also trying to get him to realize that this is not his fault.

THERAPIST: Right.

CLIENT: You know? So we'll see. It's hard though. It's really hard. Because I do like talking to him about most things, you know?

THERAPIST: Sure. It must be hard to see him burdened and feeling bad in this way.

CLIENT: Yeah. And it's awful. He's just totally programed to, if there's something wrong, look for where he can be inserted into the problem. And sometimes it's just not bad.

THERAPIST: Yep.

CLIENT: It is really really important also, I should probably share that with you, is that my doctor told me that as I finally get down to the last of my serrates (ph), it's not uncommon at all to experience pretty moderate depression. Like, you're not getting something to do with your serotonin. [00:16:06]

THERAPIST: I see. Okay.

CLIENT: And so it's like, it usually passes but like all things [it's got a six month to get out of your cells.] (ph)

THERAPIST: I see. And when do you actually when will you stop taking them?

CLIENT: Probably I'll be almost off in May or July.

THERAPIST: Okay.

CLIENT: It depends on basically every time I can prove that I'm surviving sort of -

THERAPIST: Uh-huh.

CLIENT: They take me down a little bit more.

THERAPIST: Yep.

CLIENT: They're doing it all (inaudible at 00:16:40) Zeno's Paradox (ph) aspect of things which is (laughs) kind of weird.

THERAPIST: Uh-huh.

CLIENT: Basically I was just told that at certain points you're just going to have certain (ph) problems, it's going to be a problem, you know? (pause)

And so, I didn't want (inaudible at 00:17:03) hell, I'm fucking depressed every day as it is, (inaudible at 00:17:05) what are you telling me?

THERAPIST: Yeah.

CLIENT: But I think it's going to be a little more chemical like, it's going to be a lot more obvious, you know? More fun (ph).

THERAPIST: And is there a good chance of this? Is there (overlapping talking) you're talking about it like it's a pretty likely thing.

CLIENT: (overlapping talking) Like most people [feel it just for a while] (ph). At least a few weeks. Yeah. Basically, there's not like a correlation at all so most people have very very short, and I do, have very very short fuses where they're up above 15 milligrams a day of this stuff. Like, some people actually get psychotic. Like, real, honest to goodness real psychotic

THERAPIST: Mhm.

CLIENT: With the Sefleteli (ph) I've never been that upset. You know when they get up that high.

THERAPIST: Yep.

[00:18:00]

CLIENT: (pause) It is a compound that they really don't understand at all. There's not a clue in the world why it makes you gain so much weight, not a clue. They've no idea why it really works that well. They don't know why, they just know it works. That's not the primary, that was actually primarily just to keep the swelling down so I can move around. It wasn't even like the major

treatment. Though I'm really hoping that then (ph) (inaudible at 00:18:29) right now is just slowly getting all my blood just because it stopped immediately but takes a while, it's that soluble. If I lose some weight also probably have some problems.

THERAPIST: I see.

CLIENT: But I still need to lose weight because I need to be significantly lighter before we do the procedure.

THERAPIST: I see. But that will presumably be easier as you decrease the steroids?

CLIENT: That's the plan. That's what the textbooks say. Most people find it very hard to get rid of the weight.

THERAPIST: I see.

CLIENT: [00:18:57] It's easier to stop gaining.

THERAPIST: I see.

CLIENT: If that makes sense.

THERAPIST: Yeah.

CLIENT: Yeah. Losing it, we'll see. I'm trying. I already had the smack dab conversation with my mother already about that. She (pause) understands having trouble with her weight most of her life, how important it is that I need to lose this weight. However at the same time she's also still in the category of "food is love." And so she's like, "Oh well, I was going to send you this box of Cheryl's cookies for Easter." And I'm like, "Mom, first you bought me gift certificates," and I'm like, "Okay, so this is not going to work." And she's like, "Oh, it's only a little bit." And I'm like, "No, you don't understand. I need to be 25 pounds lighter by this date at least." And like, this is not like something I can fudge the scale, this is like, as in they won't let you.

THERAPIST: Right. (inaudible overlapping talking at 00:19:54) offer.

CLIENT: [00:19:55] Yeah. It took me a big struggle. I think she kind of gets it as of yesterday. We'll see when we get to Cincinnati in April if she still gets it. (laughs)

THERAPIST: (laughs)

CLIENT: If that makes sense. Because she's always been like this. Even back when she's not a super feeder, per se, but she's definitely one of those people that believes that, and it's worked for her, that not eating a lot of things but a very small amount of extremely good rich food is better than not having at all. Which sounds wonderful. We had a lot of fights back when I got my

gall bladder out because I kept explaining to her that any amount of this is going to make me sick. She lost her gall bladder too, she should know this better!

THERAPIST: Mhm.

CLIENT: She does like to cook things rich and just having so (ph) much smaller portion, which sounds lovely in theory but -

THERAPIST: Yeah.

CLIENT: You know.

THERAPIST: Yeah.

CLIENT: Yeah. And of course she's a fantastic cook. So that makes it even harder. [00:20:55]

So we'll see. I don't think it's going to be a severe problem but it definitely is something where I have to keep repeating myself because she forgets. She doesn't forget but she doesn't put together that sending me a dozen sugar cookies is not helping. And she's like, "It's only a dozen. You can eat them slowly." I'm like, "They go bad, Mom, you can't do that." Plus they're, you know -

THERAPIST: (laughs) Plus I have a dozen awesome cookies sitting in my desk.

CLIENT: I'm like, "What am I supposed to be doing with like " Also like Easter egg cookies in the middle of July. (snorts) Yeah.

THERAPIST: You also sound I think pretty excited about this whole process, I mean -

CLIENT: [I mean] (ph) I want to have kids.

THERAPIST: Yeah.

CLIENT: I don't mind I mean, I do and the moments where things are not going the way they want to, yeah, I'm miserable.

THERAPIST: Uh-huh.

CLIENT: I do want to have kids, it made me sad.

THERAPIST: Yeah.

CLIENT: [It happened.] (ph) I am excited because also this sort of [I guess I had a] (ph) very strong belief about this and about not wanting to keep trying to conceive because the fact that I



felt like on some level it was cruel because I knew my immune system would kill children.  
[00:22:02]

THERAPIST: Yeah.

CLIENT: And so it's (ph) just like doing this over and over and over again seemed kind of vain. But in theory they can now get a certain amount of cell division before they actually do the implantation.

THERAPIST: Yeah.

CLIENT: Which might actually give me the not like basically might give me the upper hand -

THERAPIST: Uh-huh.

CLIENT: On it. That's the plan.

THERAPIST: Yeah.

CLIENT: Is that they can actually have a much more, when I say mature it's kind of hard to see this because they're not that mature but a much more mature fetus, or babies either, whatever at that point, before that so that my immune system doesn't kick in. Just, you know -

THERAPIST: I see.

CLIENT: (inaudible overlapping talking at 00:22:39)

THERAPIST: I did see somebody a few years ago who had arthritis and who was trying to get pregnant and helped to consult and sort of was going through IVF for a while and then actually had some success after consulting a center for reproductive immunology. And so I had like a big recollection of sort of [00:23:02]

CLIENT: They're getting better and better all the time and basically the thing is before they could only have like one or two cell divisions.

THERAPIST: Yeah.

CLIENT: And now they can have the equivalent of a lot more -

THERAPIST: I see.

CLIENT: before doing implantation. Which basically means that your body has a better chance of one not rejecting but two also, the idea that it's going to not be assumed associated as being foreign (ph) and therefore you could potentially go into remission.

THERAPIST: Mhm.

CLIENT: Which would be good. I mean, I'm not banking on this. I know people -

THERAPIST: Yeah, the only thing that [bad had] (ph) like just really enjoying not having the joint pain.

CLIENT: Yeah. I'm really looking forward to that happening but I'm not banking on it.

THERAPIST: Sure.

CLIENT: I've met people with Rheumatoid Arthritis who had very large families and it's partially because of the fact that they love being pregnant. (chuckles)

THERAPIST: Sure.

CLIENT: Because they've never had symptoms.

THERAPIST: Yeah.

CLIENT: It's funny when I see large families, today I guess three and four kids is a large family, it's hard, it's really hard. Supposedly the person we're meeting with over at Paris' (ph) is one of the very best [00:24:08]

THERAPIST: Oh, that's great.

CLIENT: In terms of that it is. The official title is endocrinology but it is people that specifically (inaudible at 00:24:20) supposed to be the hormones of pregnancy separately (ph)

THERAPIST: I see.

CLIENT: But they do. If this is supposed to be reproductive, it's supposed to be for reproductive endocrinology. So I'm hoping.

THERAPIST: Yeah.

CLIENT: I'm really really hoping. So I'm trying to do all the things I'm supposed to do ahead of time and it's hard.

THERAPIST: Yeah.

CLIENT: It's freaking hard. But the thing is, is that as much as I'm complaining about it, the fact that I've been able to stick with it is pretty darn good so, I don't know. We'll see.

THERAPIST: Yeah.

CLIENT: I'm even eating green things. Well, okay, I'm drinking green things so that shows something. I don't think I've ever told you that this duju (ph) things related to my digestive system never done real well with things that have really strong plant walls.

THERAPIST: (inaudible at 00:25:00) Like celery.

CLIENT: Like celery. However, I've had a really good run of things of keeping them in vinegar so that it breaks things down a little bit. Not really ferment but breaking down the walls and then putting them in smoothies lately. So I don't know if it's just because I'm growing out of I mean I still have a lot of dimension (ph) problems, I can't actually absorb B12 in my stomach either so I never will. But this is sort of working (chuckles) in terms of putting things It took years to figure this out. I was branded a picky eater in terms of not eating vegetables for years.

THERAPIST: I see.

CLIENT: It was such an early imprintation (ph) though. My mom told me that I would throw up vegetables as an infant. They would keep trying to feed them to me because all the books said that and then after about the age of four or five, basically they just stop at trying.

THERAPIST: Wow.

CLIENT: You know, it's like, "Yep, cheese, throwing out asparagus, we'll just not force this."

THERAPIST: Right.

CLIENT: And so I had for years as being the kid who doesn't eat vegetables.

THERAPIST: Right. [00:26:00]

CLIENT: And it's not really that, it took me until I was like 25 going through gall bladder problems and all of a sudden they're like, "Yeah, your stomach has a lot of different rams (ph) in it, you're immune system probably attacks the 'blah blah blah' that breaks down these plant wall whatever." So you associate it with being nauseous and all this other stuff because of the fact that you're like, "I don't like vegetables." It's not that you don't like the taste, it's -

THERAPIST: Right.

CLIENT: But I've never acquired the taste because I needed -

THERAPIST: Right.

CLIENT: To (ph) this but now I've been sort of thinking if by breaking things down as much as possible and sort of -

THERAPIST: (inaudible at 00:26:33)

CLIENT: Well, because it's not really appealing after that point, just putting into smoothies with other stuff -

THERAPIST: Yeah, yeah yeah yeah.

CLIENT: But it's not that I'm trying to (sigh) I'm glad that I'm actually able to do this sort of but it's also in certain ways nice to be able to find some way to do this.

THERAPIST: Yep. (pause) [00:26:54]

CLIENT: I hated being branded that way, I hated it. But I didn't have a same thing with my allergy to onions. It wasn't until much later in life that I found out I was allergic to onions. I just didn't like them early on and every time I kept trying them and all that stuff.

THERAPIST: Yep. Yep.

CLIENT: I just Hides (ph) in the digestive tract does tend to make you -

THERAPIST: (chuckles) Yeah.

CLIENT: Yeah.

THERAPIST: Averse to something.

CLIENT: So I only found that out after being in the hospital and they put Mederma on things.

THERAPIST: Okay.

CLIENT: Mederma actually is onion oil.

THERAPIST: Oh!

CLIENT: That gets rid of scars. Yeah.

THERAPIST: Oh wow.

CLIENT: Yep. And they had to come and bring me Atropine and everything [so I didn't] (ph) -

THERAPIST: Yeah.

CLIENT: Yep.

THERAPIST: Wow.

CLIENT: So yeah. I can't use Mederma, which is no big deal.

THERAPIST: Right.

CLIENT: And I already have a notecard that has in like 8 or 12 different languages the phrase, "I am allergic to onions," and I've laminated it to take when I travel and I just had it to the person when I am eating out.

THERAPIST: I see.

CLIENT: That way it says like in Italian "Sono allergico whatever (ph) cipolle."

THERAPIST: Right. [00:28:00]

CLIENT: And in French-whatever, all these different things saying, "I'm allergic to onions."

THERAPIST: Right.

CLIENT: It's just easier. It works out really well. I've been shocked. The one place I thought never they'd actually get it was Italy. They're the most vigilant and understanding of all the countries I've visited for being allergic to onions. Totally. Yeah. So I don't know. Maybe it's because they don't see it as a you're being a picky eater and therefore you're saying you're allergic because you don't want it. They think that everyone naturally must love onions therefore you must actually be allergic.

THERAPIST: (laughs) Right.

CLIENT: So yeah, I don't know. I've had a lot of crankiness all my life. Partially because I thought I was a picky eater. And maybe I am a little bit, not that much, because of the food intolerances of some sort.

THERAPIST: Yep.

CLIENT: And so I am very frustrated and I refuse to do that to any of my own. "Let's put a little bit in to see if they're really "

THERAPIST: Yeah. [00:29:02]

CLIENT: Yeah. I hate that. Because I am very bad at passive aggressive anything. Doing it, putting up with it, dealing with it.

THERAPIST: Yeah.

CLIENT: You know? I've actually called out one of my customers this week saying, "That is passive aggressive behavior and I'm not answering that question." (laughs) And [one of them was like] (ph) (makes shocked noise). And I'm uncomfortable with this one person because he was just in general just a little snot. A little snot I'm saying at like 70. And I don't even remember what the question was but it was something very passive aggressive.

THERAPIST: Yep.

CLIENT: And I'm like, "That is [very passive aggressive] (ph) behavior and I'm not answering that. What is your next question?" (chuckles)

THERAPIST: Uh-huh?

CLIENT: Yeah. I don't deal with it well, you know? I don't like it. And partially it may just be because maybe it's I don't know. It's not like a, "Oh, I had it all the time growing up." I didn't really. Most of the people I've dealt with, even before I knew the phrase, I would make it a point of just not being around them. It just felt like it was just a pain in the ass thing. [00:30:08]

And I don't consider myself to be like morally superior to anyone because of that. It's partially because it's a lot of bandwidth and it's a lot of exhaustion to deal with. It really isn't like a "I'm a better person." Same reason why I don't say it like, "I tend not to lie." It's not because I'm a better person than anybody else, it's just that keeping track of lies is fucking exhausting.

THERAPIST: Mhm.

CLIENT: Like, I don't need to have cheat sheets for my life. So I'm not really good at it. But you know (sighs) Well. (pause) It's awkward to be honest with somebody about the reason why (inaudible at 00:30:55). (pause)

[00:31:00]

CLIENT: Not that I ever put on airs, I just don't deal with it, you know? (sniffs)

THERAPIST: It [made you feel self-conscious?] (ph)

CLIENT: Little bit. (pause)

THERAPIST: Like as though I might have a different opinion (inaudible at 00:31:18)?

CLIENT: No! No just the fact that I'm actually saying it out loud. (sniffs)

THERAPIST: I see, yeah. (pause)

CLIENT: Especially on some level feeling like, it's almost being almost a simpleton and that sort of thing. I tend to really like rigidity and rules and things like that. And (sighs) it would be very easy and very okay if I did it because I felt like there was some sort of ethics behind it but in the end it's really because it's -

THERAPIST: It's more pragmatic.

CLIENT: It's so much easier.

THERAPIST: Yeah.

CLIENT: You know?

THERAPIST: Yeah. We should finish up right now. [00:32:00]

CLIENT: So yeah, that's pretty much about it right now for me.

THERAPIST: Okay.

CLIENT: I think that I don't see any reason why I will be able to come in next week.

THERAPIST: Okay.

CLIENT: In April, I know that there will be a period of time where I'm going to be away in Cincinnati.

THERAPIST: Sure.

CLIENT: I do not remember what I think it's not the week before Easter but the weekend before that because it's a Carnival.

THERAPIST: Okay.

CLIENT: But I'll let you know.

THERAPIST: Yeah, you can [just let me know next week or whenever is fine.] (ph)

CLIENT: (overlapping talking) Yeah. So that's really about it.

THERAPIST: Okay.

CLIENT: Thank you so much for waiting for me.

THERAPIST: Sure. (pause)

CLIENT: Yeah, I kind of need that too. (pause) See you next week.

THERAPIST: Take care.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hello.

CLIENT: Hello. (pause) (sighs) Sort of been making myself cry again lately. Nothing in particular, it's not like a, "Oh, you've done X, Y, Z." And [had weeks] (ph) and (inaudible at 00:00:19) like that but just more of a having an insight on Monday that I only have so much time that I have before I'm feeling okay enough to get things done. Just trying to get stuff done before I sort of sit down and I can't get back up again, if that makes sense.

THERAPIST: Yep.

CLIENT: It's really frustrating because I do have a [lot instances] (ph) in my life time, you sit down, relax, don't worry about it and it's very difficult for me to get through to them that if I do that my joints become so stiff that I won't be able to get back up again. They sort of get it but I don't really want to have that conversation again, you know?

THERAPIST: Yeah. [00:01:00]

CLIENT: So, but I really hate the fact that my life is sort of driven by these spurts of I wouldn't say panic driven but a definitely super focused super high industry, "I must get all this done now because I know that if I sit down for just a minute or if I slow down for just a minute than things are going to start hurting." And I'm not a person that really likes having that kind of I mean, I don't mind having like a period of time where I intently do something for a project but this is more like, "I must to empty the dishwasher, I must do this, I must do that," because if I don't -

THERAPIST: Yep.

CLIENT: It's not going to be done. So. (pause) (inaudible at 00:01:41), you know? And it's frustrating. But that's sort of life, I guess.

THERAPIST: Mhm. (pause)



CLIENT: (sighs) [00:02:00] Feeling overall just a bit burned out right now, you know? And (pause) I'm just hoping to get some sort of positive (pause) how do I explain this, it's like waiting for some things to go my way just a little bit, you know?

THERAPIST: Yeah.

CLIENT: Which is hard. One of my favorite quotes ever was by I think Thomas Jefferson is that, "I'm a great believer in luck. The harder I work, the more I have of it." And that's sort of a deep philosophy of mine. That you have to make your own luck sometimes. And so it's hard getting there and getting to be able to do that. (pause) [00:03:00]

But it's hard also because [I am] (ph) just like seeing Mike having more and more like aches and pains and this and that.

THERAPIST: Oh really?

CLIENT: Yeah, he's had some problems though. He has some problems with his foot and it's a couple different things. It's been there for years. (pause) It sort of had albeac (ph) injections in it and the last time he got injections in he was on crutches for a little bit and this and that. But I really feel that every single one of them, they're all interrelated. Because something happened he's changing his gait which is bothering his lower back. He didn't even realize his lower back was bothering him until he actually asked about the fact that, "Why is it that when I go to do X, Y, Z that I'm having muscle spasms?" And they were like, "Yeah, that's a lower back problem."

THERAPIST: Yep. [00:04:00]

CLIENT: So, and I'm really trying to get the big picture of us.

THERAPIST: Yeah.

CLIENT: Especially for me. It's been a long term fight to get him to carry less stuff with him. He really wants to carry the western world with him and it's heavy. It's really heavy. And that can't be good for him. So, amongst many other things like that and it's just -

THERAPIST: Mhm.

CLIENT: One of the really really wonderful things though is we calculated the perfect, because for a while there it was almost impossible for him to really walk any distance.

THERAPIST: Oh.

CLIENT: I mean he hit (ph) some distance but he couldn't get back and forth from say, where the center is on campus -

THERAPIST: Yeah.

CLIENT: Roughly because his building is right next to that.

THERAPIST: Yeah.

CLIENT: All the way out to where we are. Do you know where the Whole Foods is?

THERAPIST: Yeah.

CLIENT: That's practically our backyard.

THERAPIST: Oh, okay.

CLIENT: Walking home back and forth at (ph) in snow when you already don't have a very good gait and you really should be on crutches anyways, really almost impossible. [00:05:03]

THERAPIST: Yeah.

CLIENT: Being the major nerds that we are, we spent an entire calculating the most efficient route to [] (ph) which is basically the backside of Ballston. Basically where the medical buildings are at Yale. The one that's actually on, I think it's on Ballston Street.

THERAPIST: Yeah, the university health center.

CLIENT: Yeah, yeah yeah yeah. From not the front but the back.

THERAPIST: (inaudible at 00:05:23)

CLIENT: They – basically -

THERAPIST: There -

CLIENT: From right there. If you hail it from there and then you do a very specific route, it's not cheap but it's about five bucks.

THERAPIST: Right.

CLIENT: Which at that point it's like, "Well, five bucks for you not being in agony, yes."

THERAPIST: Right.

CLIENT: Kind of thing.

THERAPIST: Yeah, yeah.

CLIENT: But it's kind of funny about that kind of thing because we had to use a bunch of different techniques for figuring out ways to make it. Like even from the front, \$3 more. Because they had to get up and around and around -

THERAPIST: (inaudible overlapping talking at 00:05:54)

CLIENT: Yeah. But it's really been helpful because it's these little life hacks that we're figuring out are I mean, they're not great for a budget but they're making it so that he's before he wouldn't do it at all. He would just limp home because, quite frankly, by the time he walked to Yale station, if he took it to Central, he still had a half-mile home.

THERAPIST: Yeah.

CLIENT: You know, instead of the mile walk home.

THERAPIST: Right.

CLIENT: But again, able-bodied not a big deal but in the snow and all this other stuff, bad. And as both of us had a lot of that happen where like I'm having trouble with this or that and trying to figure out ways to get around and it's fairly tricky. One of the big things that well, term, that hasn't been able to. It's sort of a weird thing because people nagged him for years about why he didn't ride a bike and he's like, "Yeah, the reason why I don't ride a bike is not that I don't want to ride a bike. People tried for years to teach me how to ride a bike, I can't." Now, after all these years, back when we had the big thing where they were doing the scans for his brain -

THERAPIST: Yeah. [00:07:00]

CLIENT: They found out that he has, I can't remember what it was called, but basically it is where the base of his brain descends a little bit lower than everybody else outside the skull cavity. It's very little. But apparently people like that have terrible balance problems.

THERAPIST: Huh!

CLIENT: Yeah. So he can never master riding (overlapping talking) anything.

THERAPIST: (overlapping talking) Riding a bike.

CLIENT: Yeah. So that's nice to have the official, "Okay, people like this." And I used to remember what the name of it is but of course I have massive aphasia lately because of stress. But it's basically this kind of thing. It's not like it's a big deal it just means that he can't ice skate, he can't ride a bike, anything that involves balance like that.

THERAPIST: Yep.

CLIENT: Not going to happen.

THERAPIST: Yeah.

CLIENT: But it's good because people, like my parents are like "Hey, do you want to (inaudible at 00:07:45) town on bike?" You know and I'm like, "Ahh, no." Now I can finally (ph) explain to my mom -

THERAPIST: Right.

CLIENT: It isn't just a matter that he hasn't gotten because and we're well-meaning people like my mother are like "Well, maybe we could get a different type of bike or we could do this or we could do that." And it's like, "No, it's not that. It's " [00:08:01]

THERAPIST: Right.

CLIENT: They can't stay up on two wheels. He parent's weren't this is one of the few things they weren't (ph) negligent about. They tried, he just falls over.

THERAPIST: Yeah.

CLIENT: So. But it's just We were talking about this kind thing but you know he is my partner and caregiver when I'm in physical agony so if he's in agony, I really try to stay off of it because it's like, you try (inaudible at 00:08:24) bothering him because it's like, "Well, you know "It's just one of those things where I just don't want to bother him right then and there. He's been getting physical therapy and I have this mildly irrational belief that this one chair in our house is causing most of the problems.

THERAPIST: Huh!

CLIENT: It's one of the big comfy club chairs that you sink into.

THERAPIST: (overlapping talking) Okay, yeah. Yeah.

CLIENT: It's leather. We've had it for years, it's his chair.

THERAPIST: Yeah.

CLIENT: In our bedroom and I've got this feeling that it's not doing anything for his posture in terms of helping.

THERAPIST: I see. Yeah. [00:08:59]

CLIENT: But trying to think about what we can do to fix that or replace that. The problem that I'm [seeing in saying irrational] (ph) about wanting to get rid of this chair as (inaudible at 00:09:09).

THERAPIST: Yeah.

CLIENT: Highly unscientific feelings about this chair that's the chair he sits in when he's reading porn too.

THERAPIST: I see.

CLIENT: Most of the time.

THERAPIST: Yeah.

CLIENT: It's usually it's right next to the bed and that's usually where he acts out. But he also does other things, lots of things.

THERAPIST: Yeah.

CLIENT: On the morning he sits there and reads the news but it's like -

THERAPIST: Right.

CLIENT: Yeah, I kind of hate that chair.

THERAPIST: Right.

CLIENT: It's not that I dislike it's very aesthetically pleasing, I just hate that chair.

THERAPIST: Yeah.

CLIENT: So. (sniffs) (pause) I don't know why but I have very strong weird attachments to stuff like that. I'm not a super materialistic person but I hate keeping things around that make me think of bad things.

THERAPIST: Sure.

CLIENT: You know?

THERAPIST: Yep. (pause) Because it would be great if that worked, if you get rid of the chair and it would improve his health and his addiction. [00:10:00]

CLIENT: I doubt it will improve his addiction but at least I won't look at it and go, "That's the chair he sits in when he's acting out."

THERAPIST: (overlapping talking) Right.

CLIENT: But I doubt it will help his addiction. But it's possible. I mean it's (sighs)

THERAPIST: Yeah, I didn't necessarily think (overlapping talking) that would -

CLIENT: (overlapping talking) No.

THERAPIST: Because it sounds like that's sort of what you're feeling (overlapping talking) about it now. (ph)

CLIENT: I think that (inaudible at 00:10:16) about it is, yeah. I think the big thing though is also just I think that there is definitely a threshold of feeling miserable -

THERAPIST: Uh-huh.

CLIENT: For him. And I think it's next, not this week and this coming up but next is when Mike's grandfather's memorial is. And I'm just sort of preparing myself for what I need to do to keep him distracted.

THERAPIST: Yeah. (pause) He's going to be pretty upset he's not there.

CLIENT: Yeah. Very. But I think that the keeping him distracted is also partially me too.

THERAPIST: I see. Yeah.

CLIENT: Because it's really sad that we aren't going to be able to be there. But first he is going to write something that is hopefully going to be read so we'll see.

THERAPIST: Oh. [00:10:59]

CLIENT: I have not strong feelings that he will get it done but -

THERAPIST: Yeah.

CLIENT: I've often felt, and this sounds really mean to say this, I've often thought that he would be incompetent emotionally to write my own eulogy -

THERAPIST: Mhm.

CLIENT: If I died. Like completely.

THERAPIST: Yeah.

CLIENT: And I don't have these kind of morbid thoughts regularly, it was when we were going to Laney's funeral and I was watching them read beautiful eulogy written by his wife. Then I thought to myself, my God, you know and I actually said it out loud to our friend Jerry. I was like, "I don't think Mike could do that." And he's like, "Oh, Mike will step up to that." And I'm like, "Mmm, the Mike you knew back in college, yeah he could. The one back when we were at college together, yeah, the guy who's so afraid of everything and sunk into this world, not so much."

THERAPIST: Mmm.

CLIENT: I feel like right now that sort of my responsibility to keep him I'm not looking for a win, and sort of this as a zero sum game, basically not in the throes of acting out or seeking behaviors that are more related to acting out I guess, like video games and such. (pause) Right now because it just (sigh) feel like if he can get past this, then maybe things will get better. I don't know. We had a really big talk because he's having a really rough time with therapy right now.

THERAPIST: Oh.

CLIENT: When I tell you this, I'm worried to tell you that there are three filters involved in this.

THERAPIST: Okay.

CLIENT: There's the one that there is this stuff being told to Mike. Then there's Mike's [in full terra] (ph) filter to himself -

THERAPIST: Yeah.

CLIENT: Of what he interprets it. Then it's the way he tells it to me and then now I'm telling this to you. So this is going to probably be so obscured it's not even (overlapping talking) remotely close to what actually happened.

THERAPIST: (overlapping talking) (laughs) Okay, yeah, telephone here.

CLIENT: Yeah, very much so that. In his person he's seeing, he is basically encouraging him heavily to get into it a forgiveness aspect with his mother. And he recently found out that Dr. Dolan has been doing a lot of publishing on the power of forgiveness. And so he's like, "Oh yeah, he's just doing this because I'm just like this too whenever I have something new that I'm publishing on, it's like, when all you use is a hammer everything looks like a nail" kind of thing.

THERAPIST: Right.

CLIENT: And so he's kind of really angry and frustrated because he can't accidentally get in a forgiveness mode when he's still actively afraid of her hurting him. And so he's coming home and talking to me about it, [all the] (ph) stuff and like -

THERAPIST: I can see based on what you have told me that at the very least to you, it doesn't seem like that's really where he's at or what would help him.

CLIENT: I agree! And I'm certain that maybe this was a one and I'm worried to tell you, like knowing him, this might be a one quick thing saying like, that Dr. Dolan might have said, "What this look like to you?"

THERAPIST: Right. [0:13:59]

CLIENT: (overlapping talking) Like that might have been a one sentence conversation that is stirring him on for weeks.

THERAPIST: (overlapping talking) Oh yeah. Right. (chuckles)

CLIENT: You know what I mean? That's quite possible -

THERAPIST: Yeah.

CLIENT: What really happened. And I'm certain that he doesn't Like I say, it's one of those things where he's been pushed for this. Like he is such a fearer of not just his mother but people that are like his mother. Like the wife of our landlord, he is terrified of! She doesn't look that much like his mom but she has a lot of characteristics of the personality that his mom puts out to others.

THERAPIST: Okay.

CLIENT: Like in terms of being very his mom seems very progressive, very granola-y but actually like, seems like that and seems kind of quirky but actually there's like a whole lot brewing on the inside.

THERAPIST: Yeah.

CLIENT: Like she seems like a really nice person and so our landlord's, you know the lady Marla, she's a little bit like that too but there's something about maybe the way her kid is and the way she speaks or something like that. I recognized it too, that she reminded me a little of Nadine. Just a little bit.

THERAPIST: Yep. [00:14:57]



CLIENT: And he's like, "Yeah, I'm terrified of her." Like, "She lives above us!" How in the world? Like people who look like her, sound like her, might have the same beliefs of her, he is flipping' terrified. Like, he told me that they were waiting for the bus and he was like, the scariest conversation they've had. We've lived there since 2010!

THERAPIST: Right.

CLIENT: And (pause) I, on some level because I'm way too easily conditioned for this, have a little bit of this myself because I notice that he's acting a little bit afraid. And I just pick up on the hurt mentality of, "Okay, there's behavior of people saying I still (ph) need to be cautionary about, they're not necessarily saying I'm afraid, but I pick up on this and "

THERAPIST: Right.

CLIENT: And [being able to] (ph) And this is not just Mike. I do this a little bit with everybody. It's an instinctive thing.

THERAPIST: Yeah.

CLIENT: Honestly, for me, for the most part it has been far more beneficial than hurtful because back in my youth when I traveled, I didn't speak the language and things like that. So picking up on these-

THERAPIST: All sorts of cues. [00:16:02]

CLIENT: There's a lot of these little cues about, this is something you need to be concerned, this is something you need to be serious about, this is you know really helps!

THERAPIST: Mhm.

CLIENT: Because I speak no Italian, I have no idea what's going on here!.

THERAPIST: Right.

CLIENT: But things like that, that kind of behavior, I don't live by it but I do definitely pick up on these things. And Mike's, for the most part, is very good on picking up like when he is not acting out, when he is actually clean, he picks up on emotions pretty well and so if I seem him being nervous about something, usually there's a reason. [00:17:01]

THERAPIST: Yeah.

CLIENT: But this is like one of those terrible false negatives, or false positives that he gets with anybody that reminds him of his mom. And I understand completely. And so, like, it is kind of

rough, you know? It is a pain in the ass. Especially because we live in a town full of people that are, at least on the surface, a lot like his mom. (chuckles)

THERAPIST: Right.

CLIENT: Are they? Are they not? I don't know.

THERAPIST: But they look crunchy.

CLIENT: Yeah. Not even crunchy, it's also a stern, no nonsense, "you're fine" kind of behavior also a little bit.

THERAPIST: I see.

CLIENT: Like a [less compassionate and causes less compassionate] (ph) on a personal level.

THERAPIST: Okay. Yeah.

CLIENT: If that makes sense.

THERAPIST: Yeah yeah.

CLIENT: You know, constantly involved (ph) with causes where if somebody trips and falls, they don't necessarily stop to see if their okay.

THERAPIST: Yep.

CLIENT: That kind of thing.

THERAPIST: Yep.

[00:18:00]

CLIENT: So, for me for the most part though, I don't get like that too much. Every once in a while but not really.

THERAPIST: Mhm.

CLIENT: I must admit that I have a preference level have avoided the watching any sort of television show or movies that involve like kind of a manipulative, derisive, controlling mother. Why? Because that's not entertaining for me.

THERAPIST: Mhm.

CLIENT: I can live that if I wanted too. (pause)

THERAPIST: (clears throat)

CLIENT: But it is what it is, I guess. The other thing that's been really stressful for me is that I have most likely Well, this is sort of one of those things where I don't know what the status is entirely. My mother's well, my uncle potentially could be passing away sometime soon.

THERAPIST: [Oh, wow.] (ph)

CLIENT: Again, he's (inaudible overlapping talking at 00:18:59)

THERAPIST: (overlapping talking) Is that the uncle that had the big party at -

CLIENT: No, that's Mike's uncle.

THERAPIST: Oh, sorry.

CLIENT: Actually that's [the only met] (ph) relative that likes him.

THERAPIST: Okay. (overlapping talking) Okay. Okay, I see.

CLIENT: (overlapping talking) Yeah. More or less. Eh, I don't know. I do have a lot of uncles that have big parties but not that one.

THERAPIST: Yeah.

CLIENT: I don't talk about my uncle Mike very much because he's been in the hospital pretty much most of my adult life.

THERAPIST: Awww.

CLIENT: In one way or another. And I'm not sure if I talked about this Did I mention my grandmother lost her leg to diabetes?

THERAPIST: I don't think so.

CLIENT: Okay. In the old country, you go to the hospital if you really want to die.

THERAPIST: Okay.

CLIENT: Like seriously. Not only is TB rampant there but there's a lot of other strains of stuff that is horrifying. So she still had that perception of "You just don't do these things unless it's really bad." So she didn't know she had diabetes until they were taking her leg off. That was

approximately back in 1997 96. And my uncle Mike also diabetes is very very strong in my mom's family. Like enough that I am a little over paranoid about it. [00:20:07]

THERAPIST: Uh-huh.

CLIENT: Like if there is something I can do to raise (ph) my blood sugar, I am totally like willing to try and see if there is some basis to it. And diabetes itself is a type 2 not so much but type 1 is an autoimmune disease, which I'm already prone to. The problem is, is that it's really muddled because there's actually both the diabetes 1 present and then also just from bad eating habits that he's used to.

THERAPIST: Yep.

CLIENT: Anyways, so I'm talking with my mom and he's back. He's been in sort of a nursing care for, like I said, most of my adult. Like in and out of like they're not really hospitals per se but there are long term care facilities.

THERAPIST: Uh-huh. (pause)

CLIENT: And -

THERAPIST: (inaudible overlapping talking at 00:20:53) Rehab center of America.

CLIENT: Yeah, they're sort of like rehab centers. They're -

THERAPIST: Yeah. [00:20:56]

CLIENT: Sadly enough, in places like Ohio, they are filled with people of Eastern European descent who have diabetes, who are just having systems fail. Like not only can they not walk, usually, but they also have just, you know, they're on dialysis, they're this -

THERAPIST: Yeah.

CLIENT: It's pretty bad. (pause) And so, right now, he's back in an ICU actual hospital and it's been really stressing my mom out because, although my aunt Iris again had diabetes as well which caused her a lot of problems with this, this is one where, in her head, she doesn't see it as a cause and effect and it's really bothering her. This is also the only other sibling of hers that's still alive. That was born actually not in the US.

THERAPIST: Mhm.

CLIENT: So to her, although they're not physically close now, she has a lot of memories. You know?

THERAPIST: Yep. [00:21:52]

CLIENT: Old memories and so it's very stressful to talk to mom about this. Especially because she doesn't seem to really underst she knows that he's in the hospital. Like is it an infection, is it this, is it that? Do you have a heart attack? And she's like, "I don't know." (pause) To me it's been inevitable but I think it's a really big strain to hear because knowing that my mom's siblings that are all under the age of 70 are dying is kind of stressful because I don't really want to lose my parents.

THERAPIST: Absolutely. And you're carrying (ph) a lot of scary stuff (overlapping talking) today. (inaudible overlapping talking at 00:22:28)

CLIENT: Yeah! Lots (ph) scary.

THERAPIST: That and like [] (ph) stuff and -

CLIENT: (inaudible at 00:22:37) scary so much as stressful.

THERAPIST: Uh-huh.

CLIENT: Meaning (ph) I don't think any of this is going to turn into anything super bad but I just -

THERAPIST: Yeah.

CLIENT: Yeah

THERAPIST: Yeah, it's causing stress (inaudible at 00:22:47)

CLIENT: Yeah, frustrating. (inaudible at 00:22:50) mother and his mother is [very stuffed]. It's like, we've tried so hard to cut the cord.

THERAPIST: Yeah.

CLIENT: And we're worried about how -

THERAPIST: (inaudible at 00:22:58) service?

CLIENT: Yeah. I'm still deeply angry and resentful about this whole thing because there's no resolution.

THERAPIST: Yeah. (pause)

CLIENT: I understood when Mike's grandmother passed that I wasn't invited or welcome -

THERAPIST: Mhm.

CLIENT: I wasn't a member of the family back then. But they didn't really want him to go. I was the one that needed it to happen, you know? And I understand that there is no interest in making sure that it is financially like, like [they're still] (ph) paying for a ticket to come out there and anything (ph) like that. But the point though is, I still don't understand why an astronomical expense to get to St. Louis. It takes like four planes. (pause) I just feel like it if they're (sighs) since they are so mobile minded and travel so much, why the hell they couldn't have just done this where (ph) this is not the place where you grew up or even set down roots, why they couldn't have done this in a city that was a little bit easier. [] (inaudible at 00:24:11) we had talked about that. Anywhere, you know? [00:24:13]

THERAPIST: Yeah.

CLIENT: Anywhere that would be easier it isn't just ourselves, there are other people that again, are being isolated because of the fact that it's just too hard to get there. The only way it could have been harder is back when she was living in this one area that was on the border just (ph) in Washington, [] which is on the boarder of northern Arizona and Washington. And that was even harder.

THERAPIST: Yep.

CLIENT: We flew into San Diego and drove down because it was just too expensive.

THERAPIST: Yep.

CLIENT: And too hard. It's like she really wants to make it hard to get to her.

THERAPIST: Yeah. You'd [have to move to St. Louis to get to her.] (ph)

CLIENT: Yeah. I'm not whining because St. Louis isn't fun -

THERAPIST: Yeah.

CLIENT: This could be in Alabama for all I care. I want to be able to get there with only two planes and possibly only having to not pay my electric bill and maybe not eat. [00:25:06]

THERAPIST: Right.

CLIENT: You know? (scoffs)

THERAPIST: Yeah! (pause)

CLIENT: It's (pause) really disappointing.

THERAPIST: Mhm. (pause)

CLIENT: But (pause) it is I'd like to, and maybe this is just the sour grapes aspect of it, I'd like to believe we wouldn't get the resolution we really wanted anyway so I think we would have come away unhappy.

THERAPIST: Right.

CLIENT: Tears (ph) aren't really sad things in their family. Not like that you have to be sad but it's much more of a I don't know.

THERAPIST: (inaudible at 00:25:49) you said, I can imagine that being anywhere near his mother with what she's likely to do would be sort of (pause) upsetting and frightening and anything but restful and edifying. [00:26:07]

CLIENT: Yeah. Oh, yeah. And the best part about this whole thing is that not that she's overtly mean, she has this really really sneaky way of getting it in there. It's so damn, like, it's so damn pernicious how it gets in because she doesn't act like she's doing it but it happens (ph) just quickly.

THERAPIST: Mhm.

CLIENT: In ways that you know they're so subtle and then that's they're so subtle for years I thought it was on me. I was like, "I'm seeing things that weren't there."

THERAPIST: Mhm.

CLIENT: They're there! (pause) They're there. (pause) (sighs) I used to feel like I didn't wish her ill, I just wanted her out of my life. I kind wish her ill at this point. (pause) [00:27:00]

I wish her a very unhappy and lonely demise.

THERAPIST: Mhm. (pause)

CLIENT: Yeah, that just (pause) (sighs) You know, it's really hard having dealt with playing the high moral ground and/or thinking this was your own fault for 20 freaking years, you know?

THERAPIST: Yeah.

CLIENT: It's hard. You know, and it's very easy that's part of the reason I'm very reticent to talk to people about it, for many reasons. Number one being is that people don't necessarily realize how long this game's been going on. This is not like a, "Oh, we can just sit down and talk and work this out" kind of thing. [00:28:01]

THERAPIST: Right. (pause)

CLIENT: My physical presence on the earth, in any proximity to her whatsoever, gives her great disturbance. (pause) And so we're just sort of, especially now we're sitting down and trying to figure out for like, family things, how we're going to explain to our children how where their paternal grandmother is. The best thing we can do is we can basically tell them, and we've been thinking about this, that mental illness shows up in lots of different ways and we're really sorry that she can't be in her life. (inaudible overlapping talking at 00:28:43)

THERAPIST: Yeah.

CLIENT: That's the only thing we can think of. Because you know, our first initial things are like we've talked about the idea of getting, oh what's it called, surrogate grandparents. Which you do a little bit, you know.

THERAPIST: Yeah. [00:28:57]

CLIENT: We talked about this and that but really at the end, you have to be [able to truth] (ph) and it's like, "Just, she's very mentally ill. Sometimes it's really obvious, sometimes it's not, you know, in terms of that kind of thing. And she just can't be a part of our lives."

THERAPIST: Uh-huh.

CLIENT: You know? As much as she's mean and nasty and she's not nice to your dad.

THERAPIST: Yeah. And your mom.

CLIENT: Yeah. And your mom. It took me a very long time to realize that even if I wasn't in Mike's life that she would be kind of shitty to him, world (ph) would be kind of shitty to him. Because for a long time I used to think to myself, "If I wasn't around, things would get easier for him."

THERAPIST: I see.

CLIENT: It was very easy to I mean, that's what she wanted me to think.

THERAPIST: Mhm.

CLIENT: No, she wouldn't have ignored him so much as a kid if that was true.

THERAPIST: Mhm, right.

CLIENT: It's awful.



THERAPIST: Yep. (pause)

[00:30:00]

CLIENT: It sounds weird being especially obsessed with his family in terms of this but I have a very small family and [that is] (ph) although, it's just me with my parents and now I'm seeing that genetically that there's a good chance that I may not have them as long as I like and then I've got nothing.

THERAPIST: Mhm.

CLIENT: I have cousins that I'm not that close with and things like that. Mostly because of age differences. My grandmother had a lot of children and very far apart so they're all very different ages. So it's just -

THERAPIST: Yeah.

CLIENT: I have a cousin Lucas that at our wedding was an infant. So -

THERAPIST: Yep.

CLIENT: And (pause) I don't know. [00:31:00]

So I just really, I don't know what it is but I was just really hoping for family and I didn't get it. (pause) And that's the big reason why I do, although I don't see them that much, I do have such a strong bond still to my Brown Fraternity. A lot of people just put their fraternity life behind them and sort of like especially as a woman as a member of it.

THERAPIST: They feel a lot like family.

CLIENT: They feel a lot like family. Yeah. I was deeply touched to see how much of us got together when Jen died. You know?

THERAPIST: Yeah.

CLIENT: And (pause) I know that if something really happened, that they would take care of Mike (ph) and I. Anyway, he's not even a member of that freaking fraternity but they refer to him as their brother-in-law.

THERAPIST: Mhm. [00:31:59]

CLIENT: I know that they would take care they know him well. They are (pause) good people. Good people far away. Most of them are in the Chicago-ish area. There are a few people up

here. Problem is just getting together because it's a lot harder but you know, they're true (ph) friends stay close. Another reason why I'm trying to go back for Brown Carnival is because I wanted to go see -

THERAPIST: Yep.

CLIENT: People I haven't seen in a long time. One of the things that really blew my mind was that apparently I had some sort of amazing, what's it called, [that word] (ph) legacy isn't really the word. Like, mythology around me to people who are currently in this fraternity about things. Such that when I needed help getting some things moved so we could move up to Providence, people that I had never met before at all or even heard of, came out to help me move my giant turtle tank which is like, literally one ton. [00:33:00]

THERAPIST: Mhm. Wow.

CLIENT: Yeah, people I've never met and they're like, "(chuckles) You're Debra, we've heard stories about you!" Not like a bad way but like -

THERAPIST: Yeah, that's really cool.

CLIENT: And I think it's just because they willing to, you know, they remember the good years.

THERAPIST: Uh-huh.

CLIENT: But also [sort of] (ph) mostly accept me from the bad years.

THERAPIST: Mhm.

CLIENT: They saw it coming. They saw me getting thick. I didn't know at the time, they didn't know it at the time. They saw things going wrong. When I was supposed to get my tonsils out and they sent me home because there was already something wrong. They saw that. (pause) So, you know, it's a (pause) about the only thing I've got. (pause) I've been so damn grateful that no matter how much I don't keep in touch, that people still do My friend Bethany's actually same fraternity.

THERAPIST: Mhm. [00:33:54]

CLIENT: [Same person does.] (ph) She's much more legendary than me because she's always lived and unusual life. But you know, same thing. If she needs something, people will come.

THERAPIST: Mhm. (pause)

CLIENT: It's weird though because the Architecture school is so different now. Well, I mean, when I started, I was one of three women who were American born in Architecture. Now it's far

closer 50/50. It is far more sorority based for that kind and they do have people that are tradition but it's not as much so because it's like the culture. And I don't think it's a bad thing at all but it is weird to see how fast the culture changed.

THERAPIST: Uh-huh, yeah.

CLIENT: It's great. But it is kind of weird going back and being like, "Wow, this is very different. (pause) How different things are now." Obviously there's also various culture changes but seeing how quickly And I don't think all other universities are 50/50 at this point anymore?

THERAPIST: Uh-huh. [00:35:05]

CLIENT: I don't know. How fast that changed. Kind of nice. I mean, there were women who went into other things but they were considered to be more girl friendly. For some reason, Architecture didn't look (ph) more Architecture of all things had more woman in it.

THERAPIST: Huh!

CLIENT: I know. My friend Taylor went []. It's (ph) very weird. A lot more in CS. CS actually made it a policy that they had, and this is actually something a lot of us women were proud of, we were not part of Computer Science, because for a little bit they were changing their entrance requirements for [phase to fun] (ph).

THERAPIST: Oh, yeah.

CLIENT: And we didn't like that.

THERAPIST: Sort of like affirmative action.

CLIENT: Yeah.

THERAPIST: For women. Yeah.

CLIENT: And we got very frustrated about that because they felt like that instead of just actively recruiting and getting people out there and doing outreach programs, changing the requirements made feel very insulted. [00:36:04]

THERAPIST: Yep. Sure. I get it.

CLIENT: But luckily, EC never did that. Or if they do, they didn't make it a big deal.

THERAPIST: Right.

CLIENT: Which is actually a little bit more of it. It's also the culturally, "You don't belong here. We had to lower the ball (ph) for you."

THERAPIST: Uh-huh.

CLIENT: Whereas it's not quite the same thing but it is almost the same thing in terms of your success is whether or not your peers think you belong there.

THERAPIST: Mhm. (pause)

CLIENT: But it's just super nice to see that. I'm really looking forward to going back. I miss Brown a lot.

THERAPIST: When is carnival?

CLIENT: Second week of April.

THERAPIST: Oh! Soon.

CLIENT: Yeah, soon. Soon. I'm really really looking forward it's basically the weekend before Easter. It's not always that way but this year it is. It's just nice to be able to go back and do some things. (pause)

[00:37:00] (sighs) It has been one of the most positive forces of my life to go there and it's funny because I wasn't even going to go there. Have I ever told you that?

THERAPIST: No.

CLIENT: I was supposed to go to Tech.

THERAPIST: Oh really?

CLIENT: Yeah! I had accepted and everything. I think my parents lost my deposit. Because at the last minute they sort of convinced me to go to Brown to stay around. They knew better that I belonged, not necessarily that I needed to be at home per se but I needed to be closer. The West Coast seemed great for a weekend visit but maybe I wouldn't be able to do as well as I could.

THERAPIST: I see.

CLIENT: And it's true. I'm looking backwards, it was too much fun. It was like way to much fun there at the time.

THERAPIST: Ok.

CLIENT: Yeah, way too much fun. And most of the people I met were no longer there, which is even weirder. There's a culture of sticking around after you bail out.

THERAPIST: Oh, uh-huh.

CLIENT: Yeah. But I was 17, I didn't know. But yeah. [00:38:02]

THERAPIST: So you mean [you did have to go to time, not put up with the work?] (ph)  
(inaudible overlapping talking at 00:38:06)

CLIENT: (overlapping talking) Yes, it's way to, I mean, it's all academic but it's not coursework based academic.

THERAPIST: Uh-huh.

CLIENT: Yeah, it's actually kind of a funny thing. Mike should have been at Harvard. He's double legacy, top of his class, literally top of his class, this and that, to this day we have no idea why he was rejected. His grandfather went there for grad school and his mother went there for math. But we still to this day can't figure it out and we's like to believe it's a little bit of fate because I was all but supposed to go to Tech -

THERAPIST: Right, right. (inaudible at 00:38:37) Brown.

CLIENT: And I had really found myself there. I really really got, both in terms of what I wanted to do but also who I am -

THERAPIST: Yeah!

CLIENT: Socially. Socially I found myself and so I tend to just perceptually feel more myself even just on campus. It's probably because I spent so many years there. [00:39:00]

THERAPIST: And I remember quite clearly after you came back from Jen's, it was like her funeral or memorial, after having -

CLIENT: Yeah!

THERAPIST: Seen all those people, you seemed more at ease and happy.

CLIENT: Yeah! And that wasn't even on campus. That was like (overlapping talking) in the steel house down the river.

THERAPIST: (inaudible overlapping talking at 00:39:20)

CLIENT: The funny thing is, they're like, "You grew up here and you've never been to this place?" I'm like, "Yeah, I grew up in a posh suburb. We didn't actually know that there were " There's no steel done there anymore but we didn't know that there were (inaudible at 00:39:30) [driving towns] (ph), God forsaken places in Ohio but they really are. Didn't matter, it was around (ph) my people.

THERAPIST: Yeah.

CLIENT: The summer of my birthday I spent a day on campus, it really helped to. But just being around my friends? Yeah, totally. And so I would like to be in Chicago, you know? And I feel like I'm not making it to be more than it could be because I do know regularly that our friends do get together. They might not get together every week but they do get together at least once a month. [00:40:03]

THERAPIST: Mhm.

CLIENT: For just even a happy hour thing.

THERAPIST: Yeah.

CLIENT: One of my brother's wicks (ph) was just in the paper because he climbed Kilimanjaro? Whatever one of the tallest mountains in the world or whatever it is. And then put up a Bengals flag and then proposed to his girlfriend and apparently the Cincinnati Post-Gazette and a couple other place picked it up. He's in Chicago now but yeah.

THERAPIST: Mhm.

CLIENT: And then they mentioned his fraternity, his love of Bengals which is weird because he's not from around there, and this and that, and that they were from Brown and it's just funny about that.

THERAPIST: Mhm.

CLIENT: But it is very much an identity with And not all years are like that but definitely there is this core group of years in the mid-nineties of people that really stuck together. We were losers that became cool people. Somehow we evolved together, got it together, and changed the world sometimes. You know? [00:41:02]

THERAPIST: Mhm.

CLIENT: And the best part is all these other people are super successful and they never now I've never mentioned that I physically work in a retail store but I haven't not [done it] (ph) either but they still treat me like I'm not like a sellout, or not a sellout but like a loser, they treat me like I'm on the same par as them. That's freaking awesome. (pause)

THERAPIST: Well, it's freaking awesome. Maybe it's also just definitely (ph) freaking true.

CLIENT: It's true. They know that I've never went (ph). And that's part of the reason why, for a long time, everyone would hear about me fighting (ph) fights with my adviser because I never let my decision in my major dictate the path I was going to take. As long as I was taking care of business with all their other classes, what the hell does it matter to him if I wanted to do this, this, and this. Because I wanted to pick up Latin because I felt like it would help me better with this or that, you know? [00:42:01]

THERAPIST: Mhm.

CLIENT: And my old adviser years ago, felt as if I was a butterfly, distracted by everything. But maybe I am but I really feel like it's made me into a much bigger, probably math (ph) of sorts or Renaissance person, than anybody else. I feel richer for it.

THERAPIST: Mhm. That's great.

CLIENT: And so, I think the scopes the important thing. But today people see that. 1993, not so much. It wasn't about seeing the big picture. Yeah, just do better. I don't know. It was an accident. I don't really care. He's stuck in [] working for [], I'm not.

THERAPIST: (laughs)

CLIENT: He thought he was going to really job after leaving universities and did not do as well as they thought it was going to. [00:43:03]

THERAPIST: I see.

CLIENT: So it was definitely a, "Don't leave academia for money unless you're willing to accept that the money might not be there risk. It's a really big risk.

THERAPIST: We need to stop.

CLIENT: Okay. I won't (ph) be back next week.

THERAPIST: Okay, I will see you then.

CLIENT: And then [after firm] (ph) but I believe that's the week after, this week will be the last one before going on my trip.

THERAPIST: Okay. (pause)

CLIENT: (inaudible at 00:43:29)

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So I just wanted to confirm just really quickly that in the next two weeks I won't be in, because of traveling/rescheduling work so I can travel. When I go to Cincinnati.

THERAPIST: Let me write it down. There is also a week I will be out which may be the following one. I have to be out of town. So you are out next week, which must be -

CLIENT: The 9th. It's quite likely the 16th. Is it the 23rd that you're gone? Let me see what I can do to try to come in on the 16th then. But defiantly the 9th.

THERAPIST: I was going to see if there another time that would be easier on the week of the 16th.

CLIENT: Let me find out. It's possible that that Friday, the 18th, possibly.

THERAPIST: I actually leave in the afternoon on Friday.

CLIENT: That's no big deal.

THERAPIST: We'll figure it out. [1:34]

CLIENT: It's been sort of one of those weeks with just stuff. The - I guess I could start with this. Did I mention to you that as much as I had been hoping never to accidentally run into Mike's mother again, that she's moving back to Miami?

THERAPIST: No.

CLIENT: Yeah. In fact, she may be there already. She fucked it up first. We're not going to do anything to get (inaudible at 2:11) at all, but feeling we just tend to do dumbass shit when we're going to do something and then, surprise, this person's here, too. So it's this kind of bullshit. That's partly why this memorial needed to be done when it did, because she was moving back to Miami. [2:35] So that went on this weekend. We weren't there. And there were a couple of other deaths over the weekend. So, oh, fuck. My mom's brother - my uncle actually, but, you know, passed from diabetes complications. It's very frustrating to me, mostly because getting right information of my mother is almost impossible.

I mostly just wanted to know - well, at the time this is happening, I'm kind of being grilled by this fertility doctor about diabetes in my family. They're kind of horrified that he died from diabetes related complicated. Related stuff. My mom is like, why does it even really matter? We don't really know. I'm like, somebody knows. Was he awake? Was he asleep? She's very vague



about this. I know that there was some sort of stroke that happened a couple of weeks ago, but they don't really – It's very frustrating. Mostly, because in her mind it doesn't really matter. You know what I mean? And I'm trying to find out this information so I can give precise – and it's just really frustrating.

I just don't want to antagonize her right now. She's already lost two siblings. And it's got to be stressful on her. She becomes very difficult to be around when she's on these periods of time right now. I don't know. She just becomes very difficult to be around. And so this being in Cincinnati next week, I'm a little worried. They did not want us to come into town this week for the funeral. Originally, when I talked to them earlier – As of Monday, there was no funeral. But by Tuesday there was one and there is one that's happening today. So I don't know. He was a bachelor. Didn't have any kids. There's a reason – he might not have wanted one. I don't know. [5:05] So it's been kind of frustrating with that.

THERAPIST: It's not just that you weren't able to get to either of the memorials, but that you're kind of excluded.

CLIENT: My mom was right about this. This was a last minute thing very specifically and we were already going to be in town. She's like – she wasn't want of those, we don't want to be included. She understood – and she was right that it would be almost impossible to get down there. It wasn't like, an excluded one. This eon. My mom got a phone call on Tuesday finding out that her sisters had made a different change and decided that they wanted to do something. So she found out with like, 12 hours' notice for viewing the body. [6:01] It was more of a – in a large family, things are complicated, and I know she's right. And we'll with them next week to try to spend some time with family. But, it's just like I said, it's just one of those things that's really frustrating. You know, especially because like I said, that happened on Friday.

Saturday was Mike's grandfather's memorial. Also apparently, sometime on Saturday. And this is one of those things where it's kind of weird. It is in a way kind of weird. We were notified by text message that his dad's mom died. We met them a few times. And I do feel bad for them. I was trying very hard not to get involved with it, because they're making very bad decisions on how to treat his cancer. So he had a type of leukemia that, if you give the dog steroids, the dog can act like it's feeling a lot better, but it actually – the steroids fuel the cancer. [7:21] So they did that. And it went really fast.

And the dog was great. The thing of it is, is that I'm not making any judgments, because I don't really know. And I have a lot of personal feelings about this kind of stuff. But you can't make these decisions yourself. But it's just one of those things that, there is a lot of sharing that, you know, really wasn't helpful right now, especially given, you know, all the other things that were going on. It just seemed like one more thing to deal with. But that is what it is, I guess. But it's mostly just trying to keep focused. We have a lot of medical testing and things like that to go through for me with the – [8:21]

THERAPIST: Fertility stuff?

CLIENT: Yeah. Right now, she really wants to make sure that – she's like, basically, your drugs are being damaged. We're very near a window to get your pregnant. I'm not having trouble – I've always had trouble walking, but I am in extreme pain lately.

THERAPIST: Did they – because of changes they've made?

CLIENT: I had to go off certain medications for months to be able to – One of the things that they give with methotrexate – it's also used for abortions in China. It's an anti-metaboloid. So it's pretty bad. And it's used for treating cancer, so they need to get all that entirely out of your system. And she's wanted to be as – she basically – and I was really worried, because I did some quick research on her and a lot of people mentioned she was very cold and they didn't feel she was very easy to talk to. [9:15] I thought she was fine talking to. Especially, she totally got it. I was telling her in terms of this – I'm an engineer. Whether or not turning my cycles is really helpful right now, and makes you feel uninvolved. There's this data point that makes you feel like I have – She was, I totally get this. This is great. That kind of thing. She really got that kind of attitude for this kind of stuff. I wasn't going to tell her this, but it just sort of came out which is, you know, one of the contributing factors to (inaudible 9:15) was infertility. Specifically, infertility and depression with that, and then also not top of it, the drugs that they give you for to stimulate your ovaries can make you very, very unbalanced.

And I basically told her, I don't want to get too excited about any of this. Because, you know, I don't think that's going to be a worry for me. But she was also like, they're also really isolated, or they were at the time. [10:20] They were on the very outskirts of Chicago and a lot of other things. But I didn't expect to tell her that and I did. And she was surprised to hear that. She had never known that – she had never gotten a hint of that. She's been doing this since '81. She could understand why I didn't want to be like, okay, this is going to happen. But the one thing that really made me respect her was when, you've got a narrow window. We've got to figure out how to get past that. It needs to happen in this window, otherwise. It's not even just your pain and suffering, but also the fact that we have to worry about the joint damage.

THERAPIST: I don't know if this is any help to you, but I saw somebody a while ago with rheumatoid arthritis who was going through IVF and other things like that and who found the Center for Reproductive Immunology that they found helpful.

CLIENT: Once you get pregnant, it is almost always, if you stay pregnant, you almost always go through remission. That is the good thing. This might be the same place. [11:20]

THERAPIST: No, this is actually, the person wasn't living here. This was in Arizona.

CLIENT: I will look into that, then.

THERAPIST: It's called the Medical Center, I think.

CLIENT: It's easy to remember.

THERAPIST: Like I said, I have no idea if that's -

CLIENT: Yeah. I'll plan to take a look at it. This place seems pretty good, but I would definitely – and they seem to be very good about being okay with working with other people. For example, before we even go forward, I need to get evaluated for a whole bunch of things, one of which is that they need to know if they need to make sure – she wants to make sure that I get cleared by a high-risk obstetrician and my rheumatologist to find out whether or not twins are okay. Because they can stop that from happening. It lowers your chances, but she's really worried about the strain on my joints amongst other things. [12:14] So the fact that she was like, you know, we need to figure this part out. She's very much aware that this has to happen fast.

THERAPIST: It seems like she's very proactive and very organized in her thinking.

CLIENT: Very proactive. But also, she didn't do it in a way that made me think, you're getting too old. You know, I mean, yes, I am older, but she said a lot of places are like yeah.

THERAPIST: So she's problem solving. Very comfortable.

CLIENT: For instance, advanced maternal age, it was never brought up, which was very good. So that was really good. It's just a lot of invasive testing and a bunch of other stuff that they have to do.

THERAPIST: When does the fun start?

CLIENT: It depends. One of the tests has to be done 30 days after my period starts, so it's one of the screwed up – things stop immediately for that kind of thing. Mike's started already having testing done any day now pretty much. So they're doing a lot of genetic testing, too. [13:19] They're aware that I have problems. His stuff is completely a mystery. My stuff is still a little bit of a mystery in terms of people aren't always really up front talking. The thing is, for my thing, though, it more of a culture – It's not as culture as in, you don't talk about your problems. It was like, if you died from a really bad strain of TB, the hospital was, you know.

It wasn't a matter of being in denial, it was a matter of, you only go to this place unless you absolutely have to. So, a little different. So she seems to be pretty proactive, which is really helpful. It is nice there. In general, it's a lot more proactive than any doctor's office that I've ever been to. First of all, when you call, they say they have 24-hour answering service. It's not like an answering service. [14:22] There's like, a nurse who answers the phone who's part of the practice. Because, some things really do have to happen at 3:00 in the morning. And not just like, someone who's – the phone calls are routed to their house, they write down the messages and give them in the morning, which is kind of pretty amazing.

THERAPIST: Absolutely.

CLIENT: Also though, because certain things have to happen on certain days, a lot of things are seven days a week practice. It happens that that day lands on a Sunday, they have to do it that day.

THERAPIST: That's great.

CLIENT: Yeah, it's really great. The fact that basically, each one of the doctors in this practice – it is one for the treatment center is entirely there for (inaudible at 15:07) or whatever it is. Something like that. Each person you call for scheduling. You don't call this massive group. There is a person you call. And that person schedules only for that doctor. So a lot of – and it could be, and a lot of it is, because a majority of the clients are paying a fortune. But also, the fact that so many things are timely in nature.

THERAPIST: That makes sense. That must be really reassuring to be getting very good care.

CLIENT: So, just like I said, I just have to find out going forward, what'd going to happen, that kind of stuff.

THERAPIST: How much is going off the medications that you've gone off and going through all the testing going to affect things for you. Will it affect your work schedule?

CLIENT: I don't know yet. At this point, the testing probably not, but I don't know. [16:15] We're going to find a way to make it work. I do know that going off the medication's been really – I don't know if I –actually, I legitimately don't know if it's going off the medication or this is something new that's happening. I've always had problems with my hip. The area which is being influenced has expanded. I think that it's just because of the fact that I'm in more pain and I'm compensating for it. And I'm pulling muscles a little bit higher up in my back now, I think. But, you know, I'm in a lot of pain. It's really hard.

Again, I went to this – and I'm not a super paranoid person. So it took me years actually, to get an electric blanket or an electric heating pad as opposed to a microwave one for lots of reasons, one of which is that for a long time the regulations would be that they couldn't get that [17:09] and they were only allowed to run for 20 minutes and all that stuff. It just made it easier just to have something to put in the microwave. And then, this fall I decided to get one. And I've always been slightly afraid of being electrocuted. I have no idea why. I think it's from something that was told to me in childhood. I don't know.

But it's not like it's like a super fear in my mind that's like I'm afraid to use it. But as I've started to get more and more problems neurologically, a lot of times you have the prickly feeling in your skin. I don't know if you've heard about this. But when you get certain pins and needles feelings. And so I stopped using that heat pad again, because when I'm trying to go to sleep, I can't tell if it's pins and needles from the leg, but it's keeping me awake. And it doesn't help that I looked up the heating pad on Amazon. Some people did have problems with shorts and things like that.

[18:01]. I don't think it's irrational to feel that way when there are situations, not like rare, but usually because they're misused for things like that to happen. I don't know.

So I'm trying not to do that when I'm sleeping which is kind of a pain in the ass, 'because I just spent – to get one that is physical therapy grade, it is kind of expensive, it's about 75 bucks. But what am I going to do with – you know, going back and forth with this. But I'm thing really hard to do anything, if possible. It's made me sad that I've gained a lot weight again. I am trying not to drink diet sodas, trying to drink water. All this other stuff. Trying not to eat junk food and eating all kinds of crap that we don't even like the taste of, especially if it's supposed to be better for you, and gaining weight. It's really frustrating and pissing me off. [19:01] I was talking to my mom. She was like, you don't sound so happy about eating anything. I'm like, well, I've got quinoa crackers that sounds a lot better than it really is. (laughter)

THERAPIST: You get healthier even hearing about them.

CLIENT: It's really not that great. And a part of it's also the fact that I need – having so many members of my family having so many severe problems. Basically, other health problems being highly exacerbated by diabetes. The doctor said to me, I'm not super paranoid about it, but I definitely will be careful for the future. I don't want to get like that. My grandma lost her leg and my Uncle Dave has been in the hospital. He's been opposed to being – he has not been in the hospital. The closest thing of not being in the hospital he has been in has been in rehabilitation facilities and more than two years, three years, maybe. Because he got an injury on his leg. [20:06] It's weird because I was expecting him to lose the leg, to be honest. But even in my brain he had never like – never had a leg. Because he had an infection with MRSA that never went away. They did their best.

And it's – I'm sort of ramping up to being defensive with my mom. Although she thinks she's really healthy, she really isn't. She goes through these phases. She sort of – because she's so damn fucking intelligent, she decided that she could make decisions. She can get her own rationality in things better than other people can. And some of these things are okay for you or better for you, or whatever. But usually, they're not. But she – I just don't want to deal with the food-pushing thing right now with her.

THERAPIST: I see. She'll push you to eat other things.

CLIENT: Yeah. But right now I technically need to be 30 pounds lighter for them to want to do IVF on me. [21:05] There is some fudging. In fact, the woman that weighed me told me that if I accidentally – like if I wore heels one day and I accidentally forgot to take them off, because of my height that would be okay. Because, I'm 5 foot four and a half. And if I made it up to five foot five and a half, it would be the amount of weight I need to lose would be significantly less. She understands it. I have rheumatoid arthritis. I can exactly move a lot. (inaudible due to simultaneous dialogue at 21:40) But it's just one of those things where that probably changes your metabolism. Not permanently, but it might as well be. It takes a very long time.

THERAPIST: And you're saying that was one of the reasons you had gained weight in the first place.

CLIENT: I'm naturally very thin. Used to be, at least. But it's been so long now, I don't even think about it that way. But I do. But yeah, it's – But I'm not trying to be like, you know, restricting my food or anything like that. I'm just really trying hard to find some way to find things to eat that are not so bad for me, and it's tricky. It's really tricky.

THERAPIST: You mean that are bad calorie wise, or healthier?

CLIENT: In general. Both of them. It is hard to find things that are both. Because there are, you know, and this is one of the things. [22:36] If I decide to worry about my diabetes – I don't have diabetes – but getting diabetes, then I have to use like, especially because everyone drinks with artificial sweeteners. Because there are at least some suggestions that, although they don't have calories, they do change your insulin regulation. Not like that people who wear tin foil hats, but there's vague – there's a little bit of suggestion for that in reality. I don't know. But that way I'm just trying to when I can, not.

I'm trying hard to just stay away from things like refined grains. You know, because it's supposed to be healthier for you. And quite frankly, there is some big evidence that it is helpful in terms of insulation. So maybe. It's not like celiac, but definitely there's some reasonable – it's complicated. Mom can be very frustrating like that. I don't know. She goes through phases, as I said, of good and bad. [24:04] Her personality is changing a lot lately. It's weird. Both her and my father have become significantly more religious over the past couple of years. I don't know if I ever explained this to you. At one point, my mother actually became religious on a dare.

THERAPIST: I think I remember that.

CLIENT: Okay, so when Mike and I were getting married, my mom really didn't attend Catholic Church very much at all. She did all this other stuff or whatever. Basically, she was raised originally orthodox. But there wasn't much orthodox – Russian Orthodox in the US where she was. There is sort of a cross-compatibility with Catholicism. They accept each other's sacraments, blah, blah. And she went to Catholic school, etcetera. Well, both of my parents did. Neither one of them attended mass much at all. I can think of maybe one time in my entire period of time I lived with them that my mom did it, and I think it was for my first communion. I just wanted to make sure I wore my dress or something like that.

When Mike and I got married, somebody at the church, which is has been the family church there. Although these hadn't attended, made some sort of snarky comment about people who don't show up and who only have interest in this. And then she suddenly was like oh, really? Are we going to do this? I'm only going to attend masses in Latin. And other things like this. And this is actually, a little bit like me, but she's a lot more like this. For a while she was attending and doing all this other stuff just to show someone that she could out do them if she felt like it. [25:44] And she went like that for about 12 years.

THERAPIST: Competitive church going?

CLIENT: Yeah. But it's not like my soul is safer. It's like, I know more about this than you do, and therefore I made a willful choice about being involved.

THERAPIST: I wasn't copping out, it was an informed decision.

CLIENT: It was an informed decision and I can do this better than you can, even more so if I need to. And for a while they were sort of antagonizing her with this. Like, this a long-time to do this for a dare or whatever. At some point my dad basically said, stop bothering your mother. We're getting older. Just leave it alone. And I'm like, okay. [26:24] At some point I stopped. I still occasionally give her a hard time about this. And then now, my mom has been doing this thing where – going to visit hospitals, people in the hospital. I'm like, Mom, please don't do this. When I'm in the hospital, the last thing – I have been harassed by those people who want to give me sacraments and this and that. I do not need – although actually, I have been given last rites. They don't call it last rites anymore.

They call it anointing of the sick, and you have to have an illness that is very bad. But when my arthritis was really, really bad I was actually given this. People in the hospital, they're really aggressive and annoying and kind of like – I was like, don't be one of those people, Mom. Whatever. And anyway, fast forward to today. My mom does a lot of stuff now. I just don't believe she believes any of it. Thought I think she believes that she – The problem is that she knows enough of it – she's not like an uninformed unbeliever. [27:20] Like I said, she can – she's so intellectually involved in a lot of this stuff, that it's like, kind of a nobody can just me for this, whether or not I believe or I don't believe kind of thing.

It's been going on for a really freaking long time for a dare. This is a 16-year-old dare at this point and it's really, really annoying me. I've done things on dares that have made me really angry. And I guess it's kind of a weird thing. Anyway, she's been vaguely relating to this. I don't know why it bothers me so much that she keeps up with this. There are things that she does that I think is really, really wonderful. When my Aunt Iris died, because my Aunt Iris had so many problems. I think I told you that. Although she had basically complications related to long-term opiate abuse and being diabetic – she lost all her teeth, you know.

THERAPIST: She's an alcoholic as well, maybe.

CLIENT: Yeah. She drank. This is like, at this point that was low on the list. It probably was pretty bad if it was the only thing. Anyways, one of the things – and she would disappear for long periods of time. [28:42] And therefore, we wouldn't know what she was doing. And we, you know, my mom, when she passed, she started doing this every month or every fortnight or something like that. She, at this point in church she – nearby where Iris had lived had Iris' meal – it's a dinner for the homeless or are not necessarily homeless, but are having problems of the thing that she liked the best. So my mom pays for this. I think that's really awesome that she

does that at the church. So there are things that she does that are really, really wonderful. But to me, I get really cranky, because all this is – I can't – I've got to step away from this, because it's too easy for me to get her all upset about it, too. That kind of stuff I think is great. I think it's wonderful. I think my mother though, on some level, does it to prove that she can do it and she can walk away from some of it any time she wants to.

THERAPIST: MY impression is it feels like a little much at this point. [29:52]

CLIENT: But, you know, my dad is signed up for something on Tuesdays where he goes and spends an hour praying for family members. I asked him. I said, Dad, really? No, you don't understand. This is the one time I don't want clients calling me. For me, it's the one time that I get a chance to be alone with my thoughts and what I want. It's dedicated time. I was like, okay. That's – you're different. That's different, you know? I think it's called adoration. The thing is, I was raised so like, not in this. I know more about other religions than I do about Catholicism, because my mom and dad were not involved in that church at all or had anything to do with it at all. So I know more about many other religions than the one that I was actually raised in.

I was never educated in that stuff. [30:46] You know, I don't know, it's kind of weird to have this kind of thing happen. My dad, I kind of understand it. He's becoming more so just because he said, this period of time, he sees that this is a chance to see that the religion has a spiritual leader that he agrees with and he feels as if – not just agrees with it, but can guide the whole community into a better world. So this is a time to really be involved. He has more belief in it because of the corruption related stuff like that. I can get that. And then, there's the ongoing thing about getting my husband baptized. So I don't think I've ever told you this. [31:33] We had this fight over whether or not Mike's been baptized.

We have no evidence whatsoever he's been baptized. His parent just sort of forgot. This doesn't surprise you at all. When it was time for us to get married, because in the Catholic Church, if you are trying to marry someone who isn't Catholic or hasn't been baptized anywhere at all at any religion. You have to go through this disparity of cult form. This is hilarious, because –

THERAPIST: Disparity of cult?

CLIENT: My husband, who is Jesuit educated, okay. But his parents just sort of forgot to baptize him. You know, they didn't go to church, so it didn't matter. But when we were getting married, we had to get his parents and a priest and his Catholic, you know, and his Jesuit church to get this form filled out so that we could get married. It was very weird. And it was really funny, because they were kind of arguing at the same time as his parents. I'm pretty sure it was some kind of new-agey thing. Do you have any documentation anywhere? Anything? Any religion at all? Something? Nope. Okay, then we have to fill out these forms.

Mike still knows more about Catholicism than I do or like, everybody does at all. [32:47] And my parents would really like to get him. My mother, actually. My dad, I don't think really cares. My dad's like yeah, he can say the mass as well as anybody else does. He can do it in French,



Latin and English. It's fine. You do it all the time in a Jesuit boy school thing. He knows it better than most people do. But the – it's just one of those things where they would really like him to be baptized. Mike's really resistant to the whole concept. I don't really understand why. It's actually really – it's that his heart's been broken a couple of times. He at first wanted Mike to be the godparent, but he couldn't because he wasn't baptized. He still hasn't bothered doing it. [33:35] Because I don't really push him in one way or the other. I just think it's kind of weird that he's so resistant to this concept.

THERAPIST: I can imagine it would be nice for him to be a godparent.

CLIENT: He is, more or less to his best friend's son who is now sixteen. But a couple of others kids too he is emotional, spiritual advising and raised a little bit more different. It's more – especially with Bernard, who's his best friend, Rowland's son, who also is at the same Jesuit school that, you – oh, yeah. They were here. Oh, my God. Bernard rode in the head the Charles. His friend from Miami came up here and they're going to do it next year, too. But it's more about like – less about what is the dogma indoctrinated and more about seeing, you know, being able to survive Jesuit school in your own terms and seeing what you take away from it, you know. Which he has been able to tell them about in terms of how to – what filters to apply to what you're getting from the school and what is appropriate for the real world. That kind of stuff, which is kind of awesome. But his school isn't as strict as it could be.

There are much more from the philosophy of understanding and, you know, academia than necessarily anything from Portrait of the Artist. I was surprised. I went to a non-secular school. And therefore, the only experience I had was hearing from this was from Portrait of the Artist where the beat the children and starved them. [35:34] What, they don't have any corporal punishment at all? Really? That's what they tell us in secular school. But Mike loves his school so much that he would totally spend – because some people do come when they're doing a sabbatical of some sort. They come and teach for a year or a semester or whatever. He would totally do it. He loves that school. But it's such a weird thing, you know.

Mom and I had a very – It's so weird with her. Like I said, it's so strange, because she is so educated and so able to work this to what she wants this to be that she can get other people to also do it. She's always had a real distortion when it came to things. She's real distortion when it came to things. She's really good at this. But we'll see. [36:58] I know that what I'm feeling is not different from what most people when they go back to see their parents and they expect their parents to be static as they were when they were 18 and having them have life changes in people. I had a very strict upbringing and it didn't – In certain ways it bothered me. Some of it was being a challenge. Instead of being kicked out of the in the house I found ways around being able to get what I wanted anyways. I wasn't allowed to leave the house after a certain time period.

So I just went around the rules and had them come into my house, you know. And as long as I kind of grazed around it they were pretty cool with it. Sort of. They liked to keep me thinking about how to obey the rules, but get what you want. It was very much like that. Now, Mom and

Dad are so much more open-minded about things like that. No, no, no. You don't understand. This is not – The way the rules work, you don't get to do this, you just get to do this kind of thing. And it kind of gets me annoyed.

THERAPIST: (inaudible at 38:08)

CLIENT: About them getting less restrictive about things in terms of the rules of the house kind of thing, you know. For example.

THERAPIST: I get that in the past they would sort of set the rules, and you had to follow them. But they were kind of – they thought it was a good thing if you found ways to kind of get what you wanted within –

CLIENT: Yeah. While still obeying the rules.

THERAPIST: What did it change to now?

CLIENT: Now, a lot of rules don't exist for certain things, you know. I'm trying to think of a good one for this, and I cannot. [38:37] Oh, here's a good one. Even when I was over 21, and I was nearby the house, if somebody who was a family member was there with their parents, they don't get to drink. Their parents don't allow them to drink. Since it's their house, my dad is – both of them are – the people – they own this house, and they have liability for that. It doesn't matter. If the parents say so, you still don't get to do that. That is no so much anymore on that. That kind of – part of it's like I'm – I'm not really sure why it is that I'm annoyed by that.

Mostly, because of the fact that if it was – if they're worried about liability and this is their home then, why the hell they're not worried about it now. Or they just decided that it's easier to be, you know, when anyone gets in their home, it's easier to make friends than set down rules. I don't know. But it's sort of, they've always been so principled and so very specific about these are the things that absolutely can't budge, no matter what, that then changing on those principles it kind of bothers me. [39:47]

THERAPIST: I'm sort of wondering whether, in the back of your mind, you're also thinking of yourself as a parent.

CLIENT: I don't think of it – especially with my children now, I think that they would still obey my – Like, if I had any – Like, if my rules were stricter, for the most part, they're okay with that. Although with this dog here they break all kinds of rules or truly drive me crazy. They insist that they're not feeding her table scraps or doing this or that. And they totally do. It's like, yeah.

THERAPIST: The dog at their grandparents'?

CLIENT: Yeah. But I don't think when it comes to things like alcohol. They'd understand that I'm like, no. It's weird, though. Because as much as they're like, no drinking in the house, if we were

culturally in a place like France, it was like their house. It was total lawyer trap concept. Because it's my house, and therefore it's my property and I am liable, this is not acceptable. Whereas, if we were in a place that's like – where it was considered to be acceptable and legally acceptable to drink with parents, then that was a different story. Such a weird thing. Of course, you know, they're both attorneys, so they have a lot of, you know, logical confusion to that. [41:14] But there's just certain things that really – I'm going to do my best not to drive my mother up the wall. I hope she does the same with me, too. So there are people I don't like her bringing up while I'm around, because they are mean spirited and haven't changed their stripes, so I don't really want to hear about how great they are doing. I mean, she's pretty good about that so far. Once in a while she forgets. [42:06] At the end of the day, strong opinions are sort of – they're allowed, you know. Sometimes it's frustrating when I realize my mother has lost her strong opinion on certain things.

THERAPIST: Yeah you have to deal with that.

CLIENT: And it isn't even just like, I realize I was wrong on something. It's like, it's more about denying that that wasn't really happening in the first place.

THERAPIST: When do you go?

CLIENT: A week from today, probably. Depending upon the schedule and stuff. Mostly, Mike's experiments. Either a week from today or early Thursday, depending.

THERAPIST: We should stop for now. But I hope it's a good trip.

CLIENT: Thank you. I will let you know more about it not next week, but the week after.

END TRANSCRIPT