

BEGIN TRANSCRIPT:

THERAPIST: I'm glad you made it.

CLIENT: So am I. I really wasn't quite sure.

THERAPIST: Again today?

CLIENT: Yes. But, yeah. The back thing is better. (chuckles) Mostly.

THERAPIST: Yeah, wow. Is it from the physical therapy?

CLIENT: Sort of. The therapist said I probably overworked some other muscle and then my back compensated weirdly, or did one of those U-twists just wrong. I was over at a friend's house doing homework and different furnitures are made that like...

THERAPIST: [...] (inaudible at 00:00:58) or something.

CLIENT: Yeah. Last night/this morning at various times I have this recurring anxiety dream that I don't think I've ever mentioned because I don't know. I was having it last night/this morning. I was having a hard time sleeping. (chuckles) [00:01:44]

THERAPIST: It stresses your back, I'm sure.

CLIENT: Yeah. Because there's no good position.

THERAPIST: Is there any kind of chair that would be helpful, like on your back or using the couch or anything? Would that make it any easier?

CLIENT: Not really. I just sort of shoved...

THERAPIST: Can I offer you a pillow?

CLIENT: No, this is good. Thank you.

THERAPIST: Sorry. I'm Jewish mothering you a little.

CLIENT: No, I understand. (laughs) It's a super realistic dream in which somebody comes near us and Ashby had said that she knows...

THERAPIST: I'm sorry... they come in what? [00:02:28]

CLIENT: In like the middle of the story so there's some part that's already happened. It's always that Ashby had said that she wanted to move to a different apartment or move out or something;

and I haven't gotten a new apartment and I haven't done anything about it because I wasn't really sure that she was serious or I just haven't. Then the dream was basically either I'm talking to her and she's like, "Oh, yeah. I have signed a lease for my new place and..." and then I freak out because I haven't found a new apartment or signed a lease or hired movers or whatever. [00:03:30] Or the kind of opposite, which is I did just go sign the lease and she's like, "Never mind. Actually, we should just continue living here. Yeah. Part of what's weird is when I wake up, if I see Ashby, I always want to ask her. She's in the house less in the morning than she used to be. So if I've just wakened up, I'm like, "Did you...?" and then I'm like, "No, that didn't happen." And asking if it happened would be really confusing and not going anywhere. She had a hard time sleeping last night as well, so we were both kind of staggering around the apartment. The first two times I started to say something and I was like, "Why do we have to move? I'm so stressed that I haven't dealt with this part." Literally this morning when she was more awake I was going to start to make a joke about it, but she was really stressed so I didn't. [00:04:56] Part of it is it's a lot of different things. But it's also Ashby who said to me more than once that she feels that I have the control in the roommate-moving-out situation; like I could tell her to move out and she wouldn't be able to do the same to me. Also along with that, if I told her that I wanted her to move out, I would immediately have some back-up friend to move in or one of my friends would have this awesome house and I'd think, "Yeah, I always wanted to be there anyway." [00:06:07] (pause)

THERAPIST: This is a recurring dream?

CLIENT: Yeah. It doesn't happen a ton, but for like two or three occasionally. My recurring dreams are usually extremely boring and irritating, like it's realistic. I get up, I go to work, I'm at work and doing work; and then I wake up, which is more frustrating than anything else because I have to get up and go to work. (chuckles) (pause) [00:07:22]

THERAPIST: Does anything occur to you about the elements of the dream? Like that sort of dream-analogy sort of thing? Like are there elements of it that...? Yeah.

CLIENT: Not really. When I woke up one of the things I was thinking about was it was Thanksgiving and I'm at our house again.

THERAPIST: You mean at her house?

CLIENT: Our shared apartment. Our house. And Ashby freaks out and usually cleans obsessively because everyone will think she's a horrible person that she doesn't clean.

THERAPIST: Are people coming over? [00:08:22]

CLIENT: Yeah, people are coming over. I'm usually never there for it. I just get to be there for the crazy cleaning in advance. One year she oh, God she got Aterol from her friend. (both laugh) Yeah. And cleaned everything. It was a bit more than really? I just stayed out of the way because it was a little weird. She hasn't started verbally freaking out about that and I guess I'm

feeling a bit worried that the other shoe will drop and she'll freak out. The other thing is like I do think that there are some things that I should actually go clean up because I caused them or I should move this somewhere, except that I totally can't do that right now. I mean [...] (inaudible at 00:09:43) yesterday and today. [00:09:50]

THERAPIST: Did you have this dream last night?

CLIENT: Yes. Into the morning. I probably fell asleep and woke up six times.

THERAPIST: So you're saying you had trouble sleeping at least five times a night.

CLIENT: Yeah. (pause) [00:10:59] It's also a little bit I think I'd mentioned how, for whatever reasons, Ashby has basically stopped doing housework.

THERAPIST: All together?

CLIENT: Kind of.

THERAPIST: I think she wasn't cleaning the kitchen.

CLIENT: Yeah, not entirely, but she will leave trash like an empty container in the living room, won't load and unload the dishwasher. If I ask her to, she will. She'll avoid taking out the trash. One of the things is three or four weeks ago there was a cold snap and I brought in the two citrus tree plants we have. They're actually Ashby's. She bought them. At first I asked if she could help me carry them in, but she was coming home really late the night of the frost. One of my friends helped me get them sort of inside because they're really heavy. They're in these huge pots filled with soil. I got them inside but, because they're little trees, they're occupying half of the stairway or the stairwell going up into our house. [00:12:49] I had asked her a couple of times if we could move them all the way up. I asked her last weekend and she was like, "Well..." The first night she said, "Yeah. I'll help you with that," and she didn't do anything. On Sunday I decided that maybe I would try moving one of them a little bit. I was like, "Well maybe I'll see if I can just get it up." I wanted to see if I could pick it up. It's a plastic pot. The rim that I was holding kind of started to break off. They're in cheap pots so there are a lot of problems. So I didn't. Nothing happened. Ashby came out of her bedroom and said, "What are you doing? Are you okay?" I was like, "Yeah. I just want to move these pots." Her response was, "I think they're fine. I mean, they're getting light." I was like, "Yeah, but they're blocking the way." Blah, blah, blah. She was like, "Well, you know, maybe we can get a board at some point and blah, blah, blah. We'll move them later." [00:14:16]

One of them isn't in the way, but one of them, every day the whole house it's at the bottom of the stairs so it's right there. It's half the staircase. It's hard to find shoes or if you're rushing it's there and you can't get out. I want to move it. I can't move it, and she won't; so I'm sort of going, "Okay. I guess in theory we could leave it, except that we're having people over for

Thanksgiving and we'll have people coming to the stairwell a lot." It's already kind of cramped. Also, I just don't really want the plant in the stairwell. (pause) [00:15:31]

THERAPIST: Well, the stuff in the dream my suspicions point towards your being anxious or maybe in the dark with it about the extent to which you need and depend on Ashby.

CLIENT: Yeah. I don't know. [00:16:33]

THERAPIST: More obviously I think or at least this is the way you often describe it she's the one who's kind of less stable; who sort of leans on you. You're sort of the more solid of the two of you; but maybe there's another level for you which really doesn't feel that way. I'm not saying it isn't that way. I'm just saying that I imagine and it seems to me you're just saying and I think maybe in some particular ways that you really kind of need her.

CLIENT: Yeah, one of the things that I do think about at some times is that I've never lived without roommates. In thinking about it, I don't think I'd want to live without roommates. The presence of someone else in the house that can talk and help out is positive in a variety of ways, including that I can ask them for help doing something. Also, sometimes I feel like there are household things that feel really big to tackle as one person. I value having her specifically, but also conceptually someone else there. [00:18:36]

THERAPIST: I think maybe something about her activity, maybe her, at times, busy activity, like the crazy cleaning and, clearly, was something that popped like the head of a pin there. I wonder if sort of her craziness, while those things can be frustrating and annoying or difficult in some ways, actually contain you in other ways; like I don't know. I feel like I get sort of repetitive about this, but I'm thinking about your mom. The sort of activity and rigidity and intrusiveness I wonder if there's something kind of reassuring, as much as it can also be frustrating or off-putting to you about that? Like it is a way of feeling close, feeling another presence in the house. [00:20:24]

CLIENT: Yeah, sometimes it's frustrating and positive. (sighs) I don't know. When we're both cooking or canning or doing something where both of us are doing something, it's really great to have her be there. Kind of have more [...] (inaudible at 00:20:49) or something. It's nice. I guess I feel like we have established the kind of relationship with a mutually beneficial way of doing things. I told her months ago that I was feeling more depressed and her response was this very sarcastic, "Oh, God. I'm going to have to monitor everything and lock the hatches down," which I knew she wasn't serious about. It was also a defusing comment and it also was nice to think that in a weird way it's nice to know she cares; even if it's a prickly, weird way of responding. [00:22:02] I do worry sometimes about (sighs) I'm making this overdramatic, but being so depressed I can't get out of bed or I can't go shopping or do something. And I think, "Well, if that really does happen for a day or two or whatever, there is someone in the house right there who can say, 'Get out of bed.'"

THERAPIST: And who might, I think.

CLIENT: Who probably would. Yes. I think very sure. And would also say, "Here's some pizza."
[00:22:40]

THERAPIST: I see. So it's sort of like, "All right. That's enough. Get the hell out of bed."

CLIENT: Yeah. Or even just like, "Have you noticed that you've been lying in bed 16 hours?"

THERAPIST: I see. I suspect that it appeals to your feeling connected to know that she's there in that way.

CLIENT: Yeah. I've tried living twice with people I didn't know, and neither one worked very well. It wasn't that they were horrible living situations, I just felt like I'm not interested in this, whatever this is. I definitely like having someone that I know and am friends with living with me and doing household things or house things. [00:24:08] It's one of those instances where I like having someone else who thinks of it as our house, not like the room they rent, and both of us are willing to do things like rearrange the furniture or put up curtains.

THERAPIST: Yes. House projects.

CLIENT: Yeah. The two conflicts we have we have a couple of those, but one of those is that Ashby likes all flat surfaces to be clear of objects, and I don't. I can't get her to tell me what is the thing that you want me to be cleaning in this room? I think that she still thinks that I'm somehow mocking her. She always goes, "It's very obvious. Just clean it." I'm like, "This? Or this? Or this?" It usually ends with her being agitated and irritated. So there is that. [00:25:37]

And I do miss it. It's have Ashby still be a sort of noticeable presence in our house, but have her also not doing things, like things I'm kind of surprised by considering how concerned she is about how people will view her based on her housekeeping. I find it very weird that she's suddenly like, "Nope." [00:26:33] I also want to talk to her about it, but I guess what I'm worried about not just that I find it it's kind of a weird question to ask. "So I've noticed that you've stopped loading the dishwasher." It's not really that, it's like, "I've noticed that you've stopped doing 20 things." I'm also worried that asking that question will turn into her having a nuclear feelings meltdown or getting really angry that I don't want to know or that I don't care what she feels, that I just want her to be my maid or something like that. So I feel very stuck at that. I would like to talk to her. She's my friend; she's the person I live with, but especially after her birthday, I just feel really burned by it, don't want to, or am scared of the results. (pause)
[00:28:19]

THERAPIST: This, I guess, is some of your dilemma, where there's something that's bothering you but it could get worse and could become really painful if you bring it up. The other person will act totally unreasonably and not really take in what you said. And which will not only make you feel bad in itself, but the way they react will also be pejorative or upsetting in some other way. [00:29:12]

CLIENT: I think it's [nice]. (ph?) It's not that I'm worried that she'll be unreasonable, although that is definitely is a thing. I'm also worried that whatever is bothering her or concerning her is legitimate and is going to be a lot more than I actually wanted to talk about. Does that make sense? (sighs)

THERAPIST: I'm sure it makes sense, I don't quite...

CLIENT: Another friend of mine, Jennie, is out of a ten-year relationship that ended very poorly. One of the things that was difficult in their relationship is that he was completely cut off from the idea of even having feelings or emotions or reactions that were emotional for a variety of reasons. So whenever she would have emotions, he would freak out and say that her emotions were too vague and scary. It's a huge sore point for her. What's hard for me is that sometimes the way she expresses her emotions to me is too big and scary, like she's like a kid herself. She will hit her eyes with her fists because she feels so ugly. If she's very upset, she expresses how much she loathes herself really intensely; and I find that really hard to deal with. She's also always awkward like, "I think your boyfriend was wrong for saying that your emotions are too big. On the other hand, that felt like a big emotional thing that you just did." [00:31:28]

THERAPIST: Right. Kind of like he wasn't entirely [...] (inaudible at 00:31:32)

CLIENT: Yeah. I mean, a person can have that reaction to anything. I'm like, "Yeah. That..."

THERAPIST: It seems like an unusual person for him to wind up with for ten years.

CLIENT: Yeah.

THERAPIST: It kind of sounds like he would want to be with somebody where it was very clear who is having the feelings, like the division of labor in terms of feelings is very clear. (chuckles) [00:32:01]

CLIENT: Yeah, it's a lot of things, including she's is the second person he's ever dated by the age of almost 30, so I think he's feeling a little bit of that. (chuckles) It is weird. There are a lot of other things. Because he definitely sometimes had the desire to have close friends and then there would be feelings there, but he has no idea what to do with it. Also his mother was very mentally disturbed and used to have delusions and scream at him and lock him out of the house, so I think part of "your emotions are too big" was that he never dealt with that and hasn't really dealt with that. [00:33:20] One time I was talking to Ashby about Jennie and how I felt very stuck when I would invite her to do something or whatever. Her response would be this flood of self-loathing or she would say yes and then spend really wrong time. Like one time she was really worried that I didn't like her and she was really annoying or she was demeaning or she was too you know x, y, z. As her point, it feels very difficult to keep saying, "Yes, I do like you. Yes, I enjoy hanging out with you. Also at a certain point it actually is kind of annoying that you're asking me this all the time." I wasn't looking for Ashby to give an answer I just was talking

about it and Ashby got very upset and said, "I don't think I can talk to you about this because that's how I feel all the time." [00:34:45] I don't know. I know she feels very insecure and she feels terrible about herself a lot and tries to not ask for reassurance in that way, but she does. Like when she gets stressed she'll often ask me, "What do you think of this? What do you think of this? What do you think of this?" Like over the top. I don't know. I am worried that if I ask Ashby what's going on that it will be too big a thing for her. I guess I think not too big, just too intense and too I mean both Jennie and Ashby when they're upset, I always have the sense that they're going to hurt themselves or lash out at someone else. [00:36:01]

THERAPIST: The thing that strikes me and which I don't have a good explanation for is that, contrary to the level of what you're describing in which it requires careful handling and can be very off-putting, there is some other level at which this is doing something for you that she's that way that she's that difficult to bring up something like this with. That she can be difficult to talk to and you have to sort of be careful and hesitant and offer things up. It would seem that, contrary to what other people think, it's doing something for you or you're getting something out of that. [00:37:35]

CLIENT: I must be.

THERAPIST: That seems possible to you, too?

CLIENT: Yeah, in that way where I keep on having friends who act this way or do this or I maintain friendships with people that do this. It's like after a certain point it's like, "Okay, well, it's not just random people being whatever. There's also some reason why I'm talking to them." (pause) [00:39:13]

THERAPIST: I would imagine that part of the occasion for the dream was hurting your back and, in that way, I guess being more dependent on her in a kind of obvious way.

CLIENT: Yeah. There's also a side of it that's slightly literal in that our landlord really need to do some repairs that he's not doing and we've been talking about how it's like the borderline of "is this apartment still worth it?" The friend that I was visiting yesterday commented, "Are you really sure you want to stay," because his big thing is he wants to set up his computer in the basement of the house which he doesn't live in anymore. He just rented out both floors. Set up dial-up and use his computer in the basement. He also needs to repair shingles across the house, which is not weather-tight. It's weird. The basement is just a little creepy and weird and by not fixing the shingles, it's going to be cold because it's not insulated. I'm also seeing my friend's condo. It's this frustrating moment of (sighs)... She's got her PhD. She's a PhD and is working four teaching jobs and is very anxious for someone who makes a lot of money. [00:41:16] The friend that has the third floor is in the same situation; someone who has a low-paying job, hasn't a lot of money. There are a variety of people I know who are in that situation and it's (pause)... I am kind of jealous of her having a really nice condo; they bought the building. It's so pretty and you were able to afford to have an artist friend come in and pick the colors and have a professional painter and it's new (chuckles). Also, there's this weird way in which the women I know that

have husbands with money kind of gloss that over. Like they're able to do whatever creative things they are doing because, yes, your husband makes money and you don't have to support or hustle. [00:42:32] I guess I was feeling kind of jealous of that lifestyle or that "something." Also that I think somehow I think the paycheck for disability is two weeks without pay, and so I think the next paycheck I'll have two half-paychecks. That's stressing me out money-wise. Ashby is actually better at saving than I am a lot better. Part of the moving stress in my dream is the money it costs to move and get a new place and get a deposit. I decided that I'm going to have movers because I'm going to hire movers. Some people I know are like, "Oh, yeah." They make the point that they have someone pack for them. I'm just like that is the most magical. Like what do you mean? Especially people who relocate across the country and their company is paying for everything. (pause) So there is that as well. Not that Ashby and my combined income would be a condo. It really wouldn't. [00:44:19]

THERAPIST: There's something in there about your wanting to be taken care of, I guess.

CLIENT: Yeah. [...] (inaudible at 00:44:29) that this morning.

THERAPIST: And having it done for you.

CLIENT: Yeah. And being in control. I was thinking that I really want someone to come in here, rearrange the blankets and everything so that it's comfortable, and then snuggle for a while and bring me breakfast. Or I have to get out of bed and do it myself. (sniggers) (pause) Sometimes I really do want someone to do things for me or take care of me. I don't [...] (inaudible at 00:45:27) like, well, if someone's going to bring me breakfast they're going to have to be in the house or a block away so it's just me. (pause) [00:46:14]

THERAPIST: I wonder if somewhere there's like a fantasy about you and Ashby? I know you don't want to actually be in a relationship with her. I'm clear about that; I don't mean it like that. That doesn't mean that you can't at some level have a fantasy that like you guys are together in such a way that she could take care of you. (chuckles) Or wish for the good parts.

CLIENT: Definitely. Also over the long weekend I got up in the morning and got myself coffee and was like, "Oh, do you want some?" So like three days running, I brought her coffee in bed. And I'm like, "You know..." I would also like someone to serve me coffee in bed or more like I want breakfast in bed. And there definitely are friends of mine whose households or roommates would do that, so I definitely see that and I see people having that kind of I guess I do kind of want a friend marriage with her where we don't have sex or anything, but care for each other and help each other out in that way. If not Ashby I mean that is a way in which I think I would enjoy living in a co-op sometimes; co-op craziness. The friends of mine who have the condo and the three levels bought it collectively. They all bought it together. They leave their back doors open in the back stairwell and they just come up to each other's and visit and say hello and do whatever. Living like that sounds in many ways perfect to me.

THERAPIST: I see. We should stop.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Sort of the hazard of oh, you moved the couch.

THERAPIST: Yeah, yeah. I think the desk is going to go and I had some stuff made, that can go up on the wall.

CLIENT: That's a stopper right there?

THERAPIST: Yeah.

CLIENT: Sort of drawback of getting healthcare is that oh, my God, where is that here.

THERAPIST: Right.

CLIENT: I had stopped setting a reminder extra early, because like whatever. I mean, I won't go get late on my way out of the building. I don't know. They're talking to us about physical therapy in the union contract, which is still in negotiation.

THERAPIST: Oh.

CLIENT: Yeah.

THERAPIST: How the contract will include like what coverage does include for physical therapy?

CLIENT: No, they're separate. She had physical therapy program taken off. [0:01:13.8]

THERAPIST: I see.

CLIENT: Also, Cambridge's getting real mean on healthcare benefits additionally, but they're going to try to raise the co-pays again, but I haven't really been paying attention. So I started getting, I don't know, sort of worried about so, the initial six weeks of short-term disability are up, like mid-December, and it's still like confusing to me, um, who I would talk to, if that needs to get extended, but my insurance only okayed eight appointments at first, but they might okay more. (sighs) And it's one of those things where, like, I mean I think everyone finds it stressful to try to find out what the hell your insurance is doing. It's also a case of, like, it would be really nice to have HR, an HR present, or a person I could talk to, because I just, I don't know, like I don't know what I should be doing. Enrollment, it's up again, I think it was now-ish.

THERAPIST: Yeah. [0:03:17.8]

CLIENT: So, I feel like I don't really know like what I'm doing with that. Will the contract affect that, will like, I don't know. It's one of things like I just really want, like someone else to have answers, so that's been kind of, I don't know, was on my mind this weekend. The other thing is, so one of my good friends, Martha, she works in HR, she's like a high level HR professional, blah-blah-blah. We were at a party on Saturday and she invited some coworkers, some of whom just work in her building, some of whom also work at HR. And whenever I talk to her about work, she's always like that's inappropriate, that's illegal, they shouldn't be doing this, and she's sort of like [0:04:34.3]

THERAPIST: She doesn't work in HR at Harvard?

CLIENT: No, she works in HR generally.

THERAPIST: Oh, gotcha.

CLIENT: Like for a while she was doing HR contracting to utility companies, and she worked for [AccuBind?] and two other places, but then she doesn't work for Cambridge, although she has applied, had applied to work there twice. But it's just really weird to sort of she's talking about it and she's like that's illegal, nope, nope, like that's, you know, blah-blah-blah.

THERAPIST: Yeah. CLIENT: I don't know, it's just one of those things where I'm sort of like oh, like I just don't know what to do with that information, like that XYZ was totally illegal, or inappropriate or like 50 other things. I mean now that she's saying I should, but... And one of the things I talk about, actually abused coworkers about, was having this was a while ago having a sexually harassing coworker. [0:05:41.8]

THERAPIST: Mm-hmm.

CLIENT: And so, we were talking like, you know, probably every women we know has a story of being sexually harassed at work, and usually not telling anyone. And I was discussing how, like I did let my manager know and nothing useful happened. I don't know. I guess with like both getting sexual harassing coworker, and with Will, like in both cases, I went to my manager, I went to HR and didn't really get anywhere. I always end up I mean, part of me is sort of like well, is it that the HR people were kind of fucked up or like not very competent? Is it that management isn't very competent? You know, like why is doing all the right things completely not going anywhere? Like especially given... People will often say oh, it's such a lawsuit waiting to happen and I'm like, I guess? But... It feels like if it really was a lawsuit waiting to happen, that someone would have done something more, like big attempt to pacify me, something, something, as opposed to nothing. So, yeah. [0:08:04.3]

And then also sort of the greater question is lately it seems like oh, well you do IT, you must be able to have a lot of job opportunities in industry, why don't you go do that. I guess your answer is one is, like I'm doing pretty well with my education benefit and having a lot of seniority in

terms of other benefits. But sort of like my library degree, I don't have IT certification. I haven't taken like, computer courses. So, on like if someone was looking at a stack of resumes, mine probably wouldn't go anywhere, just based on that. If you're doing an initial sort, I don't have the like, you know, official qualifications, which is another thing which (sighs) it's what drives me crazy about library school too, where I'm like, I can do the job, it's just that I have to pay a lot of money for you to believe I can do the job. And it doesn't matter that I've done you know, it doesn't matter that I've done it successfully, or any of these other things. It's just like I have to, you know, pay the money. It's not an excuse that they're time consuming notes.

THERAPIST: I see. [0:09:45.3]

CLIENT: You know? Like the library degree is taking a long time, and since I'm in the final stretch, I'm getting more annoyed about it not being done. And then I had this sort of like, another real weird anxiety dream where I had decided to quit work and go to another library school to finish, and in my dream, when I got there, I was like oh God, wait, I don't want to do this. Why did I quit my job? I didn't budget for these things; stress, stress, stress, wake up. And like when I kind of woke up and was thinking about, (A) it was a boring stress dream and, (B) like I really like in many ways I don't feel like I would be able to just, to quit and do, like finish off school quickly. I don't know, I feel like whatever planning, preparations, savings, et cetera, I don't know, it's just like, I'm kind of like oh, God, I'd have to pay rent, like this expense of rent and there's food and there's tuition and there's like stuff. I don't know. [0:11:52.6]

I feel in some ways, a little bit jealous of the university students who are in school, in part because I've had a while of having that salary and enjoying it.

THERAPIST: Right. They don't know what that's like.

CLIENT: Yeah. I mean, I remember when I first like had a job, I was just like you're paying me all this money twice a month, with like what? I don't want to lose that. I'm like, even if I had a part-time job, it would be a lot less. I mean, they're about to give out loans and blah-blah-blah, working at Starbucks sucks, but like I don't know, I feel like at least (inaudible).

PAUSE: [0:12:55.6 to 0:13:26.9]

THERAPIST: Well, I guess it's kind of impossible. It seems like it's just sort of impossible in wanting to stay and impossible wanting to leave, I think.

CLIENT: It's not like that it feels impossible. I feel like I'm spinning my wheels and like that's kind of what's making it impossible. I don't know, for me it feels like if I was more if I could get myself more motivated, then... I don't know, it would be easier, less frustrating, something.

THERAPIST: You're spinning your wheels how? [0:14:27.1]

CLIENT: I think I'm spinning my wheels in that, so like my job is kind of in this like I feel like it was kind of static, it's not really changing, and I feel like, you know, it's not I don't like I don't foresee... anything really. I don't really foresee, like, things at work, like my job becoming more interesting or easier or more defined.

THERAPIST: Mm-hmm.

CLIENT: I feel like it's just, it's kind of in limbo because the library tradition, still nobody knows what's going on.

THERAPIST: Right.

CLIENT: And also, I don't think I have any support for doing anything, so that feels like I'm just stuck in my place at work. And then at school, I guess it's partially finishing up prior classes, but I feel like well, I'm doing this. I'm not really learning new things right now. I feel very much again, sort of rehashing what I already know, but then I think well, there are, you know... This is the last required class, so I think I have three electives left. So they could be interesting things with those classes, except like I just have a hard time, like I guess not (inaudible) but, like in looking at classes for the next terms, like hmmm, it's all going to suck, nah. But I also think like that's not like that's at least partially me being feeling like stuck in a rut, but I don't feel like and so I'm like, and then I feel like I'm just sort of stuck in a rut, but I also feel like I could also change that. But I also feel like really tired out and not motivated, you know, like put together things. And lately I've been thinking about, I mean for a while, but mentoring programs or trying to connect with non-Cambridge librarians, since I told off Cambridge Librarians, and like talk to people about the interesting things that they're doing. [0:18:04.5]

THERAPIST: Mm-hmm.

CLIENT: I don't know, I think about doing it but then I don't. I get kind of I don't know, I get like stuck or just, like I should really e-mail this person something interesting or something whatever. I'm really exhausted, I would rather like, lie down. The other related thing is I keep on thinking, do I need to create work presence, like work Internet presence, like a professional one.

THERAPIST: Right.

CLIENT: And so I get very hung up on like, well should I set up a framework of a work me, before talking to people, because then it's constantly like work, Internet, me or not, like I don't know. I keep on sort of bogging myself down in the details of it.

PAUSE: [0:19:23.7 to 0:20:19.7]

THERAPIST: What else comes to mind?

CLIENT: I don't know, mostly I think about, I mean, I heard like, what I feel like or think about is being depressed and also like having all this physical pain, like that's taking up a lot of my time or energy.

THERAPIST: Sure.

CLIENT: And then I feel a little worried about being able to get hired at a new job. I don't know, I think part of me kind of worries about applying for a new job if I don't feel I don't I, I don't I get worried about what kind of reference or recommendation or whatever, Chet would give me, if I was applying for a new job. Like, would it be positive? Would they mention absences, even though they're not supposed to really at all, that's never stopped them. I get worried about those negatively affecting, just like my ability to get a job and my ability to work at the job. I think right now, I couldn't stand behind a reference desk for a long time, or like stand at, you know, a surveyor desk, and that's something that librarians totally do a lot. Sitting down for a long period of time is also not great, which I'm sort of like well... I guess I can think of ways that like I don't see those as necessarily making it impossible for me to work at all, but I worry that a new employer might say like well, we can get someone who's younger and healthier or cheaper. I mean, other girls are changing careers, like when you're not 23. [0:23:48.9]

THERAPIST: I guess I do wonder, as you're talking, whether you're like to what extent you're talking yourself out of it. I mean, you gave quite a number of reasons why it absolutely doesn't make any sense to look for other jobs. I can see your reasoning, it doesn't sound far-fetched exactly. At the same time, as far as I know, you've never really tried, nor are you considering what I imagine would be a bunch of things in your favor.

CLIENT: Yeah, no. I really can only think of -

THERAPIST: I mean, such as your experience and the fact that you do, do IT and library stuff, and are most of the way through your degree and went to Cambridge, which employers probably often like.

CLIENT: (chuckles) [0:25:13.4]

THERAPIST: And, you know, probably know people who know people who might be looking. In other words, yours might not just be one of three hundred resumes that shows up in a stack, e-mail, or electronically, you know?

CLIENT: Yeah.

THERAPIST: You hardly mentioned any of that.

CLIENT: It's really hard for me to hold those, like it just feels very slippery when I'm thinking about it.

THERAPIST: Hmm.

CLIENT: I know, I know. Like partly, it's one of the reasons why I'm like oh, I should make a professional Internet me, because I'm like, well I know all these people, but I don't necessarily want an employer to know, like all my personal Internet connections. [0:26:15.7]

THERAPIST: Right.

CLIENT: So I'm like oh, I should probably make one that my Internet friends could like I could point someone to, and part of that is predicated on me knowing people who know people.

THERAPIST: Right.

CLIENT: You know?

THERAPIST: I bet if you messaged a bunch of the people that you know, who you imagine would know people, and could probably find you people to get in touch with. I mean I bet you could have a dozen people to get in touch with within two weeks or something.

CLIENT: Yeah.

THERAPIST: If that's what you wanted to do. Right, so why are you sort of trying to convince both of us that you're sort of stuck? I'm not saying there aren't ways in which you're stuck or that there aren't some things you'd have to struggle against, but it seems to me you're pretty invested seeing yourself as being that way. [0:27:23.5]

CLIENT: I think part of it is being depressed and tired. So, Rachel Maddow, a little while ago, gave this interview about her like she has periods with depression, and she talks about like how she kind of like, she's like oh, okay, I'm feeling depressed, I should like do these things to kind of tie myself over for that time period.

THERAPIST: Right.

CLIENT: And (inaudible) to me lately. And I guess right now I feel like, I don't know, I just feel really like I guess I have a hard time saying to myself, like well, you know, maybe right now you're in that like Rachel Maddow, you're like well, I'm not doing so great right now, so I should let myself off the hook a little bit, and when I'm not feeling really depressed or physically uncomfortable, then I could work on more things. So it's not like I'm permanently stuck. I should think of it as a temporary problem. Does that make sense? [0:28:44.2]

THERAPIST: I think I follow what you're saying, but I have some objections to that.

CLIENT: (laughs)

THERAPIST: I think you probably would have said something similar to me, you know, during a period where you were less depressed and feeling less low. It may be exacerbated by your move, but I don't think it's entirely due to it. I think six months ago or nine months ago, a year ago, you might have said similar things. The other thing, my second thought about it is, I wouldn't be surprised if this is some inherent aspect of the depression, a kind of passivity and a feeling of stuckness, which is getting kind of externalized onto your thinking, or it just plays into your thinking about work, but it's not a prescription for how to deal with it. I think, you know, I've heard Rachel Maddow say stuff like that, you know, if you conceptualize her depression as kind of cyclic and that it's possible for her to see it coming, because then she doesn't expect as much for herself, and then it goes away. You know, your brain certainly has a purely chemical thing like that. [0:30:25.4]

CLIENT: Yeah.

THERAPIST: And you know, there's likely some chemical aspect to your depression as well, but I imagine there are psychological factors too, and my impression is a kind of passivity and sense of stuckness is a very important part of it, and that gets sort of played out in various things, including your feeling stuck at work and thinking about it in a way that fosters that feeling. We need to stop for now. We will talk more.

CLIENT: I thought you canceled one Saturday morning?

THERAPIST: Oh, let me turn on my calendar.

CLIENT: For some reason I thought that we had -

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: We've decided or discovered that we are on tomorrow as usual.

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: I just, like I really had a memory of -

THERAPIST: Me canceling?

CLIENT: Yeah. Because it was before Thanksgiving.

THERAPIST: Right.

CLIENT: And then I was like oh God, it's Thanksgiving really soon, except no.

THERAPIST: Right.

CLIENT: I'm sorry. So, one of the things we talked about yesterday was, what I was thinking about, is I guess where I worked, like working things. I'm trying to like, I have the last time I sent out resumes, outside of Cambridge, I think was maybe... it was probably two jobs ago.

[0:01:20.8]

THERAPIST: Mm-hmm.

CLIENT: Actually, no, I would be three jobs ago probably. And, like I haven't interviewed at an outside place since I'd do it in college.

THERAPIST: Which was like 1980 or something?

CLIENT: Ninety-five. Oh, no, I did another job interview, I forgot that. I interviewed at Exeter and accidentally had like a day-long interview with them for a job.

THERAPIST: A teaching job?

CLIENT: No, working IT.

THERAPIST: Oh, all right.

CLIENT: Yeah. It was surprising, like I didn't expect to be surprised, a really long interview. I don't drive, but they were sort of like oh, you could carpool with people. It's interesting, they were very the people I talked to were very encouraging and like oh yeah, no, that's no problem, you could totally get rides various places and blah-blah-blah-blah, because it was in Exeter. I look at it as a pain. [0:02:44.2]

THERAPIST: Right.

CLIENT: I did get a call back for I wasn't sure if it was a second round or an offer, but I was in the middle of having a neural virus and -

THERAPIST: Having what?

CLIENT: A neural virus, where you're just vomiting for a couple of days.

THERAPIST: Oh.

CLIENT: Yeah.

THERAPIST: Okay, forget I said something.

CLIENT: It's highly it's one of those like highly contagious, spreads around like wildfire, especially in colleges, or hotels or other things.

THERAPIST: Right.

CLIENT: It took my whole apartment. We all just -

THERAPIST: Wow.

CLIENT: It was yeah, it felt really bad, except at any rate, they called in the midst of that, and I, I think failed to communicate what was happening and then they didn't call back and I think I called back and someone was hired. But yeah, since then, I don't think I've interviewed elsewhere, which I don't know, like I mean, I have reasons for some of them, like some of not interviewing out of Cambridge, but some of my job changes. And if I realized that the methods that I would get from working for Cambridge for like eight years and then like you get benefits jumps, I think I would have been more deliberate about possibly like intentional about staying, because in retrospect I was like wow, I should have paid attention to my benefits package, and like that's really great, but I don't know, like during sort of .com bubble times, when everyone was getting a job in IT, if you kind of looked at a computer, it did have this moment of several of my friends lived in Berkeley, including a roommate, and had this little sort of drama of like do I want to do that, do I not want to do that, and then actually, I really didn't feel like working for a startup and startup IT even more so, plus the underlying with these startups. So I feel good about not jumping cross country, although certainly there were local startups that I could have jumped into. Avoiding the .com bus was really good. [0:06:01.6]

But yeah, I haven't I don't know. I haven't looked outside very much, I guess partially because it's been so easy to get hired within Cambridge, like applying for a new internal Cambridge, like there's a lot at Cambridge and if you're already an employee, they look at your resume first, and it's like there's no interruption in anything, which is pretty amazing. And I've gotten new internal Cambridge jobs mostly within like two to three months of looking. So, it was partially out of laziness, I've been well, but I could just go I could get a job, like I'm not supposed to work in my current job and not have to like, you know, I don't know, like worry about a new commute or blah-blah-blah, like continuing to work at Cambridge has been really easy and convenient and a variety of things, although for me it was more like, I felt like the two big things that were important for me Cambridge -wise was my first actually full-time other job. I was offered a job in the freshman dean's office that paid nothing and the freshman dean basically said, you can't take this job because you have students loans and debt, I could help you get another job, which worked.

THERAPIST: That's pretty cool. [0:08:05.0]

CLIENT: Yeah, it was really great. It was a little overwhelming, but then they got a job, because looking for a job with no job experience.

THERAPIST: Right, it's hard.

CLIENT: Yeah, it was -

THERAPIST: A disaster.

CLIENT: It wasn't a disaster, it just was really difficult. And I actually did jump from that job to working at a help desk. It also happened mostly because I was familiar with Cambridge already, because I didn't have any IT background. But conveniently, due to this around the time of the .com bubble and no one wanted to work for a help desk, they were like fuck you, I can just go make more money somewhere else.

THERAPIST: Right.

CLIENT: So that made it possible to get that job.

THERAPIST: Right.

CLIENT: It's like oh shoot, I'm like yeah, that was, you know. [0:09:07.8]

THERAPIST: So, -

CLIENT: Mm-hmm?

THERAPIST: What I recall yesterday, we were talking about you applying for jobs outside of Cambridge, like the topic came up, as I recall, because you were, it seemed to me, kind of surprisingly, like you're talking about it as though it was next to impossible to do, and it sounded suspicious to me after a while, and I wondered like hmm, what's your stake in seeing it this way because again, it seemed to me, kind of clear that you had a stake in seeing it as being harder than I guess I imagined it would be.

CLIENT: Yeah.

THERAPIST: And so I said and I think that came up because... [0:10:16.0]

CLIENT: The discussion of Rachel Maddow.

THERAPIST: Yeah. And I think it related to the question of... Not very closely but somewhere along the lines of, you know, how you kind of wound up stuck in this situation at work that you've been stuck in for a while and I have the idea that there are sort of unconscious ways that you

are drawn to it, or that keep you in it, but that doesn't necessarily mean you like it exactly but there's something.

CLIENT: Yeah. I mean sort of where I was meandering that if that like there are these two jobs that I feel like yeah, that was like, you know, I got them those two jobs would have been difficult to get, if I just sort of, you know, cold off the street. [0:11:33.1]

THERAPIST: Sure.

CLIENT: But after that, you know, office job experience, help desk experience, one could go elsewhere.

THERAPIST: Sure.

CLIENT: And I don't know, like I think like I have a lot of mixed feelings about still working for Harvard, because I meant to only have a first job with them. And then I was like oh, okay, well I've got this help desk job, so that's like -

THERAPIST: Right.

CLIENT: And after the help desk job, I was looking for other things, I was applying elsewhere. But, the Cambridge jobs that I have had, I've also mostly stayed until the last two I stayed until I was miserable, like really, really past what was I don't want to say necessary, like I don't totally know why I stayed in those jobs that long, except that like my parents have definitely sort of got in my head, just like, you cannot leave a job until you have another one lined up immediately, which I don't think is unreasonable, but it's really hard to even like it's hard to sort of conceive of. Something makes it hard to think about looking for a new job while having a job, and I wasn't aware of that, you know, in terms of finding a new job, this would be like more likely. But, I also sometimes feel like I feel like I've been here too long, like it's safe, it's easy, it's something that I've done before. [0:14:02.2]

THERAPIST: Do you have a kind of lingering feeling in these jobs situations that it's your fault?

CLIENT: Oh, yeah, in the last two, definitely. This one, (sighs).

THERAPIST: I mean, I hope not, but...

CLIENT: Yeah, no, I have.

THERAPIST: Sometimes you were different or if you were (crosstalk).

CLIENT: Well, I mean my other jobs, I left because I was getting sexually harassed by a coworker who also was a big slacker, and part of me did feel like I don't know, I felt like I should

have done more to not have to work with him and not also have to leave my job, if that makes sense.

THERAPIST: I'm sorry, say that again. [0:15:15.2]

CLIENT: The coworker who was sexually harassing me, one of the big things that I felt at the time, and I still feel sometimes when I think about it, is and then basically, why wasn't he fired?

THERAPIST: Right.

CLIENT: You know, why did I ended up leaving instead of him and he's still there in that same job. And, so I think like, you know, is there more I could have done to get him out, to have made my work situation better, I guess. I mean, the other thing he did, which was smart for him, he trashed talked me to my coworkers, about how I was paranoid and, you know, a bitch and blah-blah-blah-blah, so that anything so that [0:16:18.9]

THERAPIST: (crosstalk).

CLIENT: At that point, yeah.

THERAPIST: Yeah.

CLIENT: And I had been like I don't want to discuss this work.

THERAPIST: Right.

CLIENT: This difficulty with like my coworker, I didn't want to go to my manager.

THERAPIST: Right.

CLIENT: So a lot of that, I sort of just feel like... I guess I'm mostly, it's like I just, I don't understand why he wasn't fired, like or moved. Like, my manager agreed he was sexually harassing me, my manager agreed that he was doing substandard work, and that he was avoiding it, and nothing happened. You know, I bugged him a lot, I've interviewed with HR, for that department, I brought it up. And I had actually talked with an HR person one other time, just about women in IT. And I don't know, I just, I, I just feel like he should have been fired or moved to not working with me/women. I don't know, like I don't it's not that I feel responsible for that, but I keep on thinking was there something I didn't do, like could I have done something differently. [0:18:12.8]

And you know, I could have I mean, I could think of a few things, but I don't think they actually would have helped. Like I never wrote a log of each time he was being creepy, which means it would have been every day. Like if you were trying to report my sexual harassment, it would have been like these are a list of the times when he did these inappropriate behaviors, but... I

started to and then I just felt really depressed, because it was basically, you know, 10:00 a.m. to 4:00 p.m., staring at my breasts periodically, and that didn't make me feel good, and it wasn't really helpful.

And the economics department, that job I left after having a mediated labor dispute. God, I don't know about that job, like that job to me was a lot of things, but I never wanted the mediated dispute part, or rather after I found out, we found out that that other department didn't care, what the mediator said we should do, there wasn't a lot like anyone could do for something like that, but in some ways, I think about like all the crazy office politics that were going on in that department, and sort of my complete lack of interest in it. Or, may not lack of interest, I just didn't I didn't really see how it would apply to my job, like if another secretary felt threatened by me, like I felt like well, I mean, I have my faculties, she has hers, she'll probably be snippy in the break room. And I didn't see that leading to that person accusing me of theft. So...

THERAPIST: Yeah. [0:20:52.8]

CLIENT: I don't know, or like having someone in the office next to me, like report when I was coming and going, and reporting on whether or not my quality was appropriate or not. And like I don't know that anything else could have been done, like except I could have maybe talked to the dean about the weirdness of that as well, but I didn't. And I don't know, like at this current job, I feel like there was a time when they had a new director in for like six months to a year.

THERAPIST: Are you feeling a bit defensive? You sound a little defensive.

CLIENT: (sighs)

THERAPIST: Perhaps I said something that makes you a little defensive.

CLIENT: No, it's I, I feel really defensive about those two job situations, like sexual harassment by a coworker and mediating job. Especially the sexually harassing coworker, whenever I sort of talk about that to someone, like casually or not casually, the person sort of usually immediately is just going to go, did you report him, did you do this, did you do this, did you do this. I'm like ah! I really just wanted to say I had a sexually harassing coworker and nothing happened and...

THERAPIST: Hmm. [0:22:45.7]

CLIENT: Yeah. Like at the very least, I think I've always at the very least, the very common reply is well, did you report him, and then, well why wasn't he fired. And then it's not uncommon for people to sort of say, well did you do these things.

THERAPIST: I see.

CLIENT: Which I always feel like it's sort of, if you had done those things, he would have been fired.

THERAPIST: In the absence of my saying something more supportive, like that's really awful or I can't believe nobody did anything about what happened or that must have been really terrible. You know, I never supported it, you got worried? [0:23:46.7]

CLIENT: Sort of, like I'm usually feeling defensive about that, like and also um, (sighs) this party I went to on Saturday, this is where my friend, Paula, who works in HR and she has a mutual coworker.

THERAPIST: Right.

CLIENT: And so her two of her coworkers sort of because they're in HR, -

THERAPIST: I see, (inaudible).

CLIENT: Yeah, and I was just kind of like ahhhh. So that's all that stuff and then sort of, I think where they were going was more like a rant about crappy management and bad HR people, but it more felt like I don't know, not interrogation but like I was also somehow complicit or involved in my managers being grumpy. [0:25:02.3]

THERAPIST: Well, which which is not quite in those terms exactly, but sort of like what I'm saying. I'm not saying I think it's your fault that your managers are crappy, but I'm saying that I could imagine it feels a little like that to you, which is, it seems to me, there's something going on with sort of how it kind of has it in certain ways but clearly not in others, and you're reluctant to make changes or take action of certain kinds, again, building on another there's something going on with that, and that sort of relates to you being stuck in this situation. I don't know if I'm not aware that I'm just sort of going to excuse anybody else's behavior, but I guess I could imagine it feels a little like I'm kind of putting it, in some way, in part on you. [0:26:40.9]

CLIENT: No it (sounds frustrated)

THERAPIST: Ah-huh?

CLIENT: I don't feel like you're excusing my coworker's behavior. I think that my knee-jerk reaction is just I don't know, to defend my sort of defend myself from my weaknesses a little bit. Like, I don't feel like you said anything that puts me, like to blame, but I do sometimes feel that way.

THERAPIST: Including with me or just in general?

CLIENT: In general, yeah, which... [0:27:47.4]

THERAPIST: Usually one thing that's characteristic of a lot of this is how you feel, I think pretty reflexively, defensive, when you're the one who's been wronged. And there's a sort of, I don't

know, a more realistic aspect to that, which is that often, you have not been well received when you are expressing your, you know, opinion or whatever, about how you've been wronged, but there's, I think pretty clearly some way, that that also comes from you. Whether that's the result of having had that kind of thing happen to you or something else, I don't know, but it seems to happen where you're treated badly and then kind of feel very weary or defensive of your point of view about what happened. [0:29:11.8]

CLIENT: Yeah, I I guess I don't feel like... I'll actually use the workplace for an example right now. Like, going to HR for instance, to me feels like they're sort of because I go in with a complaint about someone, that their first response will be to try to minimize the situation.

THERAPIST: Right. [0:30:15.5]

CLIENT: And in minimizing, like part of the minimizing is like what I'm saying, what I'm perceiving didn't really happen that way.

THERAPIST: One might expect that would be more enraging, not more intimidating. I don't sort of hear any indication of your anger about all of these things, which kind of strikes me. Anticipating that the people who are supposed to be there to do something about things like this, anticipating that they won't listen either, which tends to have a kind of dampening effect on you. It could have the opposite effect, you know? [0:31:28.5]

CLIENT: No. I guess I'm not I don't know, I'm not seeing where you're going.

THERAPIST: Okay. You're describing it in quite practical terms, which makes sense to me.

CLIENT: Mm-hmm.

THERAPIST: Some things about why you react the way that you do, why you react defensively when you're been wronged in one of these sort of situations in the workplace. And I guess what I'm saying is while I think your descriptions are accurate, I think they leave out some pretty important kind of dimensions of what's going on inside of you as these things unfold, and which practical considerations don't well explain. So, for example, somebody treats you badly at work, you know, sort of this what you're telling me is well, okay, so yeah, I'm on the defensive because 500 times, I've gone to HR, they do nothing. And, you know, so I already feel defensive when I walk in the door of HR, and I already anticipate I'm not going to be listened to and nothing's going to happen. And it sounds like maybe this is a bit of a stretch, but I feel like you're feeling defeated before you even speak up. [0:33:24.8]

I suspect that there's something more fundamental than just having had that experience repeatedly with HR at Cambridge, though I know you have and I know it's been incredibly difficult, that makes you feel defeated when you walk in the door. Something along the lines of some kind of lack of faith or believe, like a conviction in your own views and in the sort of importance of people taking them seriously.

CLIENT: Yeah, at a sort of basic level. It's very rare that I think someone will have my back in an argument. [0:34:28.0]

THERAPIST: Ah-huh.

CLIENT: And in disparagement, I'm sort of thinking like... yeah, like just an argument, like I think that sucked and they think it was awesome, just something. And like there will sort of be like really simplistic, it doesn't really matter, I like eggs, you don't, but if it's something more important, especially something emotional where I think that whoever is around me will be supportive, will, I don't know, like come to my defense, come to my aid. I don't there's not many people that I think like oh yeah, they would totally do that. And I guess I feel like, so if they're not going to, like if people aren't if someone's not going to help me out, like be my friend, you know, out of like sort of love and affection, then what's next is well maybe we'll agree because it sounds I mean it's not an argument about how I feeling or what happened. [0:36:15.7]

THERAPIST: It's a pretty dramatic betrayal you're describing having happened so many times.

CLIENT: I mean I think, I don't know.

THERAPIST: I think you're right. I just think it's -

CLIENT: Yeah, I mean, so the thing that I think about that, you know, what was dramatic with the part of the betrayal and I really hate thinking about is when I was in high school and one of my friends who I had known since I was a little kid, went around saying that I work at Cambridge, like they hired me because I was black.

THERAPIST: Right.

CLIENT: Et cetera, et cetera, and like, (A) she was a friend, so [0:37:21.0]

THERAPIST: She was a pretty close friend if I remember right.

CLIENT: Yeah, she'd been one of my best friends for years and she also had always she had been picked on, like since we were little kids, constantly, and so I had been there for her getting picked on. I had like defended her a lot, you know, made sure that if I was picking someone for a team, that I picked her or I I don't know. Part of our friendship was as much as (sighs) like as much as I could, given that like we were kids. I tried to support her and like she was my friend, so I was like oh yeah of course, you know, like I'll have your back, I'll do whatever, like...

THERAPIST: Yeah. [0:38:22.4]

CLIENT: And so I mean at that time, we weren't getting along super well, like at that moment, I think, because we were teenagers. We'd been sort of, I don't know, been in a couple of like you know, used to always, myself and a couple of our other mutual friends.

THERAPIST: Mm-hmm.

CLIENT: If there was group work, someone to always try to get her into the group, because getting picked last sucks. And I think I had one or two experiences of doing that the year before and having her just not like, not do the work, not participate, and having and when you're done, like wow, I made a really bad choice here. Or her being like super arrogant and we were all not as smart as her. But we were still friends and I just, I never thought that a friend would do that, like especially one I'd known that long. So that really hurt. [0:39:46.6]

And then, not having friends like say no or argue with her, that hurt a lot like, you know, we were both in the school newspaper, which is also a very big social whatever, and she one time I came into the room and she was telling, you know, like a big chunk of the staff, we would all meet and we'd hang out.

THERAPIST: Oh, sure.

CLIENT: And she was sort of finishing saying that, and I came in and they sort of just looked at me and no one said anything and I left, and no one really brought it up. (chokes up) Or said anything about it to me, and like our other mutual friends didn't take it seriously. Their response was basically well, you know, she's having a really hard time, she's just upset and her parents are divorced. There was a lot of stuff going on in her life. So, pretty much everyone said I shouldn't be so upset, like she didn't mean it that way, blah-blah-blah-blah. And then like my other closest friends, like all my like my closest friends were also friends with her, so... And I felt like they all just took her side. [0:41:46.6]

And then, sort of the other big one was I used to do like a bunch of friends of mine, we'd get together at my house or at my cousin's house, and go trick or treating, and we did that for years, you know?

THERAPIST: In high school?

CLIENT: Oh, yeah.

THERAPIST: Ah-huh.

CLIENT: Oh, yeah. But high school at that point, you just sort of, you would go to a few friends' houses, everyone you know, and then like eat candy or whatever. So, people were coming to my house, I hadn't invited her, and she, my best other my friend Zoe, so both of them came up to the door and they had like they were wearing just regular clothes, and had like a bag on her head, and said what's happening, and the sort of reveal, ta-da was they had their costume was

each other and I was really upset that they'd invite her along when they knew I didn't want to. And that same friend, another time later, the two of us were going to go somewhere and -

THERAPIST: You and Zoe? [0:42:58.0]

CLIENT: Yeah, me and Zoe, and she invited Emma as well, and I got upset and I just started to say like I really don't want to go if she goes. Well, and she her response was to just laugh at me, that I shouldn't be mean, and that if I was going to be mean then I shouldn't come along. I mean eventually, I wrote her a letter sort of saying -

THERAPIST: Emma or Zoe?

CLIENT: To Zoe, I wrote a letter to Zoe, even though she lives five, ten minutes away if I'm walking. I walked over, it was a long letter, and like delivered it to her, and then she gave one back to me. I was telling her what had happened. But I mean it helped but I don't know, like I've never trusted her after that. It was super hard. I don't know that I ever have since then.

THERAPIST: Ah-huh. [0:44:08.8]

CLIENT: Not that she's not still a close friend.

THERAPIST: She lives in Philadelphia with her boyfriend and like had a fire.

CLIENT: Yeah. It's just, it sucks, I've known her forever but -

THERAPIST: Absolutely.

CLIENT: And I sometimes do want to talk to her about it.

THERAPIST: Yeah, sure.

CLIENT: But I don't.

THERAPIST: I'm sure you also really know.

CLIENT: Yeah. I really don't want to hear her defend Emma again.

THERAPIST: Yeah. (inaudible).

CLIENT: Yeah. It was also like (sighs) that year was also sort of (sniffles) the last two years of high school were also basically when I discovered that a lot of people in my high school, they just didn't think of me as like they're my friend. [0:45:20.2]

THERAPIST: Oh.

CLIENT: So... ah... in ways that I just, I didn't expect, and it was sort of the first encounter with people I knew really well, people -

THERAPIST: Ah-huh.

CLIENT: And just saying really horrible things and not getting why I was upset.

THERAPIST: Yeah.

CLIENT: And that, like that experience with Emma and Zoe was kind of the pinnacle event.

THERAPIST: We need to stop for now.

CLIENT: (blows nose).

THERAPIST: I'm interested in a couple of things that you said

CLIENT: I'll see you tomorrow.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

(background noise until 00:00:24)

CLIENT: So yesterday's appointment was like (pause)...at the end of the appointment, we started talking about that. (sigh) Yeah, that stuff is always hard. (pause) It also...the other thing that (pause) it brings up for me is that I often want to call on my friends at that time. (pause) Sometimes I just want to call on my friends (inaudible) Like I don't know, wanting to connect or something, and my friend Jamie is (pause) the only person I know from that time that (pause) ever said or brought up that it was a (inaudible) situation. [00:01:38]

(pause) At the time she (inaudible) a variety of reasons...didn't really speak very healthy (ph). She was very, very soft spoken because her mom was really abusive.

THERAPIST: Is she the one who lived with you for a little while?

CLIENT: Yeah. I mean she could speak loudly because she does sing opera. (laughter) When she sings when she sang in high school she has a loud, low voice. But at the time she would always sing so high you could never hear her and when she finally kind of stopped doing that it was really weird for her because suddenly...she was used to sort of saying things quietly and no

one really hearing. And then she's like, "Shit, everyone can hear what I'm saying and I need to be a little more..." It was like she had been sort of talking under her breath for most of her life and [suddenly we can] (ph) hear it, which is awkward for her. [00:03:03]

I ended up not though, calling her. (pause) Also like (pause) a lot of that also ties into...tied into (pause) when people, well... (inaudible) obviously. (inaudible) couldn't. (pause) When people talk about...if someone's like, "I could have gone to Harvard but someone stole my spot," or, "Well I could have gone to school but..." Someone I know bitches about how she could have gone to an Ivy League except that her dad had misappropriated some inheritance that was intended for her college. So she brings it up a lot. She ended up going to one of the state colleges. [00:04:21]

And [then there] (ph) was (pause) that weird sense of entitlement. I don't know, like whenever someone says that what I think of is, "No you couldn't." Maybe I should think of it as like Emma saying that I had stolen her spot. Because one of the things is she failed the year before, which everyone knew. We all knew she failed the year before and we all knew she was failing that year and she never graduated from our high school. She ended up (pause)...I don't know...I'm assuming she got her GED. She did eventually go to some college. (pause) So yeah, I don't know. I've just been thinking about the crazy sense of entitlement of how people are like, "That should have been mine," or, "I should get somehow credit for (pause) that year that I could have gone to (inaudible) school but didn't." [00:05:48]

(pause) And also, I don't know. A lot of, a fair number, from a portion of people at the university...I feel a little weird sometimes saying, "Yeah, I went there."

THERAPIST: Because?

CLIENT: It can kind of be a like a hot button little thing.

THERAPIST: Sure.

CLIENT: And I don't think it's the best school in the entire universe. I know! I know! Striking. Yeah, I mean I actually did want to go there for a long time. (pause) But I wasn't like well...I kind of like talked to you about it and then finished. [00:06:42]

(pause) I don't know. I feel like the amount of crap I dealt with to get in, to stay in, and graduate (pause) I kind of don't want to hear about people like immature (ph) (inaudible). (pause) Which, you know, they do sometimes. (pause) So they don't [bring in a] (ph) top grad referral (ph) thrilled to discuss their great-ness.

(pause) Yeah, I don't know. (pause) Kris and I [had a good talk] (ph) a lot our freshman year of college (pause) and sophomore a fair amount and then, I don't know. It was just kind of (pause)...I don't know, interesting something because she went to [inaudible] (ph) which is where I've been wanting to go for several years. [00:08:15]

THERAPIST: Right. I didn't realize she went there. I forgot.

CLIENT: Yeah she went to [inaudible] (ph) and I had been planning to go there since my brother visited. (pause) And what made me (inaudible) against it is when I did my own weekend visit or whatever thing and they had a little meeting for (pause) prospective students who were people of color and all these different people were like, "Oh my God, it's so white here. My school is like..." I think everyone except for me and one other person had way more diverse high schools. My high school was actually less diverse than [inaudible] (ph). And I sort of had this moment of looking around and being like, "I don't...I really don't want to be..." I've had a long time of being that one black person on campus that everyone knows. I was just kind of done with that...very done with that, and thus school. (pause) In the end (inaudible) it, especially my freshman year. I loved it.

(silence from 00:09:42 to 00:10:07)

THERAPIST: (inaudible) ...to be anonymous like that.

CLIENT: Oh yeah. (pause) It was (pause)...it was really like...it was so... (pause) yeah, it was just amazing to me too. So many people have that (inaudible) with why it's so white, so much (pause) you know, it's so whatever. And my reaction was like, "Oh my God, look at all these people who aren't white." And the only real culture shock I or like whatever, there's always culture shock but to me the weirdest thing was in my high school all the honors classes were about a quarter Jewish if not more and the university isn't. So that weirded me out and then I remember talking to people who had never met Jews. I was just like, "What?" [00:11:28]

THERAPIST: You mean at school?

CLIENT: Yeah. My roommate had never met anyone who was Jewish. I think it came up around Hanukkah probably but it was just like, "How did you do that? You were in honors classes." (laughter) Like it was really natural in my head that that's just how it worked. (pause) So yeah, that was weird. I could go places and no one knew who I was. Like no one knew my brother, no one knew my parents.

THERAPIST: Yeah, I imagine (inaudible). I'm not saying (inaudible) but my impression is that's another way you sort of stood out sometimes.

CLIENT: It was really nice to not (pause) have different expectations. It was not to compare me to my brother's grades and yeah I totally wasn't this prissy (ph). In some ways I was like, "Wow, I'm maybe in like the middle!" Or in some classes, "Shoot, I'm here like (pause)..." Yeah, not doing well in the class was really (pause)...it wasn't good. It was just very novel. (pause) But yeah, it was nice to be like, "Oh, a lot of people here read a ton of books," and all of that. (pause) And also I discovered other sci-fi fans which (pause) I hadn't really in high school. (pause) And reading comics...I don't know. (pause) Just a lot of ways that I couldn't dress

weirder than the pet rats (ph) even if I wanted to. I was like, "Nope, I'm just normal (ph)." When it came to sexuality I'm like, "Oh, there's a lot of that happening." [00:14:39]

THERAPIST: Sexuality?

CLIENT: The beginning of freshman year [they put] (ph) freshman in a little...it's kind of like a combination of safer sex, "Be careful," "Don't get roofied," "You might be gay," kind of like a conglomeration of information thrown at you. (pause) And so what was, to me, very refreshing and exciting kind of was how nonjudgmental people were. Previously to that my high school health classes were very judgmental and very heteronormative.

THERAPIST: Surprised by (inaudible)?

CLIENT: Yeah. It was (inaudible). I don't know. I saw some early relatively early teaching teens about JV, which (pause) didn't go well. But my parents were very nonjudgmental and open and I felt like no one else was so it was really inspiring to see how our RA would be like, "Yep, here are some things. Here are some condoms. P.S. you can get an abortion at the clinic. Run free." [00:16:27]

They also had the expectation...there's like this kind of, not expectation but implicit permission to go pry...like, "Go date someone or not or get drunk at a party and make out." I don't know. Not that I did but (pause) it was nice to have the option there and also the option to probably not see the person and probably not have that spread around the entire campus like it would in high school.

(pause) For me I like (pause) I don't spend a lot of time (pause) figuring out my sexual orientation and like that is kinky and (inaudible) and etcetera. And everybody would like nudie stuff and sort of like doing all of that (pause) but the one thing that I didn't do was I didn't join the Black Students Association or Black Women and (inaudible) and those groups. I didn't join the groups. I didn't go to their parties. (pause) When people were picking roommates and houses at the end of freshman year there was this kind of weird moment I remember I was talking to someone about my new dorm and he was pretending like, "So yeah, me and a bunch of other people, basically that I know from...who are (ph) students, are all going to the quad." I'm like, "Hmmm. I'm not doing that." I hadn't really thought about it but it was (pause) a little unusual. [00:19:05]

THERAPIST: (inaudible) going to the quad, [you know just] (ph) the fact that they are rooming together (inaudible).

CLIENT: Oh no, so at the time (pause) you could rank where you wanted to live. You could pick out your roommates and you could rank where you wanted to live in the houses.

THERAPIST: And nobody wanted to live in the quad right?

CLIENT: No.

THERAPIST: Ah ha!

CLIENT: The people who wanted to live in the quad were some of the athletes because it was close to some of their stuff.

THERAPIST: I see.

CLIENT: And the Black Student...most of the active black students were in the quad. So like all the black student groups get to room in the quad. And then (ph) house was the Asian-American students and (inaudible) like (pause)...there were a lot of sort of racialized (pause) house identities that the university then sought to destroy. [00:20:12]

THERAPIST: Didn't they randomize (inaudible)?

CLIENT: Yeah, and they actually very successfully (pause) decimated a lot of (pause), I don't know, power that [the ethnic] (ph) groups had. Like the (inaudible) groups had because you weren't all there anymore. (pause) The truth hurt (ph). But yeah that was (inaudible). So at the time there was just...I didn't do that. Which I guess at the time I was like, "Whatever." (pause) It wasn't that I was rejecting the black student organization, it's that I didn't feel like I particularly knew...I didn't have a sense of black community that I was missing because I didn't have one. (pause) And at least my freshman year the people I knew who were talking about it a lot or encouraging like, "Oh you should go. It's so awesome," or whatever, they were people who grew up in black areas or had a lot of black people go to their school and they really missed that. And so I was kind of like oh, I don't really miss that. [00:21:45]

It's just weird now in that...so my brother and his wife are in Chicago and they will probably e-mail and text me like a couple dozen times like, "Oh do you know this person? This person?" And I'm always like, "I'm sorry. I wasn't black in college." And so it's really...it is awkward as an adult to now be like (pause) "Didn't know them. (pause) Didn't know them. (pause) Yeah, didn't know them." Like I maybe should of (pause)...actually I don't know. There is a way in which sometimes when (pause) I guess parts of it (inaudible) African-American networking groups, there's a lot of "Karen (ph) must have known this person because she..." (pause)

THERAPIST: Right, because you were black and at the university at that time. [00:22:54]

CLIENT: Right. (pause) Yeah, I don't know, I just...

THERAPIST: And then you also just want to help them.

CLIENT: Yeah, I'm like, "Oh that person sounds interesting." Also just like it's a conversation killer because all I can say is no. And then like once or twice (pause) that Ashby's been like, "Oh, I met this person. Well you know [more about them] (ph)," or whatever and I'm just like,

"Nothing." (chuckle) I can tell you whatever is on their personal website or whatever and that's it. [00:23:47]

(pause) So I do feel weird. I think it's a totally valid assumption to make that I might have known them. Seth (ph) and (inaudible) are both in their colleges, I think graduate schools, the Black Students Association, and my dad helped them to (inaudible). Yes, my dad helped [found it's Black Students Association] (ph). (pause) Yep.

THERAPIST: That's cool!

CLIENT: It is. I dug up old newspaper online. It had digi-typing everything online so I was digging around for information on my dad the other day and (pause) yeah, it was kind of weird because he was like, "Yeah, I did that. (inaudible) and then we did meetings in my apartment." (chuckle) And I was like, "Oh, you're so creepy." (pause)

(inaudible) and suddenly he's like, "Oh hey! Went to classes and graduated and did all that!" It was like I just needed to be on a search (ph) committee to have an African-American that could remember the sciences and all this awesome stuff. And I'm like, "That's really great!" It's a lot also. (pause) And when we were kids he talked about it and more stuff and there were photos in the album of my brother and my dad at a black student poster meeting but he never brought it up. (pause) My parents, they are...they relate a lot of their theory of dealing with race (inaudible) not talk about it, (pause) which was not ideal. [00:26:22]

THERAPIST: No I guess that's where I thought...[it's kind of a physical thing in itself] (ph) sort of nice hearing about the stuff your dad did in college because he's kind of out there more in a way that I don't generally get the impression of him being with you or he was representing himself that way with you.

CLIENT: Yeah, no like...I just didn't (pause) realize that he had a time of recreationalized politics because (pause)...I mean I could just read his articles and I'm just like, "That's not...my dad doesn't talk about that ever." (chuckle) You know? [00:27:16]

THERAPIST: (pause) It makes you wonder about your degree of aloneness with all this stuff, (inaudible)

CLIENT: (pause) Yeah. (pause) I don't know. Like, I wonder what made him...

THERAPIST: He helped you I think.

CLIENT: Yeah. (pause) I don't know what made him change as far as I know. (pause) I don't know if it was...wonder if it was working. Just saying the words (inaudible) which is, you know, kind of looking for demand as it were or like reading, teaching (inaudible). But yeah, it would have been (pause)...or even as a kid I noticed and knew that (pause) there weren't many black dolls for me to play with. Like I had some that my parents had bought me and then my friends

did so that was annoying sometimes. And I know I kind of talked to them about it in the context of wanting another black doll or things like that but they never (pause) explained or sort of talked about like, "Oh, we can't find that doll here." But then I was like, "Ask one of my aunts in the midwest to send us something." Or if we were going to go down there for Thanksgiving which we did a couple times then I think they probably bought something when they were there.

[00:29:42]

(pause) But yeah it would have been (pause)...it was also really nice to (pause)...like in terms of tips from my parents, I think my parents told me about college. I think I would have really (pause)...I think I would have really wanted to know that my dad was involved in Black Students and that he thought it was valid, valuable, and important thing.

THERAPIST: Do you wish you had been (inaudible)?

CLIENT: I don't know actually. I really don't know. I wished (pause)...I wish I had at least gone to a couple of meetings. (pause) But I don't know. (pause) I feel like in college I ended up developing and experiencing...I sort of, I basically didn't really think about my racial identity very much and I think that it could have been (pause) nice to (pause)...it would have been a good time to (pause) I don't know...experience growth, talk to other people at a time where there were a lot of other black people that I could talk to who were in a similar...I don't even necessarily want to say it would have been nice to be like oh, let's all talk about...whatever. [00:31:45]

THERAPIST: Are you saying...I guess part of my understanding is that (pause) you have such devastating experiences in high school that you would have been relieved to be somewhere where you didn't have to think about it as much.

CLIENT: Yeah.

THERAPIST: And that has something to do with your not...I guess there are a couple things. The other thing you mentioned was not feeling the lack of a kind of community (ph) because you hadn't had one growing up before that. But I guess [you are having] (ph) both of those things? [00:32:39]

CLIENT: Yeah and the other thing was is that I think one of the things I was doing in part...so my brother did join a black student group at school and so when he came back from school he would talk about it among other things. (pause) So I ended...so in college I think a lot of, when I thought about race, I thought about I don't want anyone...I want people to ignore that I have a race, is kind of where I was at. I don't want it to be...it's not that I don't want the issue; I don't want you to even know. Almost like I want people to forget that and (pause) it took me a while to sort of get past I want to erase my racial identity as opposed to I don't want it to matter in a negative way. I want people to acknowledge that I have a racial identity and they not be assholes about it. [00:34:03]

THERAPIST: Which is different from sort of not acknowledging it at all.

CLIENT: So the thing that would have been really helpful to have realized or understood earlier than I did was that I think the desire to be like, "I don't want you to think of me as a black person. I want you to whatever, whatever," is that that basically ends up being, "I want you to think of me as normal and white." It just kind of comes down to, "I want you to forget that I'm not white. I want you to treat me like..."

THERAPIST: I see. (inaudible)

CLIENT: Yeah, it really is. (pause) And I had worry...figure that out about gender and about a lot of other things.

THERAPIST: Figure that out...?

CLIENT: Like in regards to gender I was like, "I am a woman and I want you to..." and not like (inaudible). But it doesn't matter. It doesn't matter in a negative way.

THERAPIST: Right, (inaudible) asshole about it.

CLIENT: Right but it's also important to me that you don't treat me like...they're like, "Oh you're just like a guy!" and I'm like, "No, I'm a woman who is also a human and blah blah." [00:35:42]

THERAPIST: Yeah, I got it. So you were kind of there with gender?

CLIENT: Yeah and I [was pretty confused] (ph) with sexual orientation and a bunch of other things and it took (pause) a while to slowly get there about race and I just wish I'd done...had sort of dealt with a lot of that in college or started to deal with it or just...

THERAPIST: I see. It would have been a good place.

CLIENT: Yeah it would have been really convenient. (pause) And I don't even think I wasn't even really...(pause) I don't think I even really...(pause) I just didn't...(pause) there were always things that I didn't know was going on that probably anybody else would have been like, "Oh hey!" Like this problem, it's like when I talk to (pause) teenage queer people I'm like, "Yep, I can tell you what that problem is, it's this, and these are some things that would help." (inaudible) I'm like, "I know to you this seems like you are the only person who's ever had this traumatic, difficult, experience. Actually, you're not." And I surely would have appreciated that. [00:37:30]

(pause)

THERAPIST: Or (ph) what?

(pause)

CLIENT: One thing I know that I was worried about was when my brother was at college one thing he talked about a couple times is that (pause) some people had said to him that you can't identify with your Finnish (ph) background. You have to reject that. And he was uncomfortable with it and I was super uncomfortable with it. And so I think a little bit in me thought well if I join the black student groups, will (ph) that happen? That would really suck. [00:38:26]

I was kind of invested in a multi-racial identity, in other words. But it would have been nice if someone was just like, "Hey, it's cool. It's okay. We're not going to do that." Or some (inaudible) were not assholes and I had an opportunity to react to that. (pause) Also I really wish that I had... (pause) I felt very... (pause) I didn't realize that the... I wish I would have known at the time that the experience of having of being black and having a close white friend do something really racist is really, really common at all until well after college. Yeah, that would have been really... [00:39:36]

THERAPIST: That's good to know I bet.

CLIENT: Yeah, to talk about and to...

THERAPIST: I thought about it. It must be pretty common.

CLIENT: Yeah, (pause) especially if you grow up in a predominately white area, (pause) that and dating. (pause) I just, I didn't know. I had thought that when I left high school a lot that the sort of white people being like, "Oh I can't date you because you're black," I had thought a lot of that was their parents wouldn't approve or some kind of...in my head I succeeded it with [super parent preventional] (ph), whatever, attitudes. So I thought that when I got to college in a city with all these people that that wouldn't happen anymore. And it totally did. And (pause) I just didn't have any...I didn't totally get what was going on or it would take me a while to be like, "Oh, right. It's that thing again." [00:41:17]

So that would have been awesome to talk to somebody about, or commiserate or just anything. (pause) I think what I miss the most is I guess just realizing or finding out that a ton of people are like that. A lot of times that I had were super common, other people would had them, so just knowing that would have been helpful and then also being able to talk about it because I had no one to talk about it with in high school. And then in college, (pause) it was kind of the same way. I really had nobody to talk to about it and (pause) yeah, it just...I don't know.

(silence from 00:42:32 to 00:42:51)

In some ways what I wanted in college was anonymity but (pause) I also think I really wanted to... (sigh) part of it being a really big school, although not a huge school, part of the size was I wanted there to be...I was like, "Well, if it's this big then there's got to be a lot of people who I could relate to or..." I don't know. I just kind of hoped there were a lot of people. (pause) I don't know, I just...part of it is also looking at one of my roommates, Katiya her name is Katiya (sp), she's Korean American and she became heavily involved in Asian American activism in college,

I think after our sophomore year so I knew she was doing that because we would talk about it and somehow I never really connected it to (pause) the concept of...I never thought like, "Oh, I could go do that." She talked about how she thought it was awesome and all these things and I (pause) didn't think like, "Oh, you really like that. Maybe I could go to the Black Student group and get that same thing that you are enjoying." [00:44:38]

THERAPIST: Is there a way...yeah, it's like you...it does [remind me of] (ph) a bunch of things that almost lead you to imagine you were not likely to find support or similar experiences.

CLIENT: Yeah.

THERAPIST: Which considering you pretty much hadn't before (pause) makes sense. I mean, considering you anticipated that (pause) finding it cramped would be very hurtful again, I would think. It makes sense.

CLIENT: Yeah, I mean one other thing that happened this was freshman year I was shy. I felt alone like so many freshman and I remember talking to Zoe about it on the phone and she (pause) was saying how [inaudible] (ph) is like sci-fi group. She's like, "It seems like if you join that group at [inaudible] (ph) you have instant 50 friends. So why don't you go do that at school?" I was like, "Oh, that's a good idea!" And that group was really white and also very invested in the idea a lot of sci-fi fans have that (pause) they are smarter and better than other people and therefore are too smart also and evolved for racism or sexism or anything to touch them. So (pause) that was a thing. I think there may be, maybe, six other people of color in the group, maybe. (chuckle) I can really only think of four, maybe five. [00:46:53]

THERAPIST: Alright, that didn't help.

CLIENT: Yeah, throwing my eggs into that social basket really didn't help.

THERAPIST: We should stop for now. We're on for Sunday and Wednesday next week? I got your text, I think, also.

CLIENT: About the 11th?

THERAPIST: Yeah. [00:47:17]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Yep, that's everything. (pause) I feel like sometimes my — the iPhone calendar has saved my ability to do things (chuckles) because I can't remember.

THERAPIST: Yeah.

CLIENT: And everyone is like "Oh, you can do this and that" and I'm like "no." I just can't.
(pause) So I had a really nice time this Thanksgiving.

THERAPIST: Oh good. That's great.

[00:00:55]

CLIENT: Yeah, it was great and kind of sad in a little way because (pause) I don't always think sort of collectively how — I mean, I do, I don't know. I didn't quite realize the full extent of how frustrating and annoying and not fun Thanksgiving has become for me when I went to my parents' until I was like "Oh, I'm just, you know, hanging out with people I like and we're having dinner and it's really nice. I could take a nap if I want, and no one will wake me up." (inaudible at 00:01:51) even have a second full glass of wine because I could get one and then get a short pour but beyond that, it's just "no."

[00:02:04]

And people were looking at me (chuckles) and I'm like "Yes, that's how my mom does it." You know, or the option of like splitting a large bottle of beer with my dad, that's it. So I think (inaudible at 00:02:18) has affected my ability to have more than like a drink or two because I've noticed now, like I had two glasses of hard cider and then I was like "Hmmm, I don't -" because I think if I drank any more, I'd be sick.

THERAPIST: Oh, okay.

CLIENT: You know, it's just like "Oh, that did not settle" —

THERAPIST: Right.

CLIENT: — which is weird because — not that I drink a lot, but two glasses is kind of nothing.

THERAPIST: Right.

CLIENT: That somewhat annoys me in that [it isn't exactly] to have fun cocktails.

THERAPIST: Sure.

CLIENT: But yeah, you know, like it was just very pleasant and I wasn't stressed at all.

[00:03:02]

And I saw these friends of mine. The only thing that was, you know — I didn't go see anyone, any of my friends who go back to (inaudible at 00:03:22) for Thanksgiving, like where my parents are.

THERAPIST: Oh, right.

CLIENT: So normally at the very least I'll see Jamie, I'll see Zoe (sp?), and kind of find out who else is around. Occasionally I'll see other friends who are more distant. (pause) So I didn't miss seeing Zoe (sp?) as much as I thought. (pause)

[00:04:03]

Usually that's one of the definite — like when I'm home for Thanksgiving, I always try to see her. I know her family schedule, like how they — like the Friday after Thanksgiving, they always go and cut down a Christmas tree, so Friday is always out. Then we usually do Saturday afternoon, sometimes dinner, but it's not always okay. [I get that at this point, some people don't always know] what they're doing. So I had sent her an e-mail like a week ago, saying "Hey, I'm not going to be around for Thanksgiving, we should try to hook up on the phone" and she didn't reply.

[00:04:58]

So then I sent her a text, saying like "Hey, you should give me a call or let's try to find a time." No response. So I was — I don't know — like a combination of like — I mean, I felt kind of hurt and I'm like "Why won't you return my phone call or e-mail?" And we both talk about how we're bad at doing things like that, so there's like a no-guilt callback clause, like "don't feel bad about it."

THERAPIST: (laughter)

CLIENT: But still, it's kind of like, come on, and part of me felt in a way that's not like it couldn't happen. But I was kind of thinking, I've been talking and thinking about this really horrible thing that happened in our friendship and in a way, I'm like that's somehow affecting her not calling me.

[00:06:14]

THERAPIST: Like you brought that up again and she pulled away again or something.

CLIENT: Right, even though like —

THERAPIST: [I understand it's psychological].

CLIENT: Yeah, totally. I'm just like — because at one point, I think it was like Friday late night or early morning, and I was super freaking out about it. Not really freaking out, just kind of like being more frustrated, like "Did I really text her? Yes, I did." Ashby pointed out that Zoe (sp?) works in the DOD and they've been a little busy lately, which is true, but she doesn't work in the areas where everyone has been going crazy, so I'm kind of like "hmmm."

[00:07:06]

So I finally heard from Zoe (sp?) and she's like "Oh yeah, I was -" She e-mailed me and she was like "I was phone-free all weekend." Which is like what, really? That seems impossible, but okay.

THERAPIST: Yeah.

CLIENT: And she's like "Yeah, we should talk sometime." So, I don't know. It really wasn't very satisfying as like a thing to say.

THERAPIST: Yeah.

CLIENT: And, you know, the other thing I was thinking about is kind of like, is it also that our friendship is just, naturally as friends we're drifting apart? You know, time passes, how many kids do you know from high school?

[00:08:07]

And, you know, her terrible boyfriend is always a problem because he lives with her, and he comes to her house for basically all holidays and always wants to come along if we go out and do something.

THERAPIST: Right.

CLIENT: That's really awkward and it puts Zoe (sp?) in a difficult position, like there's no way for her to say "No, you can't come." You know, she knows I don't like him and so I think it just makes it difficult if I want to do something with her and he says "Can I come along?"

[00:09:06]

THERAPIST: You know, I would say like in general, "no."

CLIENT: (chuckles)

THERAPIST: One can ask a partner, especially if you've been with him for a while, you live with him or whatever, "No, you're not coming, forget it."

CLIENT: So that's how I feel.

THERAPIST: I understand it may not work that way in their relationship but in general, people say stuff like that all the time.

CLIENT: Yeah, it's one of those things where like your partner is not attached to your hip, and an invitation is not implicitly the other person. But then I also feel like there are a lot of other people who are like "No, it always implicitly includes my partner." Or it doesn't implicitly exclude.

THERAPIST: Well, even if it does implicitly include them, they could know you'd rather — I mean, for whatever reason, they could want to be, or they know that you could want to be, just the two of you, [and tell the friend not to come].

[00:10:02]

CLIENT: Yeah. It's also a relationship aspect that I'm always like — (chuckles)

THERAPIST: Right. I understand.

CLIENT: Like, in general.

THERAPIST: Yeah.

CLIENT: But yeah, you know, for whatever reason, it's difficult for her to do that.

THERAPIST: Yeah.

CLIENT: In ways where I'm always like — like I've invited her several times to go to the Fat Girl Show, a fat shopping event. I'm like "Let's hang out and shop or whatever" and I think almost every time, she's been like "Yeah, so, you know, Abrahm is going to come along too" and I'm like "Why? We're going clothes shopping. He doesn't care."

THERAPIST: Right.

[00:10:58]

CLIENT: And unless you're sharing driving down, which you don't even need to because — like, whatever, I'm just kind of like, this makes no sense.

THERAPIST: Right.

CLIENT: Why would he do that? And why would you think that is like okay?

THERAPIST: Right.

CLIENT: Because a couple of times when I tried to invite her, it was very much like "girls' weekend," you know, just to set the no-boyfriend stage. (laughter)

THERAPIST: (chuckles) Right.

CLIENT: It didn't work. So all that included aside, once she e-mailed and was kind of like "Meh, I'll call you sometime," I was also thinking like I don't know if I want to talk to her. Like if I actually want to talk to her or like if I would like to be talking to her, if that makes sense.

[00:12:11]

Like am I holding onto the friendship out of "we've known each forever" or remembering when we used to be super close. (pause) Like Jamie and I became closer post-high school, in part because I used to go down to the city and visit her like every couple of months. You know, and also at the beginning when she was in college — she didn't really tell me until later — she was super lonely and really liked me calling her — like when she was first in college and then when she first moved to the city — me calling her was like "Someone is going to call me and talk to me and know me." And I was like "Oh my God, if I had known that, I would've called you more frequently."

[00:13:04]

THERAPIST: (chuckles)

CLIENT: But I hate talking on the phone but, you know.

THERAPIST: Right.

CLIENT: We could've made it work.

THERAPIST: Right.

CLIENT: (pause) So yeah, I do feel like — I don't know. Like it's not that I have really boring "how's the weather?" conversations with Zoe (sp?). (pause) But I don't think recently we've had a lot of like really great "yeah, that was amazing" conversations. (pause) So, I mean, that was very weird to — (pause)

[00:14:00]

Like I do value having long friendships, and while she's certainly not the only person I've known for a very long time, she is the person — I'm pretty sure — she's the person that I've known the longest like as a friend or pretty much anything. (pause) It just feels very weird to kind of let that go or even think about letting that go. Like I don't know that I want to stop being friends, but I

also don't know how much is like pure stubbornness or that we've known each other so long.
(pause)

[00:15:03]

Yeah. (pause) I mean, when she was burned in the fire, I was so devastated.

THERAPIST: I remember.

CLIENT: Yeah, it was just so awful. (pause) And kind of one of the things I thought about a lot during that was that I missed her, and I didn't want to regret not having seen her or talked to her or whatever.

THERAPIST: I remember you wanted to go down, and it was a question of how soon you could go down and see her, by then you were —

CLIENT: Yeah, I wasn't doing well either.

THERAPIST: Sorry, I was thinking like, if I remember right, trying to think what was best for her and not wanting (inaudible at 00:16:01) and wanting to see her, and you were —

[00:16:04]

CLIENT: Yeah.

THERAPIST: — really motivated to be there for her.

CLIENT: Yeah, you know, and one thing I thought about was I know it sucks when there's too many people at the hospital and, you know, staying in a hotel would be kind of crazy. Staying with her boyfriend would make me want to punch him, like everything. And I haven't visited since then. Like they have a new place, whatever. And I was thinking well maybe for the next inauguration, I could go down and visit her and be one of many people wanting to stay at her apartment.

[00:16:59]

Aside from whether or not I want to go to the inauguration, which I probably don't actually, I don't know. Like I'm not right now really feeling like I want to like visit. You know, theoretically, a trip like that would be like — you know, the inauguration is the excuse for me to get off my butt and come down, blah blah blah blah, and right now I'm just sort of like "Hmmm, I can't get a hotel room," et cetera, et cetera. And like I think about all the [exams] and et cetera, et cetera, et cetera, not necessarily her. (pause) Yeah, I don't know. It's just — man.

[00:18:06]

THERAPIST: Yeah, it sounds like it's more like you're sort of discovering that you don't feel as interested or as motivated to see her.

CLIENT: Yeah. (pause) And, you know — (pause) Yeah, and that's a very — it's just a very — like it feels really weird. (pause)

[00:19:06]

I don't know. Like when they have, you know, contests where you can win a luxury vacation for you and three of your closest friends, like I used to think that would be so awesome, and I would always think well, of course, Zoe (sp?) is plus one and then who are the other people?

THERAPIST: Right.

CLIENT: At various times I would be like oh, it would be these and this and whatever. And so now, I'm like hmmm, maybe not. Or I was thinking about how RuPaul's Drag Race is doing a drag cruise which, you know, is for me. I'm like that is the most magical, wonderful thing in the world. I would go on a cruise for that, and I decided not to for money reasons, but I was still like that sounds so amazing. And I was talking to various people —

[00:20:04]

THERAPIST: So what is it -

CLIENT: It's like a three or four day cruise with a lot of members, like cast members from RuPaul's Drag Race, and you can pick your favorite drag queen to kind of get special events with them. Like a cocktail party where they might be talking or you could get a photo, and there's lots of drag shows and sunlight and drag queens. But mostly there would be drag queens on a cruise. Like what could be better? (laughter)

THERAPIST: (chuckles) Uh huh.

CLIENT: That's pretty much it.

THERAPIST: (chuckles)

CLIENT: But also when I think about cruises, I'm always like there's going to be so many really normal people. Everyone is going to be straight and weird and white and "meh."

THERAPIST: I see. Not so much on this one.

[00:21:03]

CLIENT: Yeah, I'm like that will be a (inaudible at 00:21:05) cruise.

THERAPIST: Right.

CLIENT: A couple [tran] friends of mine —

THERAPIST: That's too bad it didn't work out.

CLIENT: Yeah, the other thing is I really wanted it to be in February and it's in mid-December. So it's like I really want a cruise that's in the middle of the winter. (chuckles) Because I don't want that part.

THERAPIST: Yeah, sure.

CLIENT: Yeah, I'm really bummed about it.

THERAPIST: Yeah. That's too bad.

CLIENT: But yeah, Zoe (sp?) [actually doesn't even have an] interest in drag queens because, you know, certainly not everyone has to love drag queens. But I was kind of thinking like hmmm, what if — like there are gay-themed cruises which I know several people — couples who do that.

[00:22:02]

And I'm like hmmm, I don't know if she'd feel totally comfortable with that. Also, her boyfriend would probably want to come, and it would be really weird because like I worry. I've been with him in gay places and he's kind of rude about it.

THERAPIST: Yep.

CLIENT: It also makes me feel like, so if I can't invite you to — not that she has to share all my interests — but if I can't invite you to hang out with parts of my community, like where are we going with this?

THERAPIST: Right. (pause)

CLIENT: And there are some things I don't talk to her about, just because like I haven't talked to her about being kinky, just because it would be too much information.

[00:23:08]

Like I think I probably vaguely mentioned, but say I was having dinner with a ton of my friends, someone would probably make a lewd joke about kink at some point. (pause) Like I discussed

polyamory with her a while ago, and she didn't react super well. We were also in our early 20s, so — (pause) But like I have a level of nervousness about her hanging out with friends of mine who are transgender or poly, or all these other things that I don't have with most of my other friends.

[00:24:04]

Like there are people who I probably wouldn't invite to the Transgender Day of Remembrance because it would be super awkward. But I would trust them to mostly behave.

THERAPIST: Yep.

CLIENT: I'm like "only if you're really interested so you wouldn't be weird," and I don't totally trust her on that.

THERAPIST: Yeah. (pause) It's like the way that you're talking about all of this is sort of like realizing that you don't feel as close to her, I guess.

[00:25:14]

And then kind of explaining all these reasons [which I don't sense]. I guess sort of what I'm struck by is that kind of in a way, you don't sound more annoyed. Like you're talking about this long list of ways that she hasn't been there for you or taken an interest in what you care about or things you care about, and it's sort of like "I'm realizing I don't feel so much like hanging out with her or making such an effort with her."

[00:26:10]

And well, I guess, yeah, because she's done all these things, look. Or like "I couldn't bring her here and I couldn't bring her there. She isn't interested in this and she wouldn't behave there and she wanted to bring her boyfriend" or some other thing. And then a lot of times, sort of like "I'm angry or annoyed or this person is frustrating me" because it goes from the feeling to the event — "because this person did this, and so I really don't feel like being as close." But it's like the other way around.

CLIENT: Yeah, I just like — I think basically I haven't wanted — a lot of these things are like individual events —

THERAPIST: Sure, absolutely.

CLIENT: So I don't really think about oh, there's like these 10 things.

THERAPIST: Right.

[00:27:08]

CLIENT: It's always like well, no, there's just that one time.

THERAPIST: Right. Like you don't want it to be true.

CLIENT: Yeah.

THERAPIST: Yeah, that would make sense, sure.

CLIENT: Yeah, I don't want it to be true and also — then I'm like okay, well, like I have made not just one compromise but like a bunch.

THERAPIST: Yeah.

CLIENT: And her compromise is, you know, basically around her boyfriend. I mean, there may be others, I have no idea. But as far as I know, that's like —

THERAPIST: But like what compromise is she —

CLIENT: In terms of like are there things she really likes that I'm not very interested in, that she's like "Okay, well, invite Karen to the economic policy discussion" because I don't care about economic policy.

[00:28:14]

THERAPIST: I see.

CLIENT: Except that I can't really think of anything like that. (pause) You know, with regards to her job, I find it really interesting and we're of the same political leanings, and the stuff she does is totally interesting to me. And the social things she does, I'm like yeah, I would totally do that. Not that everything she does is something I would want to do.

[00:29:02]

But I can't really — I'm not really aware of times where she's been kind of like "uhhh" (ph). Like I've never really gotten the sense that she's ever been like "I don't know if I want to invite Karen to this thing." Or she really wants to go to X, and I'm like "ehhh" (ph).

THERAPIST: Right. (pause)

CLIENT: So there's that, but there's also like when I visit her in Philly — I don't know. I haven't gone to — I haven't met a lot of her Philly friends which I'm like, well, I don't go there that often

for reasons and when friends of mine visit me, I usually don't — I don't always introduce them to all my local friends either because I want to hang out with them.

[00:30:07]

THERAPIST: Mmmm-hmmm.

CLIENT: Not the people I see every week.

THERAPIST: Right. (pause)

CLIENT: I don't know. I guess I feel in many ways like, with the exception of her relationship with her boyfriend, I just feel like her life is more of an open book to me than I am to her.

THERAPIST: [I get the impression, but I'm not sure, that you show more interest.]

CLIENT: Yeah. Yeah, like part of what I was thinking about this weekend is am I the one who always calls her? I don't know. (pause)

[00:31:14]

Because I'm not a great initiator of doing things, making social plans. But I'm also thinking like you know — like her brother lived here for, I don't know, five or six years. He came here after college and then went to the Business School. And so weirdly either she wasn't coming from Philly to visit him a lot here or whenever she did, she didn't call me. I mean, a couple times she was like "I'm here visiting my brother. We should do whatever."

[00:32:12]

But like I think when I visit — I don't know. I guess when I visit family members, I also either try to be like "Hey, [while I'm here], what's up?" Or sometimes I'll be like "I'm sorry, I can't see you because family," you know.

THERAPIST: Yep. I'm sorry, what did you say? "Hey — "

CLIENT: Oh, sometimes when I'm in Chicago, I feel like I know 50 people here, and I'm just like "I'm sorry — "

THERAPIST: Oh, "while I'm here." Is that what you said?

CLIENT: Yeah, "while I'm here, there's just too much family stuff."

THERAPIST: Right, yeah.

CLIENT: We leave the house or whatever. (pause)

THERAPIST: Yeah.

[00:33:07]

CLIENT: Yeah, I don't know. But yeah, and also like she doesn't really express interest beyond some of the things that I just sort of give you the basics of. Like the last time we hung out together in Chicago, a bunch of us were going. We shared a room — Zoe (sp?) and I shared a room with two of my friends, and they were going to a BDSM party and we weren't.

THERAPIST: Yeah, I think I remember this.

CLIENT: And so I sort of briefly sketched out, like "They're going to this -" I think I may have said a [pizza] party, I don't really remember. I said something like "kink stuff" or whatever "and they're going to that and we're not."

[00:34:09]

I also like — she's used to me constantly getting hotel rooms or like (inaudible at 00:34:14) so I'm like "Oh, by the way, there's going to be a lot of kinking, and they're probably going to be wearing sexy outfits when they leave." And like it just sort of stopped there, not that she had to like ask me 40 questions about it, but that was kind of it. I think she asked something vaguely like "That sounds so titillating and wacky. People really do that?" kind of question which I totally expect from someone I don't know very well. But I'm just like "Ummm, you've known me for a long time. These are friends of mine, and it's not really the most respectful way to talk about what my friends are doing."

[00:35:09]

THERAPIST: Right.

CLIENT: Like I get that it is, in fact, a wacky, titillating topic.

THERAPIST: Yep.

CLIENT: But that said, I don't know. (pause) Yeah, it's just — I guess also a part of that weekend was that I had gone with the expectation that we're going to meet up with some of my other (inaudible at 00:35:49) friends in Chicago and various things that didn't totally come together. (pause)

[00:36:08]

I don't know. Like it didn't feel like I was — I don't know. I just didn't feel like — We were doing things together, like totally physically we were doing things together. We're having dinner with a bunch of my friends and you're hanging and talking with them, which is fine. But I don't know. It's not — it's not impersonal, but it doesn't feel like super close or intimate or connecting or 40 zillion other things. (long pause)

[00:37:09]

THERAPIST: I could imagine that you feel pretty sad about all of this.

CLIENT: Yeah. I mean — yeah, it's hard to think about. It's sad and depressing. (pause) I mean, it also makes me feel like sad and nostalgic for when we were closer.

THERAPIST: Sure. (pause)

CLIENT: I think that's also part of when I see her at Thanksgiving and Christmas, you know, where we grew up and we both live in the same houses that we grew up in. (pause)

[00:38:08]

So, you know, we always talk about something [current], like about things when we were younger and going to a restaurant for the 40 bazillionth time. (pause) So I feel like I have this long history of, you know, like seeing her certain times and going places and really looking forward to it and having her calling me and being like "Oh, we should go do whatever." (pause) And I feel like that's kind of, like it's no longer really as current. (pause)

[00:39:04]

You know, part of me is — like at Christmas if I don't, like will I see her at all if I don't call her?

THERAPIST: Right.

CLIENT: I don't really want to do that, like the "Well, I'm not going to call until she calls" test because it's ridiculous. But I'm also thinking so, but no, really.

THERAPIST: Right.

CLIENT: Like would she? (pause)

THERAPIST: [So I kind of wonder about, like what about your other friends?]

CLIENT: Yeah. (pause) It's just really — it's so hard to think about.

[00:40:09]

Because I've always felt — I mean, I've known her all my life and when I think about it, I will continue to know her.

THERAPIST: Yeah.

CLIENT: And I don't know. (pause) And it's also like I think like well, let's say in the last five years, was there a thing that happened or was there like — because I'm trying to think when did this start happening and when — when I think about it, I think like, oh it's not just like right now, it's kind of further back.

[00:41:08]

THERAPIST: Yeah. (pause)

CLIENT: You know, the other thing that strikes me is that there definitely are a lot of people who are like "Oh, I never talk to anyone from when I grew up, like in high school or whatever." And I'm like yeah, I don't talk to 90 percent of the people that I knew when I was whatever age, but even people I really like I have tried to keep up with and some people I don't like, who I liked then didn't like them or whatever — (pause)

[00:42:05]

So I don't know. Like with Zoe (sp?) I feel like I've liked her and cared for her for so long it's just — I don't know. It's like I really don't want to let go of that, but I don't know that I necessarily, you know, like if she doesn't want to follow up then — you know, like to meet me if not halfway, then at some point. I don't know. (long pause)

[00:43:25]

THERAPIST: [I think that part of this is being unhappy where she's not, but also not being quite sure where she is.]

CLIENT: Yeah. (pause) Not only not knowing where she is, but am I going to — like if I figure that out, is that going to feel like okay or kind of crappy?

THERAPIST: Right. (pause) We should stop for now.

CLIENT: Wednesday.

THERAPIST: Oh Wednesday, right.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Sorry for my little bit of my really cold apartment right now.

THERAPIST: You what?

CLIENT: My apartment is really cold.

THERAPIST: It's really cold, yeah.

CLIENT: So, yeah, we just like comforters.

THERAPIST: Yeah.

CLIENT: (inaudible at 00:00:23) gone to the jacket yet, but that's mostly just because he doesn't want to (chuckles) [stick inside] the jacket hooks more than anything.

THERAPIST: (chuckles)

CLIENT: So last night my parents gave me — so my dad called last night, which he doesn't call people on the phone, ever. I don't really know why.

[00:01:01]

But he basically will not initiate a phone call, even to his two sisters [or to anyone]. So when he called, I was like oh, either someone is dead or he's planning a surprise for my mom. But I was pretty sure it was going to be bad news. His news was that he has a very slow-progressing prostate tumor. Caught it very early, it was like stage one, and the surgeon was like "We don't do surgery for this, but basically 10 years out, 95 percent of people are still alive so, you know, keep on watching it. Carry on."

THERAPIST: Right. I'm sorry to hear that.

CLIENT: Yeah, so am I. Like my first thought was I really hate that my dad only calls when he has bad news.

[00:02:02]

THERAPIST: Yeah.

CLIENT: Which, yeah, like — I'm really glad he told me and didn't decide to, you know, not worry me. (pause) But it's also like, it's definitely scary that my dad's health is just not as good as my mom's, at all. My mom is just healthy as a horse, constantly. And my dad is like well, you know, he can't drop a lot of weight, he has uncontrolled diabetes and then his high blood pressure and

kidney problems and, you know, cholesterol like every — it's sort of like a series of — [they're all] relatively normal except that he's a little young to be having all of them.

[00:03:13]

THERAPIST: How old is he?

CLIENT: That is a good question. Like — now, like he must be 65-ish. (pause) Yeah. But maybe it just feels like he's too young for it, maybe.

THERAPIST: Sure.

CLIENT: I don't know. (pause) I mean, after Sam and Jersey died, everyone — I think all of us were really worried about cancer in general. My Aunt Dana decided that she didn't want to know, so she didn't want to talk to her doctor about it.

THERAPIST: Didn't want to know —

CLIENT: If she had cancer. She didn't want to look to see if she like — she didn't want her doctor to like — basically she's like "If I have cancer, I don't want to know" which was weird.

[00:04:16]

Like I know [she's been] to the doctor but — so that was like her initial state, and we're all like "Okay, I don't know what to do." And so my dad went to the doctor, and they checked him for I think both kinds of cancer that they had. I guess now they've also been checking for other things. (pause) It's also like — (pause) Like my dad — the conversation was — it didn't have a lot of — it didn't really have an emotional content, if that makes sense.

THERAPIST: Mmmm-hmmm.

CLIENT: He told me, and he sort of had a "whatever" spiel in his head about what he was going to say.

[00:05:11]

It felt like he was discussing like the car, when their car was having problems, that it would be okay or like "Yeah, the roof in the house is a little leaky, but whatever."

THERAPIST: Right.

CLIENT: Which — (pause) I really hate that I can't talk to him about it.

THERAPIST: Sure.

CLIENT: Like I don't even know what I want to talk about necessarily but — (pause) I mean, he's so preemptively closed off.

THERAPIST: Yeah, I would imagine some of things you want to talk to him about are how both you and he feel about it.

CLIENT: Yeah. Yeah, because I don't have a good sense of it.

[00:06:07]

Or he has no sense of how he feels, and I feel kind of upset and scared and worried.

THERAPIST: Yeah, sure.

CLIENT: Which he doesn't want me to be. He offered to send me some literature that he had about why I shouldn't be worried. She already — I guess he had told Will and Tricia when they were there for Thanksgiving and I guess given it to them in person. (pause) So I'm thinking of calling my brother. (pause) I just hate having to have like a proxy conversation with him. (pause)

[00:07:04]

I mean there's that and just — (pause) I don't know. My parents are so weird talking about their own health and just really — (pause) I mean, they say they don't want us to be worried and all those other things because, you know, we have to concentrate on work and like the family or whatever. But [it's not optional] (pause) or even really feasible. Like how are we not supposed to be worried?

[00:08:02]

We kind of — my brother and I kind of — like a while ago, my dad told us like a week after he'd had some minor surgical procedure that he'd had this procedure.

THERAPIST: Yeah.

CLIENT: And we both flipped out and were like "You really have to tell us in advance. Holy shit, why did you do that?" So since then, I've been very suspicious of them and also knowing that, you know, neither of them will offer information before — I don't know. Like I'm not surprised they didn't say — that they waited until after they'd seen several specialists to say anything.

THERAPIST: Right.

[00:09:02]

CLIENT: Because they kind of want to be definitive but — (pause) And it's also very — it's weird to think that — I mean, my mom will discuss this very baldly, like my mom will almost definitely outlive my dad.

THERAPIST: Definitely outlive your dad? Yeah.

CLIENT: Yeah. It seems pretty likely. (pause) And when I was younger, it was kind of like, you know, my mom is super healthy and dad isn't as healthy. Well, you know, at some point in the distant future, I guess my mom will outlive my father. But now I'm like, the distant future seems kind of close. (pause)

[00:10:04]

And I also — (pause) Like I'm worried not only for myself but how I'm going to feel about [when my father dies] and also my mom's [probable determination] to not have emotions is probably going to cause an enormous fight of some kind. (pause) Like what I was thinking about the other night was sort of like my mom getting really angry at myself and my brother for being upset.

THERAPIST: Yep.

CLIENT: And [to see she was fine] and then like becoming the world's most intense grandmother or something like that.

[00:11:02]

Or just sort of casually being like "I think I need to move closer to one of you by accident. No reason." Which obviously I don't want. She isn't moving — would not return to Sweden. She's been very clear about that.

THERAPIST: Because of you guys?

CLIENT: Yeah. I mean, I think that's the only reason. (pause) (inaudible at 00:11:39) but even so, I don't — she might go for a long visit, but that's about it. (pause)

[00:12:03]

I mean, it's hard also that I talked to my dad, and I also told him that he should call me. Because when I first answered the phone, I said "Hi mom" and then it was my dad.

THERAPIST: Right.

CLIENT: And you know, made it a joke and then he told me, you know, about his health and then pretty much immediately it was like "Talk to your mom." And my mom did not mention like my dad just talked to me about something. Like she sort of —

THERAPIST: Oh, I see. Like it didn't happen.

CLIENT: Didn't happen. She launched immediately into Thanksgiving and [being forced] to go to two different movies.

[00:13:00]

And my mom was really pissed that my brother and dad were too slow on Friday to leave early enough. And then Saturday my brother spent too much time hanging out with one of his friends, and my mom was really annoyed about that, even though this particular friend is someone my brother — because he's known him for a very long time, and they were both in the same psych ward, like where my parents lived at one point.

THERAPIST: Yeah.

CLIENT: Because he had tried to kill himself and changed his mind, but when you jump off a building, it's too late.

THERAPIST: Oh.

CLIENT: Yeah. So then my mom was like "You should totally talk to him." I was really surprised that she, you know, wasn't mad at him for talking to but hanging out with his friends.

[00:14:08]

Also I'm just like, Jesus Christ — like he only sees them maybe twice a year.

THERAPIST: [So you're kind of like looking at a little bit of the show] versus talking about how I guess kind of off-the-wall your parents are being about this, [in a way they kind of expectedly would be], but which it sounds like is really upsetting for you.

CLIENT: Yeah. I mean, it reinforces me feeling upset that I had a good time at Thanksgiving without them and didn't really think —

[00:15:08]

I wasn't like "Oh, I really should be with my parents right now" at all, which is depressing to me. And yeah, like I — (pause) The reactions are just — I don't know. It makes me feel like uncertain about how I should be feeling or kind of like — I'm just — (sighing) I feel like however I'm acting or feeling is wrong. Obviously I shouldn't be really worried.

[00:16:07]

THERAPIST: I see.

CLIENT: So if I am —

THERAPIST: Right.

CLIENT: — then I'm doing it wrong.

THERAPIST: If you're concerned about anything, it should be how much time your brother spent with his friend.

CLIENT: Yes, and that they almost didn't see Lincoln twice, but did eventually see it.

THERAPIST: Right.

CLIENT: Yeah, and then my mom decided to also retroactively have a lot of opinions and information [on dad's] physical therapy.

THERAPIST: What did you —

CLIENT: Hmmm?

THERAPIST: — feel?

CLIENT: Mostly —

THERAPIST: Clearly wrongly, but —

CLIENT: Yeah. Shocked and numb.

THERAPIST: Uh huh.

CLIENT: And it didn't feel like it really happened.

THERAPIST: Uh huh.

[00:17:05]

CLIENT: Like right after he called — like right after I got off the phone with my mom, I was just sort of standing there like I don't — I know that happened, but it doesn't feel like it.

THERAPIST: Yeah.

CLIENT: Like — (pause) I don't know. I was just kind of being sad and in a fog about it. (pause) And I also had a real hard time convincing myself to eat anything for dinner. Yeah, I just kind of like I don't —

THERAPIST: You just lost your appetite.

CLIENT: What?

THERAPIST: You just lost your appetite.

CLIENT: Yeah. I mean, I ended up getting delivery because I was pretty sure I wasn't going to cook anything.

THERAPIST: Yeah.

[00:18:01]

CLIENT: Like that sounded disgusting.

THERAPIST: Yeah.

CLIENT: Yeah, I lost my appetite and kind of alternated between pacing around the house a little bit and watching bad TV.

THERAPIST: Mmmm-hmmm.

CLIENT: I didn't really sleep well. (pause) And then I also wondered if I should — (sighing) I don't know. Like my mom was pretty clearly worried that I wouldn't come for Christmas but didn't say it. (pause) And I'm pretty sure I'll be able to come for Christmas. Like I'm not super worried about it.

THERAPIST: Yeah.

[00:19:07]

CLIENT: But I also really wish she would just ask or say something. (pause) (sighing) I don't know. My sister-in-law said one time that my brother's man-cave was just [in his head] which was hilarious but —

THERAPIST: That's a good one.

CLIENT: Yeah. I think at the moment he was sort of — we were talking and I asked him something and he was totally in his own little head.

THERAPIST: Yeah.

[00:20:02]

CLIENT: And I don't want to do that. I don't want to just sort of (pause) just sort of be stuck inside my head entirely or not really let people in, but it also — I don't know, this sort of happening makes me also think of how much my parents encourage us to not talk about things.

THERAPIST: Yeah. And things that I think pretty clearly are understandably very evocative for you. My impression is that you are really upset about this.

CLIENT: Yeah.

[00:21:03]

THERAPIST: Which makes all the sense in the world. And you're worried for him and feeling sort of distant and, at the moment, kind of shut down and sad and I imagine also frustrated with him.

CLIENT: Yeah. Like a big part of me — I don't know — like wishes that he'd told me in person because I hate being on the phone but I also, I don't know, kind of have that fantasy of him giving me a big hug and being like "Oh, it's okay."

THERAPIST: Sure.

CLIENT: You know, or something.

THERAPIST: Like a fatherly "Everything is going to be okay. I know you're worried, but I'll be alright."

CLIENT: Exactly.

THERAPIST: Yeah.

[00:22:04]

CLIENT: And that's not something I'm going to get.

THERAPIST: Would he do anything like that in person?

CLIENT: (sighing)

THERAPIST: I guess I'm thinking because that really doesn't involve him kind of acknowledging or talking about his own feelings so much as like giving you a hug and a pat on the back.

CLIENT: Sometimes. Like he probably would've — I don't know — done an awkward back-pat or (pause) it's like lately sometimes he will do this weird kind of like chuck on the chin or cheek pinch or something.

THERAPIST: Yeah.

CLIENT: Which I don't like because it always feels infantilizing and really stiff and awkward. (pause)

[00:23:01]

So yeah, he probably would've at least given like a kind of, you know, half hug [which is not bad].

THERAPIST: Yeah.

CLIENT: But would also not want me to not like be upset or tear up or anything. (pause) My dad can [think of my] mom like being mad I was tearing up and my dad being uncomfortable with it. (pause) Yeah.

THERAPIST: He's phobic about those feelings.

CLIENT: Yeah. (pause) It's also me feeling frustrated that there's all these things that I feel I don't know about my parents because they don't tell me.

[00:24:07]

And information like this makes me want to be like "I really wish you would talk more about things."

THERAPIST: Do you mean because you wonder what other things that you might worry about or just want to know about that he hasn't said, or is it more the specter of his mortality that this evokes that makes you want to hear more about his life?

CLIENT: Yeah, it's kind of the specter of mortality and also feeling like (pause) you know, I guess losing Jim and Sam so quickly —

THERAPIST: Yeah.

CLIENT: — I kind of felt like there was this chunk of my family that's gone.

THERAPIST: Sure.

[00:25:07]

CLIENT: So my mom and I had this moderate fight over me taking some family photos from Sam's apartment after she died. I just took them. (pause) Like part of the frustration is just sort of like I feel like I don't — my dad is very reluctant to just sort of tell me kind of basic information about his life. Like I know some of it.

THERAPIST: Yep.

CLIENT: But I always feel like there's a lot more that he doesn't really say for whatever reason. (pause)

[00:26:06]

Yeah, it's like — it's very much like I feel like there's this — I mean it's more like the conceptual family history disappearing. Like well, no one will know who these people are at some point (inaudible at 00:26:23). But also just like my dad as a person.

THERAPIST: Sure.

CLIENT: Like — I don't know. Like why does he like tigers so much or like whatever.

THERAPIST: Yeah. (pause)

CLIENT: And I don't know. Like sometimes I also wonder why, like what is his reason for being this closed off? Like what's going on? What happened? Or why does he think this is a good idea?

[00:27:05]

My brother and I have also talked about wondering if they're that closed off with each other when they're alone.

THERAPIST: Right.

CLIENT: And like — I don't know. Like it's very weird that I'd be like "I have no idea." (pause)

THERAPIST: Yeah. It's like whether all the things you wonder about him are things she knows or things she has no idea about.

CLIENT: Yeah. I suspect she knows and just doesn't say anything.

THERAPIST: Yeah.

CLIENT: Because occasionally she'll just sort of let things drop where I'm like "what?" (pause)

[00:28:03]

They're also both like, I guess, really invested in — I don't even know. Like my brother and I not knowing. (pause) They tend to be a little — I don't know — sometimes annoyed when I press them for more information about things. My dad did say one time when I was bugging him — not bugging him, but I was asking he and Sam bunch of questions. I asked them about what it was like — what his neighborhood was like when he was growing up. You know, with his two sisters.

THERAPIST: Yeah.

[00:29:02]

CLIENT: And Sam told us some stories and then I asked my dad — my dad was like "oh yeah" and then just mentioned something else. And so I asked him why he never talked about it. He said that he didn't want — I guess he didn't want — he felt like we would think it was so terrible or so difficult and that he didn't want us to think he had a bad childhood because he was like "I was happy. We didn't feel like we were lacking something" and so he didn't want to be pitied. I was just like "I don't want to be whatever, I just want to know your stuff."

THERAPIST: Yeah, and you want to feel close to him and know what's happened in his life, I would think.

[00:30:10]

CLIENT: Yeah. (pause) It's like such pulling teeth.

THERAPIST: Yeah.

CLIENT: Especially about anything that's like — not even negative exactly, but anything that's potentially, I guess, not — I don't know. Like I was going to say "not heartwarming" but that isn't really it. (pause) I don't know. Like he doesn't — (pause) I kind of feel like someone must have had — like he must have had some kind of bad experience with someone.

[00:31:05]

THERAPIST: Mmmm-hmmm.

CLIENT: You know like "Oh, tell me about your weird life of poverty or tell me more about racism that you experienced when you were a kid" or something. (pause) Which, you know, I can read a book about that. Like I want to know what it was like because I want to know what it was like for him, the individual.

THERAPIST: Yeah. (pause)

CLIENT: Sometimes I think it's partially that it's too painful, like he doesn't want to think about it.

THERAPIST: Yeah.

CLIENT: But sometimes he'll also like — Tricia has managed to get a couple funny family anecdotes out of him. And I'm always like "Just do it more. Use your reporter interviewing tricks."

[00:32:12]

THERAPIST: Yeah, I was picturing her being an aggressive journalist.

CLIENT: Well, so it's funny, she is very like sort of casual, soft-touch where it's not aggressive, but she sort of magically persuades him to start talking.

THERAPIST: (chuckles) Uh huh.

CLIENT: (chuckles) I find it very impressive. But I also think that because Tricia is not his daughter, it's probably different.

THERAPIST: Right. Sure. (pause) He seems a bit easier talking with her about some of this. (pause)

CLIENT: Yeah, a little bit. (pause)

[00:33:08]

Yeah, I think he seems a little less like — I guess it's not — (pause) I don't know. Like it's not as important. (pause) I don't know. Maybe — it's not like she's anonymous, but it's almost like he's telling something to someone who is anonymous and it doesn't really matter so it's easier because — (inaudible at 00:33:47) has actually never met a lot of the people that he talks about, but so — (pause) I know it seems like much lower stakes. (pause)

[00:34:12]

THERAPIST: I see that he's pretty invested in not telling you about it.

CLIENT: Yeah. (pause) Yeah, he's also invested in not telling my brother. I mean, I can say all these things that I think, but I really don't know why. (pause)

THERAPIST: Does it affect how you feel about your own history? In other words, you said that the way both he and your mom were on the phone about the cancer made you feel kind of weird

and like you're doing it wrong to have feelings about it. Is there something like that with stuff from your childhood?

CLIENT: Not from my childhood, but in terms of family history, I feel he doesn't — it's like our family history starts when like my brother was born. So I really don't know a lot about his childhood or my grandparents or my great grandparents or like various cousins and aunts and uncles. (pause)

[00:36:05]

And it's something I'm curious about, it's something that I'm interested in, that he won't really talk about. (pause) I mean, my mom doesn't really either but — (pause) I guess part of it is my dad's family didn't have a lot of money growing up. My mom's family were, you know, relatively well — not well-off, but like middle class, and I think one side of the family had a little bit more money — not a ton — so there are a lot of photographs, a fair amount of photographs and things of my mother's family when they were kids.

[00:37:05]

And like going back to those old Victorian photos, so there's like objects. But with my dad's family, there's very few photographs. (pause) It's almost impossible for me to get — I feel like I have tried a really long time to be like "Who is this? Can you tell me so I can write it down?"

THERAPIST: Right.

CLIENT: And he won't really. Sometimes it's like if I can catch him with a sibling, then he's a little bit more. And sometimes I'm like "Well, do you not know?" I guess that could be possible but — (pause) I don't know.

[00:38:03]

Like I feel like there's this weird like void. I mean, it's also true that if I do any family history research, you know, like Ancestry.com or Genealogy.com, but so what's really — I find quite disturbing and creepy but sort of obvious is there's this wall at like the Civil War, because before then, people weren't on records and they still — like most people weren't really in official records for a really long time after that. (pause) So that's really disturbing. I mean, part of it is like I was going through Ancestry.com and were like "Yeah, blah blah blah" and they're like "This person on this slave record" — or slave schedule is what they were called — "might be related to you."

[00:39:12]

And I'm just like "Don't do that." Like it's just disturbing because they have this scanned document, and it's just really awful to be sort of like "Oh right, these people were property and

God only knows what they actually called themselves," and you're guessing based on vague age and region and it's just really horrible.

THERAPIST: Yeah. (pause) It seems to me there's this also horrible kind of emptiness (pause) for you for not knowing more about especially your dad's history and life and emotional life. (pause)

[00:41:02]

I guess I'm trying to sort of articulate the sort of feeling I have when you describe it and (pause) (inaudible at 00:41:27) is like a kind of alienation or aloneness because of it. Another is feeling a kind of injury from it, you know? Like there's this thing that all the other kids have that you don't have. I don't mean really like —

CLIENT: Yeah.

THERAPIST: You know what I mean? Like it's what you missed out on, which usually feels pretty crummy.

[00:42:09]

CLIENT: Yeah. (pause) I mean, it's also like kind of morbidly — it's like, well what would — like God forbid I was writing my dad's obituary. Like I could tell you like, you know, some dates if I was writing — I feel like — (pause) You know, if someone were to interview me about my dad, I would just be "Yeah, [I should know], but I don't. He was alive. He went to school. Blah."

THERAPIST: Yeah. (pause)

CLIENT: I mean, I guess partially because, you know, his sibling — like Indianapolis is not that close and blah blah blah blah blah. (pause)

[00:43:19]

I don't know. Like [if I had] stories that people tell at family barbeques or Thanksgiving or whatever. (pause) Like every embarrassing thing my dad did as a kid.

THERAPIST: Yeah.

CLIENT: Like I think I know a little bit of them, but I can only just think "There's that, that, that."

THERAPIST: Uh huh. Yeah, like thinking about what kind of kid he was or about the major events of his childhood, good and bad.

CLIENT: Yeah.

THERAPIST: Or his family growing up.

CLIENT: Yeah. Like I can get why he doesn't want to talk to me about some things. (pause)

[00:44:14]

What I would love to know is like — but I don't think he's going to tell me about what it was like to integrate his high school.

THERAPIST: Yeah.

CLIENT: Then to try and just be like alright, he's not going to tell me.

THERAPIST: Yeah.

CLIENT: But one of the people that he did it with was his best friend, Daniel (ph), and we used to visit him every time we were in Cincinnati because he had a traumatic brain injury at some point in adulthood and was [living with] with his mother. And so part of the brain injury was like he had — I think he just had a hard time with things that had happened to him recently, but he very much enjoyed talking about —

THERAPIST: I see.

CLIENT: — his childhood.

THERAPIST: Yeah.

CLIENT: And their friendship. So there was like — like we don't really know anything about him except for this is my dad's friend who had a traumatic brain injury.

[00:45:24]

THERAPIST: We should stop for now.

CLIENT: Okay.

THERAPIST: (inaudible at 00:45:26). Sorry again about your dad.

CLIENT: Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Are you okay?

CLIENT: Yeah. I slipped on the ice on Saturday. Yeah. I fell on my knee. Which, my knee doesn't hurt. It's just the muscles around it do.

THERAPIST: I see.

CLIENT: Which is weird, but fortunate, I guess. So, my friend Jamie came down Thursday evening to interview and test for her, for a residency. You know, stayed at my house.

THERAPIST: She... (inaudible at 00:01:00)

CLIENT: Yes. Yeah, she's actually doesn't like it that much. She does like Dartmouth and a couple other spots she's looking at. And, she's also interestingly very, because I was talking to her about like, you know, various places and she wanted to make sure, you know, that they all had a I guess lesbian scene and then she's like also I want to find a single lesbian. I'm like okay. She's like, because she has been in for a while and like went to medical school and in it she said I can't have a girlfriend. I'm too busy. And, so now having a residency means that she's back. I don't know.

THERAPIST: Now she has time.

CLIENT: But, I also ended up talking to her kind of briefly about, you know, she had seen Zoe over Thanksgiving. I just said, you know, I haven't, you know, I haven't or whatever. And as it turns out, she does work for the Defense Department and she's actually extra busy not due to any schedules, but because two people above her left their jobs. Not for scandalous reasons. For family health. So, she had to kind of pick up their jobs and her job. She may get promoted to somewhat being in charge of India. [00:02:45]

THERAPIST: Oh, wow.

CLIENT: Yeah. Which is pretty amazing.

THERAPIST: Yeah.

CLIENT: And I was wondering. I'm like well, that does explain some business that you might have. But, also, in a way, I felt kind of worse about not hearing from Zoe. Because it was like I mean I was thinking like that's a really big deal. Like, I would tell people.

THERAPIST: Yeah.

CLIENT: Or I would say I'm really sorry, I'm busy. I'm working three jobs and maybe running India. Right? I don't know. I really wanted her. I just wish she wanted to call me or text me or e-mail me to tell me that.

THERAPIST: Yeah. [00:03:45]

CLIENT: And, yeah, like, I just felt really disappointed like, I don't know. Just, yeah. It really did make me feel worse because I was just, it's a big thing and also she totally like, I mean I get the career thing. I'm also, like it's a reason that you might say like I'm really sorry. I can't be in touch. So, that kind of sucks. I also didn't get to talk to Jamie very much because, you know, she drove down, did interviews. Came to my house and about three hours later fell asleep and then woke up to continue interviews and then go back to her hospital.

THERAPIST: Yeah. [00:04:45]

CLIENT: So, clearly, I wanted to talk to her a little bit about Zoe and something else and don't feel I'll have a chance until, you know, December or January. Like, I guess Januaryish. That's the next time she may have time.

THERAPIST: Sorry. Where is she?

CLIENT: She, right now, is moving around a lot. She's mostly in Pittsburgh.

THERAPIST: Is she in medical school?

CLIENT: Yeah. It's a new medical school.

THERAPIST: So, they just do rotations in different places?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: Yeah. Yeah. Like, she has been doing like rotations in different places and I don't totally, I'm like I'm don't know, you just...

THERAPIST: Unfortunately, I don't know if the word easy is the way it was. [00:05:45]

CLIENT: Yeah. I know. I mean she's like I'm going to fly to Phoenix and I'm like okay. So, I don't know, I just...

THERAPIST: You feel like she also let you down or that you're I think feeling a bit hurt at not having more of a chance to talk to her.

CLIENT: Yeah. I think it was also the combination of getting the, like I said, the news about Zoe from Jamie and I finally just talked to her. Yeah. I don't know. I felt like I just. I mean it wasn't the feeling of like I'm at a hotel with this person. Because, you know, like she came over and we got some groceries. We watched television. Like, whatever. And I understand that she's very busy, but once she told me about Zoe's job step I was like I really want to talk to you about this.

THERAPIST: Yeah. [00:07:10]

CLIENT: And I think it was like, I wasn't really wanting. Like, I figured she'd be really busy, so I wasn't feeling particularly bad about it until that came up. I felt a sense of like I was kind of like do I want to see you at all?

THERAPIST: I see.

CLIENT: You know?. And, I don't know, for something also her like she kept on mentioning that she was, you know, looking to find a girlfriend. It made me think like oh, like I guess because now I'm just kind of like thinking a little bit about. I don't know. I guess like I'm not looking for someone to date right now. Maybe I could try that again or something. Because it was kind of vague. And then like Saturday my friend Jersey called and we were going to go see a lecture about food stuff. Her car broke, so then we ended up going over to a friend, a friend of hers house to like have delivery food and talk. Also, she wanted to update her dating profile.

THERAPIST: Okay. [00:08:45]

CLIENT: Yeah. Well, Jersey wanted to. So, Jersey was like I oh, need help because I need to take pictures of me for my profile and I don't know what to say in it.

THERAPIST: Right.

CLIENT: Blah, blah, blah. I didn't really know any of her friends, but whatever. That was fine. I ended up feeling really, I was kind of, I found her friends kind of annoying. It took me a little while to figure out why because I was like well, what is it that they're doing? And there were like a couple of things. Like one, something became this girl, Maxine, wanted to go through her clothes and she's like oh, fine. She should check out this clothes closet and then she wanted to go through all of her clothes and just like put them on and be like does this fit? Does this not fit? But I lost weight and I got this, but then I gained weight, so it doesn't fit. I hadn't signed up for like hours of someone discussing their weight. And, also like the various clothes that her sugar daddy boyfriend buys her. So, that was very frustrating. [00:10:15]

Then, you know, describing this other girl. You know, both, not really, I don't know. Like, neither of them really that they didn't touch. Like, I said like oh, you know, take some pictures. Look at the profile. A few other things and neither of them did really at all. Like, they did some pictures of me, which was nice, but then it was like I want to look at these clothes. Oh, I got this career porn. Oh, this is similar to pictures I have of my boyfriend. Head bouncing around and it's none

of it is really because I want to deal with people. Like, I don't know them. They're not interesting to me. It really wasn't what I had signed up for and I just get, I just felt like really, just really frustrated. [00:11:15]

Like, partially because these, these, this girl Maxine particularly could not concentrate on any topic for more than like five minutes, except for her clothes and how she didn't want to get rid of any of her clothes even if it was ripped or too small or too big. So, in a little while I was kind of like hey, because I was trying to kind of trying to get her to focus and then I gave up.

And the other thing was, which is, so I was talking about how Jersey's like oh, Jersey you're so awesome. You're so pretty. You take great pictures of you and like talking about it a lot and then she's like what her friend Donna. Like you're so pretty. You're so pretty. And, like, she doesn't know me, but the complete lack of any...

THERAPIST: Help. [00:12:25]

CLIENT: Yeah. It's just like great. The only thing that, the only thing I had to say was they were impressed that I had twisted my hair evenly. They were like how do you get it to be even? I'm just like, I just, not very interesting. But, yeah, I said this is um, it's, I just really didn't go there and while I don't know them, it's still.

THERAPIST: Hurt a lot?

CLIENT: Yeah. And it wasn't what I was, like I wasn't expecting that.

THERAPIST: Sure. Yeah. It sounds like what you signed up for was to go and be kind of instrumental and emotional support for Bonnie while she was redoing her okcupid profile.

CLIENT: Right. And also Jersey gets really sick, everyone gets really sick posing at them. So, I think I can make silly faces behind the camera or whatever. And so those are things I was like yeah, so I'm ready for these things. I really wasn't ready for any of the other things. [00:13:45]

THERAPIST: Yeah. Talk about updating clothes and the fuss over everybody else being so pretty. That's the way that like it sounds to me. I don't know. It seems like she didn't intend it to be mean.

CLIENT: Yeah. Like, I think she didn't intend to be mean.

THERAPIST: Yeah.

CLIENT: But.

THERAPIST: I don't think I've even heard that.

CLIENT: Yeah. In some ways that she didn't even notice was really hurtful as well.

THERAPIST: Yeah.

CLIENT: And, then I think the other thing is that it sort of also I was thinking. I was trying to decide whether or not I wanted to go to this sex party in January. Whether I wanted to go to the flea market in February and I've been feeling like probably not just like for many reasons and also just not really feeling like emotionally up to all of it. And part of me not feeling like emotionally up to it in part is those events are a lot about skinny women not wearing a lot of clothes which is not, not only is it like, there's a part where I'm like yes. Any event is kind of about skinny women being attractive. Yeah. Whatever. It's still frustrating and I don't like it. Like, in both cases it's so much so. [00:15:40]

THERAPIST: Like, yeah, I would think something like a book signing is a little less about it than something like the flea market.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: And also if there's like such explosive like sexual display and like this is what I find attractive and it's like I see maybe what you find attractive about skinny people. Actually, well, I admit I see that you find skinny white women very attractive. And one of the things that I normally like would do to make myself feel better and feel more confident is like a cute outfit. And I don't feel like I have any like, I don't have any bench wear that fits. So, when she says let's just get rid of it which means I'm out. Like, it's not like I can try to squeeze in to something that's maybe a little small. Like, I try really hard to hold on to things that don't fit and to give them away to other people. [00:16:45]

THERAPIST: Why?

CLIENT: Like there's this, like, I don't like having. So, one thing that a lot of people I know who are large that I do is leave things that don't fit in their like dresser or closet and like every day you're like oh, those pants don't fit. Those pants don't fit. Those pants don't fit.

THERAPIST: Right. It's supposed to be like motivation that winds up being like sort of something that just makes you feel bad?

CLIENT: Yeah. Like, I'll hold on to things for like a certain period of time. But, if it doesn't fit, I'm like, I try to always, I have this little voice saying it's so hard to find the fetish wear. I would love. I would much rather someone else be able to wear this than for it to sit in the back of my closet.

THERAPIST: Yeah. [00:17:45]

CLIENT: Also, often my friends end up giving me stuff. So, I'm like hey, I get to see you in a cute outfit.

THERAPIST: Right.

CLIENT: But, I have nothing.

THERAPIST: Do you feel bad about not fitting it anymore or not really?

CLIENT: No. It's, I don't feel bad about it. I feel it's, like, another way in which to get really frustrated and upset about clothing which is, which I'm like I just want some clothes. Like, I go through a lot of effort to find the clothes that I have. Like, anything that's cute, like, I spent a lot of time getting that and when I don't have that, it's just like aw. And like in some cases, I'm pretty sure it doesn't exist. Like, I'd have to pay to custom make it or make it myself and I don't really want to. I super, I do super resent having to like... [00:19:00]

THERAPIST: Yes, it's really sort of frustrating in that way to no longer be able to wear the things you probably spent a while trying to find and you were excited to find.

CLIENT: Yeah. Yeah. It's also like another level of feeling like rejected and out of place. Because, you know, both of those events turn if you're not like dressed up in some way, people are just like are you supposed to be here? What are you doing? I can't really hold up a sign and be like fuck you. I've been here for 15 years or I've been on more port than you have or like anything like that. Also, like, I would like to be cute and get propositioned, but that's like not having... It's like I don't know. I mean both events are very much about like being desirable or feeling like you're desirable and, you know, the thing is like ill-fitting clothes make me feel unattractive. I'm like this is too much. This is gross. [00:20:25]

So, yeah, I just end up feeling just really like not attractive. Uninteresting. And then also I'll often see like things that I think are really, like I'm like oh, that's so attractive. That's so like pretty or so whatever. And then I think and I can't get it. Along with the frustrations that some people will be like oh, no, no, no I'm sure they carry your size, but they don't. So, then we get in this little like, no, no, no, no. So, yeah, I just felt like very unattractive. It's not even unattractive. Like, invisible almost like. I am not in, like, it's like, it's not like someone's like oh, I think you're very cute. It's like I'm not in a group of people that you would even look at to find attractive or not. [00:21:40]

THERAPIST: I see. Like, what is it? Being in a having that... A little bit left out. A little bit in that you were left out.

CLIENT: Yeah. Yeah. It was kind of like. I mean for a variety of reasons I didn't seem to think that it was like. Because at a couple points when like Maxine was like oh, Jersey you're so hot. You're so, so pretty. Blah, blah, blah. She would then be like, she would circle away and be like oh, Donna, you look so great. I'm like oh, she knows so many attractive people and I just see

her being like yes, you do. And I, it's like not just that you don't find me attractive. It's that you don't even feel like you need to like no, no, no, you're attractive too. [00:22:55]

THERAPIST: Well, yeah. I guess the thing is I mean it's one thing to go and help while she's doing the profile, I'd say.

CLIENT: Like, that's fine.

THERAPIST: But then there's four of you and she fusses over the third person. Because the other person was saying, it was like it sounds like was quite conspicuous.

CLIENT: Yeah.

THERAPIST: In a way that maybe familiar to you.

CLIENT: Yeah. It took me a while to sort of all put together what was bothering me.

THERAPIST: Sure.

CLIENT: And so, when I feel that it was just like okay, I feel like going home right now.

THERAPIST: Yeah. There are other things that are tied in to that. Like, all her fussing about her clothes and her weight.

CLIENT: Yeah. Like, I almost never. It's very rare that I'd want to sit down with someone and go through their closet. I mean, I've done that with people, but like I've got to be ready. I want you to be ready. I want some ground rules and this is just like sudden noncom when I obsess about my weight and my body. [00:24:00]

THERAPIST: Yeah. What is it about that that hurts? Is it like basically the whole thing even like really critical of people who are fat?

CLIENT: Yeah. I mean it's a bunch of things. Like, part of it is I mean she's, so she's talking a lot about how she had lost a lot of weight. Lost some weight and then gained some of it back. And, so, therefore, like, you know, your relative fatness was the most important part.

THERAPIST: Yeah.

CLIENT: And, also, like, she was I think she was saying most women are pretty slim. So, there's this, also the moment if you two are not slim enough, I therefore am, like, huge, like in comparison. If you're like wow, I wear this size and I just, you know, I just need to be thinner. Well, I'm a lot bigger than that. Like, where like where are we going with this?

THERAPIST: Yeah.

CLIENT: And also it's pretty much like the most important attractive thing about me.

THERAPIST: Right.

CLIENT: Is my weight. [00:25:25]

THERAPIST: The only thing I'm going to talk about in relation to my entire closet for this entire time is like whether I'm down 10 pounds or up five pounds or down two pounds.

CLIENT: Yeah. And then she's like well, I don't want to get rid of this because it looked so good eight months ago. I'm kind of like I don't know what to tell you. Like, I mean I gave her sort of the advice I always say when someone could say that. Like, well, you may want to take it out of like your current rotation and just put it in a box in your closet. You're not throwing it out. You're just moving it.

THERAPIST: Right.

CLIENT: And then she would fuss and obsess over. Like, it's not only that she has 40 pairs of pants.

THERAPIST: Wow.

CLIENT: Yeah. That's only pants. Yeah. And another girl had eight. She's like six, seven, eight. Maxine had 40. That's how she got started like putting on clothes. And it was really rapidly clear that a lot of them did not fit her current body and or were like torn or stained, but she wouldn't let them go. Especially, the ones that had fit and were too small. Yeah. I mean there were a few things that were too big that she wouldn't let go of. Mostly. Which is also like why, like I hate when people are like I will only, like, you know, like that's not the body you have right now. So, maybe it shouldn't. Like I don't like.... [00:27:05]

THERAPIST: Like you shouldn't be so worried about the body that you have?

CLIENT: Yeah. Like what are you wearing right now?

THERAPIST: Right. Like there's a kind of negation.

CLIENT: Yeah. It was it's just like it's also the like the aspiration of a body, of a thin body and also even just being it also reminds me that there is not, you'll never get there. You know, like.

THERAPIST: Only two more pounds or five more pounds or whatever.

CLIENT: Yeah. Yeah. Exactly. And then you're like oh, my clothes aren't fitting well, and I'm just like I don't care. I mean, I do, but not really. I just don't, like, I don't care. And also it's like the

sort of the desexualization of fat people. Where there's that. And sometimes there's like oh, but you have breasts and that's great. Yes, it is. They're lovely, but like they're not independent of my body. So, that's frustrating.

THERAPIST: Yeah. [00:28:20]

CLIENT: And also in like a conversation about clothes, we can't shop at the same stores.

THERAPIST: Which kind of comes up?

CLIENT: Yeah.

THERAPIST: When you're thinking about where they got things.

CLIENT: Right.

THERAPIST: Where did you get them?

CLIENT: Yeah. Like, I was talking to Jersey mostly and I was saying Jersey's looking for clothes and I was like yeah, I really don't know if it fits and she's like, you know, me too. And we're talking about it and I was saying I had, I kind of wanted to wear like retro kind of pin up girl lingerie or something like that and Maxine's like I know where you can get that and I was just like you don't. She's like no, no, there's this place and I'm like yup, I've been there myself. And I just always that conversation's just always frustrating. It's a, highly unlikely that you actually know where I can get clothes my size. Especially since you were really concentrating on getting smaller clothes. And you're not really listening to what the problem is. [00:29:45]

THERAPIST: Right. The problem isn't finding the style. Yeah. The problem is finding the size.

CLIENT: Yeah. Exactly. And, you know, something? I mean for me it also becomes one of these things where like some things, like some clothing things that you can throw money at the problem and that it will get fixed.

THERAPIST: Right.

CLIENT: And this is because it's one of those points where I'm like I can't throw money at the problem because there isn't a thing to buy.

THERAPIST: Right. Right. So, I guess part of what I was saying is that what is angering you is the kind of willful blindness or denial of the problem. Like, oh, no, no, no. I know this great store and oh, I'm sure that they've got your size or whatever. They're ignoring the problem because you could never not (inaudible at 00:30:53).

CLIENT: Yeah.

THERAPIST: I don't know. Something like that. And I feel like I'm probably only getting a piece of it.

CLIENT: Yeah. [00:31:20]

THERAPIST: Like, a way that somebody close to you is like far, as far as like oh, why I overlooking your shape and kind of in a whole bunch of different ways in terms having that sexuality. In terms of how like cultured things about. Like, the retail side of it. Or how will I discuss it. Like?

CLIENT: Yeah, it's, I don't want a lot of how I, like, when I was like a little bit smaller, only not much.

THERAPIST: Yeah.

CLIENT: There was this weirdness of like well, I can kind of sort of squeeze in to the top extra large at the clothes store and people are more likely to say like oh, no, you're not fat. You're, you're just curvy or whatever. And then there was some very visible line where people stopped telling me no, no, no, you're not fat. Which is fine in a certain way. Because I don't like people telling me no, no, you're not really fat. Whether you're just saying is will I still fuck you or I like you or you're not a horrible stereotype. But, part of also of someone not saying it's like oh, no, you're not fat, is that...

THERAPIST: Well, it's not okay to be fat, right? [00:33:00]

CLIENT: Yeah, it's not okay. And I can't even like plausible liability fit what might be attractive, so it's like there's always ways in which, you know, when people are like what do fat people look like or if I came across a party who do I think is cute or who would I want to talk to? And I'm like well, I'm going to be one of probably three black people there. There will maybe be a dozen people who aren't white, maybe. Like, I can think of them all right now basically and like the women that people are chasing after are all a lot skinnier than me and I'm like yeah, I can think of people who aren't, who are not skinny and being pursued, but it's unusual. The people that I see amazing going back on. I can't wear that outfit and sort of like... [00:34:10]

I just, yeah, I sort of, I feel like I just don't exist or I'm not supposed to be existing. I mean it's very much a way in which like at this party at the flea like women are very much there to be like objectives of desire. Their point is to be sexy. So, since I can't be sexy, what's the point? What is the point of me being there? It's just weird, like why are you even here if you're not like an object? And I'm just like I don't know. Because I wanted to.

THERAPIST: Yeah. Incredibly hurtful. [00:35:10]

CLIENT: Yeah. It's just feels like so awkward and just alone. Like, a lot, it's like a lot of my friends like they don't want to deal with that. So, they're like well, no, no, no, or you know, this and that. Well, you should come anyway because it's nice seeing you. I'm like well, okay. Yes, I like, I understand what you're trying to tell me. But, you know, it's really not enjoyable to spend money to go to something where pretty much no one will find me attractive and if they do, they won't admit it.

THERAPIST: Sure. [00:36:10]

CLIENT: I mean, I also feel like I think I could do that for free in February. So, I don't really want to spend money for it. And, I know it's not just me. I definitely, like, last year there was this one like horrible, awkward moment of two of our friends of ours they asked me, and they're both masculine people, and there was this straight guy talking about like what he really likes is to be, have the viscosity of our subjects. You know, like objects. And, they're only wielded by attractive women, only women. [00:37:10]

He was trying to explain like why it was really important that they be with him without saying that and then he's kind of like flowing around. He's like well, you know, like look at women. And I'm just like alright. And we're both kind of like, you know, punched up. I'm like hey, what's up, we could just, you know, and kind of grab one of their hands like do you want to leave? Do you want to go? We're kind of pinned against the wall. And yeah, it was really... He introduced one of my friends as being a butch woman, which is kind of true and he was like well, no but more feminine. And, then my other friend who first introduced me to this guy then was like oh, my god they're really a woman and was then trying to forget or explain how somebody's dressed up, like it's just that's really important the person be a woman. And so that really sucked for both of them and I know that happens to them with regularity and they still go. [00:38:30]

THERAPIST: I doesn't mean that you have to...

CLIENT: I know. I'm just kind of like oh, I'm sorry you guys and you know, I was like I totally get why you might not want to go because, wow.

THERAPIST: Yeah. Do you feel like you don't exist in any of those ways here with any of the crowded in any way you were able to come up or or the way you sort of...

CLIENT: No. I mean not existing like for me it very much exists. It's like it's happening in the social community environment. [00:39:30]

THERAPIST: Sure. I didn't have anything like, I didn't have some scenario in mind where I was like oh, it kind of seems to me not really. I thought, you know, sometimes. Stuff like that.

CLIENT: Yeah. No. I was thinking of something a friend of mine. He was transferred to a room where he was talking about how he's a Quaker and he talked about, you know, if it's just you and me talking it's me and it's you, but in a community when you talk about a third party, that we

need gender pronouns. It was just how I feel about a lot of the... Like, I can feel cute and attractive in my apartment or come meet a person or but, it's the and then we go somewhere else.

THERAPIST: I see.

CLIENT: Yeah.

THERAPIST: We can stop for now.

CLIENT: Okay.

THERAPIST: I'm going to turn this off.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: How are you feeling?

CLIENT: Better although still kind of cruddy.

THERAPIST: I'm glad you're feeling better. That was quite a whopper.

CLIENT: Yea. I'm going to get my flu shot earlier. And (inaudible at 0:00:17). Unfortunately I had planned to go last week and then I got sick because I like to go with someone because I hate needles. And I want to hold her hand during the flu shot.

THERAPIST: Yea, right.

CLIENT: So I don't know. I used to get my ex-boyfriend to do that with me because he also works on campus in the E.R. Yea. Also, I don't know. I spent most the weekend just (inaudible at 0:00:55) Friday through Sunday just not feeling really good emotionally.

THERAPIST: Sorry just to make sure. One is so we're not meeting Wednesday. I think I had said this.

CLIENT: Yes.

THERAPIST: I just want to make sure.

CLIENT: When will you (inaudible at 0:01:12).

THERAPIST: I don't think I have anything open up yet. But I can reschedule and tomorrow I'll let you know...

CLIENT: OK.

THERAPIST: ...some of those changes. And also, I was just curious. Are you back at work soon?

CLIENT: That's the other thing that...

THERAPIST: OK. If you're going to tell me about it...

CLIENT: Yes.

THERAPIST: ...then you and I can go over it now. I just...

CLIENT: Yes. I have us not meeting on Wednesday.

THERAPIST: OK. So you just continue work. (chuckling)

CLIENT: (chuckling) So...

THERAPIST: You're feeling crappy over the weekend.

CLIENT: Yea. And also so the six weeks for the physical therapy I got to work with this guy a week and a half. And about two weeks ago, I stopped by into the therapist and be like I don't really feel done because sometimes I'll feel OK. And then she's like, "Try this exercise." [0:02:09] And I'm like, "Oh, I actually can't do that." It'll be something really easy like push your hand with one leg. And then I feel like it's incredibly difficult. And I'm moving like a quarter inch.

So what was first thing I did I called (inaudible at 0:02:29) people on. This sort of answer was the only person who would the person who decides whether or not I should take two more physical therapies with a physical therapist. Not the doctor or anyone else. So she said yes. You definitely need more physical therapy and so that I've been really anxious about. And I was nervous about talking to her and making the appointment. [0:03:00]

And also the other thing that I just like feel really worried about and I don't I just feel like someone from HR or like my manager or someone would be like, "Yea, we don't think you get to take to stay away from work more. You have to go back now." And I feel that way even more like when I'm doing something and I run into someone from work. And then I just feel like oh, God. They can I'm mobile. Obviously I should be at work...

THERAPIST: Right. I see.

CLIENT: ...which actually happened on Tuesday. I [didn't get up] (ph) and I was like oh, go to the library and do homework and then I'll go to therapy. I was thinking like oh, I feel a little feverish. [0:04:02] And then I was like OK. I'm running a fever and drenched in sweat and really dizzy. I think I'll go home. But I ran into a coworker while in the process of doing that and felt horrible. I got up. I was like oh my God. I felt just guilty and weird and he's going to report on me although what that would mean. Like, I just felt really nervous about it.

And I called the person in charge of facility services at Cambridge and she didn't call me back. So that makes me feel I'm like, oh God, what and then I got e-mail from Chet (ph) on Friday asking if I was still inclined to come back on in about two weeks. And that made me worried too. [0:05:00] I mean, this e-mail really literally was just, "Ju, are you on schedule to return in two weeks?"

THERAPIST: Right.

CLIENT: "Are you still on schedule?" But in my head I'm like oh, God. He if I say no, things will just happen.

THERAPIST: Right. He'll start looking at medical records.

CLIENT: Or the person of disabilities will say, "Well, you know Chet (ph) I'm really am suspicious about Ju (ph)." I mean, part of it is also like when I was on when I was on disability for fibroids, one of the personnel officers said that that wasn't necessary because I'm not that bad. And so she thought I shouldn't be out. And I was just like I didn't realize that that was something you did. And I'm pretty sure you shouldn't. And it really hurt. It wasn't about anything about what was wrong with me. So I'm like that's part of it too. [0:06:04]

I don't know. So basically I'm just sort of feeling like dread and nervousness about dealing with that more calling the discipline people again for me or whatever. What do I I don't know what else I have to do to continue to being out. And I'm looking at my HR policies online. It's basically talk to your local HR department which I don't really have. So I don't know. I feel very I would like someone to tell me what at or to tell me what I need to do. And do I need to fill in these ten forms? Do I need to what is the process? And I am failing at that. [0:07:01] And I'm also worried that if I try to do that, their response will be like, "OK. You need to fill these ten forms. Oh wait, you have to go back to work right now." (pause)

And the other two things being that I had my final homework assignment due on Sunday. [0:08:03] And my brother like my mom e-mailed him. My brother was like this is when Tricia (ph) and I are traveling to my parent's house. And her, oh I was like, "Oh I have to do this." And my mom e-mailed asking when. And dealing with that was just not really what I wanted to do either. I don't know. (pause) [0:09:00]

THERAPIST: (inaudible at 0:09:43) feel like your guilty like you're getting away with something for not being at work.

CLIENT: Yea. I mean...

THERAPIST: And in fact, as you said to me, you were actually well enough to work. [0:10:02] That's not the problem as I understood it. I mean, for the most part it's like it's not that you're usually in so much pain you couldn't do stuff. It's more that in order to alleviate (ph) the pain you been for longer quite a bit longer than your doctors say you should have been. You have to do intensive physical therapy. There's no way to coordinate that with work or a part time schedule.

CLIENT: Yea. I mean, the other thing is that I'm not in pain every day. So how to maybe like of several days be like oh, I feel fine. I'm walking around and do whatever. And then I'll have a day where I'm like oh, sitting down really hurts and walking hurts and everything hurts. So whenever I feel OK, (inaudible at 0:11:02). And then when I'm in no other pain, I think well, but it wasn't every day. I start to think, how bad is it really? And yea, I know that like and theoretically where that physical therapy will make it so that I won't be in pain at all or less. And therefore I have reasons why I want to do that. But...

THERAPIST: Has it helped?

CLIENT: Yes. It's definitely helped.

THERAPIST: Good.

CLIENT: And where maybe that's part of what make me like I'm just like, "Oh, but since it's helped, I should go back right now." And I actually see the physical therapist. She's really great about I don't know like talking about improvement. [0:12:03] And also pointing out how yes, it makes sense that that whatever I want to do is whatever things she's going to make me do is difficult. Because of the muscles being grr or like whatever.

And yea, I mean, also I'm started thinking of like it's not even it's really hard to schedule. Or it's not possible to schedule with work. And in some ways like working full time is exacerbating. And working full or part time and doing physical therapy, I don't like I guess I could do that. But I feel like having a physically active job. [0:12:58] Like I'm not sure either being physically active or trying to sit don't help impacting my almost like I think it's I don't know. Like I almost feel like going to work would be hindering physical therapy and getting stronger and better in a way, if that makes sense.

THERAPIST: Because you're sitting down most of the day?

CLIENT: Well, it's really hard to it's both hard to sit down for a long period of time or stand and move around for extending periods of time. They're both painful in different ways. And like once like especially with once my hip starts getting painful and inflamed, it's kind of like well, that's just it for the day. It's going to do that for several hours if not a couple days. [0:14:01]

And so like practically speaking, working half time wouldn't really make sense either. But I still feel like no but in my head I'm like well, but I could, I guess, in theory. (pause) It's just like I could. I would be kind of miserable. But theoretically, I could probably work full time and do physical therapy or work part time. But I'm pretty confident it would be pretty miserable. (pause) But that doesn't entirely seem like a reason not to. [0:15:00] (pause)

And the other thing that's really hard for me to think about physical therapy or time away from work without wanting to sort of explain why maybe I should actually be going to work. I mean, they well, it's not that bad. I mean, I guess I could sort of I keep on wanting to I don't know indicate I could still soldier through somehow if I had to which is not what I want to do. [0:16:12] But I feel bad about it.

THERAPIST: I see.

CLIENT: And so I don't really want to call in. And I call HR and be like, "So I need I want to take more time off with disability. But I mean, I could go back to work if you think that would be a bad idea," is basically like in my head what I...

THERAPIST: Right.

CLIENT: ...don't want to say. But I keep on thinking about. (pause) [0:17:00]

THERAPIST: I'm not really sure what to say.

CLIENT: Yea. (pause) [0:17:57]

THERAPIST: I mean, it seems to point towards what is so often typical which is (pause) well, let's back up a little bit. What's it like to sort of talk about this and getting it out there?

CLIENT: Well...

THERAPIST: I guess I also have a feeling now I'm totally changing direction, asking a question and then (inaudible at 0:18:53). I guess I kind of feel like you want you are of two minds about what you how you want me to respond. On one side wanting me to be supportive. Like, hey look. Don't make yourself miserable. Of course, (inaudible at 0:19:19) but you're going to be in pain and will that really help. And you need physical therapy sounds medically necessary. And the problem there is that you sort of have trouble believing in the importance of how you feel and the way that's getting played out through this.

The other side I get kind of the impression there's a part of you that it would be much more comfortable or is it going to be very familiar when you are the one trying to figure it out. [0:20:01] Or like Ju (ph), it has been awhile since you've been at work. And you probably you really probably could sit there. I mean, can't I mean, there's got to be some way you can work out something part time. And I know you hate work and everything. But I really think in other words

like sort of I think you want me to take one half of (chuckling) to the other. I guess I get the impression of that so that this wouldn't just be playing out in your head, in a way, which is very difficult.

CLIENT: Yea. I don't know if I want you to pick one side or to come up with like the magic middle path.

THERAPIST: Oh, OK.

CLIENT: Like (pause) I guess what it is, is sort of sitting like sitting around like battling that back and forth in my head is exhausting and stressful. [0:21:03] It makes me really anxious. And then I was thinking will this like and this is like well, I feel like pretty clearly that's not helpful to just sort of sit there going yes, but no, but yes, but no, but yes, but no. So I want another option but I want sort of the magical well, but no if you just do this thing then you will sort of be crazy sacrificing yourself to go to work but not too much or something.

THERAPIST: I see. Oh well, there's kind of there's this provision where if you're returning from leave then you can sign up for this thing where for the next two months, you can leave if your issue comes up again.

CLIENT: Yea.

THERAPIST: Or you can have your physical therapist write something that somehow allows you to come back part time. [0:22:02] And that that should be dictated by your medical appointment and your level of pain and discomfort.

CLIENT: Yes.

THERAPIST: And that way you don't have to keep sort of worrying about which way to go or what to do. Something like that.

CLIENT: Yea.

THERAPIST: Feeling anxious, pretty anxious and guilty, I think.

CLIENT: Yea. And I mean, the other thing so I mean, part of it is also like I just feel kind of guilty about having the option to have fully paid short term disability because most people don't. And I'm just like, "Yay, that's great." But I feel really guilty about it. But hey, benefit stuff. [0:23:02] Financially I'm much better off to stay on short term disability than going back to work part time which is also something I find really weird and disconcerting.

I mean, my other thing is I get why it would be silly to say work 15 hours a week if my job is actually 35. Or to half to be like, "Oh, I'll be at work until suddenly I have to leave [notice by] (ph)." But part of me is kind of like, "Well, but if you could work 10 hours a week, why aren't

you?" Even though it would basically like I'm like well, (inaudible at 0:23:46) get in, sit down, check your e-mail, do one thing, leave. And like who needs that? [0:24:00]

But and so I have also thinking like, "OK, well is there something I could do myself during that would make me feel like I wasn't I don't know rolling around and saying I hate work. I'm lazy. But like when I think of doing anything that's enjoyable. I'm like oh, but that's somehow also being lazy or I don't know.

THERAPIST: Yes. You're quite intensely judgmental of yourself in all of this it seems. I mean, there's no path that doesn't involve you feeling a lot of distress of one sort or another here, I guess. [0:25:04]

CLIENT: Yea. I mean, I'm way more judgmental of myself also than I am of anyone else because that's what I do. But...

THERAPIST: Yes. And it's (pause) yea, and your judgment is pretty implacable, I think, of yourself. You only reason with it or mitigate it or easily or find a whole lot of relief (inaudible at 0:26:03).

CLIENT: Yea. It's yea. I mean, I think I am very I don't know judgmental and unforgiving of myself. And there's not...

THERAPIST: Right. Well, you're going to really make yourself sacrifice something here. Either you're going to continue to disability and I guess feel pretty lazy and bad. Because it sounds like you often been feeling?

CLIENT: Yea. I think the other thing which is turned out as it was last time. Being in short term disability in winter is not really ideal mood wise.

THERAPIST: Sure.

CLIENT: Because I'm already feeling really low energy and blah.

THERAPIST: Right. [0:27:03]

CLIENT: So...

THERAPIST: Like there is, in a way, some benefits of just getting out the door in the morning and getting to work. Like having other things to focus on compared to being home without much structure.

CLIENT: Yea. I mean, well, like one of the things I was like hyper. I wouldn't do very much work in the winter. But I get really focused on like OK, you have to get yourself out of the house by

this time. Otherwise I'm like because otherwise I'm relatively I would really like to lie in bed here and not move because I'm really tired and I don't feel good and 40 other things.

And then when I'm at work in the winter, I often (inaudible at 0:27:50) I'm like all right. Today you just have to do one thing because that's all you're going to like just do a thing. [0:28:01] I don't feel so like I feel I was already guilty being at work and not working or whatever. But doing that same thing at home I don't know. Like I feel super yea, super judgmental on myself about it.
(pause)

THERAPIST: Yea, I do. I think you kind of want me to sort of get in between you and it. [0:29:00] You know, which if I were to say something like sort of supportive about your staying home on the leave, I think it might help to mitigate it temporarily or something. And there was like I guess if there was a magically middle path or just some reassurance would be a way of like getting in between you and this sort of pretty harshly judgmental, can't be reasoned with side of yourself.

CLIENT: Yea. I also think that my major tendency is to would be to argue with a supportive comment. Like supportive of which is also (inaudible at 0:30:05).

THERAPIST: How's so?

CLIENT: I mean, what I end up thinking is well, but is it really medically necessary? I mean, come on people go to work with all kinds of problems and blah, blah, blah. I mean, definitely a big part of it is also I hate work. So somehow that makes me feel even worse about like well, what if I'm not really like I'm just sort of exaggerating my (inaudible at 0:31:00). Yea, when I talk to people about the disability, it's really hard to not either come up with a ton of excuses like justifications. Like no, it's totally OK because this, that and the other thing which no one is really asking.

THERAPIST: Right.

CLIENT: Or to just sort of be like and I'm not like I don't know. I just feel like it's really hard for me to just say yea, I'm doing short term disability and doing physical therapy.

THERAPIST: Right. I mean, let alone, I suddenly had heard you say like, "Oh, I'm so psyched to get back out of there for a little while." Because you hate a lot of hate it a lot of the time.

CLIENT: Yea. No, I'm thinking about the pleasantness of not dealing with all of that which is great. [0:32:03] I don't know. I guess it makes me feel like either I'm a fraud or like it's really inappropriate to be excited to be away from work when you're also having a medical problem.

THERAPIST: Right. But if you're not sort of bed ridden or suffering, then clearly you are a fraud.
(pause) Except you're not, though.

CLIENT: Right. [0:33:01] (pause for one minute)

THERAPIST: That's interesting. (pause) There's a...

CLIENT: Oh, crap. (pause)

THERAPIST: I think there's a kind of I mean, this is already very clear to you. But to me it sort of brings into really how much this kind of harshness with yourself and that sort of real kind of negating quality to it. Where like it's so hard to sort of push back, or are you back or (inaudible at 0:35:03) have the kind of point of view even ones you know to be true and legitimate when you get judged kind of yourself like this.

I think it's just so much unfortunately a part of your life. In other words, it's (inaudible at 0:35:23) relief because you're not at work or in the situation that anybody else who's sort of playing that side of it. But I think so often it has been often somebody at work or at other times, (inaudible at 0:35:39) or in a ways your mom who kind of sort of stood in for that kind of more harsh and judgmental and kind of negating side. And I want to be very clear. I'm not trying to let any of them off the hook. I mean, in a way it sounded to me like for just as one example at work you have been treated really bad. [0:36:03] Like I'm not saying...

CLIENT: Right.

THERAPIST: ...you're just making that up. I'm just saying there is some way that you that fits right in with this kind of harshness that we can see directing at yourself even when it's just you in a way. Is that clear? Like I'm a...

CLIENT: Yes. (pause) Yea, I do agree. It's I mean, it's also scary and frustrating to me to be so harshly criticizing myself.

THERAPIST: Sure. [0:37:00] (pause)

CLIENT: I also think one of the things that makes it hard for me to not do that is like one of the reasons why I'm worried about taking time away from work is how they really kind of awful I'm taking time off work. So I'm like well, I mean, on the one hand there is a track record and the other hand maybe I should shut up a bit about it. Or having more information now like knowing what I know now, I can take more time off. Or

THERAPIST: We have to stop for now. [0:37:58] So we're on for tomorrow.

CLIENT: Yes. Sorry. I just remembered I had something else tomorrow. Oh, no. I cancelled tomorrow.

THERAPIST: Oh, you did?

CLIENT: Yea.

THERAPIST: Oh, OK.

CLIENT: Because...

THERAPIST: Oh, yea.

CLIENT: ...I'm getting injections.

THERAPIST: That's right. I'm sorry. It's probably in my calendar. I just didn't remember.

CLIENT: And then that one thing then maybe if it'll be rescheduled Thursday or Monday.

THERAPIST: Yea.

CLIENT: OK.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So I had a very, very high stress week unexpectedly. Well, not entirely unexpectedly, I guess. I don't know if I've talked about my landlord and his ripping off part of the house.

THERAPIST: Yeah. There's a hole in the house.

CLIENT: Yes, just a big exposed chunk. And Ashby has a door from her bedroom to the outdoors, previously (ph) a porch, and that door has no other stripping. So we can just see, you know, like...

THERAPIST: Yeah.

CLIENT: And (inaudible at 00:44)

THERAPIST: Real cold.

CLIENT: It's really cold, though I think it's because the room is small and it can heat up again quickly. So I finally got the city inspector to come out. And she said he needed to fix it but she wasn't sure the stripping on the door but she was trying to get it fixed, the exposed house part. And (inaudible at 01:18) landlord (inaudible at 01:20) about it. So he decided to stop talking to Ashby and I or communicating to us at all but would tell the people on the first floor what was going on, sort of. So he told them he's doing construction. (inaudible at 01:40) like, waking up and there were just people, like, tearing at the front of the house.

THERAPIST: Wow.

CLIENT: Yeah, which was really alarming. Also, usually when I sleep I'm in either a (inaudible at 01:59) or just in a t-shirt. So I got up wearing a t-shirt and underwear and I'm like, "Oh god, there are people." And so they're doing this construction next door. And occasionally I've been like, "Oh, right, I should lower blinds because there are people next door who can in the windows." But this was just really (pause), I don't know, like, it was really kind of scary because my landlord Ted is so like, he's super moody and super volatile and had been so angry about us calling the inspector and not, like, I didn't know what he was going to do. But part of me thought, "Well, you know, he's not going to, like what's he going to do? He's just going to, like, yell." But that's also scary. Then I was like, "You know, my landlord and a bunch of other large guys with tools being agitated," like, I just felt I don't know. [00:03:15]

THERAPIST: It wasn't clear that you were unsafe but you felt that way.

CLIENT: Yeah.

THERAPIST: You might have been but you might not have been unsafe. That was unclear but you feel (ph) Like you were.

CLIENT: Yeah. Because [part of the thing] (ph) of what made me feel so unsafe is that he acts so erratically that I feel like there's no real way to say like, "Oh, no, he wouldn't..."

THERAPIST: Oh (ph).

CLIENT: Yeah. So (pause) but he definitely has some kind of mood disorder because we've seen him, when he was living below, it was just, like, up and down, up and down, up and down. And I know that (inaudible at 04:08) he'll talk about, like, getting (inaudible at 04:12).

THERAPIST: Sorry, (inaudible at 04:14) what?

CLIENT: Getting into, like, a big yelling fight with someone. And he evicted he had these two guys living with him in the summer and he evicted them via a screaming argument and then putting their stuff on the front porch. They didn't actually have a lease, so but, like, the police showed up and his eviction was, like, basically their stuff on the front porch and then a scrawled note saying they're trespassing. So yeah. But then other times he's like, "I love you guys living here. You're so awesome. Never leave." So it's always, like, do you hate us? Do you love us? We don't know.

They started bringing ladders in the house and, like, I could then, like, see the workmen, like, on ladders, like in the living room windows. I decided that I needed to leave but I also couldn't go out the front door because there was a ladder in front of it. And I opened it and tried to and asked, you know, "Can I come out this door?" And none of them would say anything. Yeah. Which made me really freaked out. So, you know, I shut and locked it. I didn't have a key to the

backdoor. I can only leave it unlocked. So I was really worried. I wanted to leave but then that leaves the back of the house unlocked. But, you know...

THERAPIST: (inaudible at 05:53) front door?

CLIENT: I wasn't really sure. Well, part of it was I just didn't think I was, like, safe and that they're pulling shingles down.

THERAPIST: Right, so they could fall on your head.

CLIENT: Right, and there was a ladder blocking the door.

THERAPIST: Yeah, right, which leaves you to...

CLIENT: Yeah, and there was, like, probably ankle deep in, like, shingle debris. So I was like, well that's just not safe. You shouldn't walk through the construction.

THERAPIST: Right.

CLIENT: So there was that but I also was worried that, like, Ted would, like, try to get in an argument with me. He's also tried to get in a couple days previous. He'd come up to the door and was like, "I have to come in. There's been an emergency." You know, I can tell if there's an emergency on the second floor. He's like, "There's been an accident. (inaudible at 06:48) accident I have to investigate. There's some kind of water emergency." Which was really weird and I just said no, you know, there's nothing going on and I wouldn't open the door all the way and I wouldn't let him in. And so that also made me nervous because it was such a weird like, there's been an accident. An accident has been reported to me in your apartment.

THERAPIST: OK, yeah. I was going to ask I wasn't sure if you live on the second floor.

CLIENT: Yeah, yeah, sorry. I live on the third floor. So he was saying that...

THERAPIST: (inaudible at 07:24) through your apartment on the third floor, which I guess wouldn't make any sense anyway.

CLIENT: Nope.

THERAPIST: Yeah. [He asked to view] (ph) your apartment.

CLIENT: Yeah. I was like, "No, this is my apartment. [You're OK] (ph)." And also, just the, like, "It's been reported." (inaudible at 07:40) do anything...

THERAPIST: How could anybody else possibly know what's going on in your apartment, except for your roommate?

CLIENT: Yes, and the downstairs people were working also. Because at first he was like, "There's an accident," and then he progressed to, "There's been some kind of water damage or water accident." So that also made me worried. So basically, like, I kind of left my apartment really abruptly. Like, threw some stuff in my shoulder bag and (inaudible at 08:14).

THERAPIST: I'm sorry, which day is this?

CLIENT: Wednesday. (pause) Tuesday or Wednesday.

THERAPIST: But we met...

CLIENT: (inaudible at 08:30)

THERAPIST: (inaudible at 08:36) Monday. I don't know [I did meet] (ph) Wednesday afternoon last week. Like, last week we couldn't reschedule. The week before we (inaudible at 08:46) Friday when you were still sick. And one of those Tuesdays you had to be out but I don't remember if it was this last week or the week before. Yeah, on the Tuesday. I think it was probably last week.

CLIENT: Yeah, so it was Tuesday or Wednesday. It's Thursday. Yeah.

THERAPIST: [Maybe it's just a fuzzy. I think you got it] (ph).

CLIENT: Yeah. (inaudible at 09:17)

THERAPIST: Like a little fuzzy (inaudible at 09:21).

CLIENT: It was when we weren't meeting because I was just, like and then I met with my psychiatrist on Friday.

THERAPIST: I'm sorry (inaudible at 09:49) last week.

CLIENT: I know. It would have been really convenient but I didn't know that. (laughter) Like, I was so freaked out but I also felt weird being, like, (pause) (inaudible at 10:16) because I guess I just didn't well, I do feel unsafe but I don't know if that's reasonable or not, I guess? Because my landlord isn't reasonable. He wanted us to give him a key. He gave us a spare key one time and we didn't want to give it back because we were worried he'd just come in, because he has done that repeatedly. (pause) It was just, I don't know. I really felt like I was in a daze for several days. Like, I went to physical therapy and then I ended up asking a friend if she could pick me up afterwards and either drive me to my house or go over to her house because I didn't want to have to walk, like I didn't really want to leave my house by myself. I definitely didn't want to return (pause) because it just felt really (pause) super uncertain and scary and weird. And I ended up Friday morning having a friend's husband pick me up in the morning. Like, I was going

to go downtown. (inaudible at 11:54) pick me up and take me to (inaudible at 11:55) because I wanted to have my landlord know what was going on and didn't want to do it by myself. And also, he doesn't take women very seriously.

THERAPIST: The landlord?

CLIENT: My landlord. And that was also very, like my landlord wouldn't let my friend on the porch to ring the doorbell but my landlord rang the doorbell instead or had someone ring the doorbell.

THERAPIST: Wait, I'm [sort of] (ph) confused.

CLIENT: So my friend came up to the house..

THERAPIST: With you.

CLIENT: Well, he was going to pick me up to drive me somewhere. So I'm inside waiting for him to come in a car. And...

THERAPIST: OK, so you did go back to your apartment on Wednesday?

CLIENT: Yeah, I did at night, like at 5:00.

THERAPIST: OK. And you stayed there Wednesday night and Thursday night and then did you not go out Thursday?

CLIENT: No, I left the house that Thursday as well. I just couldn't [stand it] (ph). So I went, like, to the coffee shop for a while. I hung out with a friend for a while. I just, like, didn't want to be in there.

THERAPIST: Right, and Wednesday you had actually talked to your landlord, which is [especially why] (ph) your friend's husband pick you up.

CLIENT: No, Friday was when I had him pick me up.

THERAPIST: I'm sorry, did I say Thursday? (inaudible at 13:23)

CLIENT: Yeah, and so when my friend came by, yeah, he couldn't come on the porch, wasn't allowed to ring the doorbell.

THERAPIST: (inaudible at 13:34) he can't come on the porch?

CLIENT: Yes.

THERAPIST: OK. Like, because they were supposedly (ph) working?

CLIENT: They were.

THERAPIST: OK.

CLIENT: But, you know, (pause) yeah, so they were sort of working...

THERAPIST: (inaudible at 13:49)

CLIENT: Yeah, exactly. And so when I came...

THERAPIST: Guys, hold up for two seconds so the guy can...

CLIENT: Yeah, ring the doorbell so I can leave. And when I and so I left the apartment. I was like, "What's going on? Why is my friend, like, standing on the lawn?" And my landlord wouldn't look at me. He just sort of turned his back and looked really angry. And I asked, you know, like, [why is this happening] (ph)? And he was clearly really angry and said he had no idea how long it was going to take. He had no idea when it was going to be done. He just said, "I have no fucking idea." That's all he would say, which also really (pause) yeah.

(inaudible at 14:43) and (pause) also, Ashby and I were trying to figure out returning the spare key to him. We didn't want to but we figured, like, we had to since he'd given it to us. (pause) Also, (inaudible at 15:11), like, pick me up and take me just to the subway. I was really glad he did because I felt like, you know, big guy, comforting presence. But I also felt completely deranged for feeling like...

THERAPIST: That you need it?

CLIENT: Yeah, because it just seems so crazy. Like, why? Like, I sort of have a hard time accepting that all of this was happening (pause) because it's really weird.

THERAPIST: What's really weird?

CLIENT: My landlord. Like, my landlord's behavior.

THERAPIST: OK, you mean you have a hard time accepting your landlord's behaving the way that he was because it's so peculiar?

CLIENT: Yeah.

THERAPIST: OK.

CLIENT: And also, I just have a hard time with, like, just kind of everything. Like, his behavior has been so erratic and just so weird. And that he's refusing to talk to me or Ashby is really weird and frustrating. And (inaudible at 16:30) first floor neighbors but not us. And then also, like, being in a position where I don't want to be in my house at all during the day and through, like, early evening. Like, twice he was working after 5:00. And then the other thing is that you know, so Ashby and I have been talking about it and Ashby has been talking to people (inaudible at 17:09) but I ended being the one who called the inspector, had her come, talked to the inspector, dealt with Ted being there. And I just, like, I don't know. Like Thursday I was telling him (ph), like, I just can't do this anymore. I feel so upset and so worried and anxious and freak out. Like, I don't know what to do. And (pause), like, due to circumstance, I'm home so it's not like, "I want you to take a vacation day. Will you take a vacation day?" Like, I'm just home so it's reasonable but...

THERAPIST: (inaudible at 18:02) in a way.

CLIENT: In a way. But I just really hate it and the other problem is because, you know, it's like Ashby and I will talk about something and we'll agree on something and then I try to talk to my landlord and, like, sometimes OK, so this is going to happen and (inaudible at 18:30). And then I talk to him and he does something completely different. And so I just end up feeling like whatever I was doing was wrong. Like...

THERAPIST: In a sense like you did the wrong thing?

CLIENT: Yeah, as if I did the wrong thing when I should have done something else. We initially were going to write him a letter and say, like, "Please don't enter our apartment if we're not here. Here is the key." But then I was coming into the apartment and I had gotten the spare key from my friend and he was right there. So I ended up giving it to him right then and there and then Ashby was upset because we had agreed upon writing this letter. And then I was upset that she upset and...

THERAPIST: Sorry I'm yawning a little bit. I'm just (ph) a little tired.

CLIENT: It's OK.

THERAPIST: Well you're (ph) really awfully rattled, obviously, by all this. I mean, it sounds like you're totally freaking out. And, you know, (inaudible at 20:05) in fact, you actually are. Like, however much physical risk there is. Sounds like you feel terribly like you're physically at risk. And that, you know, he might attack you at any minute or he might barge in on you at any minute. And you're terrified.

CLIENT: Yeah. I mean, that's basically I've just been really scared all week.

THERAPIST: Yeah. And this was, like there's always (inaudible at 20:47) that sounds bad but that sounds like the part that's kind of the hardest of that, is the, like, ongoing terror that you feel

of being at home. And it sounds like it's mostly worry about him physically assaulting you, basically, out of nowhere at any time.

CLIENT: Yeah, both physical assault and just, like, getting in my face in yelling.

THERAPIST: Is Ashby similarly scared?

CLIENT: Sort of. So, like, she's going to work and has something to distract herself with a little bit.

THERAPIST: Sure, and (inaudible at 21:42) the house all day.

CLIENT: Yeah. She is worried her reaction has been somewhat so she more feels like that our landlord it's more like Ashby's reaction is, like, her feelings are hurt so she feels like she told him, like, "This is what I need you to do to fix the house," and then he ignored what she wanted because it didn't matter. So she is taking it more as, like, a personal insult and also her reaction is to want to get revenge somehow. So we withheld December rent until he fixed everything and he still hasn't. But Ashby also said she wanted to withhold a portion of the rent or just not pay it because our apartment, like, we weren't able to have reasonable use of our apartment for two weeks. And I was talking about it. I'm like, I really am worried that he's going to flip out more. (inaudible at 23:18) 150 dollars. So really not that much. And her response is, "Well, I want to because I'm mad at him and, like, I want to make him..."

THERAPIST: Right, like she would (inaudible at 23:33) satisfaction from (inaudible at 23:36).

CLIENT: Yeah, it's basically not (inaudible at 23:39). It's the like, she wants to punish him, [I guess] (ph). And that makes me nervous, like he's going to retaliate. So she's still we talked about it and, you know, she's worried. We're both worried that if he had the key he would come in and I don't know, whatever. None of us are looking forward to our apartment being empty while we're away for (ph) Christmas stuff. Especially now that he has a key again and can just come in and do whatever. And whatever is sort of like I don't know. He used the first floor's people shower one time after they moved in and their towel. (pause) Yeah.

THERAPIST: That's really weird.

CLIENT: It is. Because when they said that he (ph) thought they're not allowed to use this (ph) shower, I was like, "Oh, whatever. How did you know that?" And the answer was, "The wife was taking a shower and asked her husband where the big bath towels were." He says, "Oh, I just put one out." "I don't see one." And they went into the basement and the towel was there, had been used and was, like I don't know if there's someone taking up residence in the basement also. Like, he has a toothbrush and razor and things down there and some clothes. And there's this big barber chair that he just sits in sometimes. So, they found the used bath towel just kind of on his barber chair.

THERAPIST: (inaudible at 25:14) his stuff?

CLIENT: Yeah.

THERAPIST: [You guys have been there] (ph) a while?

CLIENT: Yeah, this is probably I've been there about three years. This will be four years.

THERAPIST: And you don't have a lease?

CLIENT: Yeah. So, we're definitely moving. Like, we (pause) you know, when he was living below so it was a little easier to deal with his weirdness. And also, he's just gotten stranger. Like, using someone's towel and shower is just...

THERAPIST: Yeah.

CLIENT: So, yeah, we don't have a lease anymore. It's just month to month. He can't evict us for six months because we made a complaint to the city and we don't want to stay. Like, it's just (inaudible at 26:09)

THERAPIST: This was, like, February 1st?

CLIENT: Probably like February, March. And basically we're not going to be able to leave in January but as soon as we can find a place we're out (inaudible at 26:26).

THERAPIST: Have you been able to sleep?

CLIENT: Not very well. (inaudible at 26:32) but...

THERAPIST: (inaudible at 26:35) are like this as well?

CLIENT: Somewhat, yeah. I mean, I just yeah, like (pause) one day I was just so jittery, like, I couldn't sit or think so I ended up taking a Valium, which made me less jittery but also makes me feel really, like, (pause) calm but also kind of disconnected from everything.

THERAPIST: Like detached (ph)?

CLIENT: Yes. So kind of useful, kind of not. Makes it really hard to talk to Kelly about our apartment because I just, like, don't really feel connected to anything. (sighs)

THERAPIST: Your symptoms, like, nightmares or startling or...

CLIENT: Oddly, not nightmares but mostly it's really hard to fall asleep because I feel really keyed up and worried. And then today is actually not bad because it's raining and nobody's not

working but, I mean, this whole last week and somewhat on Saturday, because I was (inaudible at 27:56) on Saturday, yeah, I've just been, like, startling and I can't focus or concentrate. Like, I tried. Like, you know, I was like, "I'll go read a book at a coffee shop." Can't concentrate on the book. Went over to a friend's house and hung out but also it was like (pause) I just couldn't focus on anything. I just felt...

THERAPIST: Yeah, you're really incredibly anxious I guess.

CLIENT: Yeah, and just really, I don't know, like, scared the whole time.

THERAPIST: You've not, like, been physically yourself (inaudible at 28:38) I can remember. Not that you would have had to be. You know, I'm not saying...

CLIENT: No.

THERAPIST: I'm making sure I'm not forgetting something.

CLIENT: Sort of. In college when I had...

THERAPIST: I guess he shoved you once, right?

CLIENT: Yeah, he shoved me.

THERAPIST: That's true, OK. Clear (ph) across the kitchen or something?

CLIENT: Yeah. So yeah, like, that happened and I've had people, like, yell in my face. But other than that, no.

(silence)

CLIENT: I guess it's kind of like to me, the way it feels is like I'm walking home from a bar, you know, and there's some kind of drunk guy talking and I don't know if he's just going to be any old drunk guy walking along or if he's going to, like, get really angry for no reason or, like, what is going to happen. I just feel like I have no idea what's going to happen. And I want to be kind of prepared for anything but you can't. And I feel like there's been a time, like, all day, every day, I need to be careful. I need to be sort of paying attention to what's going on, like, making sure that both doors to our apartment are locked. Because sometimes, like, Ashby and I will leave it unlocked for a few hours because we're doing laundry or just going out for a second. So makings you're all those doors are locked. And also, like, how to get in and out of the house when the front of the house is being worked out and both not wanting to be there but also worrying that he'll come in and do something or just, like, come in and work on the apartment, which is creepy. Or, you know, like, will he take a shower? I don't know. Like, that's the thing. So I'm sort of like once taking a shower in your tenants' apartment and using their bath towels is on the table, it's kind of all on the table.

THERAPIST: Right. (inaudible at 31:16) because (inaudible at 31:18) so who knows what he would do (inaudible at 31:22). It's not (ph) like an issue of assaulting people, which is good.

CLIENT: No. He has an issue of, like, basically, like, yelling in people's faces.

THERAPIST: Yeah, yelling and being really intimidating and scary.

CLIENT: Yeah. And for better and for worse I think he definitely has a "you don't hit girls" in his head.

THERAPIST: We'll go for better for now.

CLIENT: Yeah. (laughter)

THERAPIST: Right, this is going to cause a lot of trouble if you're feeling this way at home for the next six weeks or whatever it is.

CLIENT: Yeah. And also, like, he's going to have a bitch fit when we tell him we're going to move. And also (ph) we won't have a landlord reference (ph) once we leave, which, you know, may or may not be a problem.

(silence)

THERAPIST: (inaudible at 32:37) you can't be sitting in a coffee shop reading a book because you're so anxious. And you're going to have trouble sleeping and your startling. (inaudible at 32:55). You know, it doesn't sound like you've been at all dissociated through this and I'm not hearing anything reflective of that.

CLIENT: No, I've been feeling like...

THERAPIST: (inaudible at 33:17) but, yeah.

CLIENT: Yeah, it's not even (inaudible at 33:20) I felt like I'm not dissociated but, like, you know, give him testing me (inaudible at 33:30), like, a few times. Like, one day I called Ashby on her work day. I was just like, "We need to talk right now because I'm completely freaked out. I don't know what to do." (pause) But yeah, like, I don't feel dissociated but I feel like that's next door (inaudible at 33:49).

THERAPIST: Yeah yeah yeah.

CLIENT: A couple times.

THERAPIST: You think you'll feel better once they're done working on the house?

CLIENT: I think so.

THERAPIST: That doesn't remove the possibility of his, like, showing up and taking a shower, right. But (inaudible at 34:19) they're not being a regular presence, that way it would help or...

CLIENT: It would definitely help. I feel like knowing that he's done working on the house would help a lot and also yeah, I think, like, knowing that he's done working on the house, this would make me feel like I don't have to be worried all day, because then I would comfortable just, you know, I think just doing whatever because when he's working he's just there, all day.

THERAPIST: Would it be any easier for you if you were house-sitting for somebody this week?

CLIENT: I can't. I've thought about it. Like, one of my friends said I can come over any time. I'd be worried about my older cat (ph) mostly.

THERAPIST: Putting that (ph) aside for a minute (inaudible at 35:45) your friend's apartment.

CLIENT: I think it would feel better. (inaudible at 35:55) sleeping over at a friend's house. (sighs) Like, I like to sleep in my own bed but also (pause) I don't want, like I don't want to deal with it being that bad.

THERAPIST: What does that mean?

CLIENT: Like, I (pause) it's hard to sort of (pause) I feel really scared in my apartment. I don't want to be there at all, even when he's not physically going to be there. And so staying over at a friend's house overnight is...

(crosstalk)

CLIENT: Yeah, I'm totally freaked out and I don't want to be here anymore.

THERAPIST: (inaudible at 36:55) I will tell you you're totally freaked out and you don't want to be there and it's really bad.

CLIENT: Yeah.

THERAPIST: [Whatever it is] (ph) (inaudible at 37:15). Like, I don't know. You've got a bunch of, like, traumatized-like symptoms and you're really feeling anxious or concerned about (inaudible at 37:28) if it gets worse. (pause) (inaudible at 37:36) considerable distance like he's necessarily going to do something in other words, yell in your face or storm in your apartment. But, you know, (pause) possible. And [a side note of that] (ph), like, it doesn't matter. You're really scared. [That has] (ph) a huge effect on how you feel. (inaudible at 38:04) and (inaudible at 38:11) he'd be done with the work by the time you'd get back. (inaudible at 38:15)

CLIENT: The thing is, it looks done but he won't tell us.

THERAPIST: I assume he's not going to pay guys to do stuff.

CLIENT: Probably.

THERAPIST: He doesn't have that much incentive.

CLIENT: I wouldn't describe this as hiring legal contractors in a (inaudible at 38:44) fashion.
(laughter)

THERAPIST: I'm saying more like if he knows I'm sure if he's aware that he's aware that it's bothering you to have people working on your house and a mess and so forth, I don't imagine that, like, he has enough incentive to want to keep bugging you to keep paying people to show up and do stuff to the house.

CLIENT: Yeah. The one thing is that when he was renovating the first floor over the summer he also had to do some things in our apartment. This sort of, like, relative (ph) sketchiness of how he has people fix things is often, like, "Well, I have a friend. He can come these days but not these days. So there may be a random, like, (inaudible at 39:37)." Do you know what I mean?

THERAPIST: Yeah.

CLIENT: I could see if he wants to do get it done quickly.

THERAPIST: I see. But, like, they might not show up tomorrow and then they might come back on January 3rd.

CLIENT: Yeah.

THERAPIST: Got you.

CLIENT: Because I'm like, I think you just hired some sketchy day labor.

THERAPIST: Right, (inaudible at 39:55) sketchy, yeah.

CLIENT: Yeah, and your sister is now here yelling at people. (inaudible at 40:02) contracting like he hires people to fix the roof up or fix the house up and be like, yeah, he's going to be done really quickly.

THERAPIST: Yeah, I see your point though. (pause) I just wonder if it's worth trying spending the night somewhere else. I mean, like, I don't know how you take care of the cats but if you, like, go back in the evening and (inaudible at 40:26) and then sleep elsewhere or have Kelly

take care of them or something. But I wonder I mean, (inaudible at 40:36) too much avoidance because that can you won't want to go back. But on the other hand, you know, some distance sometimes we [feel unsafe] (ph) for a while. Like, (inaudible at 40:46) too, you know?

CLIENT: Yeah.

THERAPIST: I don't know if it would help you just to settle down (inaudible at 40:50) for a few days.

CLIENT: That's true.

THERAPIST: We should stop for now.

CLIENT: Might be tomorrow.

THERAPIST: (inaudible at 41:12)

CLIENT: Yeah, I'm hoping it won't but I do appreciate that.

THERAPIST: Sure.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So...

THERAPIST: Sorry (inaudible at 00:18)

CLIENT: (inaudible at 00:20) Yesterday after we met Ashby and I talked about whether we thought, you know, he was done with all the repairs (ph) and we wrote the letter, et cetera, et cetera. And we wrote a letter saying, like, (inaudible at 00:53) my rent," blah blah blah, signed check. And then he came by our house at 7:00. Basically he rang the doorbell, shoved two letters in Ashby's hands and left, which was horrible. Like, A, we had really just been like, "OK, we're all set. I think this is all done."

THERAPIST: Oh, you thought the work was done?

CLIENT: We thought all the work was done.

THERAPIST: Oh, that's great.

CLIENT: Except that it's not.

THERAPIST: Oh, that's not.

CLIENT: So he came over at 7:00 to give me these letters, one of which was to say he's going to come over tonight at 7:00 to inspect Ashby's bedroom door, which we don't see the point of that but we were kind of like, "If he hasn't repaired it, fuck it, whatever."

THERAPIST: Right, it's not worth it.

CLIENT: Yeah.

THERAPIST: I'm sorry. You gave him your check...

CLIENT: We wrote the letter and we, like, put the check in the envelope. We hadn't given it to him yet. So, like, you know...

THERAPIST: Did you give it to him when he... [00:02:08]

CLIENT: No, because he just showed up. He just showed up, shoved the letters in my hand and left. So at that point, I was like really glad we didn't give him our rent check yet because (pause) and so he says [he will return] (ph) at 7:00 to inspect. He's going to start working Wednesday morning at 8:30 on the apartment and also wrote a letter complaining that we were using the dryer in the basement. (pause) Yeah. Like, we've been using the same dryer the entire time. And he said, "These dryers are very clearly labeled. It's very obvious which one you should be using and you're not," blah blah blah. So that was just really weird and kind of like, why are you obsessing over the dryer? And he removed the one he doesn't want us to use. And the dryer that he does want us to use is the one that he's always insisted was for his personal use. So we don't know what that's about. Kind of letting it ride a little bit because (pause) so, yeah.
[00:03:46]

That sent me, like, right back to being really scared, really nervous and just like, for a while after he left I was totally convinced that his car idling outside because he does that sometimes. And so I checked and it wasn't. (pause) So Ashby left this afternoon to fly back to New Mexico.

THERAPIST: Oh,(inaudible at 04:21).

CLIENT: Yeah. So, like, the first decision was that I wanted someone to come over tonight and then that I wasn't going to spend tonight in my apartment or any time tomorrow until, like, evening. And maybe not Thursday, depending on whether he's done. (pause) And it was (sighs) it was really hard to I ended up asking the same friend who's husband came over last week if, you know, you could come over (inaudible at 05:17) and just be like, someone, please, and could I spend the night.

THERAPIST: At their place?

CLIENT: At their place, which I didn't the problem is that they have the giant dog, a cat and a really excited six and a half year old, so, like, that's not the most...

THERAPIST: That's quite a (inaudible at 05:42)

CLIENT: Yeah, and so I'm talking to Ashby. I'm like, "That's not the most restful thing." But (pause), like, kind of running to my other friends I was like, I think it makes the most sense because I want someone at my house at 7:00, I should just then it felt easiest to have a friend come over, be there for the inspection, then leave together. Also, I was immediately just so wound up that I just thought, well, you know, yes, it's a noisy six and a half year old but, like, it's just happening.

THERAPIST: Would you rather be in a hotel?

CLIENT: No, mostly because they're weirdly quiet.

THERAPIST: (laughter) You sound like (inaudible at 06:54)

CLIENT: I know, which is kind of what I actually wanted (inaudible at 07:00) tomorrow tonight, is one of my friend's has she splits a really big house. It's got, like, six bedrooms and it's all adults there's no small children. So I think I'm going to do that. I mean, she said yes, I could come over. It's less convenient. And she's up by Salem so I'm sure, like, real quiet. And also Cambridge has screwed up my paycheck such that I can't afford to stay in a hotel overnight. I'm going to get probably 4000 in back pay on the 24th, which is not helpful at all. It took them over three weeks to approve the six week leave, which is why I was getting short checks. But I'm still thinking about it. Like, I could break into a vacation (inaudible at 08:30) I have a few other things. I also really resent spending money on a hotel (pause) when, like...

THERAPIST: You're also paying rent.

CLIENT: Yeah, like, I'm also paying rent. Any hotel I could get too easily is probably going to be a lot, if they have a vacancy. And (pause) yeah. And also, staying with friends just feels like (pause) less intrusive, like they're would be someone there to talk to if I wanted to or if I, I don't know. While I don't really want to be surrounded by the small children I also don't really want to just be alone.

THERAPIST: (inaudible at 09:37) there's one six and a half year old.

CLIENT: She's really (inaudible at 09:40) but...

THERAPIST: Oh really?

CLIENT: I mean, I really love her. I think she's adorable.

THERAPIST: Did she sleep well?

CLIENT: (laughter) Did she sleep well or did I sleep well?

THERAPIST: Oh, did she?

CLIENT: Sort of. She reads until she's made to turn off the lights and then she's going to turn off the lights again. (inaudible at 10:02) often climbing into her mother's bed and waking her up and then saying, "OK, I'll read a book." (laughter) So, I'm like, well, I guess if she woke me up and then read a book that would be OK. And the dog mostly just, like, makes whoopy (ph) noises on the ground.

But yeah, last night was just really, really hard. Like, it was really hard, like, for me to talk to Ashby about it. When we were like, "What should we do? What should we plan?" (inaudible at 10:49) I was like, "I don't want to be here. I don't want to be here." And she's apologizing that she couldn't be here because she's flying.

THERAPIST: Yeah, I imagine you were incredibly anxious.

CLIENT: Yeah. I didn't really sleep very well. Like, I probably fell asleep around 2:30 or so and then woke up around 6:00. At that point I was like, "Oh, screw it" and took Valium, slept a little bit more. But it was not relaxing. I'm not tired but I certainly don't feel like, oh, that was a well rested evening. And then, like, our other big fear with Ashby and I is well, what if he wants to come in while we're gone for a (inaudible at 12:00) emergency, what do you want to do. (sighs)

The other thing is, like, part of me is like, "I would just like to go home for Christmas right now, except that I don't want to be home with my parents right now." And, like, a friend of mine who's driving to upstate Pennsylvania. (inaudible at 12:29) can I just stay at your house? (inaudible at 12:31) she's having a really anxious week. So that's not good either but (pause) it's I don't know. I think everything is disrupted and I just want to, like, do normal things at my house and I can't. Like make lasagna. But that whole process just seems like (pause) I don't know. I was going to do that last night because I [wrote the letter] (ph) it sounds, like, OK now. And I was thinking maybe today and [I was just too mentally wiped out] (ph), so no.

One of the things I was talking to Ashby about is I feel like (pause), you know, we're both, like this [isn't going to completely make sense] (ph) but I'm like, we're both grown adults. We're responsible adults. Why is there a landlord? Like, why do we have this ridiculous landlord? Like, it feels like this is the landlord you have when you're, like, 24 and living in Manchester (ph), you know? (laughter) Not like actual adults doing adult things and paying real rent. And we talked about this, you know, how quickly can we move, which is (pause) I don't know. Unfortunately it's probably still March, but maybe February if we were...

THERAPIST: You just don't think they'll be enough available by then? [00:14:52]

CLIENT: There's two things I don't know if there would be anything available and we'd have to pack. So there's that. What we'll probably end up doing is at that point, like, find a friend in unemployment and give him (ph) some money to help us pack, like, during the day or something.

THERAPIST: Wait say that again.

CLIENT: Well, (inaudible at 15:25) thinking is I'm sure, like, I know someone in unemployment who would like some cash. Have them, like, pack for us. Like, we can pack some but, you know, there's only so much you can do. It's just very overwhelming.

THERAPIST: Sure. And [I sense that] (ph) you're, like, really, really keyed (ph) up.

CLIENT: Yeah.

THERAPIST: You just don't feel safe at all in your apartment I think.

CLIENT: No, I really don't and there's that ultimate between wanting to (inaudible at 16:20) on something, to kind of make some, like, sound so I don't think about, like, what's that noise outside? What's that other noise? And then feeling like I don't really want to I would rather, like, do something less, like, stimulating and more relaxing and quiet, except that it's really hard to do that too. Like, if I turn off the TV or turn off the music I just sit there being anxious. Like, I'm just sitting there with my eyes closed (inaudible at 17:05). I'm really worried, I'm really scared. I don't want to do this. What do I have to do next?

And also thinking that I really don't want to tell my, like I just so don't want to tell my parents about this, so very much. And I don't know. Like, I'm moving so that's going to be relevant. But I also, like, don't want to talk about it with them. I've already (inaudible at 18:02) experience. I cannot have my mom help me pack. (inaudible at 18:06)

THERAPIST: Yeah, I imagine that would be horrible, yeah.

CLIENT: Yeah (inaudible at 18:11) when I was 23, [because I was so mad] (ph). (pause) (inaudible at 18:29) Like, buying Christmas presents is also really annoying. (inaudible at 18:38) I don't know. Like, what do you want? (sighs)

THERAPIST: Like you can't think straight?

CLIENT: Yeah. (pause) I also can't like, my brother and sister-in-law gave some really specific items so it's kind of like, OK, I can go click (ph) that, sort of. I feel like it's just, like, hard to think straight and it's hard for me to think like, OK, well, let's say I want to get, like, a stocking stuffer off (ph) list. What would they want? And then I just start thinking about my landlord and, like, that I'm really stressed and that (pause) like, my other worry is sometimes when I'm visiting (ph) (inaudible at 19:42) I sort of just spend money and not really pay attention. So I don't so then I'm

also obsessively thinking about that. Like, I shouldn't just buy things, except for I need to buy a few things. But I shouldn't. So that's also. And then also thinking, "Oh god, we have to pay to move."

THERAPIST: Do you have...

(silence)

THERAPIST: Do you have anything fantasies or bad dreams or intrusive thoughts about what he's going to do or what could happen? [00:21:09]

CLIENT: I'm worried that he's going to yell or be mean tonight, when looking at Ashby's room. I worried that he's going to go, like, through our stuff either, like, tomorrow or Thursday or while we're gone. I'm worried he's going to come into the apartment and just (sighs) like, I don't even really (pause) I think, you know, when I come back from vacation I'm probably going to just walk around [for a while being] (ph) like, does anything look like it moved? Do I think he touched this? [Do I think he touched this? Do I think he touched this?] (ph) And while the biggest ticket items that Ashby and I own are laptops and she took hers and I'm going to take mine, there's still just, like, you know, our stuff.

THERAPIST: (inaudible at 22:26) it's really more the intrusion than sort of the dollar value that you're concerned about.

CLIENT: Yeah, like, I...

THERAPIST: Like he's going to sort of break or steal something that's worth a lot and more, like, knowing he could get in there and you have no control over it. It might even be hard to know is sort of the scary part.

CLIENT: Yeah. So when he was more amusingly eccentric, [one time] (ph) he had someone over he was trying to sleep with and...

THERAPIST: He had someone over he was trying to sleep with?

CLIENT: Yeah.

THERAPIST: Like, he had somebody over that he was interested in? Like, (inaudible at 23:22) happen?

CLIENT: Oh, so this was when he was still living on the first floor below. (inaudible at 23:31) a gay man (inaudible at 23:31) age, he has pickup sex [with some regularity] (ph) and tells us about it. So he picks someone up and, like, I was out [watering the garden] (ph) that night or something. Yeah, I was [watering the garden] (ph) and he sort of came up and was like, "Hey, I have this friend and he's really stressed from the long week and (inaudible at 23:52) drink," and

like blah blah blah. "Do you have any clear liquor because he doesn't like whiskey." And I just said yes, you know. I was (inaudible at 24:03) I was like, "Yeah, you can" I offered to bring it down to him. He said, "No, can I just go down up and get it from your apartment?" I said sure. And the next morning I woke up and the bottle of Vodka was just sitting on the kitchen floor. So he'd come in and returned it. And so, like, I imagined that, like...

THERAPIST: Did that freak you out at the time?

CLIENT: It didn't really. Like, I thought it was weird that he (pause) the weirdest part to me was that he left it on the floor. Like, I just assumed that he would, you know, leave it in the back staircase or maybe, like, open the sort of back door, put it right inside and shut the door. (pause) I don't know. Like, there's a context where I was like that was completely weird. I would prefer you not do that again but now I would say no and be really upset if he did that. And so I think, you know, it's going to be Christmas. He's going to have a fight with his family at some point and (pause), you know, the house that we rent is his family's house. It's the house that he grew up in and I think that's part of why he's so weird about it. [00:25:47]

Like, I think he's basically, like, "This house is mine. All parts of it are mine," even though, you know, he's renting it out. When we first moved in, at one point he'd told us that he'd shown his mother Ashby's bedroom because he was impressed with how well it was set up for a small space and that's where I think his parents lived in (ph). I don't know but Ashby and I both were like, "What? OK. What?" [So I'm just thinking of him] (ph) having a fight with his parents, coming over our house to, like, drink, smoke pot, whatever and I completely see him deciding to do that inside rather than outside. Because right now, periodically well, in the summer he would just drink beer in our side yard and smoke, which was a little weird but (inaudible at 27:03) I don't know. Like, (inaudible at 27:13) weren't too freaked out by it. We just didn't like it. And now I really don't want him too. Like, it feels very...

THERAPIST: You asked him not to come into your apartment while you were away?

CLIENT: That's what I needed to tell you. (pause) So the thing is I don't think that would stop him at all.

THERAPIST: Yeah, sure.

CLIENT: I know the first floor people already a huge back and forth with him over not wanting to come in when they're not there, after he used their shower.

THERAPIST: Right, and snagged (ph) their towel.

CLIENT: Yeah. And (inaudible at 28:00) he's like, "But this is my house." I'm also afraid that he's going to like, what his reaction to that will be. And then also, like, my other worry so right now, things are kind of messy, mostly due to me. Like, I was in the middle of, like, washing and folding and putting away some of my clothes and then all of this happened and I was just like, I

can't do anything. So I also feel like, well what if he tries to, like I don't even know. Like, insists the apartment needs to be cleaner or whatever weird ass reason [it is] (ph). Or like I feel like what if he comes in and takes pictures of our apartment?

THERAPIST: It sounds, from the things you've said so far, like he does stuff because it's convenient for him and because he feels entitlement, like irrespective of appropriate boundaries or whatever. But it doesn't sound like he does stuff that's sort of particularly intrusive like that.

CLIENT: My thought is that he would do is part of, like, "I'm going to get back at you for making" like, the removing of the dryer and his letter of demands...

THERAPIST: I see, so (inaudible at 29:45) retaliatory?

CLIENT: Yeah, like, both retaliatory and strange (inaudible at 29:54). And since we hit him with, you know, sanitary violation for the house I worry he's going to try to come back with sanitary violation fire hazard, which he can't because it's not a fire hazard. So yeah, I worry about that. I worry that he's going to try to evict us, which he can't. Like, legally he just can't. And I also really doubt he could successfully give us a legal eviction notice but (inaudible at 30:56).

THERAPIST: Yeah, I guess that's another (inaudible at 31:03) of, like, how scary you feel is how helpless you are. Like, you really can't control what he does when you're away, (inaudible at 31:16) or not. If he's going to show up he's going to show up. Or if he's going to make some ridiculous sort of demand he's going to make a ridiculous demand and, you know, there's something he can't do, like evict you, but...

CLIENT: But he can try.

THERAPIST: He can try. He can show up to your apartment. He can make other strange demands with like the one that he made on the dryer.

CLIENT: Yeah. I mean...

THERAPIST: You do sound (inaudible at 31:43).

CLIENT: (inaudible at 31:44)

THERAPIST: You do sound a little calmer as we're kind of at this part of it. Is that right or am I completely misperceiving it?

CLIENT: Oh, I don't feel calmer I just sound calmer.

THERAPIST: OK. You feel about as keyed (ph) up or even more keyed (ph) up?

CLIENT: More keyed (ph) up.

THERAPIST: More keyed (ph) up. Why do you sound calmer?

CLIENT: Just, like, (inaudible at 32:09) stress reaction and just feeling (inaudible at 32:14), like, OK, I don't really want to (crosstalk) right now.

THERAPIST: All right. (inaudible at 32:22) Yeah, I had the sense as you were talking like maybe you were feeling sort of a little more active and a little more (inaudible at 32:33). You had that (inaudible at 32:34) and remembering a time when he wasn't so scary and some of that was settling you down. But it doesn't sound like that's what was happening at all it sounds like you were just sort of stuffing into a closet all the, like, the (inaudible at 32:47) that you could, or at least from what you're presenting, what you were thinking.

CLIENT: I mean, part of talking about the other thing, like previous things, is that (pause) I don't know. Like, Ashby and I talked about, like, had we set a bad precedent in letting him being, you know, really chill about things in the past and, like, not getting on his case when he kind of would wonder upstairs and whatever or having him come in when we weren't there.

THERAPIST: I think it's a creepy (ph) fucked up situation, exasperated by PFT.

CLIENT: Yeah. I mean, like that's part of why so Ashby had wanted to withhold, like, (inaudible at 33:48) withhold for not being able to have, like, use of our apartment. And what tipped me over to saying yes was I'm like, "You know, I can't be comfortable in this house because of you and this is totally reducing my ability to, like, be in the place that I'm renting. I spend money on this and I would really not like that." And that was my other concern about [friend with child] (ph), is that (pause), like, I don't know if I should do it but, like, sort of the idea of her sort of, like, running and jumping into bed while I was sleep. It just makes me feel, like, already (ph) scared of it.

THERAPIST: Would it help (inaudible at 35:00)?

CLIENT: I'm going to and also probably she's a (inaudible at 35:10) six year old so I will probably talk to them (ph) as well. But (pause) I just also feel bad for imposing on my friends. (pause) And I very much feel like I can't do this by myself. And Ashby's helped but she's not in the state anymore.

THERAPIST: Yeah, I really don't think it's (inaudible at 35:57) for you to stay there, I mean, being as you're [at this mental health] (ph) threshold. I mean, like you're really symptomatic from this, kind of, you know, (inaudible at 36:11) is really feeling scared and awful and having less sleep and being preoccupied and not being able to concentrate (inaudible at 36:17). That's bad and I rather, like, being somewhere that feels safe. It's very important for settling down.

CLIENT: Yeah. The other thing which is going to be unhelpful is my mom loves to just open doors, all the time. So that's going to also suck. Like, she's gotten somewhat better a little bit but

she still feels there's no problem. Just, bam. And I'm also really worried that this won't be done by, like, the time I leave or the time I come back. And even if, like, the repairs part is done, him just appearing like in the basement, which he's semi-living in. That's where we do our laundry.

THERAPIST: Yeah, [you need to] (ph) get the fuck out of there.

CLIENT: Yeah. (pause) (inaudible at 38:04) that I just don't feel safe in the apartment with the doors locked. I mean, I just I really don't and I really don't want, like we (inaudible at 38:25) laundry, washer in our unit and then the dryer's in the basement. And I don't want to do my laundry but nor do I want to (inaudible at 38:36) to the Laundromat, because that sucks. (pause) I mean, it's just being really it's also super hard to ask friends for help, partially (ph) because I don't want to explain everything. (pause) And then, like, right now this sort of overlap with (inaudible at 39:09) going back to work. I don't want to be back at work right now. And while I have some time I really don't want to (inaudible at 39:23).

(silence)

CLIENT: And (inaudible at 39:44) one of the things that's so frustrating last night and this afternoon I wanted to just, like, lie in bed with my cat and just, like, [play the white noise] (ph) and, like, just pet her or kind of close my eyes and rest. And it was just like I couldn't. Like, I tried her because that's usually very relaxing. And I could rest a little bit but then I would get nervous and, like, I couldn't get relaxed enough to sleep. Like, I know I slept and that, like, time passed but (pause) that's it. I also really don't like taking Valium to not be completely freaked out but on the other hand I'm saying, well I just can't spend the whole day being really freaked out.

THERAPIST: That's awful and it's very wearing (ph).

CLIENT: Yeah, and (inaudible at 41:24), like, I was debating (ph) if I wanted to call on any of my friends. If I wanted to call Zoe or really anyone and (sighs) I kind of (inaudible at 41:44) don't want to talk about any of this. Like, I would like to hear someone else talk to me about something. But...

THERAPIST: (inaudible at 41:55) something else?

CLIENT: Yeah, like, I reserved (inaudible at 42:03) to do tomorrow for most of the day. So that...

THERAPIST: That'd be good.

CLIENT: It's not at my house. It's something that's, like, kind of descending (ph) without being mentally (pause) whatever. It will be good. I just really wish that I was doing that because I wanted to.

THERAPIST: Right, and (inaudible at 42:47) the two things that they (ph) go to do tomorrow that would help get your mind off how scared and awful you feel.

CLIENT: And also just to get me, like, out of the area for a big chunk of time.

THERAPIST: Yeah. (inaudible at 43:08) for now.

(inaudible background conversation)

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I did give in and get a hotel room tonight.

THERAPIST: You did?

CLIENT: Yeah. I was at my friend Ashley's and while it was very nice I was like, "Wow, there are people here. And they're very nice and I like them but I would like no people." And my landlord actually finished the work.

THERAPIST: Oh, good.

CLIENT: Although I had to ask him twice.

THERAPIST: So all the work is done.

CLIENT: All the work is done and then Ashley's going to feed my pets tonight so I don't have to do that. I had locked them in the bedrooms for the day. (inaudible at 01:11) but I still, like (inaudible at 01:19) walking over I was, like, still not really feeling my feelings but I don't know. I guess I don't feel as immediately threatened. The other thing which had been frustrating was work (ph) taking forever to pay me back that back pay. So I called with sort of, like, it's an undue burden. I have to pay my rent. (inaudible at 02:03) and they called today saying yes, I'm going to get a check tomorrow. So sort of like all of that. But I don't know. For me so probably the biggest problem is I don't want to eat anything. Like, I'm just not feeling hungry at all. So I made myself eat because I know I'm supposed to do that but (inaudible at 02:33).

THERAPIST: I haven't heard you say that one before.

CLIENT: Yeah, it's really when I first (inaudible at 02:42) my appetite was depressed for a while, which annoyed me too, but then it came back. A lot of times when I get stressed, like, I get really stressed, my stomach gets stressed and usually (inaudible at 03:00) nauseous but very rarely I just don't want to move (ph). I think, like, the last time I can remember just, like, not wanting to eat at all was I think in college. Like, during the finals period I accidentally lost a ton of weight because I just didn't want to eat anything. And then I finally was like, "Oh, I'm not eating" and ate a pineapple. (laughter) I ate an entire pineapple and then I went to the (inaudible

at 03:44) went to the, you know, and got actual dining hall food and it's fine. But yeah, it's really...

THERAPIST: When did you lose your appetite?

CLIENT: I actually can't remember why I was so stressed that one semester.

THERAPIST: Sorry, I meant...

CLIENT: Today, just recently?

THERAPIST: Today, not yesterday or the day before.

CLIENT: Actually sort of no, I wasn't really interested in food yesterday either. Actually, that would probably be Monday after the landlord came by. Like, we were in the middle of having a pizza. And I said oh, I didn't want to eat but I was like, "Well, there's a pizza." And so I finished my portion but [not really since then] (ph). [00:04:57]

THERAPIST: Got you.

CLIENT: Like, I just don't feel hungry.

THERAPIST: I guess I'm mostly asking because as you hadn't mentioned it before today, I didn't know if it'd just started today and that would have been sort of curious, given that actually things are a little better. But it started at a more expectable time.

CLIENT: Yeah. I didn't even really notice that I didn't want to eat until last night. My friend Alton came by just to sort of, you know, be there when my landlord was there. And he was like, "I'm so hungry and I want dinner." And he's talking about dinner and I'm like, "Sure. I'm completely uninterested in dinner." And, like, I had a bowl of soup because it was put in my face. I also, like, bought him he'd been talking for weeks about wanting lobster ravioli in this place near where I lived because he would never have it and I had bought it earlier that day. He was super excited to have that as well. And, like, I was just (inaudible at 06:24), like, "I'm love lobster, I love ravioli. I don't want to eat it." [00:06:28]

THERAPIST: So you made it for him?

CLIENT: No, I bought it for him. He (inaudible at 06:33) himself. He was really excited about it.

THERAPIST: Did that reassure you at all?

CLIENT: That he liked what I had gotten him or...

THERAPIST: Yeah, like that maybe he wasn't so angry or ill-disposed.

CLIENT: No, I wasn't worried that he was angry when he was talking about being hungry.

THERAPIST: I [just sort of] (ph) meant in general, like...

CLIENT: No. Alton is, like, very solid.

THERAPIST: Wait, I'm getting confused.

CLIENT: There's a lot of people.

THERAPIST: Are you talking about the landlord eating the lobster ravioli?

CLIENT: No no no, sorry. My friend Alton who came over.

THERAPIST: What's your friend's name?

CLIENT: Alton.

THERAPIST: Alton. Oh. OK, this is where [I got it] (ph) confused, sorry. I had misheard and heard you say Amy (sp?).

CLIENT: No.

THERAPIST: Sure, no, I just didn't recognize it (ph). And so I think when you're using a masculine pronoun why I assume you were referring to feeding your landlord, which seemed a little strange given the circumstances (inaudible at 08:02) expected. And so (inaudible at 08:05), oh, sounds like a positive interaction, like, was that helpful. But he had nothing to do with it, OK.

CLIENT: No, my landlord...

THERAPIST: Alton is your friend.

CLIENT: Yes, so he came over...

THERAPIST: (inaudible at 08:23) I heard you saying it was a male friend coming over so (inaudible at 08:28). OK.

CLIENT: No, it's hard to hear Alton as a name, much less a gendered name. And my landlord was incredibly childish, again. Like (inaudible at 08:51) the doorbell to let him in. He didn't want to look at me, he didn't want to really say anything, you know, kind of stopped up and was like, "I'm here to inspect the room." And so the light was on. I know it turned it on. Ashby had cleared everything off. She had put (ph) everything off the floor and I had taken some things off the walls so they wouldn't get knocked down (inaudible at 09:17). And then he acted very shocked and he

was like, "Oh, it's ready" and was sort of [going to inspect] (ph). I'm not sure what he expected. I have (ph) no idea. And then just walked away to go downstairs. Like, he didn't speak to me.

And so while he was walking downstairs (inaudible at 09:42) I asked, you know, "Do you know when it will be done?" And wouldn't look back again and was like, "I cannot tell you at this time." And so I asked again, like, "Can you let me know at the end of the day? Can you let me know when the work is finished?" And so then he said, "Oh yeah, it's not going to take more than a day." So he did know he just didn't want to tell me because he is that way. Yeah, he just remains so (pause), like, (pause) he just remains so erratic. Like, I feel like there is nothing like, if I wanted to do something to make him less upset I don't know what that would be, other than having retroactively given him all the rent and not requesting the repairs, even though he had said to the first floor people he loved how the repairs in front of the house looked. And he hasn't demanded the rent, again. [00:11:40]

I was also feeling one of the reasons why I left (ph) my apartment is I was worried that he would, I don't know, hang around or something and make an immediate demand for rent or he would leave, like a weird note that would make me really upset and frustrated. But he has not. (inaudible at 12:18) (pause) I spent the day at a sewing studio, sewing, which was nicely mindless.

THERAPIST: Sorry. I have one more, like, practical (ph) a question. Would it (inaudible at 12:50) change the lock?

CLIENT: I thought about that. I believe legally we're not allowed to.

THERAPIST: Oh really?

CLIENT: (inaudible at 13:01) the locks or if we change the locks we have to give him a key. I don't remember.

THERAPIST: Yeah, I guess I was thinking, like, change them and give him a key but you could probably delay that until you move and then... But yeah, I'm sure you've thought of this.

CLIENT: Yeah. It's also just I don't I very much resent putting more money.

THERAPIST: Absolutely, sure. Yeah, I totally understand that.

CLIENT: (inaudible at 13:36) eventually maybe decide that I would get a hotel room is that Ashby and I are withholding an additional portion of the rent. So I'm like, well, it's something like 750 dollars or something that's more than our total rent. (pause) Yeah, I don't know, like, (pause) I don't really feel relieved yet. I still don't totally feel like he's done. I guess mostly because (pause) he's still our landlord for [an indeterminate] (ph) time and there's nothing we can do about that. He just is our landlord. [00:15:03]

THERAPIST: How much does this feel to you like (pause) you guys did this thing to him, calling whoever it is, who then sort of came (inaudible at 15:41) and had to force his hand and then he's sort of retaliating in the ways he's treating you guys?

CLIENT: I feel like it's very retaliatory, although retaliatory is almost, like, too mature. (pause) I don't think he's thinking past, like, "Well, I just want to" like, he's mad about it and, like, this is as close as he can get to, you know, throwing a temper tantrum, taking his toys and going home?

THERAPIST: Like, this is how he's being mad at you guys.

CLIENT: Yes. I mean, it's definitely an expression of his anger.

THERAPIST: Now I have a blame-the-victim question for you. It isn't really but, like, it's very clear that what you're describing is happening in the world I'm not at all doubting you and questioning that. But I am wondering if (pause) you're, like I know it's not really a question this is an answer but, again, I'm wondering if you're, like, if any of your fears of him or worries about what he could do or a sense of vulnerability sort of relate to kind of the fantasy that when you put back on someone or you, like, (inaudible at 18:15) forces them to do something, you are going to be in big trouble. Like, I'm wondering if that's at all sort of super posed on any of this or not.

CLIENT: I don't really know. (pause) I knew when Ashby and I, you know, decided to call the city inspector we were totally aware that he would be upset in some way. And so as much as we were like, OK, he's going to be resentful about that. He's probably going to try to put it off. So the reason why I had the inspector call him and say he had to was because he knew that I said, "You have..."

THERAPIST: (inaudible at 19:35)

CLIENT: Yeah, that he had to do that. So...

THERAPIST: And so you had to call the city inspector...

CLIENT: Right, in the first place, yeah. So (pause), like, my expectation was, I don't know, that he would have a brief, like, send an angry text message or (pause), like, he would have, like, a moment of expressing his annoyance and stuff and that would be kind of it. (pause) And I think part of why I've been feeling so frightened is that he just keeps on doing more than I think he will and weirder than I think he will.

So, like, at work when I think, like, (inaudible at 21:11) on something I feel like the answer, like, a pushback would be now (ph) and you can't do that and also this other thing. But it'll be, like, (sighs), Will (sp?) was consistently a jerk to me around technology but he wasn't going to, like, cut into my office supplies or, you know.

THERAPIST: Yeah, you don't generally because I can tell you kind of worry about retaliation more, like, you know, being ignored or not included or something like that.

CLIENT: Yeah and it mostly feels like...

THERAPIST: You're in some degree worried about, like, being fired for speaking up or something like that but not a lot (ph).

CLIENT: Yeah and that also feels like it would be around just something specific I said or did, like, you were complaining about this so our response is (inaudible at 22:30). But with my landlord I feel it's like (pause) (inaudible at 22:38) the same, like, "We're going to move you to a smaller office and also give you an uncomfortable chair." (inaudible at 22:50) more like, I guess, "We're moving you to a smaller office and for no reason at all you can no longer have green pens (ph). And then, you know, two weeks later, "Oh, p.s., you can only have unrecycled copy paper." Do you know what I mean? I feel like...

THERAPIST: And you have a scary, erratic boss who could explode at you, you know, at any time.

CLIENT: Yeah. And I haven't, like (sighs) I mean, when I was having like, the closest this yields to is I guess in many ways is when I was living with Timothy and he lost it and was scary and erratic and made no sense. And, you know, I was able to get a restraining order and all these other things. But with my landlord I just feel like I have a legal tie to you in ways that are not cool (ph) and (pause), like, while he's doing all these things I find upsetting and scary, I don't like them, a lot of them are things that he is, in theory, allowed to do. So I don't know that there's any basis for, like, getting a landlord restraining order or (inaudible at 24:53).

THERAPIST: Sure. My impression is that in a way, like, it's not actually the things he's already done in and of themselves that have been so scary but how they're suggestive of what he might do more so. Like, it's weird that he won't look at you, annoying that he's, you know, has kind of been around the house. But (inaudible at 25:23) what you're scared of is more like maybe I'm wrong and if so, let me know if he would yell at you or get in your face or hang around your apartment when you weren't (ph) there. And, like, his sort of erratic and intrusive behavior worry you more because they suggest he could do those other things. Is that right?

CLIENT: Yeah. I mean, the main thing with his past behavior is that there's so many examples of him just doing really baffling things that it makes me like, it's really hard to not just have crazy, like, spiraling worries because I, you know, I feel like, well he's already done a lot of really inappropriate and intrusive weird things. So I would believe he would do about anything, you know. Like, if someone said would he sleep in my bed? I don't know, maybe. I could definitely see him sleeping on the sofa. You know, could I see him having a fight with his mom and sister and then coming into our apartment? Yes, like, in a heartbeat. [00:27:06]

And (pause), like, you know, with, like, the fear of getting fired at work I can sort of be like (inaudible at 27:19) and if they try to X, Y and Z. With him I just feel like I don't know, he could.

THERAPIST: Yeah, I'm not getting the impression (pause) as you're talking that what I was asking about is the, like, factor [in here] (ph) or is a factor at all. I mean, it doesn't seem to me (inaudible at 27:50) about it and (inaudible at 27:52) so I asked, but it doesn't tell me what's going on.

CLIENT: No, it was an interesting question. (pause) Also, I'm thinking today I was thinking more about, I mean, how another thing I have to talk to my parents about, I'm moving suddenly. And, like, because it's a sudden move and (inaudible at 28:41) and et cetera. So we moved into our current apartment they ran a credit check and because I can't remember what we did exactly but it was, like, neither Ashby and I's credit were quite good enough so, like, her mom basically was kind of like I don't know. She didn't front anything financial but, like, in theory she was like, "And yes, they will not set the house on fire." And so I'm thinking, "Oh, I'm going to have to do that again." Like, will I have to ask my parents for financial help moving? Like, I don't know. Like, last time we asked Ashby's mom mostly because her mom worked at the notary public, so it was really easy to kind of like [ding ding ding] (ph). But her mom doesn't work there anymore so thinking about that (inaudible at 30:06) in large part because my parents, like, they don't have any idea of how apartment living in the city works because they haven't done that in forever.

And so if I saw them my brother (ph) have had these arguments where my parents are like, "Well, that just can't be," whatever. Like, that's nice. It is. Like, apartments in Philly are (inaudible at 30:39) expensive so apartments in Manchester, no, I can't live a 15 minute walk from work. Like, even if there were vacancies. I couldn't afford it. So (pause) I feel like it's going to sort of like, they're going to want to know, like, "Well, did you try this? Did you try that? Did you try" I think everyone has said to me at some point, like, "Have you tried just having, like, an honest talk with your landlord?" Like, I did think of that already and I tried that already for months. And (inaudible at 31:33) like, "Well no, but really, we're just so serious," like, you know. (inaudible at 31:37) like yeah, like, that is a good suggestion that I tried and I don't think anything about what's currently going on indicates that, like, a chat over a beer would help.

THERAPIST: Imagine I was thinking through this situation as well as you might be thinking through this situation if you were in this situation.

CLIENT: Yeah. You know, like (pause) the other thing which I was talking to Ashley and Alton's my friend who I stayed with last night.

THERAPIST: Did you sleep (inaudible at 32:22) by the way or...

CLIENT: Sort of. I fell asleep sometime after 2:00.

THERAPIST: Oh wow. (inaudible at 32:33)

CLIENT: And then I woke up I guess around 8:00 and then again around 9:00 or 9:30.

THERAPIST: And you got, like, six.

CLIENT: And I need eight to nine.

THERAPIST: (inaudible at 32:50)

CLIENT: (inaudible at 33:02) this morning because I was like, I already feel wound up, like, let's not increase that.

THERAPIST: What do you anticipate about tonight? I mean, like, do you think last night it was in part having people around in the apartment to sleep or just because you're not really less wound up about things right now with your apartment?

CLIENT: I think it was a bunch (ph). Like, it was partially I forgot that (pause) Maddy (sp?), who is my friend's teenage daughter, like, her bedtime is, like, 11:00.

THERAPIST: Wait. I know there's a six...

CLIENT: So the six year old and there's a teenager.

THERAPIST: Oh, OK.

CLIENT: So the six year old's bedtime is sort of like, I don't know, 8:00 something. And then the teenager was up later and so I was like, "Oh, there are just more people awake than I was anticipating." And for, like, whatever ridiculous god damn reason I took a cab after therapy to my apartment. And the cab driver was silent half the way and then started having a long conversation about mental health problems. So his thing is, which I sort of agree with, he's like, "I think that, you know, if you're depressed you don't go out and shoot people." He was basically like he had this whole thing where he's like, you know, you don't shoot people if you're depressed or if you're and he (inaudible at 35:04) about other (ph) things. He's like, "If you go out and shoot people, like, there's something else wrong with you." I'm like, OK, sure, that's (inaudible at 35:12). Then he had a long tangent about how the reason why the shooter killed his mother was because his mother would have told him that he's bringing shame upon the entire family or that his mother would say, "If you shoot these kids you'll bring shame upon the family." And I'm like, that's probably not exactly what but OK.

And then Ashley and I and Maddy (ph) sat there (ph) talking about family members, like close family members we've had that have contributed to all our problems. It wasn't the best thing that we ever discussed.

THERAPIST: No, I imagine that (inaudible at 36:04) duckies and bunnies or something.

CLIENT: Yeah, it sort of it actually ended in a good part, where (pause) so there's a (inaudible at 36:22) party in January and then there's the flea market in February. And I had already decided that I didn't want to go in February. And I was feeling very ambivalent about this January party before and now I'm like, I just feel so, like, set off I just don't want to like, that party always makes me feel stressed and anxious. I don't want to do that. And so Ashley and I ended up having this sort of conversation about what it was that made us feel angry or upset or threatened or weird at that party. And he was very reassuring in, like, "I don't think you should go." And he's thinking I'm not going for some related reasons. [00:37:31]

So that was actually, like, that was really great because I'd been so ambivalent about it and a lot of my friends and I understand what they're saying, is they're like, "I really would like you to go because I would like you to be there. But on the other hand, I can understand why you don't want to." And it was good to have someone say, you know, don't. Like, that is a bad idea. Also I didn't realize that among, like, (inaudible at 38:18) going to be there again. She wasn't last year. Getting that information really was helpful for not going. But yeah, it was not the best (inaudible at 38:44) ever.

(silence)

CLIENT: But then Matthew (ph) was nice. Maddy (sp?) talked about going swimming in the morning and the little girl (inaudible at 39:11) was in a super good mood and then (inaudible at 39:17) from a child science fiction (inaudible at 39:21) for a while, which I find very charming. And then told me about how she had made Santa Claus. (laughter) She did (ph) this really long narrative about it.

THERAPIST: (inaudible at 39:36)

CLIENT: Yeah and one of her parents said, "Ask her about Santa." And she just, "And I think this is how you spell his name and this is how I met him. And he's the size of a guinea pig" and like on and on. [I'm like] (ph), this is fantastic. So that was, like, a really nice beginning to the day and then (inaudible at 40:05) just go and, like, sew and not deal with it. And also, like, when I got there I was working on it. I said to one of the women who work there, like, "Oh yeah, my landlord's working my" their water main broke outside their building. I was like, "Yeah, my landlord's doing crap in my apartment so I thought I'd get out." And everything there was like, "Yes, landlord and apartment." I didn't expect that. It was a very odd nice little like, "Yes, this is a good idea. Escape, escape (ph)."

THERAPIST: Yeah, they're like it's very helpful to be out of your apartment and, like, I guess like try to take care of yourself and not kind of pushing it (ph).

CLIENT: Yeah. I've been thinking about do I want to spend the day out of my apartment again tomorrow. Like, I could go to the sewing studio. I could go to the library. I also realize that the coffee shop closest to my house, which I have kind of like a lot, is too to my house.

(silence)

CLIENT: I mostly surprised that I haven't a lot of times when I get really stressed or have a lot of (sighs), like, any overwhelming emotions, like, I just want like a big hunk of meat. Like, I get really hungry. Like, [so I think I mentioned some things] (ph) I inevitably eat a ludicrous amount of meat because I don't know. I'm like, "Oh, that's so exhausting. I want steak." And it's like a constant internal [jolt to me] (ph) where I'm like, "Oh, yeah, you processed a lot of feelings. Go eat something (inaudible at 42:57)." And so I've been kind of expecting to have that feeling and, like, I guess maybe I will eventually (inaudible at 43:13). Yeah, not (inaudible at 43:16) is weird.

THERAPIST: I think you're still pretty terrified and maybe a bit you think you're a little bit out of your body?

CLIENT: Yes, very much so. [On the up side] (ph), I think that started hurting so at least I (inaudible at 43:38) that.

THERAPIST: Do you, like, (inaudible at 43:43) symptoms, sort of eat numb or, like...

CLIENT: No, I just won't (ph) like, I slept curled up on a fold up futon, which is terrible. And normally I wake up feeling really achy from that. And I just was like kind of I just don't feel like (inaudible at 44:14). And, you know, I've sowed for, like, four hours straight, which normally I would be feeling like, "Whoa, it's tiring to do all of that."

THERAPIST: Would it (pause) help if you, you know, take a longer shower or bath at the hotel to...

CLIENT: My plan is to go and get, like, a bath something.

THERAPIST: Oh, a what (ph)?

CLIENT: Lush, yeah. Like, get a cupcake, get some kind of scented bath thing and some snack food and see if something hits. But I thought that the bath would be at least the (inaudible at 45:19), like, the thing most likely to make me feel like I am back in my body.

THERAPIST: We should stop for now. But I do hope (inaudible at 45:34)

CLIENT: (inaudible at 45:35)

THERAPIST: And I will see you...

CLIENT: (inaudible at 45:43)

THERAPIST: Yeah, (inaudible at 45:44)

CLIENT: [Have a good day] (ph).

THERAPIST: Take care.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Yes. We should figure out how to deal with that. One unknown is whether Blue Cross would be I'm not sure if Blue Cross is going to send you checks, or whether they will send me checks. Their policy is that once a provider is no longer in network, they send checks to the patient. However, the whole thing over the summer where they terminated me... or patients with TP insurance, they kept paying me and not the patients directly. Which is against what they say they're going to do. I don't know what they're going to do. Because of that and because of Blue Cross. Which means I don't know how it's going to work.

[00:01:09]

I guess the best thing for me would probably be we have a few different ways we could do it. Like we could swipe a card once a week. That would probably be best, if they keep sending checks to me. And if they send them to you, I'm happy to do it that way, or I could just give you a bill at the end of the month.

CLIENT: Swiping? I don't get to swipe my card each week until we know where Blue Cross is sending the money.

THERAPIST: Okay.

CLIENT: If that makes sense.

THERAPIST: Sure.

CLIENT: So basically I would pay with swipe and then Blue Cross would send me the reimbursement.

THERAPIST: Right. So (pause) yeah, because of the recording, it would be...

[00:02:08]

CLIENT: [inaudible 00:02:09].

THERAPIST: Okay. It would then be I think \$100 a visit, and then Blue Cross would reimburse you for whatever they reimburse. Probably \$75.

CLIENT: Okay. (pause) Part of me [inaudible 00:02:38] to save money while...

THERAPIST: That would be better? Okay, sure. (pause) I don't have a credit card for you, but I think probably...

CLIENT: [inaudible 00:02:58].

THERAPIST: Yeah. Because it's let me think about that. Usually I don't take credit cards for larger amounts, just for like the \$25 co-pay. It's worth it for the [inaudible 00:03:10], but when it's like \$300 a week -

[00:03:15]

CLIENT: Oh, then you get fees.

THERAPIST: \$100 bucks a month, then that winds up being like 3 percent I think. Which sorts of adds up.

CLIENT: So the other option would be you give me a bill every month.

THERAPIST: Right. Let me think about it, because I like the idea of just getting it done every week and not having to worry about a bill.

CLIENT: Yeah. Or every other yeah.

THERAPIST: Let me think about it. It might just be more convenient to do it that way, if that also works for you.

CLIENT: Yeah.

THERAPIST: I will (pause) I'll think about that.

CLIENT: Okay. (pause)

[00:04:02]

THERAPIST: Schedule-wise, as far as I can tell, we're meeting today and then we're on for our regular schedule.

CLIENT: Monday, Tuesday, Wednesday.

THERAPIST: Yeah.

CLIENT: Yeah, and I think I'm going to call the Disability Services office to know more about the week after that, like the 14th or 21st. (pause) I want to do a partial schedule, but I asked my physical therapist about it, and she was like, "Well, you know, you could work a half day or for three quarters of the day every day, but you might find that tiring. Or you could work a full day, three days a week, so you get a day off in between." I'm just sort of like, eh, I don't know. I just want to find out if I can do it without losing money.

[00:05:19]

Previously, HR said that I couldn't work a partial schedule and still get disability reimbursement, which I'm pretty sure is wrong. But wasn't a lot I could do. So [inaudible 00:05:43] attempt to find out [inaudible 00:05:45]. (pause)

So when I was home over Christmas, I decided that I'm not sure what started me on it, but I looked through my mom has some old boxes of my stuff in the attic and various places. I wanted to see if I could find the letter that Zoe gave back to me when they had this big fight over Emma.

[00:06:27]

And then, while I was looking, I was just like, "Oh my God. Everything," old papers, old letters... So I was kind of going through. I also, I guess based on letters, I had a pretty strong friendship with someone I don't really remember having for about a year and a half. I remember we were kind of friends, but we sent a lot of letters.

[00:07:00]

THERAPIST: During high school?

CLIENT: Yeah. It was like I guess it must've been a little longer, because it was during part of summer camp and part other camp. Or vacation or something. Yeah. I was just kind of like, okay. So I ended up pulling out to read I never found the letter that Zoe sent me. But I found a big stash of letters that she'd written me when she was at camp, letters from my friend Jamie when she was at various camps, and letters from Emma when I was at camp, and then when she was at a private school for two years.

THERAPIST: Out of town?

CLIENT: No, it was that is kind of weird. It was local, but she boarded. Actually, that's a little weird, now that I think about it. I mean, it wasn't more than an hour away. (pause) Whatever.

[00:08:07]

(pause) I don't know, it was very weird. Re-reading all these letters, I'm just kind of like oh wow, being a teenager is horrible. Those were my first thoughts. I'm just going through, and I'm like,

page after page of having intense feelings about things and like Jamie wrote a letter where there was two and a half pages discussing how she really, really did not like this boy. That I do not remember at all, but she remembered when I called her about it. Also, before I really understand what anorexia was, I knew that Jamie (pause) ate very low-calorie, regimented meals, because she also did ballet for awhile.

[00:09:11]

So I wanted to lose weight, and she helped me set up a good diet plan. In retrospect, I was like I asked an anorexic to set me up with a diet plan? Like, what was I thinking? But I didn't you know, whatever.

THERAPIST: How old were you?

CLIENT: I think I was either 15 to 16.

THERAPIST: Huh. I'm sort of surprised you hadn't heard of anorexia at 15 or 16.

CLIENT: I didn't get it.

THERAPIST: Okay. That's different from not having heard of it.

CLIENT: Yeah, like I totally knew what it was. Like in a health class or magazines, they show you super emaciated people. And Jamie she has a round face and just like a little chin chub right here. What was very weird I realized she was anorexic when I saw her changing for gym, because then I could see her body. But her face actually never looked that thin. And she usually covered up a lot. She wore long sleeves. So (pause) yeah.

[00:10:33]

And it's just one of those things, TV specials versus your actual life. There's also this weird thing where she alternated between having these very regimented food things, but also clearly wanting to eat. Like if she came over to someone's house for dinner, she would eat whatever. When we talked about it later, it was a weird combination of her mother restricting her food and then her restricting her own food and (pause) it was a lot of things combined.

[00:11:21]

In like three different letters, she wrote to me saying, "I really like making diet plans. So if you're really serious about losing weight, you should let me know." But then in this one letter she mentions it, and then I was like 5'3", 145. I wasn't that and then she wrote, she's like, "In my assessment, you are not fat at all." And then she listed all these positive characteristics about me, which was adorable. (laughs)

THERAPIST: That's awesome.

CLIENT: Yes. And then creepily, at the end, she mentioned her mother said all the beauties of the future will be African American. Her mom is creepy. So there's that.

[00:12:16]

And then there's that I did which was not a good idea to read, go through all these letters in one fell blow. (pause) I don't know, I think I just felt like, "Oh, it's like ripping off a band aid." (pause) Emma was very smart. She was a smart kid, and me and my other friend were in Honors track classes and like the Gold reading group or whatever. And her parents always told her that she was better than everyone because she was so smart. Yeah.

[00:13:06]

She also needed glasses but didn't want to wear them, so she didn't always rec she would walk by you without saying anything, and also do this weird literal looking down to try to see clearly that made her look really obnoxious. At a certain point, it just wasn't whatever. And she used to correct our teachers a lot. (pause) Her mother was a lawyer, her dad was some kind of engineer at AT&T. Which was totally normal for where we lived, that she was also like "Meh meh meh, my mom's a lawyer."

[00:14:04]

So when I think about it, I remember her being really arrogant and obnoxious to a lot of people. Then I remember, I don't know, maybe sophomore or junior year in high school, her being really arrogant and kind of obnoxious to me as well. I remember it more in junior year and through the beginning of senior year. Going over these letters, and she was incredibly pretentious. Like just (pause) these are probably from when we were maybe 10 through 16 or 17.

[00:15:02]

THERAPIST: I guess I'm a little struck by the whole letter writing thing. But I guess it was a thing.

CLIENT: Also we were girls who went to camp. (laughs) Oh yeah. No. Yeah, so I went to Finland for a month every summer, or most summers, and there was Girl Scout Camp and various camps, and yeah, letter writing was huge. (pause) Which [inaudible 00:15:41] when I was looking through these, I'm like, "Ah, never again will anyone be able to pull out a shoebox of incoherently scrawled letters."

THERAPIST: You didn't need to [inaudible 00:15:53]?

CLIENT: No, no. It struck me a little bit too, because I was just like wow, there's a lot.

[00:16:00]

So she's dropping in French, little phrases are French, and she used to use these really weird stilted phrasing, actually kind of like pastiche from I don't even know, probably Jane Austen or something. I'm just like err... But then she was also just a kid or [inaudible 00:16:32] or whatever, so then it'd be like, "and then I really wanted to go to the mall." She'd write weird things about going to a bookstore and looking around, but then she really wanted to buy four volumes of John Locke or something weird. I'm like, "Kid, you're 12."

One of her big things at one point was she started reading Kurt Vonnegut, and she started identifying herself with the character Myra Breckinridge. There's just a line in the book that's repeated, "Myra Breckinridge, a woman who no man can love" partially because she's this weird, amazing, superior creature person.

[00:17:29]

She's also transgendered, which wasn't relevant to Emma, I think, but everyone wishes they could be with her, and she's like "I'm too amazing." I also remember when she started reading Kurt Vonnegut, she was like "Oh" I remember her being like, "You wouldn't understand. This is beyond you." I think at that point I was like 14, maybe. 13 or 14. I was like, really?

[00:18:06]

And so in one of her letters, she's like "Thank you for your letter where you quoted several passages from Mother Night or something. She said that she was very surprised that I'd managed to finish it and comprehend it. It's like, Jesus Christ, you're a jerk. But then she's also kind of writing about miserable family stuff as well. But I keep going through, I'm just like, you are a jerk. That's right. I forgot. (pause)

I also forgot that she had quite a bit more money than my family did. In one of the letters, she's talking about how they also had a condo. So they had a big house in our suburb, and it might be a more expensive part of the suburb, and then they also had a lakeside condo, and then there was something else. It was because she was talking about her mother buying her clothes. Like, lots of new clothes. And like -

[00:19:34]

THERAPIST: I see. Is this sort of in a shoving it in your face way?

CLIENT: No, it was more she was complaining that her mother wouldn't buy her any new clothes until she cleaned her room. But then after she cleaned her room, her mother was like, "Well, you already have clothes. [inaudible 00:19:52] there's clothes in your closet." There's something about the amount of clothes that she wanted to get new, I was like, what?

[00:20:04]

It's not that I didn't get new clothes; I did. But they were all on sale, or... and I never had a back-to-school shopping spree or whatever. When I was younger, I just wore my brother's hand-me-downs constantly, and garage sale clothes.

THERAPIST: [inaudible 00:20:30]?

CLIENT: [inaudible 00:20:31] all these garage sales.

THERAPIST: Garage sales, indeed, yeah.

CLIENT: Yeah, which I did not think anything of than I loved my brother's hand-me-down clothes.

THERAPIST: Oh really?

CLIENT: Yeah, because I don't know, I really looked up to him and I thought they were cool. And (pause) also we both loved Oshkosh overalls, and they had really cool prints on them. So I could get his old printed... yeah. Sometimes I'd get his cool flannel shirt, whatever, which... yeah.

[00:21:05]

So I read through all those letters, and then I just was I don't know. (pause) I had this brief passionate feeling very or feeling sort of sorry for her, and that when she was at this private school, her letters were really happy. I mean, she was still a pretentious idiot, but she was happy and pretentious. And then of course when she was back in my high school, there aren't any more letters. (pause) And (pause) so (pause) I was kind of [inaudible 00:21:58] around if I wanted to talk to Zoe about this. Then I was thinking that I did.

[00:22:03]

So we hung out twice, and the first time, we went out and got lunch and did a few things. And (pause) at one point, we're having lunch, and I was trying to talk to her how I've been really stressed over our landlord and how that was really difficult, and it was the end of the lunch, whatever, so waitress wasn't the most attentive. But I'm talking to her, I'm like, "It's been really hard. I've been really scared in my apartment," and while I'm talking to her about all these things, she keeps on looking to signal the waitress. At one point, I was kind of like "What the fuck?" and she's like, "I'm sorry, I'm listening; I just want to get my side of marinara" or whatever. So [inaudible 00:22:56]. (pause)

[00:23:00]

And then imagine having to go to a hotel for the night, and I was going, "Yeah, I just really didn't feel safe," and I started to say, "I was having some of those classic PTSD symptoms of" I just barely started saying that, and she uncomfortable laughed and said, "But you don't have PTSD." Just like really, really defensive. And I was really hurt and surprised, like (pause) I really didn't expect that. Whether or not she thinks I do, I didn't think that she would blow me off in [inaudible 00:24:05].

[00:24:06]

(pause) Which made me think I really don't want to talk to her about Emma. Then a little bit later, talking again, she was talking about how her whole family's really emotionally constipated, they don't talk a lot; her brother Leo had just told her that he never hugs people. Ever. Zoe's like, "So when I've been hugging you all these years...?" He's like, "Yeah, you didn't notice I never hugged back?" (pause) Which I actually do remember him being more physically affectionate and hugging in high school. So (pause) Zoe and I are like, "Wow, that's a thing."

She was talking about how the first Thanksgiving Thanksgiving or Christmas after she had been in the fire and she got out of the hospital, and her parents came to Philadelphia because she couldn't travel at all, and she was sitting there like, this would've been a really great time to kind of (pause) express some emotions, like, "I'm really glad you didn't die in the fire."

[00:25:27]

THERAPIST: Yeah, absolutely.

CLIENT: And no one was able to do that. It was very awkward, and no one the whole issue of her being burned in a fire, being convalescing, why they were in Philadelphia, it just wasn't talked about.

THERAPIST: So this is what she talked about, fairly soon after you...

CLIENT: Yeah. (pause) Yeah, probably like 20 minutes later, half hour later.

[00:26:05]

THERAPIST: Oh. Did it feel like she was communicating to you that she just couldn't talk about...

CLIENT: I wasn't sure. Part of me wonders if in the restaurant, she was just feeling really uncomfortable with what I was saying.

THERAPIST: In a way, it doesn't matter where she's coming from.

CLIENT: Yeah.

THERAPIST: Maybe that's more important.

CLIENT: When she was talking about this with her family and I was sort of talking about my family, I felt like she was being like, "Yeah, we should try to be more" for me, I was hearing her as she wanted to be more open. She said she wanted to be more open with her family and for them to communicate more. And I was saying my family doesn't sometimes, and so we were both saying how we wanted more I guess intimate communication with our families.

[00:27:06]

Before she left, I was kind of unsure. I was like, "Let's go on a walk. Go around the neighborhood for a little bit." (pause) We walked by [inaudible 00:27:27] Elementary School, which is sort of close by. So I asked her, with some [inaudible 00:27:38], if she remembered anything about Emma and I having a fight, I think is how I put it. And it was (pause) awkward. It was very awkward. Her phrasing frustrates me more now that I think about it. At the time, it was kind of like just blinded, "say it."

[00:28:10]

But she's like, "What you told me was" and "The information that you told me." It was very like she didn't say "What happened was." She said "You told me this." And (pause) she just sort of said "You told me that Emma had done something really mean and that you were upset and you didn't want to talk to her." I had clarified that no, what had happened is Emma had told people I stole [inaudible 00:28:55]. Zoe said, "Well, she never said that to me."

[00:29:01]

THERAPIST: That Emma never said that to you?

CLIENT: Zoe said that Emma had never said anything like that to her.

THERAPIST: Oh, meaning...

CLIENT: Emma never told Zoe that I had stolen her stuff.

THERAPIST: I see. So even if Zoe heard it sort of secondhand from somebody else, it's never something Emma said directly to her.

CLIENT: Right. Which I knew Emma never would. She would [inaudible 00:29:25] told Emma. She's not an idiot.

THERAPIST: That's not the point.

CLIENT: Exactly. It very much felt like she's just like, "He said, she said. Who knows what really happened." I told her an example, and she's like, "That sounds really awful."

THERAPIST: Told her an example of?

CLIENT: Which was like I came into our school newspaper classroom -

THERAPIST: Yeah, that was the okay.

[00:30:00]

CLIENT: Yeah. And she said, "That sounds really awful," but I don't know. I still felt like she was saying she was [inaudible 00:30:13], "Nobody said anything to me. No one else said anything to me." I don't know, [inaudible 00:30:21] a little more. What she was saying was her perception of what had happened was that I was just no longer getting along with Emma. Like our interests had changed; I just didn't feel like hanging out with her. [inaudible 00:30:50], she's like, "Zoe, that's what I wanted." And that she didn't understand how serious I felt this was until which I'd kind of [inaudible 00:31:08] that.

[00:31:09]

There was a New Year's Eve party, and it was supposed to be myself, Zoe, and our friend Rita. And Zoe invited Emma without telling me. But this was like [inaudible 00:31:27], and was super pissy at me in advance.

THERAPIST: Zoe was?

CLIENT: Yeah. She's like, "Don't be mean to her. I can't believe you're so mean to her. I'm inviting you over, you can't control who I'm inviting." And I was just so devastated. It was so horrible. I actually really don't remember how Rita felt or react I just remember being miserable.

[00:32:02]

THERAPIST: With Rita, did you say?

CLIENT: Another girl Rita who was friends with all of us. But we all met Rita in high school, while I had known Zoe and Emma since elementary school. Also, Emma wanted to be friends with Rita to social climb, in a certain way. And Zoe had no memory of me writing her this letter or of her writing back. I told her, "Do you remember when I [inaudible 00:32:48] this letter?" and she says, "No." No memory of it. Which yeah, to me, I was like, that was a huge thing.

[00:33:00]

So she has no memory of it at all, and (pause) I also asked if she thought about it. I was like first I was like, "Do you think about it? Do you [inaudible 00:33:19] sending me this letter?" and the answer is no. She says that she doesn't. It's not something she really thinks about or remembers. In bringing it up, she's like, "Yeah, you told me that happened," but that was about it.

THERAPIST: Ouch.

CLIENT: Yeah, she didn't apologize. The closest was she said at first, she's like, "Well, I didn't understand that this was serious and important to you."

[00:34:14]

(pause) [inaudible 00:34:23] really hard is just she kind of half apologized for not understanding [inaudible 00:34:33] or whatever, when I said that this was something really important to me. (pause) But yeah, that was kind of it. And (pause) we only had like 45 minutes for our walk. A little bit after that, I was like, "Oh, I have to walk you over to your house." So we're walking across the field.

[00:35:07]

I changed the subject to whatever. And she said, "Just so you know, kind of related to that thing about just not getting along with someone anymore, or not being interested in the same things, Chet's going to be there." So Chet's someone who I used to be friends with [inaudible 00:35:35] for awhile, and he just became someone I didn't really want to be friends with. It's not like he's dead to me; I just don't... you know.

THERAPIST: Right. There's not a falling out there, but...

CLIENT: Yeah, there was just a series of "huh." (pause) And for me, I just to go from me talking, for us, for trying to talk about what to me was a super traumatic event to her being like, "Oh, segue, you know that guy that..." You know?

[00:36:18]

THERAPIST: Right. Like in the sense of, "Oh, I've kind of got to equate these two things," which has a completely different degree of significance for you.

CLIENT: Right. And also, it was indicating that I have -

THERAPIST: Indicating it again, that I really have no idea how much that matters to you.

CLIENT: Yeah. It also felt to me like this weird backhanded attempt to be like, "Well, when I didn't believe you, I was inconsiderate. In this totally different situation 15 years later, I'm being considerate."

[00:37:03]

THERAPIST: Right.

CLIENT: I don't care. (pause) The other thing which we were walking and she was talking about a friend of hers who she was going to meet later for dinner, and that he had a really hard time getting over rejection. And she's not listening [inaudible 00:37:27]. Oh, no, what it was is we were talking about how neither of us had dated until senior year of high school. We'd gone with friends to our junior prom. And I mentioned that yeah I was like, yeah, I had this awkward, awful experience of trying to ask some friends to a dance or a prom, whatever, and having them all say "We can't go to the dance together because you're black and I'm white, and that just can't happen," in various ways and shapes of saying that. And her response was she was very shocked, she said, "No, that can't be, blah blah blah blah."

[00:38:25]

THERAPIST: Like, that just could never happen.

CLIENT: Yeah. And I'm like, yes, I get that it is shocking. I was shocked at the time. It wasn't that she was saying -

THERAPIST: "I found it unbelievable, but it didn't mean I didn't believe it."

CLIENT: Yeah. It was [inaudible 00:38:44]. I just was kind of like, "Do you think I'm exaggerating? Do you think I'm lying? Or are you just uncomfortable with the realization that racism existed in our high school?" I mean, I knew from a previous experience that she was super uncomfortable with one of the various kids at [inaudible 00:39:07] high school who was also Jewish.

[00:39:09]

There was this series of something he had written, I don't remember but it was like two days solid of weird anti-Semitic comments we made about him. And (pause) so that was shocking in that I was like, this is a fairly Jewish school. What? And I also was kind of like, I thought we were more I was surprised that someone would basically raise their hand in class and just say something really [inaudible 00:39:45] about it, as opposed to saying it in the hallway.

THERAPIST: Right, right. That's sort of a different thing.

CLIENT: Yeah. It was too. (pause) But that, so...

[00:40:04]

THERAPIST: Right. Well, in addition to that it happened, like, what the fuck, you're her close friend; tell her what happened to you, when you were there. With multiple people.

CLIENT: Yeah, and they're also the guys that I was talking about were dancing with all people.

THERAPIST: I imagine they were people you were friendly enough with to want to ask them to the dance.

CLIENT: Yeah. And they were also people that [inaudible 00:40:33] both Zoe and I knew them, both of us probably had crushes on them in various points in -

THERAPIST: This walk sounds horrible.

CLIENT: It really was. It was really -

THERAPIST: As you describe most of it, but horrible.

CLIENT: Yeah. It was also really disappointing.

THERAPIST: Yeah, sure.

CLIENT: Part of it felt kind of surreal in that I was like, this is really not compassionate or kind or how I think a best friend would treat me.

[00:41:12]

THERAPIST: Right. There's not even any charge to it in the sense of it's not like you're 16 or even 18 and this just happened. It's not like she's going to be in class with all these people tomorrow.

CLIENT: Yeah. Like Jamie saying that she at the time thought it was fucked up but didn't she's like, "I didn't know what to do." And I totally get that.

THERAPIST: Yeah.

CLIENT: (pause) Yeah. (pause) Yeah, I don't know.

[00:42:01]

THERAPIST: Yeah, you [inaudible 00:42:03] like that.

CLIENT: It really was. And she had the I know she's super busy at work, etc., etc., but she hasn't [inaudible 00:42:18] since. And while it's not uncommon for us to go for awhile without talking, I kind of feel like we had this kind of intense conversation, to me. Even though it may be a something. But (pause) I don't know.

THERAPIST: Yeah, I'm sorry we ran out.

CLIENT: That's okay. I thought I had some in here, but I don't. (pause) On one hand, she's not (pause) she's not a local friend, etc., etc., but (pause) I have been really worried about having this conversation with her for a long time, and haven't wanted to.

[00:43:21]

THERAPIST: Yeah. I think you mentioned it to me. Not just what happened with her, but the risk involved in talking with her about it.

CLIENT: Yeah. I also think about how sometimes I wonder and want to find out in a way where I don't have to do it I wonder what my classmates (pause) what my classmates thought our high school was like, racially. (pause)

[00:44:01]

Partly from just hearing some people be like, "Oh, there was no racism [inaudible 00:44:10] my high school." I've heard that from a bazillion of my friends, and I'm like, "Well, okay, I get that you didn't experience that." Did you ever talk to anyone who wasn't white about it? And the answer is, "Well, no, because we were all blah blah blah." I also at the time I was also super into [inaudible 00:44:39] and other things. But (pause) I don't think any I think myself and [00:45:00].

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I will let you know whether that's available in any case.

CLIENT: Okay, cool, thank you.

THERAPIST: Yeah, sure.

CLIENT: So when last we were talking —

THERAPIST: Yes.

CLIENT: One of the things was about how I feel like people don't or won't make accommodations for me for like — (pause) Yeah, like — I'm also thinking disability accommodations, but I don't mean that. I mean like social accommodations. (pause)

[00:00:53]

[And one of the things that has sort of] manifested in my life is that a lot of ways in which my identity is inconvenient for other people or rather, I guess, me asserting it. So it makes like — if I bring up, you know, racism that I've experienced, there's a of ton of like "But no, that could never happen here." And so, you know, that happens like kind of on a macro level.

[00:01:51]

But then when it comes to a lot of my social circles, I feel like for a lot of people I know, it becomes like somehow — it becomes my social faux pas for being offended by someone else's racism or homophobia or whatever.

THERAPIST: Sorry, I'm confused when you say it becomes your faux pas for being offended. You mean like if you're offended, then that's kind of a social misstep of yours?

CLIENT: Yeah.

THERAPIST: Oh, I see [how it all fits together]. So you're saying like something offensive happens, you're offended, and then other people who are not in the group that relates to your being offended are adamant about — well, defensive anyway — about there not being racism or homophobia or whatever it is, and that kind of puts it back on you for being offended.

[00:03:09]

CLIENT: Yeah.

THERAPIST: That makes sense. I just want to —

CLIENT: Yeah, like one of the examples I was thinking of —

THERAPIST: Yeah.

CLIENT: — in part because it involves someone who's also like known to be really crappy at socializing.

THERAPIST: Yeah.

CLIENT: This girl Jane who, you know, I've known off and on. Like I'm not a friend of hers, but I know who she is.

THERAPIST: Yeah.

CLIENT: I've been at her house, she has a mutual friend, da da da. So one of her friends e-mailed me.

THERAPIST: Uh huh.

CLIENT: It's our mutual friend. She's like "Ju, [my friend] Jane is thinking of doing this costume for a convention," and I was like "Yeah, okay." She was like "So, this part sounded dodgy, and I wanted to run it by you and see what you thought."

[00:03:56]

So the character has various manifestations, and one of them is sort of a zombie character that has been patched together from various body parts. So part of the thing is some of her body parts are black, like black people body parts.

THERAPIST: Yeah.

CLIENT: So her roommate wanted to, you know, color patches of her skin brown.

THERAPIST: Right.

CLIENT: Possibly with a Sharpie, possibly not.

THERAPIST: Right.

CLIENT: And I was like "No, that's really offensive. She should not do that." So basically I think, [more to the point], I was like "Don't. No. Stop. Abort. Abort. She should not do this."

THERAPIST: Yeah.

CLIENT: Especially since this character that she likes has like 20 other outfits, looks or whatever.

[00:04:56]

THERAPIST: Right, right.

CLIENT: I'm like "You know, if she wants to do like stitches, fine. But let's not go blackface here." And if I remember correctly, the character also has some yellowish skin — it's just like, it's supposed to be symbolic about ending racism, but it's really just sort of offensive and weird.

THERAPIST: Yeah.

CLIENT: So, that happened, okay. And then like two days later, this girl Jane goes off on this sort of tirade online about how it is — she didn't understand why someone would say it's offensive to color her skin a different color.

THERAPIST: Right.

CLIENT: And who would possibly think that, that's weird. And also she's never heard of blackface, therefore it's not offensive.

[00:05:55]

Also her dad did a really long sociological study where he knew a lot of black people [in the inner city] in the 70s. Additionally, she's Jewish and has very very curly hair, and people sometimes ask her if she's part black, and she has to use like black women's hair care products. Also, she's a scientist and race doesn't exist as a science. Additionally —

THERAPIST: Wait, race doesn't exist as a science? Okay, whatever.

CLIENT: There's a lot of (inaudible at 00:06:34) happening.

THERAPIST: Yes, I understand that. It doesn't make sense, but I sort of knew what you were referring to. Whatever.

CLIENT: Yeah. No, I mean, I get that all the time where it's like yes, I understand that like there isn't like a black person gene.

THERAPIST: Right.

CLIENT: And like you can make tabulations -

THERAPIST: No, I know about that stuff.

[00:06:55]

CLIENT: Blah, blah, blah. And I was like (inaudible at 00:06:56). So I was like "Ummm, it's offensive because you're wearing blackface and this is what blackface is, and you can do whatever you want — " because I was thinking they're like "How dare you make me not do this." I'm like "You can do it. I'm just telling you you're wearing blackface, so go forward."

THERAPIST: Right.

CLIENT: And she flipped out and I believe — I don't remember — I believe did go forward with the costume idea, with the blackface on. So, that happened.

THERAPIST: That's horrible.

CLIENT: Yeah. So then like, I don't know, a couple of months later, a friend of mine was having a little cocktail party and she was like "Oh, so here's the thing. Jane, you know, I know she can be kind of difficult.

[00:08:01]

And I know there's that thing with the blackface, but she's been a friend of mine and I really love her and da da da da, so I don't want this to be awkward her coming over." Basically she was like telling me that she didn't want me to cause a scene.

THERAPIST: With Jane.

CLIENT: Jane.

THERAPIST: Right, after telling you that she did a bunch of racist stuff.

CLIENT: "But she's just awkward and blah blah blah." She's known her for a long time and she's like "I know she's really frustrating." I'm like "It's not frustrating. It's racist, but okay."

THERAPIST: Right.

CLIENT: And the other thing that had happened is Jane ripped into me. Because one of Jane's things is that "You're not even part of the science fiction community." I was like "Uh, Jane, that [con] you're going to is the same one that I've been going to for a decade."

[00:08:58]

THERAPIST: Right.

CLIENT: "Also, I know you know because — " and then I mentioned — I said something like "You know, we've met. You know me." She's like "How dare you be so arrogant as to think that." I'm like "I've been in your house. I don't know. That's why I thought you might know who I am."

THERAPIST: Right.

CLIENT: Like a year ago. So she self-diagnosed herself with face blindness.

THERAPIST: Oh.

CLIENT: She doesn't have face blindness, but she likes self-diagnosing herself. So, I was just like I can politely ignore someone at like a 12-person party, sure. And at one point, she came up to me and said "Hi. I don't know you. My name is Jane." And like the whole room just kind of like went silent, like "Uhh."

[00:09:58]

I just said, you know, "My name is Ju" and she kind of tried to — and I was just like "Yes, I [live near you]" and like I was very vague and deliberately not say anything that would make her draw any connections.

THERAPIST: Right.

CLIENT: Because I didn't feel like it.

THERAPIST: Right.

CLIENT: Like when I didn't, I could see that the host was very visibly relieved as were some of the other people.

THERAPIST: Yeah.

CLIENT: I'm kind of like "Did you talk to her beforehand?" And she also had insulted someone else who showed up at the party again did not remember that she had lambasted him.

THERAPIST: Yeah.

CLIENT: Or something. And so, things like that just are frequent. (pause)

[00:10:54]

Another thing I was thinking of recently was — it's kind of extra-weird because it was actually a hypothetical argument. Some friends of mine who were getting married decided that they wanted to look at like charter schools or good schools in various neighborhoods in the area. And they were worried because their hypothetical child who only just happened now — this was like five years ago — so, you know, they don't have a big — they're not even close.

THERAPIST: Right.

CLIENT: So they were worried about where their hypothetical kid was going to go to school, and one of the schools they were going to look at they were really concerned about because it was — the school I think was like 40 percent minorities.

THERAPIST: Forty?

CLIENT: Yeah.

THERAPIST: Minority?

CLIENT: Yeah.

THERAPIST: Yeah.

[00:11:53]

CLIENT: And they were like "We're just kind of concerned about, you know, the violence and will our child get bullied." And some people were like "Oh yeah, you definitely need to check into that" and I'm like "But wait. Are you worried about the violence level because there's non-white kids? Like where are we going here?"

THERAPIST: Right.

CLIENT: "Or had you heard there was a violence issue and then — " And she was like "No, I'm concerned about the violence level because there are so many non-white people there." I was like "Oh, good, okay." And so various people were like "Yes, when I was in high school, some black girls beat me and it was horrible."

THERAPIST: Oh God.

CLIENT: And then there's sort of the secondary like "Well, but, you know — "

THERAPIST: That's horrible.

CLIENT: " — if you look at statistics, black people — " and I'm like "Well, I think poor schools often have high crime rates. This is a charter school." I'm like "Also, you could just ask.

[00:12:59]

You can ask the school about bullying." And so then it progressed that her concern was anti-Semitic bullying. (pause) But she really only seemed to be concerned about that — I was like "You know, stuff like that you need to be concerned about. We hear you."

THERAPIST: Sure.

CLIENT: But she seemed to feel that was more likely to happen if there were more non-white people. So she's kind of going along and I'm just thinking, I don't — where are we going with this? And one of the people also who was on this side was actually Josie's former therapist, which was hilarious in many ways.

THERAPIST: Yeah.

CLIENT: So —

THERAPIST: So Josie's former therapist was on the other side from you on this discussion?

CLIENT: Yes, yes.

THERAPIST: Okay.

[00:13:56]

CLIENT: Some black girls had teased her in high school. And so after a little bit, I just sort of said "Hey, look, let's just make it simple. You're telling me there's this hypothetical — there's a school and let's say that all our kids are in this school. If there are a lot of kids who look like my kids probably look like, you don't want your kid to go to that school." And she said "Yes." I was like "Okay, great, done." And she didn't — like I actually thought she was going to back off from that.

THERAPIST: I —

CLIENT: (laughter)

THERAPIST: — just can't believe -

CLIENT: (laughter) I was like "You know — "

THERAPIST: Like you're having this conversation. (chuckles)

[00:14:52]

CLIENT: Yeah. I'm like "Let's get really, you know — " and this girl was like "You know — " I'm like "You've known me for several years. I've been to your house, et cetera, but you're telling me that the kids that I have —

THERAPIST: Right.

CLIENT: — will beat up the — the kid I don't have will beat up the kid that you don't have."

THERAPIST: Right.

CLIENT: Like just will, even though I'm pretty sure my hypothetical — it was just so insane and so —

THERAPIST: And it's just horribly ironic.

CLIENT: Yes. Oh, yes. There's a lot of things. And there were just like a lot of people chiming in to be like "No, it's not about racism, it's about 50 other things." I'm like "No, really, it's about racism."

THERAPIST: Yeah.

CLIENT: "Like that's just where we are."

THERAPIST: Yeah.

CLIENT: So I was like "I know you and your spouse. We never [really talk much] anyway."

THERAPIST: Yeah. (pause)

[00:16:03]

CLIENT: And you know, like I didn't make an announcement because why would I?

THERAPIST: Right.

CLIENT: Like who cares? And she like started a new business and some people were like "Oh, did you read this thing that they wrote?" and I'm like "I'm not really interested in supporting her business or her."

THERAPIST: Right.

CLIENT: And it was pretty clear that most people knew why. They were like "Well, you know, it's just that she's been a really good friend, blah blah blah" and I'm like "I don't care."

THERAPIST: Right.

CLIENT: "Like I don't care if she was a really good friend to you because she really hasn't been to me, and you need to reconcile she isn't a good friend and says and does racist things."

THERAPIST: Yeah.

CLIENT: "That's something that you need to do for yourself."

THERAPIST: Yeah.

[00:16:57]

CLIENT: "And it's not my fault. Like I didn't make her say any of that."

THERAPIST: Right.

CLIENT: "I didn't make her believe any of that." But definitely in terms of like, especially for like (inaudible at 00:17:16) people would often look at me to see how I would like —

THERAPIST: Right.

CLIENT: And —

THERAPIST: Yeah, because it's on you.

CLIENT: Yeah. And I guess the history of screwing up like — I really — (pause) You know, like I was sort of feeling like "If you think I am like a terrifying angry black woman, I really don't know what to tell you because I'm really not.

[00:17:57]

This is the most gentlest of coached, you know — I'm not saying you're racist. I'm saying this thing that you did looks just like racism. You know, carry on." And their reaction is like I'm an angry black woman, which I'm not.

THERAPIST: (inaudible at 00:18:26)

CLIENT: Yeah.

THERAPIST: So that was how you responded to being like terribly insulted among people you, I imagine, had previously felt were your friends.

CLIENT: Yeah.

THERAPIST: I mean, (inaudible at 00:18:43) but like you know, it's a friendly gathering.

CLIENT: Yeah.

THERAPIST: People make nice. I assume, you know, she wasn't really tearing other people down or telling them she would want her hypothetical kid not to go to school with their hypothetical future kid.

[00:19:08]

CLIENT: Yeah. It's just — (pause) I mean, I don't feel great about sort of being like the reasonable non-scary black person, but —

THERAPIST: You can't fucking win this one.

CLIENT: Yeah, I'm just like, you know, there's really nothing to —

THERAPIST: Sorry —

CLIENT: No, it is. I was just like — it's like well — and the other thing is that a lot of times people will say "Oh, you know, all the geeks in town and all the sci-fi nerds.

[00:20:05]

Like we're all just one big community, and when I went to my first sci-fi convention, I knew I was home. Don't you just feel like you go to a (inaudible at 00:20:15) event and like yeah, everyone is just -" I'm like "No, no, don't use the word 'tribe,' it's offensive. Also, no." And that also hurts a lot of people's feelings, like my disagreeing with it and how they had bad experiences.

THERAPIST: Right. Yeah, I guess like what you're saying, people generally don't want to hear about it.

CLIENT: Yeah.

THERAPIST: And also generally make it your issue.

CLIENT: Yeah, and it's always like —

THERAPIST: Make it out to be your issue.

CLIENT: It's my issue. It's a single, unusual incident in that —

[00:21:03]

THERAPIST: Like it never actually happens.

CLIENT: It never happened. It was just like they briefly lost their mind and it's okay now, like they were out of their body for three weeks, typing.

Two friends of mine, Jersey who has a disability and my friend Ashley who is transgender, they cracked a joke that the three of us should be a band called something like "The Reasonable Non-Threatening Ones." I'm like "Yeah, that's true." That's definitely how — I mean, people pretty much said that to me and to Ashley and to Jersey. (pause)

[00:22:14]

It's, you know — (pause) I don't know. It gets very exhausting and difficult to just — I don't know. (pause) I mean, part of what I hate is that I'm usually pretty aware of what other thing that people would rather really never discuss again.

THERAPIST: Sure.

CLIENT: Or something will happen and I'm just "I don't really feel like talking about this publicly in a large group or to my Facebook wall or whatever because I know what the reaction is going to be, and it's going to be a lot of "That's so horrible. I never thought that would ever happen" and I just don't feel like it.

THERAPIST: Sure. (pause) I guess it makes me think of the analogy of somebody growing up in a household where the other family members make it really clear that they don't want to hear whatever sort of important thing is going on for the kid. You know, like abuse is happening or that there's something else really painful going on, they're depressed, or just something bad. And everybody else gives very clear signals that they don't want to hear it. They're going to blame the kid for it. I don't mean — you're not a kid.

CLIENT: Yeah.

[00:24:10]

THERAPIST: But you know, that kind of situation where, you know, you're just kind of — there's really nothing you can do, and either way it really hurts to not be able to say anything [or to say it and get instead of blaming, get sort of dismissive responses].

CLIENT: Yeah. And the other thing which I find, I know I always have — so 90 percent of the time I feel like I could just have this conversation in my head.

THERAPIST: Yeah.

CLIENT: Where I'm like, I don't know, I just don't feel like it.

THERAPIST: Yeah.

[00:25:03]

CLIENT: Like I'm just not going to — but then sometimes I think maybe this time it's going to be cool. I don't know. Or maybe if it just happened and I'm super upset.

THERAPIST: Yeah.

CLIENT: And you know, occasionally it goes well, but usually it's still like that doesn't happen.

THERAPIST: Yeah.

CLIENT: And when I've mentioned, occasionally like I could just have that conversation in my head and I don't really feel like it now, the person gets super offended. And I'm like "I don't know what to tell you, but I really could give you a play-by-play of what you're going to say and I don't want to, and I don't want to have this conversation."

Like I don't — I remember what set off several people is like "I don't feel like managing your anxiety and concerns about your own ways in which you are implicating racism while also discussing racism."

[00:26:16]

And then accuse someone flipping out about their own — it's just very boring. Not boring, more like grinding down because it just keeps on happening.

THERAPIST: I imagine it's wearing and also really incredibly painful.

CLIENT: Yeah, and it's also one of those things where I'm just like, at a certain point I feel like I really don't understand why you thought that this was a good idea.

THERAPIST: Referring — "you" being yourself.

CLIENT: Yeah, well like I've had people say to me, talk about like how like oh my God, they're so gross and fat and can't wear whatever and they have to wear Spanx or they're on a diet.

[00:27:10]

And I'm like "Why did you think that I'm the person to tell that to? Have I not been spending a lot of time talking about positivity and also, I'm fatter than you, so really -"

THERAPIST: Yeah.

CLIENT: I don't know. It makes me feel very much like they're not paying attention to anything about me.

THERAPIST: Yeah, I think you're pretty consistently [getting the message that] you don't matter. What you feel or think or how you react doesn't matter. You know, people aren't really seeing you.

CLIENT: Yeah.

THERAPIST: You know, it's perfectly fine to disregard.

CLIENT: But I've also very much like — "but like I have black — " I know, I'm very aware of people who are like "But I have black friends, so I can't be racist."

[00:28:09]

THERAPIST: Uh huh.

CLIENT: Because I'm their only black friend. Or maybe they know one other person. Maybe. Or "No, you can't say that this event exclusionary. Karen goes to it." I'm like — (pause) Which also makes me crazy because I think I'm being dragged in as somehow saying "Oh yeah, this is great" but I'm like "No, that's not what I think at all."

THERAPIST: Right. Your presence doesn't sanction —

CLIENT: Yes. This is not an endorsement.

THERAPIST: Yeah. Yeah, which again, I think is sort of an abuse of you, irrespective of what is actually going on with you.

[00:29:16]

CLIENT: Yeah, it's very much like the Photoshopping someone in for diversity.

THERAPIST: Yeah. (pause) Yeah, so I guess my impression is that often to do with race, but certainly to do with other things as well, this is a huge part of your life.

CLIENT: Yeah, I mean — Yeah, it's just like, you know, it's part of me and like — (pause) It definitely — (pause)

[00:30:12]

I mean, it's one of those things where one thing that happens is that like in college, I think, while a lot of other people, similar to me, in college develop a more racial identity or like go another way and are like "No, I'm totally an assimilationist" and then later on are like "Oh God, that was horrible."

But like I spent my time in college dealing much more with sexual identity and politics and gender and BDSM and a lot of other things. (pause) So part of what I think goes on for me sometimes is that groups I've been a part of for over a decade or for a long time, I've either ignored or kind of like dismissed.

[00:31:13]

THERAPIST: I see.

CLIENT: And now that I'm bringing them up, everyone is like "But we thought you were the nice reasonable one who would never say anything." And also just finding people or places or groups that "I thought we were friends, but I guess we're not. Or our friendship doesn't — you are much more willing and interested in supporting like institutional racism than me." And like that's never — it's not really something you can say to someone and have it go well, for a variety of reasons.

[00:32:12]

THERAPIST: I would imagine people generally — you describe people who would generally either [cop to it] in a horrible way, like what happened in the party you were talking about, or deny it and throw it back at you.

CLIENT: Yeah. Like a lot of people I know are very very invested in their identity as someone who is not racist, as someone who is not sexist, as someone who is not a variety of other things. So the worst thing you could ever do to them is point out like you actually have said or done something that's really sexist or racist. (pause)

[00:33:04]

And so like it's that huge knee-jerk defensive, you know — what's worse than racism is you saying I was racist. (pause) But then there's also like well, I've spent a lot of time and energy with people, with groups, with organizations that they don't — I'm sort of realizing aren't actually that welcoming. (pause) They like people like me, as an individual, because I'm non-threatening.

THERAPIST: Right.

CLIENT: But if someone new came in who they didn't know, they would flip their shit. (pause)

[00:34:10]

Like someone who, you know, wasn't prevented as having whatever appropriate credentials they're supposed to have.

THERAPIST: Another way to kind of say something similar is that you're not going to find that many non-racist organizations that you want to be part of and sort of pursue things that you're interested in.

CLIENT: Sort of. It's more like a lot of the organizations that I've been involved with, I'm realizing and noticing it's not just that they're racist or there's the issue of racism in their organization.

THERAPIST: Yeah.

CLIENT: Or sexism. All of which are true. But most of them don't care.

THERAPIST: I see.

[00:35:10]

CLIENT: And more the point, they don't care, they don't want it brought up. If you bring it up, you're a horrible person and are trying to destroy them and are making things up. (pause) Yeah.

THERAPIST: Yeah.

CLIENT: And I'm just like well, okay, so — it's just very — it's just incredibly demoralizing to be like "I spent a lot of time not [beating you guys] on X, Y, Z and you still don't care."

THERAPIST: We need to stop for now.

CLIENT: Okay. I'll see you on Thursday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: (inaudible at 0:00:12) they're disgusting. So I've been experiencing a lot of anxiety about going back to work which I don't know it's kind of hard. Because I also broke the light bulb on my light box and didn't use it for about a week while I was waiting for a new one. So that was sort of I got the new bulb on Monday. And I'm just like yes, slowly getting more able to stay awake.

THERAPIST: Right.

CLIENT: But...

THERAPIST: When do you go back to work? I'm a little slightly (ph) confused about your work.
[0:01:01] So why are we not meeting Mondays now because we didn't meet last week Monday?

CLIENT: Oh no, except I was going back later initially.

THERAPIST: I'm not upset. I'm just confused.

CLIENT: Yea. No, I originally thought I was going to be going back...

THERAPIST: Oh, OK.

CLIENT: ...on the 21st or 28th. And now it's going to be (inaudible at 0:01:26).

THERAPIST: All right, yea.

CLIENT: And I'm still very much I'm feeling very nervous about even like I don't know all of it. Like picking a day or a time, filling out the forms. [0:02:03] I don't know. Like Monday I woke up completely like just woke up, was just super anxious and kind of paranoid all day for no reason. I mean, I kind of I was just like oh, God. This is so and I was kind of thinking well, maybe it's just lack of light or whatever. And then I was kind of like oh, right. It's because I'm worried about going back to work and I have to fill out paperwork that I don't want to do. So I am no longer waking up just filled with anxiety which is good.

THERAPIST: That's good.

CLIENT: Yea, I really prefer that. (chuckling) But I don't know. It's just I guess part of it is one of those things where I mean, yea, theoretically work has to make reasonable accommodations. [0:03:04] But reasonable.

THERAPIST: Right.

CLIENT: And there's this thing where they are like, "Well, you still have to be able to do your job." Like whatever job that you...

THERAPIST: Right.

CLIENT: ...had, you still have to be able to do it which I can. I just feels nervous. I mean, I guess it's one of those things where is someone still wants to fire you, they just can like in the end.

THERAPIST: Right.

CLIENT: So I think essentially there's always like you can always kind of come up with a way to fire someone. It might take a while. But like so if they decide to hit someone for like you were late five minutes reprimand, reprimand, reprimand. Or you took an hour and ten minutes for lunch. [0:04:02]

So that makes me worried. And also I don't I just I guess I just don't trust my workplace at all to be accommodating. So the IT manager I remember when I was like coming back from fibroids and I said like I couldn't I can't like do certain things for a while. He basically was like, "Come on, really? Come on. Surely you can." And so that was awkward as hell. And so I'm sure he's probably going to do that again because he's just like he's just kind of that guy. [0:05:00]

And Chet's (ph) probably going to be kind of squirrely because I'm like yea, the first person that you supervise who's gone on two weeks on health leaves. Have fun. And plus whatever accommodations Harvey (ph) is going to have to pay for which they won't want to. And I don't

know. My physical therapist has said that she's been totally confident I can do it physically. But she's like, "I have noticed that you need like some more reassurance to gain the confidence that you can get stronger and you can go in." And I guess I'm not so much worried about the physical I mean, I'm a little bit worried about how tiring it will be, et cetera. [0:05:58] But that's not really it. It's more I'm worried about everyone else. Not everyone else. That's not true. I'm worried about everyone like sort of management above me being more frustrating or other things. (pause)

THERAPIST: Well, I guess it seems to me to sort of in a way follows pretty closely on what we've been talking about including (inaudible at 0:06:59). It seems like the conviction you have that nobody who matters or nobody of authority is going to pay any attention at all to what you need, to what's going on with you, to what's hurtful to you.

CLIENT: Yea. I can feel like lip service at best. But...

THERAPIST: Which is usually worse than nothing.

CLIENT: Yes.

THERAPIST: Because it provides the appearance and sort of kind of like possible deniability in a way.

CLIENT: Yea, totally. If they feel like, "Well, but X person said that they will work on this." And they're really concerned and they will have improved. [0:08:10] And then nothing happens.

THERAPIST: Yea, I would imagine that in addition to the sort of, I guess, physical danger that feel from going back to work there's also the emotional danger of anticipating that you're going to be ignored (inaudible at 0:08:37). Your pain can be sort of be minimized. And it will make you feel sort of personally and emotionally feel awful.

CLIENT: Yea. I'm also I'm used to and think of myself as like, oh yea. Now I can just kind of go in there and push things around or...

THERAPIST: I see.

CLIENT: ...lift or like kind of do whatever. [0:09:08] I'm used to thinking like my main limitation is my limitations are I can't always reach things or like I'm short. And I can't hug things because of my chest because I have big breasts. So I'm like if my arms are like spin my arms up well enough, whatever. But usually I'm like, yea. I can totally do that. And now I'm trying to sort of work with nope, I probably can't. Like my first impulse is still going to be to kind of jump in both feet. And now it really should be more like carefully walk and support yourself while walking and like (pause) [0:10:05]

I think well, the other thing I've thought and been thinking about is so joint problems. There's one of those graphic things where the doctor our doctor will say to lose weight or the reason why you have joint problems because you're fat.

THERAPIST: I see.

CLIENT: And if you lose weight, it will get better which I hate and I'm not going to do. But it also kind of like having a mobility problem kind of puts me in the thick the bad fat person category. Where it's not like I'm fat and super fit. And running around and doing everything. It's like I'm fat and also my hips are fucked up. So instead of being like, "No, fat people are totally physically active and healthy," which has a lot of its own problems. [0:11:06] And now I feel like so it's awesome to promote the idea that you can be fat and healthy. But I think for a lot of people it can become it's only OK to be fat if you're really athletic and fit...

THERAPIST: I see.

CLIENT: ...and running around. And so any illness regardless of what like the source is because you're fat.

THERAPIST: Right.

CLIENT: I was actually watching this documentary last night that was kind of terrible. And it started out with this the director. His dad was fat and had been like steadily gaining weight. And through this particular whole documentary about how eating soul food making his dad fat and he's going to get sick and die. [0:12:01] And why is soul food is so bad for you. So two thirds of the documentary is him talking about how he's so worried that his dad is going to die from diabetes or fatness or heart disease.

His father actually dies from pancreatic cancer which has nothing to do with it. And he's like, "But it was still because he was fat because maybe he ate too much red meat or diet soda or whatever." I'm like no, it's really just...

THERAPIST: Right.

CLIENT: It's horrible but...

THERAPIST: (inaudible at 0:12:32) that he had pancreatic cancer, yea.

CLIENT: Yea, like that's it. It has nothing to do with fatness. And it just sort of really what struck me is I'm like you can't even you can't let go of that fat will kill you narrative even when...

THERAPIST: Right.

CLIENT: ...it didn't happen.

THERAPIST: Right.

CLIENT: And his whole family is like, "Yea, it's really terrible that that happened because of all that soul food."

THERAPIST: Right. It's a whole other step from denial with reality. [0:13:02] And because pancreatic cancer has nothing to do with losing fat.

CLIENT: Exactly. (pause)

THERAPIST: What are the I don't know thinking this is too much because I don't want to sidetrack you. But I'm curious like I don't know much about it. My understanding was that there is some health risks associated with being fatter. But...

CLIENT: It's more like there are health risks associated with dieting a lot and yo-yo dieting...

THERAPIST: I see.

CLIENT: ...which are things that fat people do a lot.

THERAPIST: I see.

CLIENT: So there's that.

THERAPIST: I think also I heard like with inactivity which may not be correlated to fatness.

CLIENT: Right. Or like a lot of things that fat people do like consuming diet soda or creepy chemically enhanced low calorie foods it seems like that's more likely the problem. [0:14:13]

THERAPIST: And so not the fattening foods if the fat person had eaten them which they may not have at all.

CLIENT: Right.

THERAPIST: But other stuff.

CLIENT: Yea. And so and also like there are people who are fat who are vegetarians and vegans and like all that.

THERAPIST: Sure.

CLIENT: So there's like kind of like all that part. And then there's that it's really, really hard to lose weight and keep it off, period. So even if it mysteriously was the problem because like 80 or 90 percent of people when they diet gain their weight back plus more.

THERAPIST: Right.

CLIENT: So it's not really a solution. [0:15:05] It's also kind of one of those things where it's like, well, one of my good friends was born with her legs with two different lengths. And so it was really hard for her to walk because (inaudible at 0:15:17) . And so she got fairly fat because she's very sedentary. And the stress got put on her joints mostly because like for a variety of things she ended up getting weight loss surgery to try to alleviate that.

And she's talked about it. I've talked to her about it a lot. And she's kind of like, "Well, I mean, I had weight loss surgery. At the time I felt like that was the only option. My doctors where like basically if you don't get weight loss surgery, you're going to be in a wheelchair," et cetera. [0:16:00] And now she's not she's like, "Well, I did it and it happened. But I don't know if I would do it again."

I mean, part of her is was she couldn't exercise very easily because of her legs. And she still can't. But yet, I mean, that's when it's always kind of (inaudible at 0:16:29). I mean, I start to think about her is I think weight loss surgeries I think like it probably kind of helped for her because of like a wide variety of reasons. But it also causes other weird health problems like she has to eat very, very small portions of food because otherwise your stomach gets too full. And she has to really like monitor how much protein and vegetables and everything that she's getting. [0:17:07] And it's weird. I don't know. If it wasn't the it's not really a magic fix, I guess if that makes sense. Like it was pretty like when she got it done, she was like, "OK. This is going to be it."

THERAPIST: I see.

CLIENT: And her legs still hurt and her hips still hurt.

THERAPIST: Right.

CLIENT: And like it's a pain. And...

THERAPIST: I mean, well, again. I don't want start talking too much (inaudible at 0:17:40) for me. And you were talking about being cast as like a bad fat person rather than a good, active...

CLIENT: Well, I mean, I think I had cast myself as like a good, active, eating healthy kind of person for a long time because I generally eat healthy and I don't know. [0:18:09] And my blood pressure is great. My cholesterol is awesome. And now I feel like it's kind of it's a little bit biting me in the ass because I'm like, oh well, this is me. I still think it's fine for me to be the way that I am. But if someone were to be like, "Oh, well, do you have mobility problems because you're

fat?" I'm like, "Well, no. I mean, I have to brace my hip but it's not really related." But I know I think it opens the door to, "Well, but if you just lost weight, you'd feel better,"

THERAPIST: I see.

CLIENT: ...which yea.

THERAPIST: Right. Yea, you can't say, "Well, actually I am quite active and do all sorts of things." [0:19:01] Because you can't anymore completely unrelated to your weight but because of your hip.

CLIENT: Right. And I guess also like I feel frustrated that like things that some things that I like to do which are physical I haven't been able to do. And I probably will be able to do like in time. I will probably be able to do again but it's going to take a while. The physical therapist was like, "Yea, you're basically going to spend the rest of your life stretching out your hip and trying to keep it flexible." I'm like, "OK."

THERAPIST: That sucks.

CLIENT: Yea. The only nice thing about is I'm like, well, at some point I can have a really awesome cane to assist me when I'm walking. (laughing) Mostly because I know of people who have some awesome who have really awesome canes. [0:20:00] But it's also like when people write like obesity epidemic articles. One of the things that always is I'm like, oh, she's so fat. She's scooter fat. She has to move around in a scooter because she's just so fat.

THERAPIST: Right.

CLIENT: And so I think it's just such a I don't know. It's like a big scare mongering button. I didn't really expect to I don't know. Like I've never really expected myself to be on the, I guess, other side of like my mobility is impaired and I am fat. [0:21:01] And so now there's like another sort of glare of like I'm the bad fat person who is walking really slow...

THERAPIST: Right.

CLIENT: ...or whatever. (pause) And it's also one of those things where I'm like of course any of my friends, I'd be like, "Oh no, it's totally fine. What are you talking about?" But I feel a certain level of like oh, God. It sucks that I can't be like super physically active fat person. But like...

THERAPIST: Right. Like your friends always supportive about it and you'd be supportive to them. But I see. You're still feeling like you fit into the...

CLIENT: Negative stereotype. [0:22:08]

THERAPIST: Right, yea. No, I was wondering that sort of many times it's like it's not stereotypes perhaps. Like I was sort of thinking that you fit into that. But even...

CLIENT: What stereotype was it?

THERAPIST: It was like there was this like psychological thing where someone who is part of a like marginalized group winds up dealing identified with the negative image of the more dominant culture. And it affects things like performance. [0:22:57] So like a kind of experiment with Stanford undergraduates where he got I would say about 100 like (inaudible at 0:23:10) seminary undergraduates where he gave divided them in two groups gave them the same test. Told one group it was a test of creativity and creative problem solving or something. Told the other half there were problems on the test and the group he gave he told them it was an intelligence test did significantly worse.

So I think the explanation I don't know a lot about the story but the explanation in terms of the stereotype threat that where they kind of felt like they had picked up on this cultural thing where how they're not supposed to do as well on (inaudible at 0:23:47) test. And so basically in their minds they underperformed that kind of thing. Just using that...

CLIENT: Yea. I feel like I'm stereotyped over to her. Because I think it's very common like I'm just I so much don't want people to think of the negative stereotype. [0:24:05] Or to be like, no.

THERAPIST: Right.

CLIENT: It's not true.

THERAPIST: Right. And that's what you're talking about now about the mobility. Because like you don't want to it's not that you're sort of unconsciously getting in the way of your mobility because of activities because you're responding to stereotype threat that you yea, your stereotype overachieving whatever. Yea. I remember that then.

I think like the whole thing around the stereotype overachieving that tends to happen for you where you sort of do that. [0:24:59] And then worry a lot about being stereotyped that way anyway which you often are. And then it's incredibly painful partly going to be painful in any case. And partly because you're working hard at overachieving in a way that's sort of makes you quite inconsistent with how you're being stereotyped in the first place like at work.

CLIENT: Yea, definitely. I mean, it's also like I think that this is my dad's primary coping mechanism for...

THERAPIST: I see.

CLIENT: ...discrimination especially at work. I mean, what he said to me was, "Just work harder than everyone else and outlast them," which is not really helpful for me. [0:26:01] I mean, he's basically like yes, people will like it's true that people will discriminate on an aggregate level.

THERAPIST: Right.

CLIENT: But I don't know that always working harder...

THERAPIST: I see.

CLIENT: ...is necessarily the best.

THERAPIST: Oh, I see. So he well, it's funny. I heard it in a different way than you meant it. I heard it like just keep working and outlast them because then you'll still be around and they'll be gone.

CLIENT: It's sort of both.

THERAPIST: I see.

CLIENT: It's one my dad is always like, "You should be working 110 percent (inaudible at 0:26:39)."

THERAPIST: Right.

CLIENT: He worked when I was a kid like 12 hour work days a lot.

THERAPIST: Just a very hard worker.

CLIENT: Yea. And (inaudible at 0:26:50) he'll still be there when they're gone.

THERAPIST: Right. But like the other side of it is, and if you do that, you kind of you won't be as vulnerable to kind of being treated badly. [0:27:08]

CLIENT: Yea. Or I don't even know. Like...

THERAPIST: I guess that was the part I thought you were saying (inaudible at 0:27:21)...

CLIENT: Oh yea. No. I think I guess what I tend my dad said this. What he said before is sort of like it's not that you won't like it's not that you won't feel vulnerable or be vulnerable. It's just that like fuck them and outlast them.

THERAPIST: OK. All right, yea. That makes sense to me.

CLIENT: Yea. No, I mean, it's part of my problem doesn't really address like which I've probably done before I'm like well, what about how it really sucks to have to work X times harder or deal with all of these...

(Crosstalk)

CLIENT: Right.

THERAPIST: And you've got to deal with the pain that goes on with that.

CLIENT: And he's just kind of like, "Mmm." He doesn't answer...

THERAPIST: I see.

CLIENT: ...which in some ways he did HR for a really long time. And part of his job included he did a lot of recruiting of minority students from colleges and like (inaudible at 0:28:34) and some blah, blah, blah, blah, blah. So I'm just like, "Dad, I'm pretty sure in the workplace this came up at some point." But and I'm like, "And I'm sure you had some response other than work harder." But that's like not I'm not getting that (inaudible at 0:29:00). (pause)

THERAPIST: Well yea, and I guess through all of it. That doesn't address the problem you tend to have, I don't think, which is more like being subjected really emotionally painful sometimes devastating things happening at work, right? I mean, more so than I mean, the person is usually like you're being criticized for the quality of your work. Or I guess sometimes it's somebody being something that you're not. (inaudible at 0:30:06). But a lot of it seems to be like how much it hurts. I think more so than like is this true? Because there's been some things we've talked about or at least that I mean, where like that video or with Chet (ph) or maybe with Will (ph) kind of getting away treating the ways he did. Where it's not just the pain of where somebody gets something you don't. Or...

CLIENT: Yea, I mean, I think a lot of it or some parts of it are is like say someone will ask like the room like these really boring weekly team games. So there are 12 of us in the room. And our team manager will be like, "Oh, does anyone have any suggestions about X?" And if I have a suggestion, he's just not going to listen to it. [0:31:01] Or like it's one of those like if I say it, he's going to go blah. If one of the guys says it, he'll be like, "Oh, that's a good what an interesting idea." And so like I also don't get to I mean, part of what was driving me crazy with like (inaudible at 0:31:22) is that I'm like I demonstrably have more experience in this area than you do...

THERAPIST: Right.

CLIENT: ...a lot. And no one cares. It's not that no one cares. It's like if I say based on my 10 years of blogging or online or whatever, I think X. The response is, "Well, but Willll (ph) kind of said something else and he has a blog." And I'm like, "That's amazing." They don't care. Like...

THERAPIST: He's a guy.

CLIENT: Yea.

THERAPIST: And he's white (inaudible at 0:31:59).

CLIENT: Yea, the white waspy guy. And so (inaudible at 0:32:05) hired an assistant, Jackie (ph). And I actually applied for that job. And I'm glad I didn't get it. I know. I was like thank God they wouldn't they didn't.

THERAPIST: Right. But still I...

CLIENT: Yea. And I wasn't even like I didn't even get the courtesy interview.

THERAPIST: Wow.

CLIENT: I know. I'm just like, guys, you suck because it was not MLS (ph) required. It was like encouraged. The most important thing is experience in the field. And...

THERAPIST: Do you know why?

CLIENT: Why I wasn't considered?

THERAPIST: It doesn't sound like it was gender-ish. It was (inaudible at 0:32:53).

CLIENT: She's a really white, waspy woman.

THERAPIST: OK.

CLIENT: I think it was that.

THERAPIST: Yea.

CLIENT: Like A, she doesn't have a spine. [0:33:01] But if we were to think of who were the biggest wasps in the building at the time, it would be him and then her in like a blonde, twin sets, pearls kind of way. In one way I'm like I don't I can't really exist. That you really do. Yep.

THERAPIST: And she had trouble using a Mac, right?

CLIENT: Yep. Oh yea, but cute, very presentable, waspy, Ivy League image. I mean, it was to me, it was a little bit in a horrible way like how a lot of times when you do like receptionist work. They want you to be pretty. Or they want they pick the most attractive person to [be your representation] (ph). [0:34:02] So at least part of that was, wow. She's like kind of this like little

waspy Barbie doll preppy Barbie doll which is a horrible thing to say. So but she kind of is. Like it's not that she is stupid but like her visual presentation skills like just like how she looked I would say outstripped her ability to present extemporaneously, for example.

And also so not a lot of people I really have a hard time people are rarely a lot of people at IT or actually even more so people who are in IT that are like wanting to hire or like social media consultants are like what are someone knows the about the Internet. They don't believe me when I say like I've been online for a really long time because I don't look like what they think that would be which would be like...

THERAPIST: A nerdy white guy?

CLIENT: Yea. And one of my friend who is a nerdy white guy, he jokes that like he's one of the fat bearded white guys who runs the Internet.

THERAPIST: Right.

CLIENT: Or yea, fat, bearded and grumpy. And all of it is true. And he makes it as a joke but sometimes I'm like, "Yea." Why your joke is quite hilarious.

THERAPIST: Yea, right.

CLIENT: So he's definitely like someone who is like I mean, he does also do consulting [Internet crap] (ph) and people are like oh yea, totally. [0:36:08] And like my friend Ella (ph) who is a sure awesome Latino chick in Berkeley. When she had a long time to where people being convinced that she was (inaudible at 0:36:24) when she would go to conventions and she's like and...

THERAPIST: I'm the CTO (ph) or something like that.

CLIENT: Yea. And you're like, "Ah, awkward." And she's saying that I mean, at this point that doesn't happen as much anymore. And she mentioned that when she was massively pregnant and still doing conventions and like this events, people were really sure she was not a good pick because...

THERAPIST: Right.

CLIENT: Yea. Huge belly. But yea. [0:36:59] And I think that it's one of those place where having gone to Cambridge doesn't really help because I think people I don't think people well, it just depends. Because I think for a while people would go, "Oh, Cambridge. You obviously know what you're doing." But I think with a lot Internet and online things, people have a vague idea that it's not necessarily something that you might learn in college. Like you I probably never took a class in the Internet which is true and a lot of people are self-taught or blah, blah, blah. I guess an Cal Tech degree probably people would probably take that more seriously. But I don't think people will take a Cambridge degree as being like, "Oh, it's very technical." That said, women at

Cal Tech also get crap, I think. [0:38:04] But just they do have a better like Internet (inaudible at 0:38:11) network whatever it is.

THERAPIST: You mean...

CLIENT: Like in terms of like having your friend at (inaudible at 0:38:22) who's like, "Oh, there's a job here opening."

THERAPIST: Gotcha. Yea, yea, yea. Sure. [Or I'm thinking Cal Tech people don't notice] (ph).

CLIENT: And like, well, I'm kind of socially Cal Tech adjacent [near where I work] (ph). Yea, for some people the reason people don't think a Cambridge degree in (inaudible at 0:38:47), mythology and women's studies is technical. (laughing)

THERAPIST: (laughing)

CLIENT: So I still don't regret it but...

THERAPIST: Right. That I think is not the wildest assumption of the world. [0:39:01] Not to criticize your technical astuteness in any way.

CLIENT: Oh yea, totally. I mean, the thing that cracks what does always crack me up though is like the degrees of people I know who have high up like serious business IT jobs. Like almost not like I'm sure...

THERAPIST: Not on the regular side.

CLIENT: Like yea, a tiny handful that's yes.

THERAPIST: Sure. Yea, I would imagine CS people usually want to do different things. But they want to do R&D programming or something like that.

CLIENT: Yea, like the programmers I know, a lot of it is yes. But I'm like geology, English, just like other crap. Or they dropped out or but at an HR level, I think that's I don't know. Like HR is not yet convinced that being a college dropout is in fact, an awesome way to get computer skills. [0:40:06] Even though in some ways it totally is. Bill Gates.

THERAPIST: Right, Bill. And Zuckerberg too, right?

CLIENT: I can't remember. I think you're right. I think that he actually just left as opposed to yea. (inaudible at 0:40:26) I know. It just feel like periodically I think like Facebook like Zuckerberg is not I mean, he's certainly someone with a lot of computer skills. But like that wasn't his...

THERAPIST: Right.

CLIENT: None of this was his plan.

THERAPIST: Right. Yea, like Bill Gates really had some chops. I guess, yea.

CLIENT: Yea, like Gates had technical chops and Zuckerberg kind of had other backwards stumbling into something really awesome which is also a lot of things that like that's a lot of companies. It's like, oh oops thing. [0:41:11] It's also weird to me because I remember I think I still have my freshman Facebook which is what Facebook came from.

THERAPIST: Right.

CLIENT: And it's ooh, it's the paper copy that they weren't allowed to distribute outside of Cambridge. And now... (pause)

THERAPIST: I guess it's also like a lot of, why do I have to go back to work? Or why it's that's not why you don't want to go back but why it's scary. [0:42:02]

CLIENT: Yea. I mean, yea. I feel like it's scary. And a lot of it is so I don't know up in the air or subject to interpretation, et cetera, that which is good in some ways. It's but it also makes me really nervous because of someone saying like, "And I disagree with your interpretation of that." I guess that's what's worried me the most current is my letter my doctor read a letter that's saying like the end of February there should be a reevaluation of my ability to work part time or full time. [0:43:06] So I mean, the reevaluation is actually me going, "I'm really too tired."

THERAPIST: Right.

CLIENT: Or this is too difficult. But that's not a quantifiable objective. It's not like they're going to measure something.

THERAPIST: Right. And I assume you are going to your doctor and not the people at work. Is that right?

CLIENT: Yea. Like my doctor is not going it's not like my doctor is going she's basically going to ask me like, "How do you feel?"

THERAPIST: Yea. And I've been the doctor on that one. When people take leave for mental health reasons. And we're trying to figure out when it makes sense to go back. And it's exactly what I do. Sort of like well, do it. [0:44:00]

CLIENT: Yea. I'm just worried that HR because they part of the thing is like they HR's doctor can be like, "No. We disagree." Or at least that's the paperwork let me rephrase that. When one of the things was like HR can request another doctor to make an assessment which I don't know that it happens.

THERAPIST: Yea. I've done that probably not that many two or three times. And have also like observed the psychiatrist involved and then you have seen that then? I never heard of anything like that happening. That doesn't mean it couldn't happen. But maybe that's not helpful.

CLIENT: No, it is helpful.

THERAPIST: But like I HRs tend to be pretty respectful and accommodating of why the psychiatrist thought and then maybe touchy around mental health too. They may be like, "Oh OK, mental health." But by and large, it doesn't seem like that would be so. [0:45:00]

CLIENT: I actually think they'd be more like they could be like, "Meh. I'm sure they're fine."

THERAPIST: Right.

CLIENT: I mean, this I say that at least (inaudible at 0:45:16) HR has been that's causing mental problems, we don't give a crap. So...

THERAPIST: Yea. Yea, I mean, this way when you have a disorder like from being out for a while. But I don't know.

CLIENT: Yea. No, it strikes me as...

THERAPIST: Or it's coming from me and not the person.

CLIENT: Yea. No, I feel like yea. I do think like if someone but if like you are out on a leave with mental health problems, that's going be a little bit more serious business.

THERAPIST: Right.

CLIENT: As opposed to saying this is really stressing me out. [0:45:59]

THERAPIST: Right. We got to stop for now. So our Tuesday, Wednesday of next week...

CLIENT: Yep.

THERAPIST: And I will I'm still working on Thursday. I guess we'll just have to see.

CLIENT: OK. Thank you.

THERAPIST: Sure.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So in theory I should be going back to work on February 1st.

THERAPIST: Which is a Friday?

CLIENT: Yep.

THERAPIST: Next Friday.

CLIENT: Yep and then Monday, Wednesday, Friday for at least a month. I suspect two months but at least a month. So working three days...

THERAPIST: Monday, Wednesday, Friday? Okay, good.

CLIENT: And I'm super stressed and worried about it. Part of it is (pause)...so I asked the disability staff coordinator person and I e-mailed her a question on Thursday and she hasn't replied. And I know there was a holiday on Monday, blah blah blah. Then I called...the big thing...one of the questions I needed answered was who the hell is my [personnel officer] (ph). I don't know who's responsible for me in human resources. [00:01:38]

THERAPIST: Okay, first known as HR.

CLIENT: HR, yes sorry. On one of the forms it's like "Who's your agent? Who's your HR person?" I have no idea! And I called (inaudible) HR and left a message and they haven't called back. And then I tried calling benefits (pause) and they said, "No, you have to call HR, (inaudible)." (pause) So I feel like a (inaudible). (pause) Like in filling out the information form, just sort of sitting there and being like, "Wow, I don't know who this person is." And it feels like it should be a pretty quick answer. (pause) But no. [00:02:29]

And the other part that I sort of had a deeper question about, which I hope I find out soon, is (pause) on the form there are three lines that says "This only stands (inaudible)" and "Request for accommodation" and colon, three blank lines. And I actually don't know what to write down. Do I write down like I need a really big chair? Or do I say I have problems with my back or hip? (pause) And there's the helpful information sheet that comes with it just describes what disabilities are. [00:03:21]

THERAPIST: Would your PT (pause) have thoughts (ph)?

CLIENT: No, mostly because it is impartially a Cambridge form. So I asked her what would be some accommodations and she told me...my sort of question on the form is do I write out the accommodations that I need or do I tell you about the injury? Do you see what I mean?

THERAPIST: Yes, so (pause) you have a fairly clear idea both about the injury and the accommodations, you're just not sure how to...what to put on the form?

CLIENT: Yes.

THERAPIST: Ok, I misunderstood.

CLIENT: I sort of feel like I've been putting off...I was going to work on the form over the weekend and I was like, "Nah." So I sat down this morning and so just to fill it in I was like I don't know who my HR person is, great. Okay, and then this accommodations line. [00:04:43]

THERAPIST: You're probably supposed to talk to your HR person about that.

CLIENT: Yeah. And I e-mailed the disabilities person on Thursday saying, "What do I put in this section?" And then I called the office that deals with it and I'm just sort of like, "Guys, I don't know."

THERAPIST: Yeah, and this must be adding to your anxiety and stress about going back.

CLIENT: Yes. (pause) Because I feel like...and this is partially from the last time I went back where HR was kind of...my HR representative was annoyed that I was causing her paperwork and that I wasn't filling in the paperwork correctly even though she wouldn't tell me what it was or how to fill it out. Then at one point where she was like, "You're not allowed to come into this building until you have a doctor's note, so you have to leave immediately." I'm like okay but you never told me that or anybody who works for me so... [00:05:52]

So I'm very much feeling worried there's some form that I won't fill out correctly or something and that that will cause problems. It's also really occurred to me that they haven't given me all of my back pay yet. And that's probably something I have to find out through my HR officer. (pause) And there's no longer...I mean there used to be a finance office but that doesn't exist anymore. So (pause) I guess part of it is also that there someone in my building who's been working there forever. She's kind of like the person who knows everything. And she knew all of the people to call to find out where's your payroll, blah blah blah. But they dissolved those departments, a lot of them. So she doesn't know who to call anymore, which stresses her out and I'm like, "But you're the person who knows..." So that's (pause)...I don't know, so there's like the kind of structural paperwork fill out parts. [00:07:25]

But I'm also worried (pause)...I feel kind of bad asking friends for a ride to work. (pause) I was thinking about if I want to score a ride home except that leaving at this time of day...I mean, great God.

THERAPIST: Yeah.

CLIENT: And like when I take the bus (inaudible). So I'm kind of like....that's not too bad. (pause) So I'm worried about that. And (pause) getting up earlier because I had just been like, "Whatever, I'll sleep." And I may always know it but given my preference of falling asleep about 1:00 or 2:00 am so then I need eight hours of sleep. So that doesn't work very well and I just find it super difficult to...like 10:00 is hard. I normally do like 11:00pm-ish. So those are just like difficult. [00:09:02]

(pause) And I'm also worried about, I don't know, just going back and (pause) people acting weird (pause) because originally I thought I was only out for six weeks, I just didn't really say anything to anyone particularly. I told people, "Oh, I'm just going to be out for a couple weeks, like this intensive thing in and out."

THERAPIST: How long has it been now?

CLIENT: (pause) Two and a half months. (pause) Yeah, so...12 weeks. It's a little longer, kind of. (pause) And I just (pause)...when I came back from having thyroid surgery I had the experience of walking into the building and everybody was like, "Hello, hello, hello!" asking the same questions and then saying, "P.S. these (inaudible) are broken." And I was like, "Guys, no. That's not what I want to do." [00:10:28]

I'm also kind of debating getting (pause) a brightly colored assistive cane, not because I need it, just to kind of (inaudible) to people. Hey, someone might be having some problems. (pause) It's also a lot easier than saying, "I have arthritis in my hip. Yep, I'm kind of young for that." (pause) And then also people I don't talk to, it's like... (sigh) I don't know. I did that one time when I had to wear crutches as an adult. I padded them with hot pink material and kind of wrapped it around the sides so that you couldn't miss them which really helps even though it's kind of ridiculous. That's basically how I feel right now. I'm just, (sigh). I just want a big sign. [00:11:45]

I'm also worried about (pause) what kind of near ridiculousness is happening at work. I know all of our jobs are still moving targets so part of me is like I wonder what I'm going to be actually doing at work. (pause) And I can't sit down at a desk for more than an hour, so (pause) that's going to be a little difficult.

THERAPIST: How much time...like after an hour, how much time do you need up and around?

CLIENT: It kind of depends. Ideally (pause)...so like after we meet, the sort of the process of walking to the bus stop and pacing a little bit there is enough. It's like ten minutes. But Thursday and Friday I went out with friends and (pause) at the end of I think three hours because I was kind of like three hours-ness. (inaudible) max of hanging out with people. It was horrible. It took... [00:13:19]

THERAPIST: You had been sitting down the whole time?

CLIENT: Yeah, we went to a restaurant and then on Friday we actually had the worst situation possible which I didn't realize was those tall bar stools because your legs just hang.

THERAPIST: I see. Your legs aren't supported.

CLIENT: Yeah, so I need like a foot rest to help keep my torso straight and also then I can...both of my knees a little hyperextend, so that can happen too. So after doing that two days running I pretty much canceled on everything else for the weekend.

THERAPIST: Wow!

CLIENT: Part of it I was just exhausted. Like the pain went away, you know, within maybe four hours. But the exhaustion was just so (pause) crazy. I really felt like I had run...not like I had run a marathon but like, "Wow this has been a really hard week of...okay, two days sitting still." I don't know, I feel like...that's kind of how I felt like at the end of moving. I'm just like...oh my God it was horrible. [00:14:51]

THERAPIST: And was it (pause) entirely or mostly due to the physical pain and distress as opposed to the social?

CLIENT: Yeah, Friday ended up (pause)...the bar stools are so painful that I just sort of couldn't do anything. I was just like, "Ouch, ouch, ouch!" And I tried to get up at one point to walk around and almost fell down so then...

THERAPIST: Wow.

CLIENT: Yeah, my leg just wouldn't hold up and so what I should have done that the physical therapist said was basically gotten up every half hour or spent half the time standing and moving around. But I didn't. (pause) But yeah it was really just physical exhaustion. [00:15:57]

(pause) Although today has been (pause)...so my landlord Ted has decided even though we have no snow really, it seemed like he had some idea about being randomly doing things like he feels would make him a good landlord. He also seems to be tending to pit the first floor people against us which is weird (pause) because we can just talk to each other. But he went out at like, I don't know, like 11:00 and scraped the sidewalks (pause) of what little dusting there was and scraped every scrap of it off like the steps, the walk, and the sidewalk which is a really grating and annoying noise and also just made me (pause)...it was like, "You're here. You're here. You're here. You're here." And then when I went back to the routine for physical therapy, his truck was still parked here so I (inaudible) creepy but I don't know. And I really....like that is just (pause)...So our plans are to give him notice (pause) February 1st that we're moving out. So I'm really scared of that. [00:17:52]

THERAPIST: About giving him notice?

CLIENT: That he's going to flip out, yeah. (pause) The other thing that we're also going to inform him is that (pause) on our lease he signed that the deposited our security deposit in an account but didn't fill in any information about it (inaudible) interest, which at this point is \$350, something like that. So do we just automatically get to sue for triple damages?

THERAPIST: [Because it's not with him?] (ph)

CLIENT: Well I mean he signed a fraudulent receipt because he didn't put it in an Escrow account. And also there was like...a) he signs a thing claiming that (inaudible) but it wasn't and b) that that money is really in that Escrow account. (pause) So, I sort of see...it's kind of surprising to find out that he actually signed that part of the form. Our lease is a very standard rental form. And it's (inaudible) pages. It's very standard. And so I'm also surprised that he signed it. I would think he would just leave it blank because he didn't fill in the bank information (pause) but he did sign that he had done it. [00:19:31]

THERAPIST: Right, so if you're not going to fill the stuff in why actually sign the form? (inaudible)

CLIENT: Right, because if he hadn't signed it, it would be a lot harder to prove anything.

THERAPIST: I see, so triple damages is like three times the interest or three times the principal?

CLIENT: Three times the principal plus interest.

THERAPIST: Oh, wow! (chuckle)

CLIENT: So it's going to be somewhere around 5000 dollars, which he probably doesn't have but... (pause) even just giving this (ph) back is nice. It costs \$190 to file so we'd get back \$350 so you know, we still make money out of it.

THERAPIST: Do you have to deal with that [when you notice] (ph) as opposed to when you're gone?

CLIENT: I don't know. (pause) I need to talk to Ashby about that because I would really rather give that information after. Initially we were going to ask to apply it as February's rent but actually it's illegal to do that so we're not (inaudible) and then peace out. But (pause) yeah it's all so hard because Ashby is very much wanting to punish him because she feels very personally hurt (pause) and I'm (pause)...I guess I'm fine with just suing for triple damages on our deposit but I'm also kind of like...a little bit of me is like, "Eh, he doesn't have the money. Like, what are we going to get out of this?" I'd be impressed if we got the interest. (pause) I don't know. If it's kind of like...I started packing things now and she's like, "Yeah, I'm going to pack up the last week," which is fine. And she's like, "Oh yeah, we don't have to leave it even room tidy because he didn't give us a statement of conditions so we can just say, 'Nope, this is what it looked like when we got here. Bye.'" And so she's like...I know she's joking but she's like, "Yeah, we'll just

burn the house when we leave," or whatever. I'm like, "It's cool that we don't have to clean it but I'm concerned that you're going to scrawl on the wall or something." [00:22:40]

THERAPIST: Right.

(pause)

CLIENT: It's like when she yells at people (pause) like if we're standing at the bus stop or she's doing, [we used to] (ph) do that stuff together. And she also yells at religious people.

THERAPIST: When they're (inaudible) or...?

CLIENT: Nope, anytime she sees them. She will either trip them or yell at them.

THERAPIST: Oh my God! (chuckle)

CLIENT: Yeah it's hard. It's like, "That's really crazy. The guy who molested you was religious and you use that as a way to kind of skip prosecution."

THERAPIST: Oh I see. Wait, what?

CLIENT: Not prosecution. So he... (sigh) so she didn't tell her parents at first because she was really freaked out.

THERAPIST: How old was she?

CLIENT: Like 15. Actually I think it was pre-high school so I think it was 12. And so her parents found out by overhearing a phone conversation she had with her friend. So part of their response was she wasn't allowed to talk on the phone unsupervised. They were like, "We don't want you..." They were worried there were other things that they didn't know about so their response was kind of to keep her on lockdown. She had to come home directly after school, she had to okay going out with her friends, and she felt super punished because... [00:24:23]

THERAPIST: For being abused?

CLIENT: Yeah, and her friends (pause)...

THERAPIST: Was this sexual abuse?

CLIENT: Yeah, I don't know if it was more than once. So a bunch of our former friends, including the daughter [of the guy who beats her] (ph), started doing things like egging their house and writing graffiti and various other things...because they thought that Ashby was lying. It was kind of like, "You're lying (inaudible) big whore," basically. Like, "You're lying but even if you weren't lying you obviously seduced my dad and besides, you're a horrible person."

THERAPIST: Wow.

CLIENT: Yeah, it was a lot. (pause) So (pause) her parents didn't really know what to do and the church were like, "Oh no, we all have our ways internally of dealing with this and we will totally make sure that he makes amends," and then he didn't and never...So I can never really...I feel bad for even guilt (ph) trip moments because I'm like, "Yeah, I feel you. I understand. (inaudible) if you could minimize it (inaudible)." [00:25:56]

(pause)

But yeah, I kind of fear...I fear her (inaudible) explosive temper.

THERAPIST: I imagine you are feeling anxious as all hell between going back to work, telling your landlord that you're moving out, trying to...

CLIENT: Find a new place.

THERAPIST: Find a new place, suing him for damages, and dealing with Ashby's temper and tendency towards confrontation with him. Yeah.

CLIENT: Yeah. It's very...I'm very anxious and just scared a lot. I did talk to Ashby about my fear, like how him just being present on the property made me really scared and I didn't (pause)...I always checked to see if his truck is there before I did my laundry. So she was like, "I think he's more mad at me because I'm the one who's written all the letters. So I think he is more focused on 'Ashby is the bad roommate.'" Which (pause) ok, but I'm still really scared of walking to the basement now and him being there. (pause) And I don't think (inaudible) soften that. I mean, (inaudible) because it's his property. [00:27:55]

(pause)

THERAPIST: Yeah, you can't control that. You can't know what he's going to do. You can't control a lot of what's going to happen at work what your responsibilities are, how people are about your disability stuff, the administrative stuff you're waiting for. (inaudible) pretty helpless.

CLIENT: (sigh) Yeah, I started packing all my books so I could feel productive which I'm almost done with. Unfortunately doing that also meant I couldn't do sewing which is my other de-stressing activity. But so I'm like, "Okay, my books are almost packed. Shit. Now there's everything else." And that's a little (pause) overwhelming. Like, I have a lot of stuff. I know that, but boxing it all up is always (pause)...whenever I box up all my books I'm like, "Wow! That's a lot of fucking books." (laughter) You know? (pause) And I'm super sensitive about people commenting about me having a lot of stuff. My mom did that a lot, (pause) so...and it's hard but I'm like I know you're just...I get that they're just going to be like, "Oh, that's a lot of stuff." But it's not what I hear. [00:29:53]

So there's that. (pause) And Ashby's been joking about making me...or she's going have me throw out a whole bunch of stuff. I'm like, "Don't....we can't do that. I know you like throwing things out." (sigh) And I'm also...my other fear is that (pause) I'm not going to be able to pack everything (pause) and there are some things that anybody could do but there are a lot of things where I'm like, "I need to sort out my winter and fall clothes and put them in appropriate boxes," or whatever that is more difficult. (pause) I mean I've been thinking of asking someone I know, does he know anyone who could use some cash under the table and have them help me do...actually probably washing all the clothes before they go in boxes because it just freaks me out so much. [00:31:20]

(pause)

But, yeah I notice myself getting kind of really focusing on the minor details of moving like the, "Oh, do I have good labels on my boxes?" or "How should I best arrange things once they've been packed?" And doing that as opposed to thinking about work, thinking about things...actually I missed the first meeting and assignment of my online class because I've just been so (pause) sick, in a tizzy, and worried. Whatever. And I think we'll be fine.

THERAPIST: There's going to be a lot over the next month. [00:32:16]

CLIENT: Yeah! I also suspect there will be a lot of use of evening use of Valium to calm down. And more Perc (ph) because also, as I discovered, Valium makes the muscles relax, or at least makes my muscles relax at any rate.

THERAPIST: So it helps physically too?

CLIENT: Yes. I guess part of the pain is just the muscles being tense sometimes and so (pause) somebody I know had a lot of chronic pain in her legs and one of her shoulders was like, "Try taking Valium and putting a heat pack on the affected joints and just lying still for an hour." I was like, "Oh, that's really amazing," because I'd just been lying there in pain for two hours previously. [00:33:17]

THERAPIST: Oh yeah, made a big difference.

CLIENT: Yeah, it was weird and then I also, which is totally fine, I was like, "Oh, I guess when you relax, you relax and then...okay." But yeah, for anybody who's not... (pause) when I start to think about all the stuff it just becomes really (pause)...like I have (inaudible) forget things because (inaudible) a lot of stuff that I don't want to do.

(pause)

It might be that I don't want to do it because it's also a lot of stuff I'm not sure I'll be able to do all of it. Like, I don't know. In terms of will I be too tired out? Will I be too busy doing 40 bazillion other things? I don't know.

(silence from 00:34:30 to 00:35:08)

The other thing I've also been thinking about, both with (inaudible) and work is, one of the things about going to Cambridge was discovering that I have terrible study habits because I (inaudible). I could just reread the book the day before, whatever. And so, still have it. And (inaudible) because my (inaudible) wasn't really needed more of that.

THERAPIST: Did you change that in college to get through?

CLIENT: It did. It was mostly, like part one was you can't do everything the night before. (laughter) Part two, start your reading earlier. (pause) I changed them but (pause) I think I realized that sort of my habit or whatever is still to start it the night before or two days before which is not (pause) helpful. And also (inaudible) homework, her reading is like sit down for four hours straight working on a paper and I really can't do that. (pause) And I'm aware that I could do other things like work on (inaudible) but... [00:37:05]

THERAPIST: In the end I would actually start to use dictation (ph) software.

CLIENT: If it's not in my hands really.

THERAPIST: Right, I'm just thinking it might be easier to do that standing up.

CLIENT: Oh! That's a good point. (pause) I have a friend who used to (inaudible) dictate, mostly because her hands and arms are really screwed up. So it's (inaudible). (pause) So, yeah. (pause) Also, I need to talk to my doctor about better pain management which I don't feel like doing but... [00:38:07]

THERAPIST: [What does that mean?] (ph)

CLIENT: So, (pause) I'm in (pause), you know, pain probably three or four days out of the week, like significant pain that it's distracting. (inaudible) isn't helping. And...

THERAPIST: All day? Most of the day?

CLIENT: It can be for hours. It kind of depends on what happened. (pause) Like today (inaudible) was stooping today for a while reading books. It was like hours that night and hours the next morning when I woke up and I was just like, "Oh God, I can't move." And that was most of the day just being like, "Ow! Ow! Ow!" And so like right now my leg hurts. So I should talk to my doctor about that. (pause) I always have a fear of being labeled as engaging in drug seeking

behavior (pause) and I don't know. (pause) Let me rephrase that, I do know. My mom never takes pain killers and thinks everyone who uses pain killers are wimps.

THERAPIST: Not true. [00:39:52]

CLIENT: Yeah.

THERAPIST: But I understand.

CLIENT: Yes. And at Christmas there was actually...we were trying to get them (ph) to work and my parents and my brother were teasing me about the dentist who I love who does sedation dentistry, and how it was so ridiculous that I needed...like I was doing this whole...it took me like, "Somebody has to pick me up," and blah blah blah. And I was kind of like, "Yes, yes. I guess it is a little silly." On the other hand, it really hurts! And he's really nice and then my face doesn't hurt.

THERAPIST: Do whatever works for you. (chuckle)

CLIENT: I know. I love it. I think I've recommended the most patients. (laughter) They gave me a coupon because I recommended...

THERAPIST: Oh really?

CLIENT: Yes. They have commented to me recently that I've recommended the most patients. [00:40:53]

THERAPIST: That's funny. Good! (pause) I know someone who had pain, mostly arthritis, who had a pretty good experience at a pain clinic at the VI (ph). I don't know if that's feasible at all but I figured I'd...

CLIENT: Yeah, I mean, that's what I need to do, is get a...I don't know if (inaudible) has an in house pain clinic but if not just get a referral. (pause) I'm just worried about it. (pause) I don't know, I guess when (pause) asking for a prescription of pain medication (pause) (inaudible) pain is subjective, blah blah blah so I end up feeling like, "Well maybe I shouldn't be in this much pain or maybe I'm assessing it...where am I really on the sad face to friendly face scale?" etc. [00:42:11]

THERAPIST: Right, there's your mother...I remember you saying like, "There is no such thing as pain."

CLIENT: Yeah, and, "You'll get addicted."

THERAPIST: Yeah.

(pause)

[I can believe] (ph) why it's so hard to...not that it doesn't but it is pain! And this does hurt! And it does make a huge difference in your life! You'd feel so much better after treatment for it, and that's fine.

CLIENT: Yeah, (inaudible) or he was kind of a jerk to myself and he just walked on it for almost two days. So, (pause) it's not surprising that I'm being a little stubborn about it but...yeah. I may enlist some of my friends who have pain issues to just knock (ph) me periodically (chuckle) because I just don't see it happening.

THERAPIST: We've got to stop for now.

CLIENT: Okay.

THERAPIST: But we'll talk more next time.

CLIENT: Alright. [00:43:32]

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Yeah, I'm going to make a copy of these over the weekend and leave them by the door.

CLIENT: Okay.

THERAPIST: We had nothing to do with it. The building management just had somebody replace all the doors in the building and gave us keys. It was to replace the little lock.

CLIENT: Yeah.

THERAPIST: That's it.

CLIENT: Or whatever it is. Yeah.

THERAPIST: Yeah. And they're like here, now there are keys. Okay, so. Sorry.

CLIENT: I just guess I want to....

THERAPIST: Yeah, I've reached the total number pattern.

CLIENT: Yeah. The condo at my psychiatrist's office is almost the same.

THERAPIST: Oh, really?

CLIENT: Yeah. It just sort of struck me.

THERAPIST: Yeah.

CLIENT: Actually, I almost forgot I had therapy today. So, I, just like my legs really hurt all last night. I mean, like, it was uncomfortable when I was here and it just sort of got just feeling like lessened which was very frustrating. So, you know, I think okay, I'll try valium and it didn't do anything. Well, valium and ibuprofen. I was like there is no change. So, then I'm like okay, well, I'll try like a sticky heat pad. No change. I was like, okay. You know, like, I'll try like Icy Hot or whatever. [00:01:45]

So, really, Ashby ended up falling asleep really early and just being out like a light while I was just kind of like well, I was sort of debating like I could sit in the living room and be uncomfortable. I could lie on my bed and be uncomfortable. And I just couldn't really sleep. Like, I slept for a couple hours. Woke up. Was uncomfortable for a couple hours. I think it was finally like the 3:00am valium that helped. So, the pressure was just really uncomfortable, but I was also feeling... I'm just still feeling really like nervous and anxious about work stuff. Like, still not getting many calls back which is really frustrating. [00:03:00]

Since Ashby does some human resources stuff at her job, I was like can you go over this format for me? I was like maybe it will make sense to you. I was also debating calling another friend of mine who works in HR and be like what do I do? Let me go. But, Monica was sick and I was too. But, yeah. It's just kind of tense and just really tense and miserable. You know? Like, tell me what you think.

THERAPIST: It seems that the anxiety and stress contributed?

CLIENT: Yes.

THERAPIST: To the physical.

CLIENT: I think like, I think at least in part because well, unless because I always tighten my muscles and laugh it off when I get stressed.

THERAPIST: Yeah. I remember you saying it. (inaudible at 00:04:07)

CLIENT: No. It's just one of those thing where it's like every time see a massage therapist they're like you carry a lot of tension in your neck and shoulders. Also, your back's really tight. Like, I don't always think of it until someone's like poke.

THERAPIST: Right. [00:04:30]

CLIENT: Yeah. And also possibly that way it can be. You know, like yesterday I didn't really feel like doing much today which is weird for me.

THERAPIST: Like I'm also wondering if like almost forgetting about therapy was like maybe I don't want to go back there and talk about all that stuff anymore.

CLIENT: So, a little bit. Like, I was on the sofa and kind of felt sick.

THERAPIST: Yeah.

CLIENT: Then I'm just like wait, what day is it? Oh my god. I have to go to therapy and I'm in my pajamas and it's 3:30. So, you know, I put on my clothes. And I kind of don't want to talk about feelings. I just want to, I don't want to do anything. I want to lay on the sofa. And then Monica told me feelings were awesome and I left. The other day she said that she liked talking about feelings and I'm like no you don't, but whatever. [00:05:30]

Yeah. I just, I didn't want any of it to be happening or I want it to have happened. There's also like, so, there are various like grown up things that I hate doing. I really hate dealing with those. If I'm getting depressed I just won't do them which is a problem. And, I basically I cut my credit cards and do on line pay for the community toll fees or whatever. [00:06:30]

But, and I hate, hate, hate doing my taxes. It makes me super anxious and upset. And what makes me more anxious is people telling me it's really easy and I should just fill out the form. And I want to say fuck you. I don't want like and I remember when I was dating Pete a while ago. One time I was like, I asked my mom if I should do my taxes for a couple years after college and then she's like do your taxes. And I was like I want you to do my taxes for me because your my boyfriend and I don't want to do this. We had like a fight of him saying he'd do it with me and I was getting really frustrated and upset and like the numbers weren't adding up. And it was just so frustrating. [00:07:30]

So, like, because I kind of have the fantasy of someone, not just, but I just want like someone. Like, I kind of want someone who is my boyfriend or girlfriend or whatever to just make the calls for me and then you can fill out the paperwork and then it'll be done. You know. I don't know.

THERAPIST: It's nice to be taken care of.

CLIENT: It is very nice to be taken care of. And it's not something I get a lot of in life right now. Which, you know, I don't know. Like, I mean sometimes he takes care of things. Like where it really I'm like that would probably be like someone I'm dating would do that. Like, I'm feeling cranky. You brought me like hot tea in bed. But, also, sometimes I'm just like I want to be like grumpy and sulky and watch bad television and get snuggles. Which I have some friends who would, but it's a little awkward. Like, I feel a little awkward about it. I mean I hate asking for anything, so.

THERAPIST: Right. [00:09:40]

CLIENT: The idea of asking for it. And, like, I most of the times do taking care of things for Ashby. Not really thinking about it. Just more like well, I don't know, like you're sick, let me get you a cup of tea or like we're both home on the weekend and I'm making coffee, I'll make you coffee or whatever. And she's like I guess that's the kind of person how I tend to do things and she does not tend do it that way. Which, I'm not like, I guess I'm not upset. Like, I don't feel like she's, well, some things I think she's pretty much manipulative, but in this case of like, I don't know, let me bring you a cup of hot tea or let me like whatever. [00:11:00]

Like, those kinds of little things. Like, she has to ask and she's always surprised, kind of surprised when I do it. And, she doesn't do the same. I mean like very occasionally. But, I don't know like it isn't, I guess it's just what I ask for or whined about because of a problem. Also, I'm, so I'm someone who and I had this discussion with a coworker of mine, who like if I'm getting up to get a glass of water or like oh, do you want a glass of water and if someone else gets up, I'm like, oh, could you get me a glass of water?

THERAPIST: Right. [00:12:00]

CLIENT: And some people are like what the fuck are you talking about? Like, some people are just very weird. Like, why would you do that? Why are you asking that? And both of us are like I don't know. I'm already up, you're up.

THERAPIST: Yeah.

CLIENT: Like, I don't know. I mean she'll do it usually, but she always says you have to ask. And so the other thing that is stressing me is packing. One of my friends very kindly, she just brought me like two clothes of boxes. Like I had all that.

THERAPIST: It's too bad you don't have more people like, they seem to like taking care of you more so. [00:13:20]

CLIENT: Yeah. I mean I think...

THERAPIST: I imagine you might feel a lot less stressed.

CLIENT: Yeah.

THERAPIST: Anxiety that you had that.

CLIENT: Yeah. One part of when I used to live very close to my whole family we got a lot of just like talking about it.

THERAPIST: Yeah.

CLIENT: It was just lovely. And Ashley and his family popped in like super blind in a lot of ways. But, yeah, it would be nice if someone would sort of, I don't know. Like make, I guess I always think of this like I would like to hang out with you, Jane Doe. Can you make it go? Like can you figure out where we're going? [00:14:30]

And I don't like making group social plans. It makes me super anxious. Because (inaudible at 00:14:45) which, you know. And sometimes it's just kind like I don't care. I don't like you like doing the part where I figure out like we should go here because, you know, it's like I mean I feel like I have done that a lot with friends. With like various allergies. You know, calling ahead or checking in, etc. And I was like well, I like don't even know what I want them to make or impress upon them. [00:15:30]

I'm kind of like how about we, how about you put as much thought in to where we're going to eat as I did for you. Like, on Friday, my appointments were out. Which obviously for work. I was super worried. I was worried that no one would come. Because it was a thing where like I e-mailed like a dozen people much more than that and was like hey, let's all go to this place and we could hang out between like 8:30 and 11:00 or whenever you get tired. I said like, you know, it's just drop in. Don't worry about it. Bring your friend. Bring a roommate. I don't care. And, so, one of my friends had just done a similar organization and we were talking about how we're both like what if no one shows up? What if even worse? One person shows up and then it's super awkward. [00:16:40]

And all of the things that we think about when doing this. And, so, also part of thinking where I picked was they have a good menu. They have a vegetarian food. They can probably do vegan food. They, you know,

THERAPIST: Pretty much.

CLIENT: Yeah. I mean, like that they have, that they can give you. Basically like they can give you gluten free food. They totally have nice vegetarian food. I'm sure you could sort out vegan. We're mostly having just appetizers. Which I mentioned. And I was thinking, and so part of me was thinking and I said kind of, I don't know, it was like I just do that. Like, I do that a lot making a plan something with more than like six people. I mean I know a lot of my friends like that eat vegetarian would totally like it. [00:17:50]

And I always feel awful when we get there and like on the phone they said oh, yeah but the restaurant, like there's some kind of hitch. Where someone's like I forgot to mention that I'm now doing the stupid paleo diet. Which one of my friends is doing and everybody is just like, but I don't know. Like, I don't know what the thing is I want people to do that's similar, but I guess I want...

THERAPIST: In my heart, I imagine you want somebody else to do the planning and bring the people together and you know if you don't have dietary restrictions that they have to keep. Just kind of take the initiative and take the responsibility off your shoulder.

CLIENT: Yeah.

THERAPIST: And plan things that you can enjoy. [00:18:50]

CLIENT: You know, one of the, one of the things that was sometimes good and others strictly funny was that it's like sometimes, I just really can't, like, I don't know. Like, I could say I don't know what I want to do for dinner. Can you like pick? And she was like totally fine with that. I just wanted her say like do you just want me to make it happen? Yes. I'm like let's just, you know, go. I do just, you know, I don't like that. I think I manage, I do think that I somehow successfully fake people out in to thinking that this doesn't stress me out which I'm most surprised by. I feel like oh, my god I'm so like obviously losing my mind over this. But I'm also like well, like at least I don't come off like a basket case. [00:20:00]

THERAPIST: Tell me why it was hard for you to think of what you wanted a minute ago.

CLIENT: I don't know. Like, I was just kind of focused on thinking about like in the case of like going out somewhere. Like, people always very clear like restriction of, you know.

THERAPIST: I guess I feel that you don't have a parallel restriction to.

CLIENT: Right. It's more like they have the, yeah, they have a need that they need have it be x. You know? Like, I can't take my friend Megan out to...

THERAPIST: Pizza.

CLIENT: Yes.

THERAPIST: Or pasta land or whatever.

CLIENT: But, in terms of like what do I want? Like, I don't know.

THERAPIST: It's hard. [00:21:20]

CLIENT: I guess what I'm sort of worried about is whether...

THERAPIST: You tend to downplay or not so much think in terms of your own needs or wishes.

CLIENT: Yes. Which, and, so, it's just one of... So, one other thing that has been difficult relating to as far as people have asked me more than once can we share your room? Like, can we be

roommates? And we had, we were like one person, one bed is awesome. And so, the reason and I was like I want to like oh, I want to help you out, but no, I really don't. Like, I know. Yeah.

THERAPIST: (inaudible at 00:22:30)

CLIENT: And it can get super frustrating when I don't know I think it was like two years ago, I think. Molly and I were like, okay we're going to have like dinner out. Maximum six people, maybe eight. And it somehow turned in to like 14. And we were both like, you know, like, we're both too nice to just be like no, go away. We had decided and really it wasn't what I wanted. Like, I wanted to all be here at this table. Like, and I didn't want to be jostled and sort of crowded and, you know. [00:23:40]

THERAPIST: Do you feel like in a way I could carry you?

CLIENT: It's, it's hard for me to think of it that way. I don't know. Like, what do you think of it? I feel in a lot of ways. I mean one thing I do think depends if I feel like I'm repeating myself on something or I've said something to the extent where I'm like I don't want to talk about it anymore. Except that's all you think about? And I'm like, well, that's your job and that makes it a lot easier to, it's just very much a problem like I feel like I don't want to ask my friends to deal with this again, so yes. But, I think there's like some things that I find really stressful. I tend to think of it more transactionally, because it makes it easier.

THERAPIST: Is that what you were just referring to or no? [00:25:10]

CLIENT: Yeah. Like, like, intense emotional stuff. I have a really hard time asking of my friends to listen to that or be supportive in that and like I just hang on to a ton of guilt about that. That I don't have guilt about cure. At least in part because I could think to myself well, like, that's what you do. That's part of your job, so it's not like asking a favor or I mean like in some way I'm like not asking my friends to meet my friends. It's like I'm not putting demands on them.

THERAPIST: Right.

CLIENT: So, that's easier. But it would be easier if we didn't offer demands to them. [00:26:20]

THERAPIST: Yeah and I can see how it sounds like it can take a bit of work sometimes to manage the guilt here. Like, kind of remind yourself somewhat that this is part of my job.

CLIENT: Yeah.

THERAPIST: And part of why you're here.

CLIENT: Yeah. I guess I'm talking to my friends about what the whole things that often like it will take me a while to get around to the thing that I want to talk to them about. So, like, when I'm talking about Christmas, and ask is Zoe coming out for a walk. Like, it took me like half of that

walk, at least, to kind of get myself to ask what I really wanted to talk about it. Which, you know, I'd rather talk. Not that mad that we would have gone much further with it, but I was frustrated with myself that I couldn't like, just get, like, just ask her or talk to her about it. [00:28:00]

THERAPIST: I guess I kind of sound like for I'm asking for some sort of evaluation or feedback, but that was not what I'm intending to do. But, I am wondering if you feel like some things here like the need not to talk about it is met?

CLIENT: Can you rephrase that?

THERAPIST: You said that, that not talking is easier to bring up things that are stressing you out or are feeling so tense here because of the context. And, I sort of can't speak to whether we're talking about them in the way that you want to be or whether you feel satisfied about having brought it up and talked about it, whatever it is. And like, this, you know, you probably do, but the reason I'm asking is because so much of what we're talking about today is like you're being taken care of and having other people need you have and I guess it strikes me that you kind of stop short of saying that one way or the other while you're here. Like, well, easier to bring it up here. But, don't go so far as to say yeah, sometimes it helps and sometimes it doesn't. Or and, you know, like you pretty much you listen and that's good or you never pay any attention and that's horrible. Whatever it is. You know what I'm saying? [00:29:30]

CLIENT: Yeah.

THERAPIST: I think it's probably an uncomfortable thing for you to talk about and that's probably why I'm asking and I'm sorry, but I think that would be helpful.

CLIENT: I think that, I do think my ability to talk about things here is met as much as I can. Does that make sense? That there's something there that I just find really hard to talk about at all or to think about or to or it just takes me a while to kind of get over and actually want to talk about it.

THERAPIST: What do you have in mind? I'm not going to ask you much about them today. I'm just wondering because it's not always easy for me to tell kind of where you're at with what like is stressful and not stressful. Excuse me. [00:30:45]

CLIENT: Sometimes, sometimes it's things around race. Sometimes it's things around friendness and sometimes things around kink. And part of that I think is like there are some things where I feel like I would like, I would I feel like if I talked about it in the way I think about it, like there's this whole like context background that you wouldn't necessarily have. And not like for everything. For some things. [00:31:50]

THERAPIST: I guess what I'm thinking of is the thing about your reaction to getting in to college. Deciding with, I don't know her name. It's not Zoe, but and how when you mentioned it to Ashby she was like kind of cocked the whole story, not just that incident .

CLIENT: Yeah.

THERAPIST: Sort of automatically in a way that I didn't.

CLIENT: Yeah. And, so, there's also like, I don't know like how to describe it. Some of the, the like, it's one of those things where I'm like you know what, I think I fought for better or for worse and probably one step away from like if I were to think of like some ludicrously like human consensual cannibalism and one step away from someone who does that.

THERAPIST: You feel like what you're doing...

CLIENT: No, no, no.

THERAPIST: Okay. [00:33:00]

CLIENT: So, I don't do anything close to that because that grosses me out. Like, in a bazillion ways, but it's hard sometimes when I think and I'm like well, I like, I listen to where I am in like the beating of the universe.

THERAPIST: Right.

CLIENT: Right. And I have a lot of friends who are doing a lot of things.

THERAPIST: Sure.

CLIENT: And, then there's the like two steps next door. Where some things like that where I'm just like that is horrifying and like a friend of a friend has like seen that.

THERAPIST: Yeah.

CLIENT: And, it's it's just kind of hard to... I don't know. Like, I find it hard and this is basically anyone who is not kinky, you know, and like it kind of annoying lead to an involvement in the kink subculture of blah, blah, blah. It's just got a lot of stuff going on that when you're involved, you're like yeah, that's just happening. And like what's normal? What's not normal? What's coming or uncoming? I guess it's really hard to sort of talk about. [00:35:00]

THERAPIST: And, with like the race stuff, my impression is less that you're concerned about not being kind of judgmental and more that it takes work and more risk to explain it, things?

CLIENT: Yeah. Like, it's, it's I find it difficult to talk about with like other people of color where there's probably less of a risk. And, so, with anyone who's white there's the moment of like you don't, the way you found out if that was safe is the that way.

THERAPIST: Yeah. Yeah. There must be a lot of involved with that.

CLIENT: Yeah. And there's a ton of resistance by like virgins and people who are like at like fancy colleges are like but, we're educated and in the norms and blah, blah, blah. And I'm just like don't care.

THERAPIST: Right.

CLIENT: And like, you know, the most, the worst thing that it is worse to imply that I might have been racist and that I did a racist thing.

THERAPIST: Yeah. I would imagine hearing a white person talk about how they're not racist is this kind of horrifying and... [00:36:50]

CLIENT: Yeah.

THERAPIST: Immediately means you don't ever want to talk to them about that kind of thing, ever.

CLIENT: Yeah. And, you know, I definitely know people who I'm like oh, didn't know that about you too now?

THERAPIST: Sure.

CLIENT: Good job.

THERAPIST: Yeah.

CLIENT: And that can often lead in to other things. Like, there's someone I know who I'm not really close to her. So, she had some camala (sp?). As it turns out, a lot of like, there's a lot of gender centralism in her frame and uniformism in her spiritual beliefs which was, which I found out or whether which actually Ashley found out to his disappointment. So, Ashley's been transitioning and Joanne lost her shit. And they were living, like they were literally neighbors. So, that was really awkward.

THERAPIST: Yeah. [00:38:00]

CLIENT: And, her husband also is, can be really, really racist about things and he has this, he's like well, I'm not from America, so it's just like, it's just different than that.

THERAPIST: Right.

CLIENT: And also the fact that he makes a ton of money means that she can sort of fuck around doing things. So, she has said a lot of really awful, well meant things about like how she's not gender essentialist and she's totally feminist and she's totally supportive of transgender people

and she's not a racist. Like, on and on. And then she'll say things and I'm just like you are, like, you're kind of, like, it's not even that you're horrible. Although, what you're saying is horrible. It's that you've insulated yourself so well.

THERAPIST: Yeah. [00:39:25]

CLIENT: That you don't even know.

THERAPIST: Right. Yeah. I mean if I follow you the truth is varied dependent against your idea of how she can be?

CLIENT: Yeah. You know, she, like she's a very close minded person and for a while she also at per dom and did like I think the worship sessions or something. So, for a while her job was, you know.

THERAPIST: Was it per dom being professional?

CLIENT: Professional.

THERAPIST: Dominatrix.

CLIENT: Yeah. Yeah. So, that was like kind of her job for a little bit. Not really. So, you know, the job included people telling her she was right a lot. And, so, because her and her husband have money and because of her particular spiritual interests are very white. And her social circle is very white. She, and not just white. It's like upper middle class. Well educated. Able bodied white people who have mostly strayed but occasionally call each other. Very, pretty much gender normative, but there's like certain allowed gender variations that like aren't really. Like, a guy in a kilt might be okay at a party, but, you know, you can't have a guy wearing a dress.
[00:41:00]

THERAPIST: Right.

CLIENT: That would just be horrible.

THERAPIST: Yeah. Yeah. I'm trying to think if there's a word for the kind of value of thinking of one's self as kind of enlightened. Sounds like there's kind of a lot of that?

CLIENT: Oh, she thinks she's very enlightened.

THERAPIST: Yeah.

CLIENT: And part of that I think that she wants. I think she feels kind of bad that her husband is supporting her in her household. So, that means that whatever spiritual stuff she's doing has to be super. Like, I think, like in her head, she's contributing, you know.

THERAPIST: I see.

CLIENT: \$40,000 a year worth of spirituality. So, she was, she, I just have super tendency to other, to treat people who are not like her as very hovering I think you could say. She blogged about having a blind client and how it was just so confusing and difficult to try and talk about and speak and she's like it was so confusing that I didn't know what to do. I'm like you talk to the blind person. That's pretty much it. [00:42:40]

THERAPIST: Yeah.

CLIENT: Like, it doesn't really matter if like and she's just like oh, god some interesting blind people. It's fascinating. Blah, blah, blah. And I'm like oh, my God.

THERAPIST: Just kind of gross.

CLIENT: It really was. It really was.

THERAPIST: We'll stop.

CLIENT: Okay. Thank you.

THERAPIST: Sure.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Excuse me. So, one thing that, for a couple reasons, has been sort of, I've been thinking about since our last meeting.

THERAPIST: Yes. .

CLIENT: Which is mostly because of what I didn't say.

THERAPIST: Yeah.

CLIENT: So, we were talking about, I was kind of giving you like an overview of like how weird and wild the kink world can be for me.

THERAPIST: Right.

CLIENT: (Yawning). Sorry. I'm just super tired today. So, I was saying consensual cannibalism, which still remains really gross and weird. But, what actually, had actually first popped in to my

mind was something else. Which is so, you're probably, I don't know. Some people have uniform fetishes. Multiple uniform fetishes. Mostly gay men. And, so, Bob had been living with a gay porn artist. [00:01:20]

THERAPIST: Bob Belgium?

CLIENT: Bob of Belgium. It was a gay thing. He was an adolescent during World War II and fixated like sexually on the Nazi uniforms, among other things.

THERAPIST: Yeah.

CLIENT: And not just like Nazi, like German uniforms. So, there are a lot of gay men who are like, who like hide a fetish side. It's this weird 1940's German uniformish look.

THERAPIST: Yeah.

CLIENT: So, that's a thing and that's fine. And there are other uniforms and I'm like whatever. But, there are also people who will just wear Nazi uniforms in public. By public I mean like a public event.

THERAPIST: Yeah.

CLIENT: And I find it really horrifying and embarrassing and like it's incredibly anti-Semitic. It's just horrible and I really, I don't know. I felt like it only actually seemed, and it was the same person doing it twice. One person like came to the event in the Nazi uniform. It was maybe, probably a decade ago at this point and I just remember it really, really vividly because this person was kind of tall and when they were walking, you could hear kind of people like talking. Like, kind of around where he was. I'm like oh, who is this person that everyone's like muttering and talking about [00:02:50]

THERAPIST: I see.

CLIENT: And I look up and at first I'm like okay, uniform fetish. Whatever. Then I was like those are stroked abreast.

THERAPIST: Oh, I see.

CLIENT: And he left the room and like a few of my friends who were there were Jewish and I'm like just so you know, there's a Nazi uniform in there. I don't think you want to go in there.

THERAPIST: Right.

CLIENT: And then I saw him at another event in a similar uniform. And part of his thing seems to be making people really angry about it.

THERAPIST: Yeah. Provocative?

CLIENT: Yeah.

THERAPIST: In that way.

CLIENT: Yeah. Which a lot of people do various things like that to make people react, which I don't like.

THERAPIST: Yeah.

CLIENT: I, I still, it still bothers me and I still think about it and it's just like I hate to think about, although it does happen like, that actually bothers me more than the consensual cannibalism. Because it's nonconsensual and it's Nazis.

THERAPIST: Yes. What is consensual cannibalism? It's gross. [00:04:15]

CLIENT: So...

THERAPIST: And, actually I have a better answer. Because I was like Nazis, no. Consensual cannibalism. Sorry, we don't have that.

CLIENT: No, no, no. It's like consensual cannibalism is basically a lot of, not a lot, there are people who have cannibalism fantasies and fetishes or like being devoured or things like that. But, obviously you can't do that.

THERAPIST: Right.

CLIENT: Because, you can't. So, like, basically slicing off a piece of flesh and having someone eat it.

THERAPIST: Got you.

CLIENT: So, there's this one particular woman that like I'm a friend with and her thing is really, really, really intense degradation and also, she likes to be, she likes people to see how degraded she is. Like, she wants an audience. That is one of the things that she started doing a couple years ago.

THERAPIST: Yeah.

CLIENT: And I heard about it via her being tossed out of her apartment and tossed out of a party because people are like what the fuck.

THERAPIST: Oh. They were doing that at the party?

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: And, like, the host did not feel that that was appropriate. [00:05:45]

THERAPIST: Yeah.

CLIENT: Also, people complained.

THERAPIST: Yeah.

CLIENT: The better answer would actually have been and I was so flustered was, like a bunch of my friends use needles and piercing in bdsm. Which it's something I don't like that.

THERAPIST: Yeah.

CLIENT: So, a ton of my friends will do things like suture someone's mouth shut or use medical staples to do various things. And it's, I don't know. Like, in a weird way, it's like sort of become like what I'm talking about or what I'm thinking. I'm like oh, yeah, yeah, you know, the play piercing. Like, the suturing. I'm like whatever.

THERAPIST: Yeah.

CLIENT: And then sometimes I'm like oh, right, that's actually really weird. Like, I don't think of it and it's like you can see it, but I know people are doing things that I can't see visibly or like a half hour ago.

THERAPIST: Right.

CLIENT: Because I've always excused myself from the room when someone's doing that because of the needles. [00:07:00]

THERAPIST: Yeah.

CLIENT: So, that is like a semi-normal topic of conversation with some of my friends.

THERAPIST: Sure.

CLIENT: And, then sometimes they'll talk about it and people will, someone will look super horrified and I'm like. It's easier when I'm just not thinking about it and I'm like I wish you would not have mentioned the play piercing or the...

THERAPIST: The needles and stuff.

CLIENT: Yeah. Like, I don't know. That's something I don't like, but mostly I don't like the implements. I don't like that sensation. It's like ugh. Anyway, for whatever reason, I was really thinking about like what immediately jumped to mind what I then kind of fumbled to say and what I actually wanted to say.

THERAPIST: Yeah.

CLIENT: Does that make sense?

THERAPIST: Yeah. What made it difficult to say? I mean, is it my being Jewish or was it something else? [00:08:10]

CLIENT: Like a bunch of things. So, yes, it's you being Jewish. It's also that at that event one of my good friends, who is also Jewish, was there, and had family members die in the holocaust which is why I kind of ran out and said don't do it.

THERAPIST: Don't go.

CLIENT: Yeah. And, then the high school where I grew up, the honor's classes, like AP-Honors were about a third Jewish. So, like we'd have high holidays off basically.

THERAPIST: Right.

CLIENT: Like, we had class, but...

THERAPIST: Yeah.

CLIENT: Yeah, like there was no point in studying your homework. So, I don't know, like embarrassment is not strong enough a word for how I feel about it, but it's, it's kind of like the horrible things that people will sometimes say about bdsm and I'm like that's not true. No one does that. And then I'm like well, except well, sometimes they do. [00:09:30]

Like, the best example I can give is not about kink, but about being queer. Which is like one sort of party line that says like you're born this way. You know, you didn't choose to be gay, except that some people do basically choose to be gay. Like, there are mildly transgenderitive men or just like I don't, like women who are cute. I guess they're kind of okay, but I really prefer women or, you know, guys are like yeah, I liked a woman twice, but, actually I'm just going to go for a guy and be gay. And, also, you know, people who've had traumatic experiences with someone of another gender and are just like I'm done with that gender and that I will be over here. It's something that like basically, no, it's like we don't talk about it with straight people because it's we have a party line here that we're sticking to.

THERAPIST: Right. And for good reason. [00:10:40]

CLIENT: Right. And, so, sometimes there are some celebrity who have made a comment about some of the Sex in the City actresses about how basically she had chosen to be bisexual or something. And I was like that's totally a thing you can do, but we're not allowed to say that in public, so you need to not do that.

THERAPIST: Right. Right.

CLIENT: Except in play.

THERAPIST: Right.

CLIENT: Like, you know, theoretically, I guess, in a consensual like that anyone can do whatever. I just don't want them to be doing that. Yeah.

THERAPIST: So, it, it feels like a kind of humiliating thing about the community in which you're a part? [00:11:50]

CLIENT: Yeah. I mean there are sort of two parts. One is, I actually do, like, I do not think that people should wear Nazi uniforms to public events. I mean, I don't.

THERAPIST: Yeah.

CLIENT: And one of the reasons why I don't think they should, I mean, A, it's horrible, but B there, they're making people look at their Nazi uniform without consent.

THERAPIST: Yeah.

CLIENT: So, like, if you go to a World War II museum you kind of expect it.

THERAPIST: That's different. Yeah.

CLIENT: But, if you're going to a kink event, you don't expect Nazis.

THERAPIST: Right.

CLIENT: I don't mean to say it quite like that. Like, you don't. You do expect like nuns, actually.

THERAPIST: Oh, really?

CLIENT: Yeah. A lot of people wear like naughty nun outfits to those things. But, I guess it's one of those things where I'm just like I just, I don't think it's okay to do that. I don't think it's okay to, I guess, basically I just don't think it's okay to wear a Nazi uniform in public for really any reason.

THERAPIST: Yes. [00:13:15]

CLIENT: I really wish that the event organizers would boot people for it in their rules or something. They won't because sort of like one of the bdsm party lines is you know, your kink is not my kink, but it's okay.

THERAPIST: Right.

CLIENT: And I'm like alright. However, I'm not saying that's not okay for them to do at home.

THERAPIST: Right. That's like saying I can't give them consensually.

CLIENT: Yeah, which is a lot of people's game. Which I don't like at all.

THERAPIST: Sure.

CLIENT: And, like...

THERAPIST: Like there's no way that it can work.

CLIENT: Yeah. Like, and, I don't know. Fortunately that person is not in my localish, you know, east coast. Is he still doing that? I have no idea. But, like, it's not just this one guy. There are like, they seem to have slowed down. Like, there seems to be fewer people just rolling in the Nazi outfits. Like, I haven't, I don't think I've seen once since these two events which were a while ago. Now people just wear like uniforms that look kind of like, like have whatever fetish effect they want. Like the shiny boots and the thing.

THERAPIST: Right. [00:15:00]

CLIENT: But, not Nazi insignias. And, the artist Colin Finland at one point because he'd been just drawing initially just all these other things. When he went to publish he was like oh, I don't want to do that.

THERAPIST: Right.

CLIENT: So, he re-did the book. Like, he basically redrew like the insignias and like at one point he started getting kind of elaborate with it and had like little like, weird little like, instead of the cop shield, it would be like a cop shield with two like fuck all day or something which I appreciate it. But, I mean it also to me speaks a lot to how mainstream bdsm events really are in

many ways in that that with the exception of like Manchester, because it's Manchester, there are really aren't many Jewish people in let's say organizational authority. Does that make sense?

THERAPIST: Yes. [00:16:20]

CLIENT: And there are almost no people of color. Gay guys usually do their own conventions, because they do. So, there are, there are gay guys making decisions but a lot of them are like, yeah, I go (inaudible at 00:16:40) to the gay thing. And then there are odd, queer women.

Yeah. Well, there are a lot of women in positions of power, but not a lot of queer women.

THERAPIST: Oh.

CLIENT: Manchester has essentially has a market which, by coincidence, was founded by a bisexual, kinky woman who was also not white. So, that's a little bit of a difference.

THERAPIST: Yeah.

CLIENT: But, other than that's it's very, like it's very white. It's very Christian. It's very straight. Also, very dedicated to the belief that they're not any of those things. That they are just very out there and amazing and special because they do bdsm. And then some heterosexual people will insist that even though they're heterosexual, they should be allowed to use the word queer or say that they're not straight, because they're kinky and I'm not interested in that at all because they're still straight. [00:18:00]

THERAPIST: Yeah. They just get to make up and change the meaning of whatever word it covers like without anyone else knowing about it?

CLIENT: Yeah. Yeah. It's also, I mean like, I mean you are lying. . And, also, like, if someone tells me their queer, I assume that means they're queer. So, if I were to hit on someone and they say oh, actually it's just because I'm kinky, I'm like what the fuck are you doing?

THERAPIST: Right.

CLIENT: Or someone's like I'm not straight. I'm like okay. Oh, but you mean you're straight?

THERAPIST: Right. Sure.

CLIENT: And it's very rage inducing. And, then, of course, they know everything about what it means to be and impress a marginalized group because of kink.

THERAPIST: Right.

CLIENT: Which is annoying. Yeah. Yeah, I think basically, like, it's that weird, like, have the power structure and be in some community that I was thinking about. I mean the other thing which happens all the time is, so, it's not, like everyone's very clear that you're not supposed to... If you are say a dominant woman, that's your thing. If you're working on the organizational level, you're not supposed be like wow.

THERAPIST: Yeah. Yeah. Yeah. [00:19:30]

CLIENT: Possibly and, so, they say that people are constantly being asked to do like things like can you go take the meeting notes? Take out all the trash and take the stacks.

THERAPIST: Yeah.

CLIENT: And, that's very frustrating.

THERAPIST: Yeah.

CLIENT: Something else. And, also not related to kink, on Monday, Ashby and I, well, Sunday and Monday gave our landlord the security deposit and letter which is quite impressive looking and quotes Massachusetts law and it's very like whatever. And so we both signed it and Ashby certified mail, send a copy by certified mail and she said oh, let me leave it down, a copy downstairs in his chair where he usually sits in the basement. I said no, no, no. I want to put it down there before I leave the house because I don't want... [00:21:00]

THERAPIST: Right. You don't want him to find it when you're home.

CLIENT: Right. I don't want to feel trapped. And then he came over super early for some reason. Like, I looked out the back and I saw that his car was in the driveway at like 10:30. I wanted to leave. So, after kind of waiting him out for a little bit, I just taped the note to the door of like on 19, and the other door is 21. And he's still thinking his residence is 21, so I'll just leave it there. And, he hasn't responded. Which is good. Sort of. And, Wednesday we're going to like drop oh, and we're moving out.

THERAPIST: Yeah.

CLIENT: And yes, remember that thing we told you about the security deposit? Keep it. So, I'm super worried and nervous. Like, I very much feel like I'm like waiting for the shoe to drop. So, this weekend Ashby and I basically did every scrap of laundry we had because we're not going to have a basement for a while. While I was down there, I saw that he put up a new note to himself. It said thanks, Ted. He's written two motivational notes to himself that he's hung on the walls. The first one that he put up a couple months ago was thanks, Ted, we appreciate your efforts. We know you're trying. And he wrote it on like a paper bag. A paper bag that was stuck in the rafters. [00:23:00]

THERAPIST: So, it was written on a paper bag and sort of thing that said thanks, Ted?

CLIENT: And, so, I find really creepy.

THERAPIST: It' sounds pretty peculiar.

CLIENT: And, I kind of wonder. I'm like the idea that makes me feel less creepy about it is that it's basically a really weird version of like a motivational post-it note.

THERAPIST: Right.

CLIENT: You leave yourself a note in the mirror or whatever.

THERAPIST: Right.

CLIENT: But, it's in the shared basement.

THERAPIST: Right. On a paper bag.

CLIENT: Yeah. Just there.

THERAPIST: Right.

CLIENT: And one time when the notes moved for a little while to the front of the basement and then it went back. And, he has set up a desk and he brought in a computer. We know that he brought in a computer which is part of why kind of I do not like doing laundry at all. He seems to be setting up to squat very intensely in the basement. [00:24:00]

I was also wondering like where is he plugging that in to? There's only two electrical boxes. I mean not that it would be an extensive amount of money, but and he had said that he wanted to get the phone turned on there so that he could have dial up. Because he wants to set the desk in the basement so that he can really dedicate his time to, like, looking for jobs and things. That was his goal like several months ago, but mostly it makes me feel like you're a squatter. He's a squatter in the basement.

THERAPIST: Yeah.

CLIENT: Like, and the notes are also creepy in that way before I'm like I don't, like it could be a really weird version of a motivational post-it note or not. I don't know. Like, I just don't know, like...

THERAPIST: Yeah. Are you able to sleep okay? [00:25:15]

CLIENT: Sort of. I'm trying to go to sleep earlier and wake up at a more normal time. Because I'm about to work in theory on Friday and maybe on Monday. So, yes, mostly. And so Monday I was just like I'm not leaving the house all day and over the weekend Jersey and I were mostly around so. Yeah. He worked around a couple. Friday night he appeared late and Ashby was about to take the laundry down and was like, oh, back up the stairs and was like he's on the property. Let's go sit in another room. And, so, I was worried that having her be there was okay. I am worried that she's going away for the weekend to visit a friend.

THERAPIST: This weekend? [00:26:15]

CLIENT: This weekend. So, I'm not, I'm not sure if I want to stay at a friend's house or if I want to... I mean I kind of really wanted to do packing. So, I've been thinking about maybe inviting a friend over to hang out while I pack. Yeah. Well, I haven't actually been worrying much about having a place for March first, now, I've decided to like start worrying about it even though, like, the whole thing which I still think is valid that that unfortunately a lot of brokers just won't list March first. They're still trying to get February, even though February is Friday.

THERAPIST: Right. [00:27:15]

CLIENT: So, that's true, but I don't know. Now that we've like gone for real doing it, I'm starting to get worried again. It doesn't mean like...

THERAPIST: Sort of finding a place?

CLIENT: Yeah. Yes. Finding a place. Getting everything packed. Mostly, right now, finding a place and getting everything packed. So, that's mostly where my anxiety's coming out. I mean it's not definitely as bad as when he was doing weird construction things.

THERAPIST: Right. That's good. [00:28:15]

CLIENT: Yes. Like I noticed, like, Monday, yesterday, I went over to the sewing studio to do some things. So, anyway. You know, there was really two producible tasks. Which was, one, to cut the piece of fabric in to 10" squares. Then to buy some like quilting batting material that I cut in to 10' squares. I cut up the piece of fabric for a little while. I didn't buy the piece of fabric for this purpose and I was like hmm. So, I put that down and went next door and bought a cup of coffee and had a snack in the back. And, for some reason, and then while I cutting, I kept on like mis-measuring what I was trying to cut, even though like a 10" square is not rocket science. But, I ended up buying an extra half yard of the batting because I just completely messed up at first. Like, I was trying to rope off and the first row was about 10" tall and I was like what. So, I had to cut again and sew and it was off again. So, finally, I sat down instead of like doing like cutting the stack, I was like I wound up doing it one by one.

THERAPIST: Right. [00:30:00]

CLIENT: Whatever. And, I just was thinking like, wow, I'm really like distracted and worried because I can't, like, I can't handle cutting out like a piece of paper . And, also, earlier, earlier I had missed the bus so I was like oh, I'll do a 15 minute walk to where this is. About five minutes in to the walk, I was like I can't do this walk because I had the yarn. So, I went and sat down and waited for a bus. So, that also made me nervous.

THERAPIST: Sure. Mostly before you're starting work.

CLIENT: Yeah. And my friends were giving me rides to work.

THERAPIST: Yeah.

CLIENT: Which is great, except for the one that's going to be 7:30 in the morning.

THERAPIST: Not so great.

CLIENT: Yeah. My friend, Ashley, the one day that he is busy in the morning is Wednesdays. And, my other friend offered. She said I have to leave at 7:30. I'm like oh, okay. It's not like I had any other options here. So, yeah. [00:31:15]

THERAPIST: My feeling is also like, even when you mentioned your car stuff is that you don't, it's just that you often kind of leave stuff out like that.

CLIENT: Yeah. And that's part of why I might not because it just kind of, it was. Yeah. Like, I don't normally leave things out like that. And, especially, like, in general, like, some things I think a lot about before talking about them. Like, in general, I feel like if something is coming out of my mouth that I should just say it and like go forward. And, I think, that was a time when just, I didn't.

THERAPIST: Yeah.

CLIENT: Which, yeah.

THERAPIST: I wonder if it was related to your level of anxiety and feeling less safe than you ordinarily would just to say what was on your mind.

CLIENT: Yeah. I mean also, like, I think are those the weak parts? Either last week or the week before was the fact that I can mention urasia (sp?) that I did not attend. And actually I didn't attend to sex party associated with it this year. So, I'm with my friends who live in Manchester. A bunch of them had been encouraging and calling people they know and getting them to come. Like, it was just so great. Blah, blah, blah.

THERAPIST: What's the theme of it? [00:33:25]

CLIENT: It's just general censorship.

THERAPIST: It's not related to your car?

CLIENT: No. So, it's just like I mentioned. It skews younger, theoretically more progressive and then another little convention which skews older and more stocky. So, and one of the things I really, really love to talk to like maybe people who are like we're so not racist. It's just amazing how not racist and not sexist we are. It's just. So, they're very in to that. And when the organizer, Andrea Mathis, said that she really wanted to work on increasing diversity in attendees and in see them around. Like, people who do programming, just really work on that. So, they're kind of helping, but there's also a lot of institutional reluctance. Often, it's a very segregated city, etc. So, it's a convention that I never told another person of color you should totally attend this. Unless they were close. I would never say fly from Chicago to here.

THERAPIST: Right. [00:35:00]

CLIENT: And, like, you know, call them. But, several of my white local friends were like no, no, no. It's great. I was just like, it's not. Like, I know you want it to be, but you have some big blinders on. And, it's kind of funny that you've never noticed how I never back you up on that. I don't say don't come. You know, I don't because that's not. It's not such a crappy convention that I would say don't go, it's horrible. But, it's the shall we say basic level of like institutional racism.

THERAPIST: Yes.

CLIENT: So, yeah.

THERAPIST: It's none of the supposedly special supposedly more enlightened.

CLIENT: Not really. Like, it's a little bit of I mean there's more lip service to it and there have been some cosmetic, like minor changes, but not in a real way.

THERAPIST: Yeah. [00:36:10]

CLIENT: The last one I attended was a couple years ago. You know, four or five years ago. I wore my shirt that says black parents unite. People just gave me dirty looks. Two people were for some reason walked here, it's like I walked by the information booth. Like, she asked me about my shirt. She was like what does it say. I said oh, it says black parents unite. She's like, but why black marriage? Why not all marriage? This sort of like why must you segregate and I'm just like I have to go. Excuse me. So, like that's just happening. It's also like my little black kit to get in to the cafeteria. It's just like everything's happening. [00:37:05]

So, two of my friends who are white have basically really encouraged and some women I know who are black depend. Like six or eight women I think. They all happen to be black in this case. And, so, what was awkward is the ways in which my white friends just have blinders on. So, at

one point, like someone had said do you want to go out dancing? I'm like okay, you know, I suggested like where I would go dancing, which is like a gay club. There's like a, there's a gay club and there's a kind of gothish club that I also go to at night. And, I was like no, no, no like I want, I want you to talk. I was like oh, you can't get that in Manchester. There aren't any. Of course, one my friends are like no, no, there's got to be. I'm like there aren't. And she says like, maybe we should ask another person. I'm like there aren't. So, I was like fine, I will text my friend whose like husband is in like the local music industry and my friend just doesn't say a damn thing and be like there's nothing right about it. Yeah. I was just like I would know.

THERAPIST: I see. [00:38:30]

CLIENT: Like, why are you arguing with me about this? You know, whatever. And I was having a conversation with one of them later and I had a couple conversations with her. And one of them was, I was like, basically was like so, I was like yeah, it's really white, right? And no, it's not what your to these people and she's like yeah, you really have some blinders on. I was like nope. You should like do you mean I've never told you to attend? And she's like yeah, I just figured and I'm like nope.

THERAPIST: There was a reason there.

CLIENT: Yeah. And so we were talking about that. I never brought it back up. So, that was also stressful. And I've already...

THERAPIST: Last week?

CLIENT: Yeah.

THERAPIST: Like you said everything (inaudible at 00:39:55).

CLIENT: Yeah. And it's also just I had this moment. We were talking and this woman, Anthea, is a very forthright, not taking any shit woman. Like, she will stand up and like and just be like no, you're wrong and this is why and like, bam. And, she's known for that. Like, I mean she's like, it's one of those things where it's like I just literally could never do that. I do admire her for it sometimes.

THERAPIST: Yeah. [00:40:30]

CLIENT: She's very forthright and she and even on the panel, she'll be like no.

THERAPIST: Yeah.

CLIENT: That's just bullshit. Like, that's just racist or whatever. So, during the event (sp?) she ended up doing that a lot during a couple of the panels. I was like Anthea, so, you know how people were treating you like a scary, angry black woman? That's what fans, like the people

here think I am. That they see my very mild, gently phrased, blah, blah, blah and when I say that, they basically think I'm like I'm you. Like, yeah I'm yelling and being very forthright. I mean not to insult how she was talking.

THERAPIST: Right. More manners at this point.

CLIENT: Yeah. Unlike people who act as if I am a screaming, angry black woman, which I'm not or rather a loud angry black woman is what they would probably put it. And, I was telling it to my friend she just had this face like you are not that way. I'm like yeah, I know. I know.

THERAPIST: Yeah. [00:41:50]

CLIENT: Yeah, and she's and then she's like this explains a lot. I was like yeah, it does, doesn't it? Because part of what the event wants is not to really have, they kind of want diversity to happen without out any problems or arguments or disagreements and I certainly don't want anyone telling them they're doing it wrong.

THERAPIST: Like, sort of self affirming diversity?

CLIENT: Yes. They want diversity where they only get pats on the back. Nothing bad happens. And everyone's just like, kind of simultaneously is like oh, I've seen the light. Which, you know, leads to a lot of really huge blinders about what's actually going on.

THERAPIST: Yeah.

CLIENT: Yeah. I mean there's also, I've noticed that several people have this perception like in their head. They feel like well, I've done this work as a white person on learning racism and I talk about it. So, I think, I feel like my friends all agree with me on this. And it's just like they really don't. Like, you might think that and you might want to believe that. [00:43:10]

THERAPIST: Right. It's not true. Yeah, I mean I guess I kind of thought about how many and I wondered if part of like that by starting out and like we're doing something kind of good or progressive and, you know, what we're talking about or what we're doing is like trying to correct something that is very destructive is kind of the way you looked at it?

CLIENT: Right. Like, what they want is people to be like you're so awesome and so great and in like in reality, it's what you're doing is saying I think people of color might be people too. Which is not actually that praiseworthy. You know, like treating people as if they are people is kind of like, you know, a basic standard of decency. [00:45:00]

THERAPIST: Yeah.

CLIENT: And, yet the desire for all the praise and I had another member call me. Sheena called me out of the blue to basically, she wanted me to affirm a position that she had made regarding

sexual harassment at the convention she runs. And, I was like I don't know this convention. I'm not. I'm just kind of like what?

THERAPIST: Did you she like give an explanation for why she reported?

CLIENT: Yeah. The answer is that I believe that many people consider me the like nice, reasonable, non-scary black person.

THERAPIST: Oh, okay. I thought you said sexual harassment. [00:46:00]

CLIENT: Yeah.

THERAPIST: Okay. Alright. Just to be sure.

CLIENT: And, I'm not exactly how sure she jumped from that sexual harassment except that I have also been involved in various groups and organizations who are working to prevent sexual harassment at the conventions. But, like, I just think, it just like disappeared.

THERAPIST: Right. And you're a black person.

CLIENT: What?

THERAPIST: And you're a black person.

CLIENT: Yeah. Like, I actually don't. I think basically she wanted, she's like you are a well-known reasonable black person. I would like you to...

THERAPIST: I see. Like keep your glass empty.

CLIENT: Yeah. I was like this I just won't call it padding.

THERAPIST: Yeah.

CLIENT: Like, I don't know her.

THERAPIST: Yeah.

CLIENT: Also, weird that she asked like for my phone number via a friend in New Mexico as opposed to any of the local people who know me.

THERAPIST: Weird. [00:47:00]

CLIENT: Like, I think there's one of your chairs that has my member. Whatever. Like, at first, she just wanted to talk about it and like making difficult decisions. I was like alright. Whatever. And,

then she was like really kind of weepy. Like, borderline weepy and was talking about how she's so frustrated. People aren't being nice to them and they're not giving them a chance and that even if they make this decision, which is to reject someone for sexual harassment as per their stated policy, that people will still be mad at them. And I was like yeah, it's true. And she's just like no, but what's the thing. Well, there's nothing you can do. Like, you can make that critical decision which is the correct one to eject this person.

THERAPIST: Right. [00:48:00]

CLIENT: You can make, you can state the changes that you're making.

THERAPIST: Right.

CLIENT: And, yes, some people will never forgive you. She really, really, really didn't want to hear it from me. At one point, I was like do you want me like sit on the thing with you guys? And, so, I discovered where hung up on me. I'm not really sure. She's like, I'm, like, traveling to my house for dinner and I really can't talk after that. I was like okay and she has never contacted me again since.

THERAPIST: Sounds very weird.

CLIENT: It was weird. It was bad. I think it happened in like July or August. But, yeah, like I think a lot of people think they're very progressive. Like, their end game is no one being mad at me and I was like suck it up. People are going to be mad at you. Like, people are mad at my women's key group over things that happened 20 years ago. I don't know what else to tell you.

THERAPIST: Advice.

CLIENT: Yeah, advice. You know?

THERAPIST: Yeah. We should stop.

CLIENT: Okay. Sounds good.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: It's kind of what comes though of I've been saying, "Oh, I haven't gotten sick this winter really because I've been away from the germy students and your gross germs." And now I'm getting (Pause) and they go back to their gross germs. Ooh, so, I had mentioned that Ashby and I were going to give our landlord the notice.

THERAPIST: Yes.

CLIENT: So it hopefully grasps that that meant that we had to sign it last night and then deliver it today. So I got home and (Kai 00:00:54) was looking super stressed and started talking to me so I was like, "Okay, big hugs, what's going on?" and she's like, "I just-group therapy." (00:01:05)

I'm like, "Okay," and then she comes back and is like, "Okay, actually you have to sign these letters and we don't have a (inaudible 00:01:15) on it." (Pause)

So, we did it (Pause) and I still like he hasn't responded to anything we've said. I mean the letters we have sent.

THERAPIST: Right.

CLIENT: (Pause) So, that's weird. Like (Pause), I don't know, I feel kind of overloaded and numb on our apartment.

Like I'm just like, "We need to leave," and that's basically how I feel and (inaudible 00:02:03) was kind of like, "Well, what if, you know, maybe we should wait longer." (00:02:08)

I'm like, "I will not survive this," (Laughing) and I'm like and she thought I was saying, "I'm going to kill myself," and I'm like, "I'm not going to kill myself. I'm just saying, I will not survive this."

THERAPIST: Right, yep.

CLIENT: "We have to go." (Pause) And you know, I start e-mailing people whatever about apartments but (Pause) I don't know. (Pause) I was expecting to feel really (pause) like really scared or worried or happy or something because when we sent him our, like, security deposit, triple damages claim I was really worried and last time you'd sent him a letter about something. (00:03:03)

I was just like really, really scared (Pause) and I had thought like I would (inaudible 00:03:10) like go to a friend's house today, blah, blah, blah and then I was like, "No, I just want to sleep by my cell phone."

Partly because I don't feel so good and partially because I don't want to (sigh) have to leave, like (pause) I don't know. I'm like, "(sigh) I guess I don't feel I still don't want to see him or confront him but, for whatever reason I'm not feeling as scared about being there.

And I'm not really sure if I'm I suspect that I'm actually just, you know, sort of disassociating myself from my emotions. (00:04:02)

THERAPIST: Mm-hmm.

CLIENT: Which is okay short term, I guess. But yeah, and I also with the other thing that makes me suspect that is that I (Pause) I don't know, not forget but I keep on, yeah like kind of like half forgetting, "Oh, Friday, I'm going back to work. That's right."

Like Friday's (been reversed 00:04:35) and it's not really like I've been (inaudible 00:04:42) that it's a huge thing but, yeah. For whatever I don't know, like today I took a bit of a nap in the middle of the day because I was just feeling miserable and my cat was sleeping on me so it was like perfect.

THERAPIST: Yeah. (00:05:00)

CLIENT: And I woke up and I felt kind of crappy because I hadn't had lunch because I slept through it and then I was thinking, "Oh God, I have to go to work in two days when I can't just lie done on the sofa with my cat? This is going to suck." (Pause)

And then also at physical therapy the other day, so I went to physical therapy right after therapy which is really I've done this twice and it's a really bad idea but...

THERAPIST: How come?

CLIENT: Because I come out well, I just, by the time I get to physical therapy, I'm tired so it's hard to do the exercises.

THERAPIST: Yeah.

CLIENT: And then also when I leave...

THERAPIST: This wears you out?

CLIENT: No, (Pause) I think it's mostly just like it's the end of the day and I'm always if it wasn't winter, I'd probably be like, "Whatever." (00:06:11)

THERAPIST: Oh.

CLIENT: But I just get so tired at the end of the day.

THERAPIST: Uh-huh.

CLIENT: And then also, like, coming here, it's dark. Going there, it's dark. I leave, it's dark. And the buses run less frequently and then I don't get to have dinner until like after eight.

THERAPIST: Mm-hmm.

CLIENT: So.

THERAPIST: Gotcha.

CLIENT: I mean, like it makes me crack up in my head a little bit so I'm like, "Therapy, then therapy," but I think it's too much back to back.

THERAPIST: Yeah.

CLIENT: I was having a hard time doing a lot of the exercises, my legs were being super stiff. (00:07:03) my hip wouldn't move as much as it usually does and she, the therapist was kind of on me about how often am I doing the exercises she's assigned at home.

THERAPIST: Yeah.

CLIENT: Which I've been trying to do them every day but sometimes I don't. And then we were talking about (inaudible 00 07:31) simple one of my legs just kept on, I would move it and there'd be knifing pain and she's like, "Okay, leg cramp. (inaudible 00:07:39) of your leg."

And she asked me what would I normally do. I was like, "I would stop and probably not continue." And she's like we were having this discussion, like, "You have to fatigue your muscle blah, blah, blah." I'm like, "I know but that really hurt and I get what you're saying that like I should take a break and have to work until it's uncomfortable, a little bit." (00:08:06) I might not have fully expressed how much it hurt' cause it wasn't like, "Ah, it's all swollen."

THERAPIST: Right.

CLIENT: I was like...

THERAPIST: Like, "Ow!"

CLIENT: Yeah, like something like that anyway and weirdly it's not just my left leg (inaudible 00:08:24). It's my right hip that's messed up. So that was all screwed but (Pause) I don't know, like, I'm not totally ready I'm not totally comfortable with the idea of having to do, like, exercise.

Basically daily exercise or mostly daily exercise for my hip, period. (00:09:05) Going forward that's (inaudible 00:09:06).

THERAPIST: Yeah.

CLIENT: And also that things like, just walking around or bicycling, the things I'm allowed to do or, like, lifting shit to move doesn't count, I guess, towards the hip exercises because if I've said they're specifically for distraction, strengthen the hip flexors and some other muscles. So, I'm ahead on my (inaudible 00:09:45) but I am here...

THERAPIST: Yeah.

CLIENT: I am being active. And she's like, "Yes, you're being active but you have to do also this part." (00:10:00) And I don't know, I'm not sure I'm really it's not exactly that I'm resentful but I guess I am.

I also I mean I just kind of want someone to, like, there to be an, "Okay, you do this for six months or a year." I really would like an ending.

THERAPIST: Yeah.

CLIENT: Which is something 'cause it's how I've kind of felt for a very long time about taking psychiatric medication. I'm like, "I don't want to have to take it all the time."

And then I decided no, I really do have to take it all the time and my brother had the same (Pause) like conflict, resistance to taking medication full-time. (Pause)

(00:11:00) I think I'm also frustrated that I can't get I feel like the process of going back ` to work is more of me running around prodding people than I really would like it to.

THERAPIST: You mean, in order to go back and restart it again, you have to sort of poke and prod a bunch of HR people or whomever?

CLIENT: Yeah, there are three or four offices..

THERAPIST: Yeah.

CLIENT: And they talk to each other.

THERAPIST: Yeah. (00:12:00)

CLIENT: But like disability services is not disability benefits which is super confusing. And honestly I don't always remember where I sent the form. I'm like, "I don't know. I sent the form to someone." (Pause) Ah.

Like I do understand why there's a lot of paperwork because like, sure, like liability, whatever.

THERAPIST: Uh-huh.

CLIENT: But (sigh) it's not good at making me my motivation to go back to work is nil, pretty low and this is not helping.

THERAPIST: Yeah. (00:13:00)

CLIENT: I mean I'm sure if I wasn't getting full disability benefits I would care about more but I am (laughing) so...

THERAPIST: Right, that means that you're...

CLIENT: I'm getting my full salary.

THERAPIST: You're getting your full salary, benefits and all that stuff.

CLIENT: Yep, the only thing I'm not doing is I'm not accruing vacation or sick time. (Pause) And despite the way that they often phrase things, I have six months of it.

THERAPIST: Six months of vacation and sick time?

CLIENT: Six months of short term disability, full pay.

THERAPIST: Oh, okay.

CLIENT: Like that is available (inaudible 00:13:41). (Pause) So, huh, yeah, like it's difficult in like doing all this stuff I'm like, "I could try to kick back for a couple more weeks," but then I think, "No, I should go back to work and..." "Yeah, but..." (00:14:08)

THERAPIST: Uh-huh.

CLIENT: I don't really feel like doing all this paperwork and don't want to work in the new cube environment. I'm like, echhh. I'm sure there'll be new stupid initiatives. Although there's one thing that happened that I'm really sad I missed which was weeding out the pleasure reading collection.

So library's do what's called, it's called beating where you basically go through and you're like, "Okay, what books are just we don't need this one anymore. It's old but not old enough to be interesting.

THERAPIST: Mm-hmm.

CLIENT: Or it's just completely out of date or people stopped checking it out. (00:15:00) And for the pleasure reading collection, it's supposed to be mostly current so there maybe a few, like, classics in there like The Victim Tollbooth. Ideally everything in there should be within the last 20 or 30 years. And it's not. But there's really pointless books in there.

THERAPIST: Yeah.

CLIENT: And...

THERAPIST: Like mediocre white fiction or something?

CLIENT: Or like something that was popular, you know, like, his name was popular 30 years ago like whatever the big beach reading book was 20 years ago. And you're like, "Ah," and also probably another library has it and like, I don't know. (00:16:03) Then a lot of the there's also a lot of cases where we don't have the full run of the series.

THERAPIST: Mm-hmm.

CLIENT: And we don't always have the full run but it's weird to have like book two and three and not book one. There's a couple instances of that. I've just been like, "Page, page, what?"

THERAPIST: Mm-hmm.

CLIENT: 'Cause I don't know what happened. I'm like, "I guess we messed up the order," and I missed that. And I'm sad because I've been wanting to do that for years and the ones in the library's I like, we talked a bunch about how the whole building they were in needs a leading and one hasn't happened in probably 10 or 15 years...

THERAPIST: Okay.

CLIENT: Or even 20 because there are just all these books that are like, "Why, why is this here?" (00:17:00) Especially books about if students are doing a research papers based on other countries, cold war books aren't very useful to them necessarily or books that are like the cold war is happening right now.

THERAPIST: Yeah.

CLIENT: You know. Things look useless. I mean it's kind of funny in a way to be like "Oh, look, that's cute."

THERAPIST: But that's not worth the shelf space.

CLIENT: Yeah, and there's a lot of really weird books about Islam that are old that are just very (Pause) inaccurate, offensive.

THERAPIST: Uh-huh.

CLIENT: Strange.

THERAPIST: Yeah.

CLIENT: (00:18:00) And I think like, "Heaven forbid someone actually uses this in a paper."

THERAPIST: Yeah.

CLIENT: Or reads it or kind of anything.

THERAPIST: Yeah.

CLIENT: Like especially, I was going through 'cause I was looking for a book, someone I knew had written a book about women in Islam, like, sure they made it 10 years ago. And then I found a book about women in Islam from the '50s.

I was like, "No, no, no, no." This has to like, I kind of want to just pull it off the shelf and be like, just make it go away.

THERAPIST: Yeah.

CLIENT: Also (inaudible 00:18:36) like I went through the (inaudible 00:18:38) economics books, too and the books about the Negro problem.

THERAPIST: Mm-hmm.

CLIENT: And women's issues, the zen of feminism. I just (laughing), right. I was laughing because it's ironic and awful phrasing. Women's issues and what the problem was. (00:19:00)

THERAPIST: Women.

CLIENT: Yeah. This actually, so the library congress has official subject headings for things,

THERAPIST: Okay.

CLIENT: And they, if you want to know what section to put something under they are like, "This is it, and this is the official subject heading."

THERAPIST: Uh-huh.

CLIENT: So Flutter which has been around a while so there are some weird creepy subject headings and like, the Negro problem which was there for quite a while.

THERAPIST: Uh-huh.

CLIENT: And everyone had stopped using it.

THERAPIST: Is that sort of like outdated while (inaudible 00:19:40) behavior but they are still on the books but nobody cares, like that?

CLIENT: Yeah, well it's a little bit more, it's like if you look at a library record in the card catalog or...

THERAPIST: Yeah.

CLIENT: Not the physical one but the computer one, it will still be there sometimes.

THERAPIST: Oh.

CLIENT: Like that's part of...

THERAPIST: Whoa.

CLIENT: Yeah, so.

THERAPIST: That's horrifying.

CLIENT: Yeah.

THERAPIST: Like somebody could be coming in to a library and just come across that.

CLIENT: Yeah.

THERAPIST: That's really terrible.

CLIENT: On the upside, most people don't click the subject thingys.

THERAPIST: Right.

CLIENT: They do keyword searches now.

THERAPIST: Right.

CLIENT: But on the other side, you're like, you know.

THERAPIST: Right. That's there.

CLIENT: Yeah, that's there.

THERAPIST: Almost nobody can find it.

CLIENT: Yeah, like it's weird so there are some librarians who, radical librarians who go around, like basically going through those things and being like, "Could you change that? Could you change that? Could you eliminate that? Could you stop doing whatever."

And I remember reading about it in library class and just thinking, "Okay, come to my workplace. It's awesome." (00:21:02)

We still have the books cataloged like that sometimes.

THERAPIST: Yeah.

CLIENT: So there's that and I missed when that online class started by a week which I didn't miss an assignment which is good. There's this thing I'm forgetting.

THERAPIST: Yeah.

CLIENT: I know. I know, (Pause) they are all things that are on my mind but the part where I actually do something is the part that I seem to forget.

Like, I've been thinking lately of I should, like, figure out my class, right. (inaudible 00:21:55) my class and then.

THERAPIST: Yeah, or like last night, forgetting about signing the stuff. (00:22:01)

CLIENT: Mm-hmm. (Pause)

THERAPIST: Way more fun to do nothing sometimes.

CLIENT: Yes. (Pause) And not just even doing nothing, like doing nothing plus if something, if I'm not at work and something happens that isn't what I find frustrating or whatever, I can just say, "Mm, whatever," and walk away from it. (00:23:04)

But I can't just get up and walk away in the middle of a workday. (Pause) So, like, excuse me, if I'm feeling really stressed or sad I can just be like, "Let's go do that."

THERAPIST: Yeah.

CLIENT: For awhile.

THERAPIST: Right.

CLIENT: (Pause) And you know, I've been I don't have to check in with anyone to take lunch or if anything, so not even that I have to check in. When I go back to work I'll have to check n to take lunch because I'm always like, "I'll take it when I want to," but it's the sort of people like, "Oh, you're going out to lunch." (00:24:10)

They're kind of commenting, I'm like, "Why are people noticing that I'm going places?" Which the part that I'm most not wanting is I feel super stressed and stressful about Paul being like, "Oh, you took a little while at lunch," or whatever. (Pause). Because, I just super don't trust him.

And the other part about short term disability which is exciting is in order to return parttime, they have to ask your manager if a part-time schedule will work. (00:25:12)

So and there's kind of this thing where they, "Well, if you're no longer able to perform your job function then we could just let you go." Sort of. There's this, like, (Pause) if you want to have if you have accommodations that yeah, basically there's this certain thing the part-time schedule.

The changes are somewhat due to if you are no longer able to perform your job functions, whatever your essential job functions are, then you might not necessarily return to your job in a way that's very big.

Again, I'm like at this point I've all ready sort of gone forward with, "I can return to work," so I can't pull back and be like, "I think I need to be out another three weeks or four months or whatever."

So that's a little worrying (Pause) and definitely, as I said, I would like to get laid off but right now is not when I would like to get laid off. (Pause) (00:27:01)

Like right now, there are a lot of other thing which are making me stressed and frustrated that aren't work so I don't know, like what my central job functions are is certainly big (inaudible 00:27:29).

THERAPIST: Right.

CLIENT: My job description has changed several times (Pause) and so it's one of those things of I just, I don't fully trust the process that's going on. (00:28:00)

I don't really feel comfortable telling disability lead coordinator, "I don't trust my management, so." We'll worry about that. (Pause)

THERAPIST: Sounds pretty terrifying.

CLIENT: It's, yeah. It's also like in many ways I've been, "Well, whatever," and the union protections blah, blah, blah and then I'm like this for whatever reason (Pause) feels like an opportunity to get rid of the squeaky wheel which is good or I don't know. (00:29:08)

Again bit worried about retribution for talking, complaining about things for a while.

THERAPIST: Right.

CLIENT: And usually, I'm like, "No, it's cool. I have a union job, whatever." But this is a case where one could pretend like, "Oh, it's nothing to do with your complaining, it's totally to do with something else." (Pause)

THERAPIST: Vulnerable.

CLIENT: Yeah. I feel really vulnerable and I also feel like talking about it to HR makes me set, like, the response will be, "Oh, you're just crazy. You're being paranoid. No one would do that."

THERAPIST: Mm-hmm. (00:30:00)

CLIENT: I did find out who my HR person currently is.

THERAPIST: Oh, that's good. I would think.

CLIENT: Sort of. It's someone who (Pause) I had a talk with her at one point about a brief kind of like, she had invited, she had asked Karl to invite myself. Well actually Karl kind of like just said we were going to do it and then (inaudible 00:30:38).

To talk about how awesome our department is and how it's full of (inaudible 00:30:43) and collaboration and awesome and I wonder if like, you know, "I'm happy to talk about some things but there's this problem of this (inaudible 00:30:54) parts where I've been really frustrated and stymied and (inaudible 00:31:00) against blah, blah, blah and she basically was like, "Well, I don't really care about any of that." (00:31:09)

She's like, basically she's saying, "I don't care. I have bigger fish to fry to get this whole (inaudible 00:31:20)." And I'm like, "Okay, well," and was (sigh) (Pause) kind of a combination of, she didn't seem to give a shit and she didn't seem to believe me and why was I still upset about these things that probably didn't happen and didn't really matter. So there's that. (Pause)

THERAPIST: (00:32:00) Right, didn't care, didn't acknowledge the problems, weren't even there.

CLIENT: Yeah, yeah. (Pause) it was also kind of impressive in that, you know, my experience usually with HR is that they pretend to care.

THERAPIST: Yeah. That's sort of how you described it. It's sort of lip service paid and they want to think of themselves as caring although when push comes to shove, they don't act that way.

CLIENT: Yeah, and you know (Pause) I guess part of why I was upset is that I was kind of like, "Could you respect me enough to be polite about it?" (00:33:10)

I don't know, even if she didn't care which she doesn't, I just would expect her to put forth some kind of like diplomatic.

THERAPIST: Right, at least something that (inaudible 00:33:36) social concern.

CLIENT: Yeah, like, "Oh, (inaudible 00:33:40) blah, blah, blah. Maybe we'll do this."

THERAPIST: Right.

CLIENT: (Pause) I don't know. It's just sort of my social lying at work that'd be kind of okay with it to an extent.

THERAPIST: Mm-hmm. (00:33:55)

CLIENT: It doesn't get me frustrated and angry sometimes but I also, (Pause) some of that is just like, "We work together and I respect you enough to at least put forth some effort to not, I guess not because (inaudible 00:34:22) I don't know. It's like..."

THERAPIST: Feel there's some kind of acknowledgement of your humanity or something like that.

CLIENT: Yeah.

THERAPIST: Even if they (inaudible 00:34:34) statement but I can't do anything about it because I have the other constraints, at least there's the sense that it does matter in some way even if just socially perhaps.

CLIENT: Yeah. I guess it's like, you know, you see someone and you say, "Hi, how are you doing?" Even if you hate them, that's what you do or you say, "Hello." Also that made me feel very much like, a replaceable cog in the machine. (00:35:14)

THERAPIST: Right.

CLIENT: Yeah. Doesn't matter, I'm not a person, yeah. (Pause) And it's, I guess, I feel to an extent (sigh) (Pause) I'm the one thing that Chet's kind of said to me is, "Well, why are you still upset about Will and all those other things, he's not here anymore?" (00:36:00)

I'm glad he's not here anymore but that doesn't really address any of the problems that happened. Like, there's nothing to make that not happen again.

THERAPIST: He was not the only bad actor.

CLIENT: Exactly.

THERAPIST: What if there were other people who were supportive and HR responded well and all that stuff and then he left, you probably wouldn't be as upset about it anymore.

CLIENT: Yeah.

THERAPIST: But it didn't go like that at all.

CLIENT: Yeah, one of the sort of things that I have found in my head about if you do something, like when you apologize to someone because you've made a mistake and it's a person or it's an organization, like you're, "I'm sorry for this, what it is I did." (00:37:03) And say what it is that you did and not just be, "I'm sorry that you're upset."

This is the thing that I did, I regret doing that. I'm not going to do it again and these are the things that I'm doing to make sure that doesn't happen in the future.

THERAPIST: Yeah.

CLIENT: One of the in my head, the two important parts, two of the biggest parts are acknowledging what happened and, like, "Yes, that thing did happen," and also these are the concrete actual things that I will do to make sure it doesn't happen again. It just.

THERAPIST: Yeah, like, "I'm sorry I ate the brownie that you left in the fridge or on the counter. I shouldn't have done that and I wish I hadn't and you know, I will start bringing my own dessert so that I am not tempted." (00:38:05)

CLIENT: Or," Next time I'll make sure to ask."

THERAPIST: Yeah.

CLIENT: Or you know, like how about we start putting brownies into containers? I just feel like, you know, "What do you mean a brownie was stolen? Right, (inaudible 00:38:35) should have happened. I mean it's all ready happened and (inaudible 00:38:38)so why would somebody do that again?"

THERAPIST: Right.

CLIENT: P.S. we don't care what you think about keeping that from happening again. (00:38:

THERAPIST: Yeah. (Pause) (00:39:06) I think you're terrified of that kind of thing. How hurtful it is in a variety of levels, how helpless you are to do anything about it.

I think it's overwhelmingly frightening. I guess that's what you were saying is that something you're dreading usually about going back to work.

CLIENT: Yeah, but I don't I also hate to be nothing's changed, it's all horrible. (00:39:56) You know I hate to think that because, I'm like, on one of those days I'm like, "It's not fair for me to

assume that nothing has changed in two months except how (Pause) I guess some other things.

Like, if I'm going in saying, "Okay, maybe we've all changed. Maybe things have happened." I don't feel like I'm getting that back, you know. (Pause)

I don't know, it's in the current library class I'm taking which is about ethics and my handbook was in the library or something. (00:41:07) They had us reading some essays about ethics in business and they were kind of out of date.

One of them was like, "(inaudible 00:41:17) was such a great example of a really ethical person." I know, I was like, "Oh, awkward."

THERAPIST: That's one of the books that should have gone off the shelf.

CLIENT: Yeah, the professor had left it in because she was like, "Look, people can say, but. " Because all of us were like, "Hmm. What were things they were talking about, I think I read in the article that was people don't like working. People find like whether or not you believe your workplace is ethical is hugely important.

THERAPIST: I see. Yeah.

CLIENT: (00:42:00) A lot of it was talking about for profit business like, things like (inaudible 00:42:05) or things like, I don't know Alaskan oil pipeline leaking or things like that and I mostly felt like, "Well, Cambridge's is this behemoth and there are problems with it but you know, there's some kind of vague standards Cambridge holds itself to in a weird way.

And right now I feel like my portion of Cambridge, like the library portion, I don't really have faith that anyone working above me is acting in an ethical fashion. (00:43:00)

I think part of it is that our union contract still hasn't been approved which is insane.

THERAPIST: That's amazing.

CLIENT: Yeah and they've never held out like this. (Pause) Yeah, I'm at this point a feeling like, I don't, I feel like my co-workers are ethical. Like, acted in a (inaudible 00:43:31) fashion.

THERAPIST: Yeah.

CLIENT: Then I feel like, "Well, you know they're individual people above me who are," I'm like, "Yeah, you can."

THERAPIST: Yeah.

CLIENT: But organizationally, I don't feel that way and part of me also thinks, "That's kind of an important thing." Like, I don't know, if we're doing all these important re-orgs that's something important but I also don't feel like there's a better way for me to convey that, than wouldn't result in negative consequences for me. (00:44:15)

THERAPIST: Right, (inaudible 00:44:17).

CLIENT: Mm-hmm.

THERAPIST: We should finish up for now.

CLIENT: Okay.

THERAPIST: Also, I want to I get updated on stuff. So, I know that you have something midday on Thursday. I should know that probably tomorrow or Friday at the latest.

CLIENT: Okay.

THERAPIST: I thought I heard you saying Thursdays would be good for you, is that true?

CLIENT: Yes, Thursdays.

THERAPIST: Okay, I can't do the 4:30, I had hoped to be able to arrange that but I can't do that.

CLIENT: Thursday any time would actually be good.

THERAPIST: Okay.

CLIENT: And Mondays are not going to work at all for February, I think we cancelled them all for February. (00:45:04)

THERAPIST: Yeah, and they may not work for March either?

CLIENT: Yeah.

THERAPIST: If we were to go permanently go from Mondays midday to Thursdays midday, would that be okay?

CLIENT: Mm-hmm.

THERAPIST: Okay.

CLIENT: Yeah.

THERAPIST: Yes. There's (inaudible 00:45:26).

CLIENT: Yeah.

THERAPIST: Okay, then I will let you know.

CLIENT: Okay, sounds good. Thank you.

THERAPIST: Yeah, take care.

(End of audio)

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I will do yours soon. I've done most of them. I haven't quite gotten to "S" because, in theory, Blue Cross should now be paying to you instead of me, because I'm out of network.

CLIENT: Maybe I should call them and let them know. Do they cut me a check?

THERAPIST: Blue Cross actually paid no at least I call them, but it's probably not health providers in the month of January as far as incurred from other providers. They haven't sent a check to anybody yet. I've been submitting claims each week. I do them, so you don't have to do that. You'll just get checks in the mail and I imagine that would start within the next two or three weeks. Then I'm billing you for my regular fee minus the recording. I think you'll probably have something like \$200 visits that you'll still have to cover, but the rest will be covered by insurance and the recording. [00:01:22]

CLIENT: Okay. Actually, you know what? This is not good for me that you're out of network. Sorry.

THERAPIST: We can drop it and talk about it some other time.

CLIENT: No I'm just in a horrible, cranky, cranky mood and finances make me cranky. (chuckles) But, yeah, tomorrow will probably not work. I've been in a really bad mood all day, which has been extremely unpleasant. I do know one of the causes, but one thing that's really frustrating is all of the things I do to be like, "Okay, I'll make myself feel better," haven't worked at all. I was like, "Okay, I'll try and take a nap." Then it's like I'm too hot, I'm too cold, the bed sucks, I'm not tired. Oh, fuck. I tried petting one of my cats and they were like (growls). The other one sat in my lap but I was still like, "I don't know. This is terrible." I might go to comfort shows, Murder She Wrote, and I was like, "[...] (inaudible at 00:02:55)" I made it five minutes in. I was like, "Maybe some more water to drink." No I just feel horrible. My head hurts a lot. My eyes are also hurting for whatever reason, like probably eye strain. I don't feel very good, in conclusion. [...] (inaudible

at 00:03:33) I had intended to start work either Friday or yesterday, and I didn't because [...] (inaudible at 00:03:55) so I wanted to start work on Friday... [00:04:01]

THERAPIST: Right, that's what I remembered from last week.

CLIENT: Yeah. And so on Thursday I was like, you know, I haven't received any someone has to say go and I had talked to someone on Monday who hadn't said yes or no. I called the people and left messages and found out from one of the coordinators that Chet decided that he wants the input of the head of IT as well. All right. (sighs) Organizationally, my only supervisor screened his call and I do IT work and blah, blah; but they look at my salary. Whatever. I've noticed that Chet does that when he either doesn't want me to do something or is feeling really insecure about something that I've done. Our head of IT, Harry, was on vacation and then he was going to reschedule, so everyone meets on Friday the 8th in a week. [00:05:43]

THERAPIST: You mean this Friday?

CLIENT: Yeah, this Friday. And then after they meet someone will come up with a written plan and give it to me and then I'll... So what probably made me super-stressed is that the meeting that's happening on Friday is to discuss my accommodation requests. I didn't think they really needed honestly? To me I was like, "I'm not sure what you have to discuss about it, other than a part-time schedule." The accommodation requests are on my workstation evaluation, which anyone can do anytime. I requested to not be required to sit or stand continuously without breaks and to not have to squat or crawl for extended periods of time. [00:07:04] (pause) So I'm really stressed out by the [...] (inaudible at 00:07:13) involve someone else in your accommodation request. One of the reasons is that the head of IT is kind of he's not good at saying things diplomatically. And so, when I returned from having surgery I said to him, "By the way..." blah, blah, blah. And he actually laughed. It was weird. I said, "Oh, you know, the things I restricted right now are like kneeling, squatting, crawling." He was like, "What? Really?" and he sort of laughed. I'm like, "No, really. I can't do that all the time." So his insensitivity that time... [00:08:11]

Nothing has changed except that he's more stressed so that worries me. Also once we have the meeting on Friday, I won't actually know. All I know is we're meeting on Friday to discuss the request and the display coordinator said that she can't tell me when anything else will happen until after that meeting, so I don't know when I'm going back to work. On Thursday when I was calling around, part of my issue was that I have a person offer to give me a ride to work and I need to tell them if they're driving me to work. [00:09:17] It was just very frustrating Thursday at like 3:30 4:00 to be having this conversation. In short, I'm still applying for full short-term disability benefits through February 20th. They extended it. On the one hand I'm like, "Well, that's good. Does this mean that it's going to take until the 20th do you think?" I don't know. [00:10:14]

THERAPIST: Was the approval until the 20th coordinated with I'm a little confused about if that is totally separate.

CLIENT: I don't know.

THERAPIST: You don't have any idea what's going on.

CLIENT: Yes.

THERAPIST: Got you.

CLIENT: The woman who's been very helpful about she's [sort of the staff display coordinator] (ph?) when I talked to her on Thursday, she was clearly frustrated because she makes it sound like I don't know what's going on. I'm like, "Great. This is sucky." So that's just kind of looming and stressing me out and I'm worried that they're going to say no to something. [00:11:10]

THERAPIST: To any accommodations?

CLIENT: Yes. Or they'll use this for another reason to shift me to another job, which can happen. Someone who I [...] (inaudible at 00:11:37) who I talked to before got shifted from working days to working nights. The option they gave her was you can either work nights or you can not have a job or you could apply for other jobs but, basically, that was her choice.

THERAPIST: And that related to coming back after being on leave? [00:12:05]

CLIENT: No, that was sort of an earlier weird shifting of jobs; but one of the things that can happen after coming back from a leave is that and they told us this in advance the department might say "we've reorganized and reworked and we want you to do something else." My job description does say that I need to be able to lift something like 60 pounds, which I can. I just can't do it quickly from the floor. [...] (inaudible at [0:13:54] how possible all of this is. I'm just sort of freaking out about that. Friday, February 1st, I started calling about apartments and [...] (inaudible at 00:13:12) apartments. Landlords are unwilling to consider March 1st because they wanted to fill it by February 1st, even though it was February 1st, which was stressful. Two different places that I got information about are like, "If you want this place you have to bring a check right now." One apartment which I was kind of like, "I don't know..." wasn't even that amazing sounding. The [...] (inaudible at 00:13:56) said, "Probably only the way to get this apartment is to give a deposit immediately, pay half of February's rent, and offer to pay more rent for the entire year." I was just like, "Why would I do that? What?" [00:14:15]

THERAPIST: Yeah.

CLIENT: Sunday I looked at another apartment that was kind of like a garrulous realtor of unprofessionalism where the tenants (chuckles) weren't quite out. They weren't basically in the apartment when we were there, but they still had their Christmas decorations on the door and their stuff. You could see that they were moving things but oh, look. Your laptop is still here; your cell-phone charger is here. I could see stuff and it was a third-floor walk-up, no dishwasher, no

laundry, and the realtor was very cavalier like, "Oh, they'll totally fix... "like the bathroom looks like someone had a bomb in it. She said, "[...] (inaudible at 00:15:16) fix those things. Can you give me a check now?" "No." [00:15:26] I thought about the third floor but I was like, "Well, I'll consider it," because it was a very large apartment, but Ashby's deal-breaker is laundry in the building. My deal-breaker is somewhat a dishwasher. I'm willing to buy one, a portable one. So there was all of that. And the second-floor is a family with kids who we could hear. I was like great. I'm walking and leaving and I saw there were boxes and boxes of either junk or Christian material that someone was planning on distribution; and someone on the first floor is a smoker. Of course, I'm like, "Fuck." So there was all of that. [00:16:23]

I had an assignment due for my outline class Monday at midnight that I just couldn't write. It was an eight-page paper, which is nothing. I always think like eight pages is a page an hour. I had a really hard time with it. I ended up shredding my complete paper and asking for an extension, which the professor very kindly granted. The paper is about ethics and what is your ethical framework? How did you form it? How do you think people are unethical? Why do you think organizations and professional groups have ethics, blah, blah, blah. One of the places where I got stuck was I'm like, "So you just want me to talk about my personal values for several pages?" because I don't know, I guess one of my [...] (inaudible at 00:18:00) of Harvard, as a real assignment, not like a response paper, you want me to actually be like blah, blah, blah... feelings for four pages or so and then I should make all papers be just feelings and opinions. I got caught up in that. Then I just got really stuck on feeling like what I was saying was boring or uninteresting actually I guess more not interesting. (pause) It made me very stressed. [00:19:01]

I tried on Sunday going to Au Bon Pain's to work and it's noisy, nah, nah, nah, went home. Monday I went to a coffee shop and I of running into four people I know and I had to explain to them why I was at a coffee shop during a workday which was frustrating, especially since I still don't know when I'm working. I spent a long time just feeling, again, like I'm not writing anything interesting, partially because there was a writer friend who also writes a lot about spirituality and a musician friend who's working on a composition, so I kind of felt like they have things... [00:20:11]

THERAPIST: Like a kindergartener writing about her values?

CLIENT: Yeah. I just felt like I'm the little kid drawing in crayon about her values and everybody else is like, "Oh." [...] (inaudible at 00:20:29) the other thing which has sort of gotten to become clear in my discussions which are required is that I feel a lot of people have religious bases for their ethics. I know; it's a thing. But most people haven't thought about that and I think it was [Copp] (sp?) who said if you are fighting morality in what God has told you to do, there's also the issue of how do you know what are the things that God said? She's like, "Well, obviously, the pope." (both laugh) No. She had noticed the thing. Then we had another ethics article where I got the opposite it started like a story about somebody and I drew the completely opposite ethical conclusion of what we were supposed to, and I had a lot of feelings about it. It was a business school classic case, the parable of the sadhu. Have you read this? [00:22:23]

THERAPIST: I read of a sadhu, but I wouldn't have thought business school would be all that interested in it.

CLIENT: Executives take some time off to spend a lot of time hiking the Himalayas or something. It's like a once-in-a-lifetime opportunity to [...] (inaudible at 00:22:42). While climbing up the mountain, it was kind of high-pressure. They went up to a sadhu who was lying on the ground, he wasn't well dressed, he didn't have shoes, he clearly had hypothermia, and was...

THERAPIST: Not in good shape.

CLIENT: Yeah. So they were like, "What do we do?" So, at first, they kind of made sure if he was still alive, they put clothes on him, so that he wasn't going to die immediately. This person was like, "Okay. I really want to get over that next hill so let's go." His friend, who's an anthropologist, stayed behind with this sadhu for about an hour and then caught up and said to this man, "How do you feel about the thought that you contributed to the death of another human being?" This guy was like, "Whoa. I don't know what you're talking about." One of them was like, "You'd probably look at it differently if, instead if it was a western person lying on the road fully dressed or a woman or someone else of your class." The businessman said, "No, no. I don't know what you're talking about." There was a little more information about [...] (inaudible at 00:24:45). He never got the guy's name. No one had communicated with him, as far as the article could tell, and it's unknown if the man died or not; because the group behind them offered him more assistance but refused to I think, spend a couple of hours back-packing this person to a village. When they left this sadhu they were like, "Well, he was able to speak and was throwing rocks at a dog," and he had shown them where to walk, but he was still lying in the middle of the... yeah. [00:25:37]

So the sort of thing I was taking from this was that this is really callous. This is really horrible. He had written that this man must think, "You're right, if this had been a western person, I would have reacted differently." That's where I was going and that was not the conclusion I was supposed to draw. The business person was like, "What right does this sadhu have to wander around poorly dressed and disturb my plans? What right does he have to impose himself on me?" I was like, "I don't know. He's a person." The businessman was like, "I was kind of in a rush. Maybe I should have considered this a little more, but I'm basically okay with the decision I made," which was to leave this guy. I'm like, "This was a real person, not a parable." [00:26:46]

THERAPIST: It actually happened.

CLIENT: This actually happened. And then he talked about going up the mountain and all.

THERAPIST: Horrible.

CLIENT: Yeah. I was horrified. And you weren't supposed to be? It was very clear from the article that the horrified reaction was the wrong reaction; and so he continues to talk about how this decision he made, which he thought was good and ethical, also applies to business ethics

in general. I admit to not fully taking in his argument because I was kind of stuck. His basic concept idea was if you have plans that are going forward or you're doing whatever you're going to go to the theater right now if another person is sort of like [...] (inaudible at 00:27:56) and there is this homeless person who wants assistance, needs money, whatever what right does this person have to disrupt me in my life? I should just continue on to the theater. It was very unique. [00:28:26] Basically he was like, "If your business has a plan and is going forward and one person in the group will some people say 'I don't think we should...' you should just go forward. So basically he thought it was totally ethical and fine to abandon this person and was mad at the sadhu for imposing himself...

THERAPIST: Imposing on him. [00:29:04]

CLIENT: And mad at him for not being properly dressed for the weather and why did he take the wrong route down the mountain? Because there was a quicker route, and all of these things. Because the sadhu had made, I guess I don't know I guess it was a mix of bad choices plus it was inconvenient.

THERAPIST: This guy sort of saw him the same way as it reminds me of a telemarketer. You know, like you didn't invite them to call your house, it's not nice that they're calling at dinnertime, and you have the right to just tell them to go away. And to be annoyed with that person is okay and so he has a kind of similar view of the sadhu, that the sadhu is how he put it doesn't work for me at all, but I guess the idea is that it was an imposition, he was irresponsible, he was interfering with the businessman's trip and agenda for the day. [00:30:19]

CLIENT: And the other thing is that I kind of paused and read the beginning more carefully because I was like, "Wait, is this like one of those 'you're climbing up Mt. Everest and if you don't go forward you'll die' situations?" It totally wasn't.

THERAPIST: That would be different. It's sort of a reasonable call. (chuckles) [...] (inaudible at 00:30:46)

CLIENT: Yeah. It's so awful and I was like, "I don't understand. You actually told everyone that you did that? That's horrible."

THERAPIST: Right. Well he seems to have no compunction in not having done anything.

CLIENT: Yeah. He and his anthropologist friend talked about it some, but the businessman clearly thought his anthropologist friend was overthinking it or not being practical and all these other various things. [00:31:28]

THERAPIST: Oh, my God.

CLIENT: I know. It was like 40-bazillion things. So there is that. I sort of had 40-bazillion responses. Also one of the things I thought was so bad was that he never got this person's

name. It was a little unclear if anyone could have communicated with him with this person but it seems like someone could somehow. They have no name and their only purpose is to create a parable for this article, like he didn't even consider this sadhu a person. He mentions [...] (inaudible at 00:32:25)

THERAPIST: Is it that this man who wrote the case [...] (inaudible at 00:32:30)

CLIENT: Yeah. So this businessman who was on this trip wrote it, so he starts his little article by being like it's called the [...] (inaudible at 00:32:37) sadhu and he was like, "I went on this trip and I met this guy..." So that's the intro and then he goes in to discuss how this applies to business. I mean, he felt it was an ethical decision and he feels that a decision and the ethics behind it which I honestly really just don't understand. I totally understand in the moment justifying it. [00:33:18]

THERAPIST: Right kind of rationalizing to oneself so that he had his whole self-interest to continue his hike like finding some kind of rationalization would continue him to do that. That is kind of hard to imagine somebody doing or relate to. Not what people ought to do. [00:33:36]

CLIENT: He sort of questioned himself like, was I too focused on the trip going forward? He was like, "Well, maybe, but business is all about quick decisions, so blah." I could also see like how I had this question of like I was so caught up in the moment, the adrenaline, and that I didn't think. That would be a really interesting ethical dilemma. What do you do when you've gone on and someone says you've fucked up and it's something that you can't really undo? But that wasn't it. So I was [bumping my shit] (ph?) over it and no one else was. (chuckles) [00:34:35]

We have a discussion forum and everyone is required to post in it. Someone brought up that article and they were talking about the controversy over a political image that was put on the cover of a library journal. I was pretty much like, "Guys, guys let's go back to the part that I care about which is [...] (inaudible at 00:35:04)" I did find it disturbing that that wasn't really brought up, discussed, or interesting to anyone really. A couple of people were like, "Oh, that's a good point." One thing that was brought up in my comments was that there have been a lot of disturbing cases of people climbing Everest just walking by and abandoning their people. [...] (inaudible at 00:35:50). One woman was like, "Oh, yeah. It's because it's in there. It's supposed to be really good. I haven't read it but my husband has read parts of it to me." I was like, "Why is your husband reading parts of a book to you? Why don't you read it? What?" But that was sort of a sidebar of... [00:36:12]

THERAPIST: Right.

CLIENT: I find it weird that your response is to tell me that your husband has read that book.

THERAPIST: Right. I imagine that this is all quite insulting and alienating, too. They're calling this "school," right? I imagine it feels very insulting that (pause) the class seems so intellectually and (chuckles) amorally bankrupt. [00:37:16]

CLIENT: Yeah. The other thing that surprised me was that we had four readings. We had to read some Cott. We had to read some Jon Stewart's and John Stewart [novel] (ph?).

THERAPIST: That's high school.

CLIENT: Yeah. And boring. I'm like, "That's totally school Cott," and then there was like an intro to moral reasoning and the sadhu article. It was just sort of like, "Okay. You really just want to discuss Cott? And poorly discuss Cott? No." I don't know. The other thing that I just found fairly enraging about people is that a couple of them were like, "Oh, Cott is awesome." I don't like discussing philosophy a lot because I really hate it when people are like, "Well, you haven't fully rigorously planned out every detail of formal logic," and I'm like, "Fuck you with that." [00:38:31] But in the lecture the professor was like, "So Cott had this thing where the problems with Cott is that he felt there was never any good reason to violate ethics, so if it's wrong to lie there's never a time when you can make an exception to that rule which, therefore, means this was [...]" (inaudible at 00:39:00) if Cott would say that it was wrong for people during World War II to hide Jews in their house because they were [...]" (inaudible at 00:39:10). I was like, to me, that's a big problem. If that's where that philosophy is going to end, I think that philosophy has some problems. [00:39:34]

So when people were blithering around about Cott, no one really brought that up either. I'm like guys, it's important. It was just (pause)... So the class goals are basically to make us think about ethics and blah, blah, blah. The range of classmates in age is like high 20s, 23, 24 to late 40's. And I don't know. I just am like, "Is no one a little more reflective?" I mean there was the one person who really wanted to show off how brilliant his awesome knowledge of philosophy is and I'm like, "Umm. This is boring. Don't care." But I think no one can even successfully have an interesting ethical argument about abortion which a) I would never try to have an ethical argument about abortion because it goes nowhere and b) they didn't even touch on some of the sort of obvious problems of that. [00:41:16]

It had just occurred to someone to ask whether or not it was acceptable for the government to force people to, for example, get a flu shot in an epidemic. I was just like, "Wait. You've never thought about [...]" (inaudible at 00:41:43)" (laughs) It's just like Typhoid Mary. (pause) I don't know if I exactly have regrets about taking this class, but I do have a lot of frustration about it. Kind of part of what it reminds me of is everyone in upstate Pennsylvania is kind of secretly conservatively I mean, not very secretly, upstate Pennsylvania is conservative. My dad had to live with Democrats and that's just like what was my... [00:42:42] He would often talk about how frustrating it was for him to have people at work...

THERAPIST: Vote for someone and complain when they do what they said they'd do. [00:43:11]

CLIENT: Exactly. Or they're like, "I can't believe a Republican cut social programs." That's what they do. Arrgh. My state senator, who has been the senator of my area since I [...] (inaudible at 00:43:26), came out and was one of the most vocal opponents of same-sex marriage when

Pennsylvania state was voting on that. He just came out and said, "It's abhorrent." He said, "It's immoral [...] (inaudible at 00:43:44) about gender [...]. And when asked about it he just stuck with, "It's abhorrent. It's an abomination. It's disgusting." It was partially because of his Catholicism, but also... so I think that I had this revelation of "Wait. A lot of people around me had very different views on what I think is acceptable behavior or [...] (inaudible at 00:44:27) behavior and not... " The best example I can give is the first [...] (inaudible at 00:44:39) and so I couldn't drive. I needed a ride. My parents were the only parents of any of my friends who would give us rides. I was kind of surprised because I was kind of like there was one person in particular who told me, "Your mom is kind of lefty. I'm really surprised" My parents have talked about their ethicism throughout my life and it was weird to have this moment of I mean I knew this wasn't typical but it really hit me how atypical it was.

THERAPIST: Yeah. We have to stop, but you kind of were clear of how different it was from what you were around. And also, or oddly, more of the cranky aim that paper for school, the apartment stuff, the work stuff I mean I'm sure there's more going on about it, but I'm not so surprised that you're cranky. (chuckles)

CLIENT: Yeah, I'm just surprised that I haven't been able to get rid of it because I'm really done with being cranky soon. (chuckles) So I'll see you tomorrow.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I am feeling less spacey than I did.

THERAPIST: Good. Glad to hear it. An interesting thing happened. I read the sadhu case, or I read the first half of it, and I want to say it struck me as somewhat different from what you said.

CLIENT: How did you interpret it?

THERAPIST: First, let me say I hope, as I think you do as well, that if I were in that guy's shoes who wrote the case I'd like to think, or I certainly would want to have reacted very differently and done whatever I could do to get him to some place of safety. That's it. He was clearly more mixed about it than you made it sound. He said at one point midway through, and I confess that I stopped reading soon after this, "I feel guilty about it." He did sort of say, "I'm not exactly sure why," but he said he felt guilty; that was one thing. [00:01:44]

CLIENT: Oh, God, I just remembered that. Yeah, which is different.

THERAPIST: I guess the difference I took it and it made it seem a little less hypocritical and it sort of set the other guy up as a little more, in a way, kind of built up his straw man where the other guy was an anthropologist and he was a businessman. Those feelings are very concrete and specific. I guess it read to me and now I'm getting a little less specific like he was at least

less cavalier and seemed to take the other guy's question seriously. They had this disagreement/debate and his friend was angry with him for how he acted; but he did seem to at least be trying to question what he had done and he did acknowledge that and also the remedy was not trivial and obvious. I don't think you had said that to walk the guy down to the village would have taken a couple of days; and it was unclear whether the villagers would have been well-disposed towards the guy at all. [00:03:15] And there was some safety issue involved, in that if they wanted to continue on their hike there was some benefit like it was safer to not wait because ice steps were going to melt or something like that, so it's not like there was a town half a day away where they could have brought him and dropped him at a free clinic. Even if they wanted to do the best thing by him at all, it wasn't entirely clear what that was and it would have taken at least a couple of day probably to sort it out. Not to say they shouldn't have done that but, again, it's not like there was... so, again, I find the whole thing about it being a once-in-a-lifetime trip entirely bullshit. I believe it was, but in my mind that doesn't make a difference if somebody's dying. [00:04:17]

CLIENT: I think one of the things that really struck me was the focus on "this is my once-in-a-lifetime trip." That part was really rude. There was also an article Mike wrote and then he did a, not a follow-up, but they republished.

THERAPIST: Some kind of further commentary.

CLIENT: Yeah.

THERAPIST: I remember reading an illusion to that, but I didn't actually read it.

CLIENT: The further commentary was weird in that something from the commenter "in the further commentary" he kind of embellishes a little bit more like "Yeah, I never found out what the guy's name was or what happened." But then he kind of like acknowledges the person isn't here anymore, but then backs up and so there was sort of that. My other thing was I felt like it's true, they would have had to backtrack two days but... [00:05:37]

THERAPIST: And he felt guilty because he says he continues to this day to feel guilty, or up to the day that he wrote it.

CLIENT: You know what? I think I just don't believe it. I'm sure he feels bad. I can see he's feeling guilty, but I felt he still stood by what he did, if that makes sense. [00:06:05]

THERAPIST: I think he did. He never, at least the part I read, he did not express regret or indicate that he would do it differently today, but you had (chuckles) made it sound like he was totally callous and cavalier.

CLIENT: I know. [...] (inaudible at 00:06:26) (laughs)

THERAPIST: I know. I know. My point is here's what I'm struck by or one of the things I wonder about.

CLIENT: No, I totally want to hear it. I was half thinking, "She'd read this article."

THERAPIST: Oh, really? That's funny. I had some time and I was like, "I wonder?" Honestly, I guess there are a couple of things that interested me. I'm sort of interested in that part of the world and some of the things in the story; and also I was a little skeptical of what you said because it just seemed to me a little over-the-top that it would have been so unambiguous, as you made it out to be. [00:07:39]

CLIENT: That you should stop or that you should not stop?

THERAPIST: That this fellow's moral bankruptcy was so unambiguous and extreme. I guess I did have a hard time entirely believing that a) nobody else would have stopped and reacted if it was that dramatic; and b) I would in no way champion the ethics of most business school students, but if this has become a classic and people actually talk about it and it provokes interesting discussions in class, I can't imagine it would be so clear and one-sided even for business school students. So I guess I felt it wasn't like I sat and consciously thought, "That's rude," and that's why I decided to read it, but I was sort of curious. [00:09:00] It made me wonder if you were doing the same thing like not recently, but there was a while there I was waving my arms and fussing that when you were feeling strongly about something you would present the story in a way to generate the response in me that you had, rather than having the response that you had more overtly yourself and then telling me what happened. It was like, "Can you believe this? I'm going to show you how people are such complete assholes," or whatever; rather than "Oh, my God. I'm so fucking pissed and these people are such assholes." It wasn't like you were deeply trying to conceal that feeling, you know, so hesitant to admit it. (both chuckle) I always imagine that it was because of anxiety that you felt about your feelings not being valid or your reactions not being valid. Or even if you know at one level that I'm likely to take your feelings and reactions seriously and have some confidence, at another level you're just so used to not having confidence in it that you were sort of trying to arrange the situation so you could then have your feelings and have them be valid; or that I could have them and maybe be valid or something like that. [00:10:41] This seemed a little like that to me. And clearly your crankiness plays a part. You said you were cranky but it, again, was less about the direct expression of being pissed off and cranky, although there was some of that actually part of the problem. Some of it seemed to also bleed into the narrative and facts of what you were describing. I'm not saying you don't have a right to be pissed and disappointed and aghast, in any case, but I'm saying you stacked the deck a little bit. Whatever. It seems psychologically relevant. [00:11:30]

CLIENT: Many years ago when I was working in [...] (inaudible at 00:11:33) department, which was more like six years ago or something, we had a little labor dispute which was the chair of the department we send out reference letters in bulk, basically, for all the grad students. It ends

up being my group handled 20 faculty members and each grad student was applying to a couple of places, so we probably sent out easily a thousand letters.

THERAPIST: Wow. Each student is applying to 15 places and needs four letters.

CLIENT: Right, and so we have this whole system for doing it. Part of it and also if you made this time like if we were late like if you [...] (inaudible at 00:12:39) and then there was [...] (inaudible at 00:12:40), and the whole shebang. And also students were supposed to...

THERAPIST: I'm sorry the letters were [...] (inaudible at 00:12:49) for faculty? I see.

CLIENT: A lot of times someone would request letters and it was like we just print out a letter. Sometimes we would shove three faculty members' letters into the same envelope because whatever. If a student thought the letter was unfair, they should tell us. This one year the students never we didn't get the complaint. The complaint went to the chair of the department, who then complained back to us via other people, so that was kind of a... [00:13:37]

THERAPIST: What was the complaint?

CLIENT: The complaint was a couple students said that their letters hadn't arrived at some of the schools and they were upset. Normally they would just come to us and say do whatever and we would fax it. We didn't know who they were. Also none of us remembered any students saying well, that's not true. Students would say all the time "Can you overnight it? Can you fax it," and we would. This was when we were still faxing them a lot. [00:14:36] The chair of the department decided that we needed to resend every single letter FedEx. Basically, it was Friday and he wanted them all sent by Monday. He wanted them all prepared to go out by Monday. The three of us were like, "That's a lot of work and that seems like overkill." I think actually people would be annoyed. It's a lot of work. There are other things we could do, like contact universities and whatever, so there were things we could do. He wanted us to work all weekend the department chair which we were getting through the manager of the department. I said, "Okay. I, for one, would like to get delivery pizza for dinner," partially because that day were also buying delivery dinner for the junior faculty. They got a delivery dinner once a month or once a week. [00:15:48] I wanted us to get dinner and I wanted comp time for the weekend. This was what I wanted for me. My department manager is kind of like, "Well..." I was like, "This is what I want. I'll do it." One person was like, "I have kids and day care." Also we're not allowed to work more than five hours extra without approval. [00:16:22]

THERAPIST: In theory, protective of you.

CLIENT: Right, because 35 to 40 hours straight time, so anything over 40 hours is time and a half. So if you work more than those five hours, it's still protective of the employee and the department has to pay out like crazy because it's time and a half and could eventually become double time. I think, in our case, it would become maybe time and a half and maybe time and three-quarters, depending on how many hours you worked. I was going back and forth on this

and the department chair basically was finally like, "Fuck it. Do it. Good bye," but he wouldn't approve anything. I was like, "Okay," so I went to the department manager. I was like, "I want these things." She, the department manager, and another person were basically like, "I don't understand why you're insisting on all of these things." I'm like, "Well, I don't know, because it's like reasonable..." [00:17:41]

THERAPIST: You said, you think...

CLIENT: I felt it was unreasonable to have us to work all this weekend without compensation of some kind. I was like, "I don't want money, I just want a day off."

THERAPIST: Oh, I see. So compensation doesn't mean money it just...

CLIENT: Yeah. It means that usually it's done invisibly.

THERAPIST: I get it. So you work on a Saturday and you take some Wednesday off. I get it.

CLIENT: Exactly, which is what everyone does. In September like if you work extra time in September or October, you have a couple of three-day weekends or whatever. I just got this very heavy pressure back saying no, that I should be a team player and I should just stay and work. [00:18:32]

THERAPIST: Was the question hanging over all of this about whose fault this was that this had happened? Were they kind of summarily assuming that this was your guys' fault?

CLIENT: The department chair insisted it was our fault entirely and he said he didn't think we were competent or could be trusted to follow up because he felt we had made some mistake in sending out letters. He didn't want us to follow up with the schools to ask if they had the letters because he didn't it was kind of unclear. It seemed like either he thought that we wouldn't do it or that we would lie about it. He didn't think that was an acceptable answer either, but he did want us to redo all the work. It's like two months' work, this job. [00:19:31]

THERAPIST: Yeah. It was over the course of two months or whatever. I'm sorry. I have some questions.

CLIENT: Yeah. It was a really rude situation.

THERAPIST: Did you guys also think it was your fault?

CLIENT: We weren't sure. What we figured is, because they were like well, things always slipped through, and I'm like, "It could have been our fault. We could have missed someone's letter or address. The other people could have lost the reference as well." It could have been either side. What we were more concerned about was that we wanted to know who it was, in part so we could redo it, but in part so we could see if there was a pattern. What happens is

whenever a student told us someone didn't get a letter we would be like, "All right. Let's look at our process and see what happened." And sometimes you could see... [00:20:37]

THERAPIST: Did the letter not go out at all or did it just go to some schools or...

CLIENT: Right. And usually you could see that it seemed like a FedEx got lost or maybe we missed it or we weren't clearly usually you could look at it and you'd be like, "Oh. It's really this problem."

THERAPIST: But they wouldn't give you that information.

CLIENT: Right, because the department chair said the students were worried about retaliation, which was weird. I was like, "What are we going to do? We're secretaries." Whatever. It was just very weird because it didn't really make any sense to me or to us. He just left. He was like, "I'm going away for the weekend. Good bye." And so a bunch of us were like, "Okay..." [00:21:40]

THERAPIST: Right. That was the department manager.

CLIENT: So the head of the department just left for the weekend. The department manager wasn't around and I'm like, "We can call her." Whatever. I'm trying to figure out what I could do. I was getting heavy pressure from the person below the department manager to just work all weekend. I said I would totally work the first five hours and I'd do it, but I wasn't going to work more than five hours. I was like, "Look, we're not going to [...]" (inaudible at 00:22:15) this department. Workers are supposed to be compensated for their labor. I'm a member of a union. You're violating my union contract. I know what you want, but what you want, I think if we knocked on some doors people might be like 'screw it.'" In fact, one or two faculty members were like, "What are you talking about?" Of course I should be compensated. The faculty couldn't make that... [00:22:47]

THERAPIST: Right. It was either the chair or the office manager.

CLIENT: Yeah, or someone else like that.

THERAPIST: Department manager, yeah.

CLIENT: Then it became this weird thing where someone else was like, "Well, I'll do it uncompensated." I'm like, "Yeah, but you're not involved in our system. You don't know how it works." Blah, blah, blah. She was like, "It never worked with us." And was kind of really back-stabby, so then there was this person who didn't know what we were doing, didn't understand, and was kind of back-stabby. It was a disaster. It went very poorly. We got tons of return letters because we were doing it so quickly. We made errors doing it quickly. [00:23:28]

THERAPIST: The end result was you guys actually ended up going in?

CLIENT: I worked five hours and was like "fuck you." My fellow the two people actually enrolled were like, "Nope." This was Friday, so we were doing it until 10:00. I was like, "No."

THERAPIST: The other two people you worked with did the same?

CLIENT: Yeah. We kind of were like, "Do we all agree to this?" This other person was finally like, "Fine. Then I'm just going to take it all home." Blah, blah, blah.

THERAPIST: The back-stabber? [00:23:59]

CLIENT: The back-stabber. And part of my thing was that the way this is the way that we had it set up: We would also divvy up the FedEx forms on the computer, which is awesome. But, because of all the various things, we had to hand-write all the FedEx slips.

THERAPIST: Oooh. A thousand of them?

CLIENT: Yeah. I mean, not in the end because [...] (inaudible at 00:24:26), but hundreds. So we got tons of returns.

THERAPIST: Because you just made mistakes.

CLIENT: Yeah, or they couldn't read the handwriting or whatever. It was nuts. It went to the union, who read the letter. I wrote a letter explaining the situation. [00:24:52]

THERAPIST: It went to the union?

CLIENT: It went to the union to complain.

THERAPIST: The three of you?

CLIENT: The three of us went to the union to complain and the union asked for a statement of what had happened, so I wrote one up and the rest of my team agreed with it and I sent it off. The union rep was like, "This is a really great letter that we can't use because the only conclusion we can draw from this letter is, first, that you could make the argument that there wasn't any [...] (inaudible at 00:25:25)." The argument was we were being unfairly asked to work without compensation. He was like, "Yeah, you can't. That's not a negotiating tool." [00:25:37]

THERAPIST: I see. So it would have been a good legal argument, but it's not a good start of negotiation. Like that?

CLIENT: He was like "This is a really persuasive letter that isn't the way to start a negotiation because there's no where to go."

THERAPIST: It's a combination, I guess.

CLIENT: I wrote it like I would write an essay. I have an introduction and I will prove this happened.

THERAPIST: Probably a condemnation. I understand that you thought of it as an essay and so forth. I guess my point is...

CLIENT: No, no. I was pissed. I know I was angry. In my opinion I was like, "There is only one answer."

THERAPIST: It may well deserve the condemnation.

CLIENT: Yeah. I felt very strongly about what I was writing and I do want to make a persuasive statement that indicates what I think is the right and wrong thing that happened. First he was like, "We can't use this." Then he was like, "Do you want to run for the union?" (both laugh) No, thank you. So that was fun. Yeah. I don't know. [00:26:55]

THERAPIST: Like what was your point.

CLIENT: My humanities training certainly taught me how to write a persuasive argument, so there is that. The other thing about the sadhu article was also that I think part of why I stacked the deck so hard against the businessman is partly because I thought we were going to have this discussion about like I thought there was going to have a longer discussion about that ethical conflict.

THERAPIST: You mean with your classmates or between you and I?

CLIENT: In that article. I thought the article was going to be about that, so I'm like, "I don't understand what just happened." It's not totally black and white. He did come up with all of these reasons, but I'm like, "I understand that you have all these reasons. I get you want to do this and I get that you didn't want to back-track two days. I get all of that. I think you're wrong." I guess what I felt, in large part, was that he did say it was in the moment and I thought about it more muddled in my mind or whatever. [00:28:41]

THERAPIST: He actually holds himself responsible. He says it was the heat of the moment, you don't have much time, "I was really excited about..." whatever.

CLIENT: Yeah, he was rushed.

THERAPIST: He says, "On the one hand, maybe if I had more time to think about it I would have decided differently." And then he says, "But on the other hand, that's kind of true of a lot of really important situations or situations that draw on our character values." In other words, I guess it read to me as though he wasn't easily going to let himself off the hook in saying that he was

rushed. I read it that he found it to be a bit of a cop-out to say, "I was rushed. If I had more time to think about it..." or something like that. [00:29:39]

CLIENT: Yeah, I don't know. I think, in the end, I still had this very strong like, "This is your vacation, dude," and I don't know. I guess it was hard because I know that we all think, "No. In that situation I would totally have done that," and often in that type of situation you don't for a variety of reasons.

THERAPIST: The part that I find most interesting is that you've (chuckles) actually misrepresented it and actually made it sound more one-sided than it was. As best I can tell, I kind of personally am on your side, but I have to agree with you that I think it's ridiculous to let a vacation, however stupendous, get in the way of getting somebody who might die to a relatively safe and secure situation or something like that. Yeah, that's the part I find interesting. (chuckles) [00:31:19]

CLIENT: Yeah. I really didn't remember it was the anthropologist. It's funny because I also know that I'm bringing in my own thoughts about the trend towards the way westerners going on vacation, especially in the Himalayans and Everest and doing these hikes that they're not really ready for necessarily. And, much more with Everest, the part of dying and the ways in which the Nepali people and the porters are both making money but getting exploited also in weird ways and there is this whole thing. Then there's the cultural tourism in general. I think he would have risked that and given him more respect if they were like a Catholic ethnic. [00:32:36]

THERAPIST: Absolutely, let alone some well-dressed, middle-aged, white woman. Absolutely.

CLIENT: Yeah. And then there's the sort of...

THERAPIST: That Nepali in a loincloth. Sure.

CLIENT: Yeah. It was kind of like, "Really? Ugh." I was thinking of [...] (inaudible at 00:32:56) "In order to fix one life, I will go to India."

THERAPIST: Is that what...?

CLIENT: There are a lot of things she does, but, yeah, the sort of unkind version is it sounded like this woman had sort of a mid-life crisis and was like, "Dear husband, I've got to go. I'm getting a divorce and I'm going to go to Italy and eat a lot of pasta. Then I'll go to India and spend a lot of money doing the things that you do and the simple people of India will inspire me to discover love and happiness through..." Blah. There is this whole narrative of going to India and seeing the elephant and you're like, "Oh, my God. They're so primitive" thing. [00:33:53]

THERAPIST: Right. This is going to help remind you what life is all about.

CLIENT: Yeah. They possess the secret of joy because they're so simple or exotic or whatever.

THERAPIST: Savage thing?

CLIENT: Yeah. And particularly like, "Why do you need to go to India?" I really want to go to India, too, and I figure a lot of complicated things around being someone who's from the U.S. must go to India that get really weird and complicated. Also missionaries and there are like a whole tangle of baggage, shall I say, that I have about this person. [00:34:49]

THERAPIST: Sure. Maybe I'm not being fair to you but, again, I don't know if it helps but he's on a six-month sabbatical from a big financial firm where he's worked a long time.

CLIENT: He's like "Nepal" And I'm like, "Yeah, and similarly..." When I was in the [...] (inaudible at 00:35:12) department, that department chair would come to hold a meeting with all the staff. He came in and was so this is crazy like, "Well, you know. Nobody really wants to be department chair because it's annoying." We were like, "All right. Sure." [...] (inaudible at 00:35:38) He had mentioned that he was on vacation in a house in the Swiss Alps. "I was on vacation in the Alps and I got this phone call about being department chair," and we're all kind of like hold up. (both laugh) [00:35:59]

THERAPIST: Really?

CLIENT: Yeah. Because he's just going on about it a little bit and basically his awesome trip to the Alps was ruined by being asked to be department chair and we're all like, "Could you give us a raise?" basically. It was a very off point. He came back to it another time towards the end where he was like, "I just want to be back in the Alps." [00:36:50]

THERAPIST: So it had that almost colonial aspect of it and the entitled aspect of it.

CLIENT: Yeah. My own personal desire is the discomfort that I totally want to go to India and do that well not that but... and I feel rude about it.

THERAPIST: We should stop.

CLIENT: I'm glad you were there. (both laugh)

THERAPIST: Yeah. Me, too.

CLIENT: I guess I'll see you on Wednesday.

THERAPIST: I'll see you on Wednesday not Tuesday?

CLIENT: No. Tuesday, you're correct. Sorry/

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I don't know. So, after we talked on Wednesday, I found myself feeling kind of, I don't know, maybe prickly, or a little bit defensive about oh my goodness, sorry the [inaudible 00:00:51] and I was just like, [inaudible 00:00:55] why am I so. I'd rather be -[inaudible 00:00:59], so I've got to deform [inaudible 00:01:00] because I was thinking, why is this way sticking in my head? But I think part of it is when I came in last week, [inaudible 00:01:13] was like, [inaudible 00:01:15].

[00:01:16]

[inaudible 00:01:19] I wasn't, in a way and I think what you may have said was intended as a entirely factual statement (Laughter) which I think is a [inaudible 00:01:31], but I don't know, it goes kind of in that like -

THERAPIST: There was this story on TV, I forget what -

CLIENT: Yes, I heard of this man who said that 90 percent of Planned Parenthood's funds goes to abortion which it doesn't and when questioned on it, he said that it was not intended as a factual statement, which is amazing (Laughing) and [inaudible 00:02:02].

THERAPIST: I really, really hope that this is the [inaudible 00:02:06] that heard though, right? [inaudible 00:02:07] the same thing, one goes to the other, "well, here's why", and the other one says, "well, yes, hear me out."

CLIENT: Yes. (Laughing)

[00:02:20]

THERAPIST: Well, and it makes sense.

CLIENT: Yes, I mean, I guess that's kind of thinking in because I was just feeling so angry and cranky, I was just kind of like, everything is horrible.

THERAPIST: Yes.

CLIENT: Like when I go to my closet, I hate all my clothes and I [inaudible 00:02:44], but in this moment, it's all [inaudible 00:02:51]. The other thing I was thinking about is that when I describe something that happened to me like I could be totally lying, and you'd be like, "what happened", because you don't have any [inaudible 00:03:10] verification, right?

[00:03:11]

THERAPIST: That is very true.

CLIENT: And I was like, "oh", but this article is case where we could both be like the same thing.

THERAPIST: I don't know. When you were saying about sort of how sometimes I will describe my way to a situation for you because I want you to have a reaction, what did you do?

CLIENT: I don't know, there are some situations where I want to be insanely scrupulous about, like this is my [inaudible 00:04:09].

THERAPIST: Yes.

[00:04:10]

CLIENT: Especially if I'm feeling hurt by what happened, or [inaudible 00:04:17], "why did you do that?" And then there are the cases where I'm just like, "whatever", like everything is I don't know. I think I actually have just been like I'm just mad at this thing and I'm [inaudible 00:04:43] explaining the ins and outs. I was thinking, [inaudible 00:04:52] sometimes you want to tell someone the [inaudible 00:04:53] so [inaudible 00:04:53] saying what you're angry about.

[00:04:55]

THERAPIST: Sure.

CLIENT: Yes. And then other times I don't know, I think here I tend to more talk about [inaudible 00:05:07] want to present a fair depiction, or unbiased depiction of what happened to me. I think because I don't always feel confident or secure in how I reacted, and especially if it's a case where I'm feeling like, "okay, so it seems like the sky is blue." A person's like, "yes, well maybe it's kind of green." "No, are you sure?" Alright, so we have these sort of or are like, I don't know if everything I was thinking about was when Gary [ph] at work one time, [inaudible 00:06:09] it was disgusting, it was [inaudible 00:06:11].

[00:06:12]

And this was re-doing his PowerPoint slides for a talk he had given, which is incredibly boring, and blah, blah, blah. And so I was like, "you know, it's kind of interesting because this part you were describing doesn't really sound like open access", and you think, well, you still understand. And so it just felt very surreal so I'm like, I didn't know [inaudible 00:06:52], but maybe you're also so like, "oh, you so understand." And like, maybe there's a special [inaudible 00:07:05].

[00:07:13]

There's something about when someone is just there are a lot of things [inaudible 00:07:21] where you can have diversity to [inaudible 00:07:22], or whatever, but then there are times when

I'm like, (Laughter), no, that's just not what that is. And that's also where I'm just like, I [inaudible 00:07:37] is not, but I just feel like with everything I know and understand is telling me this, that means you [inaudible 00:07:50] position or power of authority is saying none of it happened, or that I wasn't accurate or something?

[00:08:04]

THERAPIST: I think that for is or [inaudible 00:08:07] on, (background noise) very important for you. And my impression is that basically, [inaudible 00:08:21], do you know what I mean?

CLIENT: Yes. Like the way my mom acts towards me, or like -

(pause)

THERAPIST: These (background noise) [inaudible 00:08:45] or interactions feel very much like the sorts of interactions [inaudible 00:09:03], and where you in your mind are in a certain role, and the other person's in a certain role (pause)

[00:09:31]

I'd rather it have that kind of familiar feeling to it.

CLIENT: Yes. I also feel like one of -

THERAPIST: I have more I could say, but go ahead.

CLIENT: No, [inaudible 00:09:56], I would like to hear what you -

THERAPIST: Okay. And I imagine that there are sometimes when that experience of a situation sort of depicts quite accurately what's going on, and other times where it doesn't quite, but that's such a familiar group for you to be in that it feels that way.

[00:10:32]

Or because it has some features of that, it feels like that. That's what generally happens, these sorts of projections that we come to there's he's got situations that are like that or [inaudible 00:10:49] I feel very much like that, or sometimes maybe situations which I [inaudible 00:10:53] like that [inaudible 00:10:54]. And I think it probably relates very closely to the other dynamic you were referring to in which you tell a story in a way that holds for the reaction you had in the other person, without your having that reaction in the moment.

CLIENT: The moment of telling it.

[00:11:37]

THERAPIST: Yes, exactly. The telling isn't about like, "Ugh, I was feeling this way and that way", and so the other person is sort of explain to them, sort of putting them a first-person narrative in a way.

CLIENT: Yes.

THERAPIST: What it was like for you. I think that relates to this [inaudible 00:11:54], there's another transference thing in that -

(pause)

[inaudible 00:12:05] it's all about you not having a voice, or opinion, or way (background noise)
[inaudible 00:12:13] that for me is one of the hallmarks.

[00:12:19]

And it's like, [inaudible 00:12:21] is not hearing you, there not taking what you you know, it's not like they're taking it in, thinking about it, and disagreeing with it, or criticizing you about it they're just not having it at all. And so I think you worry about people doing that, and one way you navigate it is to sometimes present things in a way the other person has the reaction that you were having, so that that they need to be more sure they're going to be they're going to be there with you.

CLIENT: Right.

THERAPIST: Whereas you worry that you just had the reaction yourself in front of them, they wouldn't see it as legitimate.

(pause)

[00:13:09]

In a way, I don't think it's all necessarily that whole [inaudible 00:13:15]. I don't think with me you expect at one level that I'm going to not take in what you're saying, or say, "you couldn't possibly have felt that way."

CLIENT: Right.

THERAPIST: "The story just wasn't like that at all." [inaudible 00:13:27] really kind of, you're used to worrying about that and you manage the worry, or manage the situation (background noise) in part by presenting things in such a way that like, after I hear the story, I'm indignant, you know, and I'm angry at those people. And so I can not only learning that your feeling is

legitimate, I'm having it myself, and maybe there's another wrinkle of what happened on Wednesday where at times, was very really mad or upset about some things -

(pause)

[00:14:10]

that maybe [inaudible 00:14:11] some of the facts in a way that again would lead me to have your reaction as well.

(pause)

[inaudible, 00:14:29] I happen to have pretty much your reaction anyway [inaudible 00:14:33] having read it myself. But there was no way I was not going to have it, hearing your version of it. I mean, that sort of [inaudible 00:14:43] a little bit, but if you know what I mean.

CLIENT: Yes.

THERAPIST: And I think that sometimes I'm not sure how clear I'm being. Is this sort of coming together?

CLIENT: It is. I mean, I know one of the reasons sometimes I will -

(pause)

[00:15:09]

describe what happened and not how I felt I think sometimes because in whatever happened with [inaudible 00:15:26] situation, how I felt was no one cared, do you know what I mean?

THERAPIST: I think that is the central part of it, yes.

CLIENT: What I think and -

THERAPIST: I think it's really awful, too.

CLIENT: Yes, I mean [inaudible 00:15:46] if I explained it in a way that removes the emotional in it, or was more [inaudible 00:16:01], or I don't know not clinical, but If I described it as kind of like a news story or -

[00:16:12]

(crosstalk)

THERAPIST: [inaudible 00:16:12].

CLIENT: Yes, or [inaudible 00:16:14], I think acting in a certain way [inaudible 00:16:20] on paper almost, in my head. Or I'm like, "well, I have to have some resources." I often feel like -

(pause)

a little lesser now, but sometimes I feel like almost like my sources and not as details the authority won't like, [inaudible 00:16:43]. But it's like, "well, in my argument of why this situation was crappy, I would like to bring in some relevant thoughts by these other people."

THERAPIST: Yes.

CLIENT: And kind of back up.

(pause)

I think also in part is I don't -

(pause)

[00:17:10]

I often don't feel like me if I say, "that sucks", or, "that was a bad idea". My experience [inaudible 00:17:24] is like other than that, are [inaudible 00:17:25]. I was like, "wow you know, I read blogs saying this thing which I really agree with, which is the [inaudible 00:17:36]. That makes it more likely to be heard.

(pause)

And I also think if -

(pause)

[00:18:00]

So four years ago or something like that could be longer I was heavily involved in this sprawling [inaudible 00:18:21] discussion of race and racism, and science fiction and fantasy writing, and tandem, and culture and it started out with this one author saying, "this is how white people should write characters of color as a white woman." And I making [inaudible 00:18:49] that is so true. God, you're amazing. (Laughing) And unfortunately, that's not [inaudible 00:19:00].

[00:19:00]

I mean, if you could [inaudible 00:19:03] -

THERAPIST: (Laughing) That's why I was laughing, because -

CLIENT: I know.

THERAPIST: [inaudible 00:19:06], but I [inaudible 00:19:08].

CLIENT: It was just appeared like you know she goes, [inaudible 00:19:13], you know. She has a large following and like there's the people who she knows some of them right. So there's that, and I think at the time her [inaudible 00:19:28] latest book series had one of the lead characters wasn't white, and she was like, "look at that amazing thing", and so she was very proud of herself for it. And a couple people were kind of wondering, "you know, I feel where you're coming from, but a few of these things" -

THERAPIST: And I'm sorry, were the [inaudible 00:19:58] wondering, or white people, or black people -

[00:20:00]

CLIENT: People of color myself included. And this is one of those situations I [inaudible 00:20:05] didn't like, so I was just kind of like I can't remember. Someone was like there was some kind of little [inaudible 00:20:10], and was like, "yes, this person [inaudible 00:20:13]", you know. I really can't remember what it was anymore, and I was like also, you know, it feels a little weird to have a white author telling white people how to write [inaudible 00:20:28] people of color makes me feel a little uncomfortable, especially since so many of these authors are willing to spend tons of time researching medieval French clothes. And if you're willing to spend two months doing that, you can read a book, or talk to someone there are things you could do.

THERAPIST: Right. Right. Research relating to writing about people of color.

CLIENT: Right. You could do enough research to know that Korean and Thai cultures are very different actually, and you shouldn't just make them all the same.

[00:21:11]

Or like African is [inaudible 00:21:15] country. [inaudible 00:21:16], and there was a very strong reaction [inaudible 00:21:27] about the people [inaudible 00:21:31] what we mean. And it looked like it really [inaudible 00:21:37] you know? Like all of the blogs, the everything, and oh my God, and -

THERAPIST: Yes I I'm sorry, I [inaudible :21:46], but it's so often and I know this is from reality, it's just sort uncannily similar in that -

(pause)

basically when you bring up something like that with the right person (background noise) and I didn't deny any of that at all -

CLIENT: Right.

[00:22:16]

THERAPIST: Like you often get super defensive about that kind of stuff. My point is that you get that exact same response you get in all these other situations where somebody's saying, "no, no, no, I will not even entertain at all. I will not take in, consider talking to you in some sort of mutual way about what you think, or where you're coming from on this" -

CLIENT: Yes.

THERAPIST: Yes.

CLIENT: And also there's the weirdness of people telling me like I don't know my own life, I'm like, alright. So I found myself saying the same thing all the time, and then people were like, "no", but Martin Luther King said, "don't judge people by the color of their skin", blah, and I was like, "oh my God". And so over this horrifying little thing. And I'm basically collecting a bunch of things to like article and essays about, "this is why you're wrong". I would [inaudible 00:23:35] and I'm like, "okay, we'll start [inaudible 00:23:37], read these four things, then come back to me". And it's also a really great way to make someone that I see sort of like stop someone from having a [inaudible 00:23:52] because I'm like, "well, if you read these, I'll continue this discussion", and then they're like, "fuck you", which is something. But the downside is that for it to actually work, it also requires me or I felt that it required me to be scrupulously very careful in what I said, very calm, because people always complain like, "why are [inaudible 00:24:40] angry and mad at me", and I was like, "[inaudible 00:24:43], this is very nicely phrased", blah, blah, blah, blah, blah.

THERAPIST: Right.

CLIENT: And -

THERAPIST: Today I'll get to the anger if I turned it off.

CLIENT: Right.

THERAPIST: Without being further [inaudible 00:24:54].

CLIENT: And really, another person who I very much look up to. I always hoped there was some [inaudible 00:25:05] writing community and they were doing sexual cakes. So they were like, if you're in your twenties, [inaudible 00:25:13] to worry about.

[00:25:14]

And one of them was they did miscegenation or interracial sex was one of them.

THERAPIST: What was that first word?

CLIENT: Miscegenation?

THERAPIST: What does that mean?

CLIENT: It means interracial sex.

THERAPIST: Oh, okay.

CLIENT: Specifically [inaudible 00:25:30], it refers to like family.

THERAPIST: Okay.

CLIENT: And [inaudible 00:25:34], they might see some [inaudible 00:25:37], and they do. So someone was like, "hey, I don't know", and they just very politely were like, "I don't know if you've thought about this, but it's a little offensive", you might [inaudible 00:25:53] want to [inaudible 00:25:56] exploded in rage, and she was so mean, and blah, blah, blah, and she's explain. And this person is like finally just posted the e-mail, and she's like, "wow, that's a very" -

[00:26:09]

THERAPIST: Right.

CLIENT: Because of varying -

THERAPIST: Measures.

CLIENT: Measures whatever, and so I [inaudible 00:26:19] with her is when people her problems of getting obsessed with not having a mean tone. If you're always trying to sound measured and polite, et cetera, then you're keeping yourself respecting a lot of emotion, and also you inadvertently end up setting up -

(pause)

so let's say myself and other black person go through about something.

[00:27:06]

THERAPIST: Yes.

CLIENT: And I was super like, [inaudible 00:27:07] a lot, and the person who's like this really pissed me off. Then it's like, "oh, well [inaudible 00:27:14] such a nice, reasonable person. That other person's really terrible", and so it felt just weird I can't competition values and then where I'm played as a nice, reasonable person, and the person's horrible. I'm like, "wait, no, no they are also correct", and that's a problem. And then more generally, the policy[ph] of respectability, which is basically that, but also [inaudible 00:27:50] anything like, call this about respectability, you will always [inaudible 00:28:02] like, "yes, okay maybe".

[00:28:05]

There are times you'd be [inaudible 00:28:07] if they find whatever. But the [inaudible 00:28:10] of respectability aren't efficiently constrained to you, and forces you to act in all these ways that you're not allowed to have emotion. You have to always be better than, calmer than, more reasonable than, and you know (pause) and so it also ends up further more advising people within a group, so a lot of gay pride parades don't like having drag queens in the pride parade, or guys in leather, or transgender people. It's like [inaudible 00:28:55] is that image, and its like, "well, fuck you because the [inaudible 00:29:00] me too". And your attempt to whatever you're trying to do or gain through respectability, you're also hurting people within your thing.

[00:29:15]

So that is something that I'm kind of always struggling with. I would say my dad, his family [inaudible 00:29:34] was super [inaudible 00:29:36] through respectability, NAACP, [inaudible 00:29:40] all these other things. And hard is that is definitely what's been drummed into my head.

THERAPIST: Yes.

CLIENT: But I don't -

THERAPIST: Can I call it kind of the values that go along with [inaudible 00:30:02] respectability.

CLIENT: Yes. [inaudible 00:30:04] and uploads, and all this memory, and so I'd be like, "wow, this is hurting me".

[00:30:17]

I've been able to see for [inaudible 00:30:19] I'm like, "yes, it's a crappy for [inaudible 00:30:21]", and I'm slowing being like, "no, this is also bad for me as a person to keep on doing that", and

because I don't get to have feelings and stuff. And then also, I feel like people from the outside are saying I'm the reasonable one and I should listen to you. And then I [inaudible 00:30:52] find myself thinking, "well, I am the nice, reasonable one. Why does that person have to be so angry?"

THERAPIST: Oh, I see.

CLIENT: And then I'm like, "hey, hey" -

THERAPIST: Whoa.

CLIENT: Then I yes. [inaudible 00:31:04] get to be angry. And it's hard -

(pause)

[00:31:16]

I always want to smooth it over, do you know what I mean?

THERAPIST: In that given situation, or starting [inaudible 00:31:29] as more generally?

CLIENT: Just generally.

(pause)

Let's say there's a bunch of people at a party talking. I often find myself thinking, "do you really have to pick? I don't really want to do this right now", or, "can he let this drop this one time", or "do you have to be so mad about it", or -

THERAPIST: [inaudible 00:32:06] upon yourself.

CLIENT: No, thinking about what I'd say to someone else who's actually both more points [inaudible 00:32:11] I just don't want to.

[00:32:15]

And part of what I don't want for me, I don't want to be the nice, reasonable person right now I don't feel like it. It's a lot of work and I'm just not interested.

THERAPIST: And there's a way in which it's quite a process to you. I'm not saying it's not strategic and that I can understand why you it, and if call it [inaudible 00:32:43], I'm taking your more [inaudible 00:32:46] to be that where we're going [inaudible 00:32:50] is that really a lot of it has to do with the policies of respectability, and the how you had to manage the sorts that you've been referring to by sort of squelching how you feel.

[00:33:26]

Do you think you're describing are actually what's more present in your mind as writing the kind answers we're talking about, and [inaudible 00:33:36] stuff that I'm referring to.

CLIENT: Yes. That's very important. But then there are times where I do [inaudible 00:33:47] have that moment of like, "ugh", like I [inaudible 00:33:54] -

(pause)

Like there are times when sometimes they sort of [inaudible 00:34:01], and the argument being like, "I've had this argument before", and this is and I have in my head [inaudible 00:34:10], it's like I'm doing what your calling was the transference -

[00:34:13]

THERAPIST: Right.

CLIENT: again, I'm experiencing that again.

(pause)

THERAPIST: Some of the others is really much more meeting in mind.

CLIENT: Yes.

THERAPIST: [inaudible 00:34:30].

CLIENT: It is, and I think part of it is having more friends who are I don't know, [inaudible 00:34:58] to express anger in ways that don't leave everyone upset, and ways that don't feel so scary to me.

(pause)

[00:35:10]

Like sometimes, the ways someone will express their anger feel very [inaudible 00:35:19], it's not just a physical [inaudible 00:35:22] because sometimes I'm like, "holy shit, that feels like a lot that you're expressing right now, and I don't feel like I can handle that right now", or if feels so explosive, or like it's not going to end like they're just going to be angrier, and angry, angry, angrier, and that's hard for me also yelling. But I don't know, having some people I know for a more comfortable I don't know, I'm not sure really how to explain, but when they're angry, I don't find it scary and sometimes I'm just like, "Oh, I'm not going to do that".

[00:36:18]

I just don't want to feel like that's not how I'm ever going to react, but I totally respect how you're reacting, and in some cases I think I would like to be able react that way or partially react that way, if that makes sense.

THERAPIST: Yes. [inaudible 00:36:47] to start a little bit though, you think hasn't that been a factor to -

CLIENT: Oh, so having friends who are supportive for me being moderate in measures also. [inaudible 00:37:06] if your anger -

THERAPIST: Yes.

[00:37:10]

CLIENT: If I [inaudible 00:37:12] measure the other person won't get you [inaudible 00:37:17], so I am the nice, respectable person who's so [inaudible 00:37:22] that -

THERAPIST: I see. Then there's another sort of influence on your developing this way and handling the angry -

CLIENT: Yes. And it's also very much when I'm the only member of "X" group in a room, and somebody there wants to ask me questions about how to the black [inaudible 00:37:56], and I'm like, "don't know if I [inaudible 00:38:00]. Or someone says something offensive and it's just like, "I [inaudible 00:38:04]". But I feel it always feel this time of, I should really say something.

[00:38:17]

THERAPIST: This is incredibly burdensome and oppressive.

CLIENT: Yes. I think it's like the teachable moment phrase I think puts so much of the burden on the person being more [inaudible 00:38:36] and harassed.

THERAPIST: Absolutely.

CLIENT: And these and people who are engaging in a [inaudible 00:38:43] behavior get very I don't know guess it's very like, "well, why didn't you get mad at these people?" And I'm like, "I don't know, why didn't you?"

THERAPIST: Yes.

CLIENT: And I want to not be stuck in that, and so having friends who are more able to express their anger or concerns -before inspirational, so that's weird, but it kind of shows me that if I was, I could be really angry and passionate, and also be chill, and it would be okay.

(pause)

THERAPIST: I mean, I'm thinking of something like the relationship between gears in a car, you know, [inaudible 00:39:54].

CLIENT: Mm hmm.

THERAPIST: Be angry, and not as [inaudible 00:40:01] on [inaudible 00:40:01] it.

CLIENT: Yes.

THERAPIST: And so should that [inaudible 00:40:05] come, I think you can sort of squelch the angry, but you know like how in a conversation, somebody might be really angry about something and then the topic changes and they settle down, and then you're like a huge deal kind of made [inaudible 00:40:18]. But are you [inaudible 00:40:22], are you [inaudible 00:40:27] just to be angry like that.

CLIENT: Yes. Before I get angered is third gear -

THERAPIST: Yes.

CLIENT: But I think I'm like [inaudible 00:40:35] for a sec. I don't want to and it's also made me think about the friends who express their anger in ways that do make me either scared, upset, or I feel like if I start engaging with them, it's going to spiral up like one of my friends, Wanda [ph], when she gets really passionate, and angry, and very vocal, I guess I feel like I can meet her where she is. And I feel like she's upset because of the issue, and there's a certain level of upset that she's going to be having about it like, "I'm really mad about this", and okay [inaudible 00:41:40], and it's not going to suddenly be like she's not going to go from, "this pissed me off a little bit", to screaming. It's kind of like okay, this is happening, this is [inaudible 00:42:05], and I can see where she's going.

[00:42:11]

I'm like, "okay, I see how your progression of aggressions is going"

THERAPIST: I guess, more realized.

CLIENT: And there are some people who I feel like I have no idea where they're going, and I feel like scared that that anger is either already kind of lashing out at me, or that they're going to, and that I don't know what is going to cause that. And I also (pause) kind of weird because I

have so many people, friends who I keep in touch with online or when they're online, and there's also the [inaudible 00:43:08] that people who like, "yes, oh, okay. We can [inaudible 00:43:12], [inaudible 00:43:13], whatever".

[00:43:14]

And then suddenly there's a three-hour rage come on and I'm like, "what the fuck just happened?" And that I find very irregular in somewhat trying to [inaudible 00:43:41] I don't want that. That's not I don't know. I still believe that we totally have the right to be angry, I think I have the right to say, "I'm uncomfortable with that, I'd like to go".

[00:44:04]

THERAPIST: Yes. We have to stop for now. I think there's someplace that's like on Thursday if you wanted me to -

CLIENT: I have Thursday plans already.

THERAPIST: Oh, okay.

CLIENT: But thank you.

THERAPIST: Are you okay?

CLIENT: Yes. I went walking around yesterday in the snow, and wow.

(Laughing)

Like you just [inaudible 00:44:32].

THERAPIST: Yes.

CLIENT: Yes. But [inaudible 00:44:37].

THERAPIST: Gotcha. Okay, and I'll [inaudible 00:44:41] -

CLIENT: Tomorrow.

THERAPIST: Tomorrow, yes.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: But the [inaudible 00:00:02] to actually stick a heat pack on my leg, which I did while you were out.

THERAPIST: Are you in a bunch of pain?

CLIENT: Mm-hm. (pause) Made a tactical error today, which was so I've been kind of failing to find an apartment, and that's partially because the rent that we want is under market and our apartment's under market, which we like [inaudible 00:00:48]. That's one of the reasons why we stayed, even before our landlord lost his mind. So I called the place, and he's like "I have two places that are close [inaudible 00:01:01] you want." Basically he's like, "Can you meet now?" I'm like "Okay."

[00:01:09]

I did the bus schedule, figured out they could get dressed, ran out the door, and kind of speed-walked to the bus stop, and it hurt. I was like, "Well, it's a little sore. It's not too bad." And then while he was showing me, I'm like "I fucked up." It's like exercising without stretching. And the cold, and every it was kind of like a series of bad decisions all at once. Part of the reason why [inaudible 00:01:52] I want to see it right now, right now, is this was one of the places was I kind of didn't want to spend \$1700, max \$1900. [inaudible 00:02:07] \$2000. And this was \$1800. I'm like "Fine, it's close."

[00:02:13]

And it met basically all the criteria, except there's not a dishwasher. Which sucks, but and it doesn't have a big guest room, but a lot of space, it has porches, it has all these things we wanted. They allow cats, which is perfect. And the kitchen is newly renovated, washer, dryer in-unit for free. Actually also really close to Ashby's Yoga class that she likes and it's a couple blocks away from where we used to live. Actually, the same street where some friends of mine used to live. So I'm kind of like, "Well..."

[00:03:00]

So I texted Ashby to see if she could arrange to look at it tonight, and I really hate making fast decisions. I really, really, really hate making fast financial decisions, Ashby makes less money than I do, etc. So I obviously really want her to see it. So about 15 minutes ago, I got out of the subway and she called, like "Do you want to take it?" And (pause) I said yes, and I'm still very flustered about it. Because I said yes at like 5:15. At the foot of the elevator, I'm like "I have to go right now, but..." (pause)

The question that I sort of have that couldn't really be answered in 10 minutes was how much out of her price range is it. And (pause) like I said, I am willing to pay extra. Like if it's really unaffordable for her, I'm willing to pay -

[00:04:22]

THERAPIST: A little more.

CLIENT: Yeah. But I'm still kind of like, "That's a lot of money." Also for whatever reason, I still haven't I'm not sure what it is with the short-term disability, there should be a difference in my pay is varying every pay period by several hundred dollars.

[00:05:00]

THERAPIST: That's weird.

CLIENT: Yes. And I called about it. Well, you know, basically they're like, "Well, that happens sometimes for reasons. It will get evened out in the end." I don't like that. (laughs) I had to make them cut me a check. Right before Christmas, they had given me a check that was less than half of what I normally get, and I was like "I can't pay the rent. Cut me a check immediately." And they did, and whatever, I paid the rent. But (pause) it was stressful, because I'm sick of budgeting. I think it's affordable for me. I think it's affordable for me if I pay \$1100 and she pays \$700. But I would feel better if I knew what my monthly paycheck was. Yeah. (laughs)

[00:06:03]

THERAPIST: Sure. On the other side of the [inaudible 00:06:07] equation [inaudible 00:06:09] what you're getting paid. Yeah.

CLIENT: Yeah. And I still and I also I have not successfully gotten in touch with the insurance about how they're reimbursing me, and they called. [inaudible 00:06:26] didn't actually help. Because they were like, "Well, does your provider bill Blue Cross Blue Shield?" I'm like, "Yes." Then they said "call Blue Cross, not us."

THERAPIST: What was your question?

CLIENT: My question was could they tell me more of when I'm going to get a reimbursement check, and then how is that going to work.

THERAPIST: Right. Yeah. The only thing I know about that is that they have started sending them out as of this week. I got notice in the mail yesterday indicating that they were starting to send checks out. The only reason they got [inaudible 00:07:11]. I'm not sure why; I submit everybody's stuff at the same time, and I do it every other week, essentially. But [inaudible 00:07:23].

[00:07:24]

CLIENT: Yeah. No, I suspected I could just sit down on hold with Blue Cross and ask them. So that's happening. Also got an e-mail so tomorrow, the various managers are meeting to discuss my return to work. And that's really very stressful for me right now. And then I got [inaudible 00:07:51] e-mail about how long my short-term disability benefits are currently proved for. One person said the 28th, the other person said the 20th. Which is not the same.

[00:08:03]

THERAPIST: Right. [inaudible 00:08:05] far away.

CLIENT: Yes. And I'm just super oh, and then I also decided, while this was all happening, I finally decided to start mentally panicking about packing. Because I've been actually very chill about it, which is weird for me, only today it's just kind of like -

THERAPIST: You're really freaking out.

CLIENT: Yes. And I can't just go home and lay down on the sofa and sort of collapse. I'm meeting a friend for dinner right after this. (laughs) Yes. I just I don't know, I feel like I just made a bunch of mistakes. I don't know.

[00:09:00]

But a part of me is like, I have made some mistakes in planning this day. Mostly just the running out the door was a stupid idea. And I was actually not running; I was walking quickly. I didn't think it would hurt as much. [inaudible 00:09:15] I think that it's really important to have friends drive me to work, because wow, that sucks. But yeah, I feel like I just (pause) I don't know. I feel like everything's out of my control. (pause)

And (pause) I this also there's a disability coordinator, a staff coordinator at Cambridge, someone named Esther. She's the person I talked to that then coordinates everyone else, sort of. Or tells me who to talk to.

[00:10:05]

(pause) So I started feeling anxious yesterday, and I was like, maybe I'll just call her tomorrow and say I feel anxious about this. I'm worried that they'll reject back to work thing, or they're going to reject that they're not going to agree to the modifications I requested, and I'm actually scared about that. But I don't know if it's appropriate to just call her and be like, "I'm really freaked out, hey." (pause)

[00:11:00]

I guess [inaudible 00:11:04] I had not had been doing that with HR in general, and I'm just also, she can't really it's not something she can really answer.

THERAPIST: Right. (pause) Right. (pause) There's not really much that anybody can really answer.

CLIENT: Yeah, it really...

THERAPIST: It would be disconcerting, I think.

CLIENT: Yeah. (pause) I mean, the other thing is that talking to realtors about apartments has been kind of like it sucks for everyone. It always sucks. But the realtors have been like they've all been like, "We just don't have a lot available," as opposed to being like, "Oh, we told you stuff," [inaudible 00:12:17], they're just like, "Mm."

[00:12:19]

THERAPIST: They got nothing, yeah.

CLIENT: Yeah, he had [inaudible 00:12:22] different rates to show me.

THERAPIST: Wow.

CLIENT: And one of them was way too just too far out and small and crappy. But (pause) that's part of why I said I feel like I want to just take this place, because I'm just kind of like, could we find anything better? I don't even know. (pause) Usually with hunting for apartments, I feel like they have the June 1st, September 1st move ins and move outs, I feel like (pause) part of the problem is there's so many apartments to sift through. So in a certain way, they have to be cat-friendly at least narrowed it down. But this is kind of like, there's nothing available.

[00:13:25]

THERAPIST: Right, often the constraints even in a regular time, the constraints are helpful in narrowing down all the stuff out there.

CLIENT: Yeah. And the other thing is that, just money-wise, if we want to stay within walking distance of the red line and we're like, you know, [inaudible 00:13:50], whatever. We just have it's just going to be \$1800 or \$1900 a month. [00:14:09]

THERAPIST: Yeah. You don't go on the red line, right? Yeah.

CLIENT: And both of us, as it turns out, could take buses to our workplaces pretty easily, but (pause) both of us want very much to be within walking distance.

THERAPIST: Yeah. (pause)

CLIENT: Yeah. And I also just like (pause) since I'm the one who saw it and everything, I'm also feeling like, what if it goes badly? My responsibility, whatever. Although she actually pressured me into making a decision where we currently live. (laughs)

THERAPIST: Oh. (laughs)

CLIENT: Because we looked at it and I was just like, "I just want to think on it overnight," and the realtor's like, "You really should now." And I was like, "Okay, Ashby, we'll sign right now, and then you have to buy me a drink, because I'm going to die." So I feel like I just left that. (laughs)

[00:15:13]

THERAPIST: Right.

CLIENT: Then there's also like hypothetically, we can get money out of our landlord for staying for the [inaudible 00:15:23]. But (pause) that might not happen, in that he may or may not have the money.

THERAPIST: Yeah. For what it's worth and this may already be stuff you know I heard recently about somebody doing that and they take some pains to make it pretty easy to do.

CLIENT: [inaudible 00:15:47]?

THERAPIST: Yeah.

CLIENT: Oh yeah. No, it's because of where Ashby works.

THERAPIST: Oh, I bet she knows a lot about that then.

CLIENT: Yeah, her job is sort of getting people out of either super sketchy or unaffordable housing into more affordable housing. It's [inaudible 00:16:05] homelessness prevention. So there are two lawyers in her office.

[00:16:12]

THERAPIST: Great.

CLIENT: One of them was like, "Yeah, I can help you drop the letter to everything." So yeah, no, it's really easy.

THERAPIST: The issue is you just don't have it.

CLIENT: Yeah.

THERAPIST: What you do then.

CLIENT: Or he might just not even if he doesn't have the money or he's going to try to not pay it, because I'm pretty sure he's going to try that which I know they will then compel him to, but I'm still kind of like, "Meh." (pause)

[00:17:00]

THERAPIST: So (pause) yeah, I wonder if (pause) some of what you're worried about was related to something we've been talking about, that (pause) all this stuff that really matters a lot to you is just going to fall flat, and if no one really cared about that. In other words, that (pause) there's just going to be no housing for you or Ashby in the world, and the managers are not going to care what matters to you and so they're going to screw you over in terms of returning to work not necessarily because they're sadistic, but just maybe just don't care.

[00:18:11]

And (pause) even the whammy with your body, my impression is I thought it was real clear how much you can do or what's going to hurt, and you wind up feeling it after the fact and go, "Shit, I shouldn't have done that." Let alone you're just walking fast. You weren't like running with bags full of stuff for a long way, or cartwheeling or something.

CLIENT: Yeah. And just a couple days ago, I had to walk quickly to the bus stop and I was like, "I did that without pain." I was like super excited, because I was like, "I just feel a little bit tired, as if I walked quickly to the bus stop." And now I'm just like, "Oh, this sucks."

[00:19:13]

(pause) And the other problem, which is also why I'm stuttering more, is when I get really nervous like this, I think just my brain is like it feels like my brain's running a mile a minute, and I'm thinking ahead of what I am able to speak. So it's just hard to get all the words out. (pause) Which also drives me crazy.

THERAPIST: Sure. (pause)

[00:20:00]

CLIENT: Yeah. This is also why I'm like I know I talk quickly, I know I slur my words, etc., etc., and anxiety like this is sort of ramps all of that up a lot. I have yet to find a really great way of not. (pause) My brother also has a stutter. His is more severe, like it happens more than mine.

THERAPIST: I have not been aware of having any more difficulty understanding you than usual. You're pretty clearly aware of it.

CLIENT: Yeah. I'm thinking a lot about it.

[00:21:00]

THERAPIST: What is it that you're thinking?

CLIENT: I just get so frustrated that I'm thinking I feel like there's all these things I want to say, and I don't know how to get them like I want to get them all out, but (pause) it feels like it's getting jumbled getting out of my mouth. I know what I think, I know what I'm trying to say, and I have what I'm trying to say is actually what I was thinking about two minutes ago, and so I want to just skip ahead more.

THERAPIST: [inaudible 00:21:40].

CLIENT: Right. And (pause) yeah. I feel like when there's like cars stuck in the snow, just hitting the -

THERAPIST: Rrrr, rrr, rrr.

CLIENT: Yeah. Which happened all fucking weekend on the corner of my street. (pause) Yes.

[00:22:05]

And it's just very frustrating, and it also (pause) is one of the times that in addition, too, I'm already freaking out about everything. Not right now, but sometimes I think, "Is this what hypomania is like?" or... especially because of my brother's stutter, and our similarities in how we respond to some things, like medically and psychologically. I'm just kind of like... (pause)

THERAPIST: I think I can appreciate why you worry about that. [inaudible 00:22:59] to me your speech doesn't sound pressured; it sounds like not really opposite, but as though you're having to be sort of more conscious and deliberate in speaking, and that actually you're not conveying information (pause) super fast in the way that somebody who has pressured speech does.

[00:23:37]

It's a little more like, if we were fishing for a hypomanic symptom, I'd go with flight of ideas, because you're thinking so fast.

CLIENT: And is pressured speech more like -

THERAPIST: Pressured speech is "(garbled fast speech)." When I listen to somebody like that, after about five minutes I'm exhausted. I mean, I'm being silly, but...

[00:24:01]

CLIENT: No, no, I know what you mean.

THERAPIST: And this is like, "Whoa," it's sort of this quality of [inaudible 00:24:07] motor and that kind of speech, and you're kind of working hard to keep up, and by the time you have a thought about what happened a minute ago, you're two minutes behind. And that's (pause) it almost sounds like beyond that, as though you're having to kind of be a little more deliberate to actually manage to say the words that are on your mind.

CLIENT: Yeah. The other...

THERAPIST: I get that your ideas are going whoo, really, really fast. But again, I just think it's because you're smart and think really, really fast. I mean, not a very smart how did you do that? But you do. And part of it is your thinking is not disorganized, and again, in somebody that's more hypomanic, it usually would be. There's often a kind of scattered quality to people's speech, and also thought.

[00:25:07]

CLIENT: For me, one of the hugest benefits in the world was getting a computer, because I can type fast, and I write horribly. I have horrible handwriting. My mom has beautiful handwriting; my dad has horrible handwriting; I have horrible handwriting. It's actually kind of sad, because my mom's handwriting is gorgeous. But I always have a problem with papers, because I would write it and half of it was illegible because I was trying to I couldn't keep up. And like hand cramping craziness.

Then I had an electronic typewriter for a little while, which was sort of okay. And having my computer, which I used all through college, black and white. The ability to type as quickly as I can think was so amazing. I felt so much less frustrated, because I'm like, "Oh, thank God. I can write, write, write, write, write, and then go back and edit or whatever."

[00:26:15]

Which is also why I almost always, if I can take notes on my computer, I prefer to do everything on a computer or something, because I can type faster, and it makes me crazy to longhand it.

The other thing I was thinking is that I don't think I've ever actually been around my brother when he was manic. (pause) [inaudible 00:27:00] when he was when we were in Finland and he was psychotic, I think. Or something. He wasn't manic; he was a lot of other things.

[00:27:16]

THERAPIST: I would imagine the experience you're describing is isolating. Because you really can't take the other person with you.

CLIENT: Yeah. (pause) I spent a long time trying to make myself slow down so that my friends could actually understand what I'm saying, and try not to slur when I get excited. But it's super frustrating, because I am totally ready to have this conversation right now, and I know where it's going. Like in my head, it's like, bam, boom. But the other person, they're just sort of sometimes like "What?" or sometimes I get impatient and jump to segue, because I'm like "Argh!" I just want to get to the other part, and then I have to go back and re-explain.

[00:28:28]

THERAPIST: Well, and I imagine there's tremendous pressure to put it out there and share it with the other person, because that's crucially how you're trying to cope with being so anxious.

CLIENT: Yeah.

THERAPIST: I mean, you're all full of anxiety about a bunch of different things. Most immediately what's going to happen with this apartment. And you're I think wanting to be able to lay it all out for me and convey it all so you feel a little more contained and can settle down a little bit and we can figure it out together or whatever. And (pause) it's incredibly frustrating not to be able to do that, I gather.

[00:29:14]

CLIENT: Yeah. It's (pause) yes. And the other frustration is, this is when I hate talking [inaudible 00:29:29] in general, but this is the kind of situation where it makes me crazier because I can't see the other person. So I'm like, am I [inaudible 00:29:38] you, and that's not me. I don't know. (pause) So I'm seeing my friends back here at 6:30 and I'm having lunch with another friend, Kayla, tomorrow at 1. And I'm kind of like, on one hand I'm buzzing with all of this. And also, I kind of want to talk it out, just to be like "Get out of my head"; on the other hand, I kind of would rather talk to him about something else, other than my high speed anxiety, if that makes sense.

[00:30:15]

And I think I'm going to have to totally accept help from him to pack, and...

THERAPIST: [inaudible 00:30:23].

CLIENT: I don't wanna yes. One of my friends said he's like, "If you would let us, the whole family would just come over, help you pack, and make you dinner." I'm like, "I know, but I have to let you." So (laughs) there's that. We'll see. I think I'm going to have to also because I'm busy all this weekend. And February's short.

THERAPIST: What you're talking about with packing does give me a thought about the speech.

[00:31:09]

CLIENT: Mm-hm.

THERAPIST: (pause) Which may be off base, but here it is: you present it as though it's also a neuropsychological fact, like your thoughts are two minutes ahead of your mouth, and that's how it's always been, and it's incredibly frustrating because (pause) you can't then relate stuff with the person you're talking to, because unfortunately they have to hear what you say, not what you think.

CLIENT: Yes.

[00:32:00]

THERAPIST: Like it's kind of a neuropsychological fact of how things are which it may be. But always looking for the neurotic aspect of things (laughs), I wonder it's like the packing, where there's some part of you that's anxious, also, about putting out there what you think, and that there's some kind of unconscious interference or unconscious interest in keeping a little out of step. As frustrating as I know it is I know it's very frustrating. In the same way that yeah, you got it.

CLIENT: Yes. I also know I mean, I totally know that when I get more anxious, I speed up. Like when I'm in a conversation and we're hitting [inaudible 00:32:49] territory, I'm either very, very [inaudible 00:32:53] I'll slow down, or it's like I don't necessarily notice the [inaudible 00:33:00] that someone else says like "That was a little quick." But sometimes I notice it. It depends.

[00:33:07]

What it also makes me think of is my friend Jamie. Her mother was very abusive towards her emotionally and starved her, and so she used to speak very softly. You could barely hear her. But it wasn't physical, because she could also sing opera loudly. But she would like this quiet kind of mumble. So I can't remember, I think like eight years or so after she'd been out of her mother's house, something like that, she mentioned I said to her that it was easier to hear her. And she's like, "Yeah, it's kind of a problem, because I used to just sort of say things to myself and no one would hear them, and now they can." (laughs) I was like, "Yes." She was [inaudible 00:34:09] just to like was annoyed and said something, and then the person responded and she says like "Oh shit."

[00:34:14]

But also she's like, "I didn't notice quite how" (pause) I think she just was like, "Well, I just speak quietly," and hadn't totally connected it to her [inaudible 00:34:35] mother. And now she speaks much she's still soft spoken, but is now a normal soft spoken, as opposed to always having to lean in to hear her. (pause)

[00:35:00]

But yeah, I don't know. It's kind of (pause) it's hard for me to I guess I don't know if I think of it as a neuropsychological fact; I just think of it mostly as like, "This is a thing about me." I read really quickly, I talk really quickly.

THERAPIST: Right. Yeah, that's sort of what I meant, just in like [inaudible 00:35:27] language for no reason. (laughs) (pause) No doubt you think [inaudible 00:35:42] bizarre fact about you, but I guess I -

CLIENT: Yeah. No, but I also see that it's like also a habit or pattern, because I can somewhat I've been able to break some of the habit, or parts of it [inaudible 00:36:05] a lot, but when I get more stressed and anxious, it's very hard to it's hard to think to pause, take a breath, or to not just get everything jumbled.

[00:36:26]

THERAPIST: Right.

CLIENT: Actually, I don't mean jumbled out of order; just like saying it so fast that -

THERAPIST: It's disorganized.

CLIENT: Yes. And especially after you've given people the segue.

THERAPIST: Yeah. I can recall a few times when that's happened, where I've said "Wait, I didn't get how this led to that," and you're like, "Oh yes, I dadadadada."

CLIENT: Yeah. It's like that's the thing which all my friends complain about. Not in a mad way, just sort of more like "Just give me the segue," and I'm like, "Okay, fine." Then they're like, "Oh yeah, I see where you're going now." I was busy. (laughs) I wanted to get to the more interesting part.

[00:37:11]

(pause) Yeah. But also the friend I'm going to have dinner with is a little hard of hearing sometimes. I'm mentally going "Ahhh!" I'm at high speed always, and I just [inaudible 00:37:37] in general, and I'm just like, "This is going to suck." I'm hoping we can get a quiet table. (pause) And also, this is the feeling of just being like too full of energy. I often will [inaudible 00:38:02] onto the gym or walked around in circles. Not literally, but whatever. Right now, I'm just like "I can't," and I can do a lot of hand motions, but I would feel much more able to get the stress out if I could walk quickly somewhere.

[00:38:24]

THERAPIST: I see. Sure. I would imagine you're quite frustrated about that as well. In other words, not being able to do stuff like that.

CLIENT :Yeah. Like I (pause) I'm not a regular gym-goer. I never really have been, although I've tried. But the ability to be like, "Fuck it, I'm getting on my bicycle" and whatever, or [inaudible 00:39:01] a lot of weight or [inaudible 00:39:02] I got enjoyment out of, and it was very satisfying. Especially bicycling. I'm like, "Oh, I'm going somewhere very quickly. This is awesome."

[00:39:11]

And I'm just feeling very (pause) frustrated about it. My friends that exercise, do physical things, are all doing things that are either beyond my physical level or so my friend Mellie loves rock climbing, which you can do just with upper body strength, because she has little body strength.

THERAPIST: She's the one is she in a wheelchair? [inaudible 00:39:50].

CLIENT: Yeah, she is. [inaudible 00:39:53].

THERAPIST: Oh. And she loves rock climbing?

CLIENT: She loves rock climbing. Because you can do it -

[00:40:01]

THERAPIST: Yeah. Sure.

CLIENT: Her muscles are amazing. So I'm like, I could totally [inaudible 00:40:07] except for I have a fear of heights. You don't want to go rock climbing. Which is like she loves rock climbing, and I always think, "I really wish I could enjoy that with you. I cannot enjoy that with you."

THERAPIST: That's one of the things I'm sure you guys have talked about and you've thought about it, but I'll say it anyway: even like while learning stuff?

CLIENT: Yeah. [inaudible 00:40:38] rock climbing gym, which was really awesome, and (pause) the bouldering is like kind of okay, but there's just such a to me, I'm like, there's this looming it feels like there's the looming, about to go on the ropes of rock climbing. I feel like bouldering is a slippery slope, it's a gateway drug to rock climbing. (laughs)

[00:41:11]

THERAPIST: Which would be too scary.

CLIENT: Yes, which is ridiculous. But (laughs) I know it's really ridiculous, but I just remember being at the [inaudible 00:42:24], just kind of like... And a couple friends' kids were there, and I'm just like (sigh) "Little kids. Damn it." They also have like a shorter it's like a smaller thing for them to climb, because they're kids. And I was looking at it, and I was still like, "No, I don't wanna do that." Then one of my friends was pressuring me to do it because I was scared. Her theory was if you're scared of something, you should do it. And I told her I thought she was full of crap. So that was also a bit of a [inaudible 00:42:09].

[00:42:10]

(pause) I also kind of want to talk to Ashby right now about it, but I don't know what we would say that would make me feel better. Like (pause) the money is the money. That's kind of... (pause)

[00:43:00]

I guess I kind of feel like it's not so hard when I talk about it, because I'm like, "Well, this is how much the rent is. You can tell me yes or no." Do you know what I mean? We can talk about how I feel about the money, or I could talk about how she talks to me how she feels about it. But if she can afford it is kind of a fact. Our ability to afford it is a fact, and I want to process it in a way that somehow that fact is easier. Because I hate thinking about financials, and (pause) I'm worried that I'm pressuring her into an apartment.

[00:44:02]

THERAPIST: I see.

CLIENT: And I'm pretty sure she would not that she would say no, but (pause) I am a little worried that this is going to be a secret, like in six months she's going to let me know how I'm trying to ruin her life. And I don't [inaudible 00:44:29].

THERAPIST: [inaudible 00:44:34], yeah.

CLIENT: Especially not in [inaudible 00:44:38] like right now.

THERAPIST: Yeah. I think it's time to stop, but there's something that I feel like I don't understand well, or I'm not putting my finger on, to do with (pause) I feel like I am also having a hard time figuring out a way to talk to you about this that will help you be reassured. I mean, clearly, it's not like I'm going to go and negotiate the rent. That's not what I mean. Or do your budget for you.

[00:45:19]

But there's something going on where your anxiety is such that (pause) it's hard to find a way of yeah.

CLIENT: For me, it feels like I am coming up with ways to disagree with you before you have a chance to say something reassuring. (laughs) Which is really irritating to me. In my head I'm like, well, [inaudible 00:45:51] someone could say, "No, I'm sure you can afford it," and then I'm already thinking of the reassuring things someone would say, and then the defensive "No, but this all sucks" that I could then respond to. But also thinking actually, maybe you're being a little knee-jerk; you could sort of...

[00:46:12]

THERAPIST: [inaudible 00:46:14] about it sort of like you're probably pushing me away.

CLIENT: I'm thinking of the defensiveness, like me feeling defensive or responding defensively, but also thinking about trying to not respond defensively at the same time.

THERAPIST: Yeah, yeah.

CLIENT: Which is also a lot to be doing at this. (laughs)

THERAPIST: When you're already anxious about all of this stuff.

CLIENT: Yeah. [inaudible 00:46:41], I'm like, that's a great thing to be doing. Smart, brain.

THERAPIST: I see. Gotcha.

CLIENT: Like, why does my brain do this? But it does.

THERAPIST: We have to stop for now. [inaudible 00:46:55] appointment on Friday, but you did not want to meet on Fridays, right?

CLIENT: I can't meet on this Friday. I guess (pause) yeah, I think I still don't want to meet on Fridays.

[00:47:10]

THERAPIST: Yeah. Okay. Yeah, I will probably know a little more about my schedule by next week as well.

CLIENT: Okay. For me, right now, to do the week is good. (pause) I sort of tossed my head back and forth on back-to-back versus a day in between. But in terms of work, Tuesday/Wednesday evenings are perfect. Because it's [inaudible 00:47:47].

THERAPIST: Okay. You okay?

CLIENT: Yeah. I just was a little slower than I thought.

[00:48:00]

THERAPIST: Oh, okay.

CLIENT: Coat... All right, I will see you on Tuesday.

THERAPIST: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I'm going back to work tomorrow, part-time. Which I'm super stressed and freaked out about. I mean, so they called Friday morning at 9:30 to tell me this. Why can't we have lead time, but okay. Yeah, it was (pause) it was a very frustrating conversation with Disability Services [inaudible 00:00:51] in that basically it seemed like when they had the meeting, everyone was like, "Yeah, sure. Okay, that's fine."

[00:01:10]

So I'm just like, why did you do that to me? Also the Disability Services person (pause) we were talking and she was sort of (pause) I guess the way she was talking about it, I think she may have been trying to be reassuring. She was like, "Yeah, of course, these are all common sense. Every employee is allowed to take breaks. So you need to take a break every hour. [inaudible 00:01:50], so they couldn't complain about that," and various things. I'm just like, that's never stopped anyone. [inaudible 00:02:01] break every hour or after every two hours or whatever. But I've never been able to do that.

[00:02:11]

I may have [inaudible 00:02:13], but anyway. (pause) And then she was supposed to write this all up and e-mail me the official "I guess you can come to work." So this morning she's on this afternoon she still hadn't sent it, and I just started to completely panic. I'm like 98 percent sure that this is not something I should be panicking about, but I kept thinking, what if something what if someone changed their mind last night? What if I don't even know. I was just feeling really worried that something was going to go wrong and that I don't know. I just felt like something's going to go wrong, it's going to get delayed again, and this is horrible.

[00:03:21]

I did call and leave a message and got a call back, and (pause) it was sort of helpful. She's like, "Yeah, I'm sorry I didn't send that to you. I'll do it today, but don't worry about it, dadadadada." But I said to her, I was like, "I understand, but it's hard for me to not worry about it. Based on the last time I was out and came back, I should be really, really worried about this." Talked to her a little bit, and she's like "Well, sorry that you had that happen. It wasn't with me, blah blah." I'm like, "I understand, I'm just not happy."

[00:04:18]

THERAPIST: Which... I think I'm not remembering what you're referring to from before.

CLIENT: Oh, when I was out from fibroid surgery?

THERAPIST: Right, I remember that, yeah.

CLIENT: Yeah. So oh my God, such a nightmare. So they (pause) I had sort of mentally been like, okay, I think I want to [inaudible 00:04:47] and I was like okay, I think maybe I need to leave work, stop doing work in like a week or two. And then one day, I was like, nope, I mean by the end of this week.

[00:05:00]

So when I went to HR to be like, "Hey, I'm taking a leave now" (pause) The rep asked why and I made the mistake of answering. I told her I was having severe fibroid pain and was going to have surgery, and she said, "Well, fibroid pain is really not that severe."

THERAPIST: Yes, I remember.

CLIENT: And then the same woman, when I was coming back, said it was impossible for me to return on a part-time schedule. That no one could do that, that was completely insane. And (pause) we had a lot of back and forth, and I'm like, "I'm not sure if I can work full-time yet," and she's like, "Well, you have to be sure." "I won't know until I try." She was just very unhelpful, and also...

[00:06:03]

THERAPIST: And really dismissive, I gather.

CLIENT: Yeah, very dismissive and very much like it felt to me like she was like, "You're shirking." (pause) And then when I decided to come back to work, to arrange it, I come in and then she was really angry because I hadn't gone through the official return to work process, like get a note from your doctor and blah blah blah blah blah. She's like, "Legally, you shouldn't be able to step foot in this building" and was really angry about it, and I'm like, "You didn't tell me. I didn't know." (pause) For a couple hours, it was unclear to me and to my manager's like, "Can I

even be in the building? Should I go in now? Or what's going on?" Eventually it got sort of resolved. But it was super [inaudible 00:07:13].

[00:07:14]

THERAPIST: Yeah, and (pause) incredibly stressful and anxious, it sounds like.

CLIENT: Yeah. And the combination of requests that I made and I now know were not made as actual disability combination requests, which have to be listened to, but rather as basically doctor suggestion. So (pause) just like everything was done wrong. So I'm trying to not freak out, but (pause) I'm just really nervous. Very...

[00:08:07]

(pause) That I'm also trying to move is definitely not helpful, especially since yesterday one of the realtor agencies wanted me to pick up paperwork to fill out, and one of the things they wanted was they wanted, they wanted to run a credit check and they wanted us to give bank statements.

THERAPIST: Sorry, this is did you wind up signing on that apartment Thursday?

CLIENT: No, we lost it by like 15 minutes. Yeah, it was so (pause)...

THERAPIST: Ouch.

CLIENT: Yeah.

THERAPIST: That's awful.

CLIENT: Yeah, and what's frustrating is also the realtor I was talking with I guess had no perception or thought that it would go that fast. Normally [inaudible 00:09:09], and he says, "No, tomorrow's fine, whatever. And [inaudible 00:09:17] would be better." Ashby's like, "Can I just do it tomorrow?", because she had had a long day, and then...

[00:09:24]

THERAPIST: That's terrible.

CLIENT: But then I forgot because Ashby now makes almost the same amount of money as I do. When we first moved in together, she made like \$3,000 less than I made or something like that, and now she makes (pause) \$400 less.

THERAPIST: I'm sorry I meant to tell you at the beginning, I forgot. The mention of money reminded me. As of now, I network for Blue Cross, the process is supposed to be getting

reimbursement to you directly and then I bill you; however, while it appears they are doing that for patients I see who don't have Blue Cross either they're just like, the pattern seems to be that for patients who have insurance, they're paying me. That's not what they're supposed to be doing.

[00:10:32]

CLIENT: Huh. So have they paid you?

THERAPIST: I haven't actually gotten any money from them yet.

CLIENT: Weird.

THERAPIST: But I got a notification, which I usually get, indicating that they're going to deposit in my bank account tomorrow, and then I can see that's the usual matter of course on the network, and I can see who it's for.

[00:11:12]

CLIENT: I appreciate that, because I have not yet overcome Blue Cross Mutual being on hold. (laughs) Just tap out, it's too much.

THERAPIST: Yeah. So I will call them tomorrow. I'll have some time. (pause) We may we will, no doubt, have other things to talk about when we meet tomorrow, but either we spend two minutes on it or we can talk next week, whatever you want. But I just found out today, so I wanted to let you know.

CLIENT: Probably I would say [inaudible 00:11:52] tomorrow would be...

THERAPIST: Okay. Yeah, sure. Whatever you want. So the apartment. Yeah, sorry, I -

[00:12:03]

CLIENT: That's okay. No, I'm just like and so when he asked for paystubs and bank confirmation, I was looking at Ashby's paystub, and I'm like -

THERAPIST: Sorry, this is like a pre-approval, sort of?

CLIENT: Yes. What they do is that basically they just do a credit check, in reality. But it's like you pre-file all the paperwork so that when you move in with the check, you're like, "And this is all done. Bam." And (pause) Ashby was forced to sheepishly admit that she was making as much money as I did. She said, "Well, you must be making more." I'm like, "No. I don't get a raise unless I change jobs. Which means, no, I haven't gotten a raise in five years. I get the union-mandated whatever, penny increase every year." That's it.

[00:13:01]

Which is actually good, because now I don't feel bad. Because I'm like, "You can't afford \$80? You're just being crazy, straight up." So that's good. But yeah, I'm just terrified of going to work tomorrow, basically.

THERAPIST: Yeah.

CLIENT: I have a ride arranged and blah blah blah, but I'm super stressed and I don't want to go and I'm going to end up also the first day will be like, everyone shouting my name which is stressful, and I'll be in my new space, which is a cube shared with Chet, Harry won't be there that time and a revolving array of students. Which is not (pause) how I enjoy working. To me, that's a very stressful work environment. (pause) So that's going to be happening too.

[00:14:19]

(pause) And the other thing which is related to all of this is on Sunday, some friends of mine had a dinner party, a cassoulet party. Cassoulet is like this French dish, where it's like, "First, bake a duck. Then you render the duck fat. And then you do this," it gives 40 bazillion steps, and [inaudible 00:14:47] to five kinds of delicious meat and insanely filling peasant food. And it also takes two weeks' time to prep up to it, so they do a yearly party.

[00:15:01]

And I was chatting with people. At the end of the evening, Ira came up oh, [inaudible 00:15:10] and I mentioned looking at the American Library Association salary postings they do apparently every year, and they do it by region and it gives the average salary for people who are getting a new job. And it's my salary now. It's not lower. And only jobs that are like so there are jobs that are well-paid, but there are jobs like emerging technology, social media, librarian consultant. I'm like, is that like a .com [inaudible 00:15:56] bullshit job title? In my head. So we were talking about that.

[00:16:02]

And then one of the people was talking about something annoying like that, and she started countering, and it was in fact Will [inaudible 00:16:11], which set me off on a huge tear about how much I hate him and everything he does. And dadadadada. So one of my friends is like, "Maybe it's not that he's racist or sexist; it's just that he doesn't like being shown up to be wrong." I'm like, "I think it's all of the above." I think he does not like being shown up, yes, and more so by someone that also that I think I'm useful, also is another ding against me. So it's like, beautiful melange.

[00:17:07]

One of the guests who I'd been chatting with was like, "I think I remember you talking about this last year," and then I just went "Holy shit, how is this" I know this has been going on for a long time, but for someone to remember I don't know. [inaudible 00:17:30] that she remembers that this was a thing a year later, it's just like oh my God, I need to do something about that. And I don't know what, but I need to either find a way to try to let that go or make somebody in HR sit down or something. (pause) Because (pause) I don't know. It was just one of those moments of I've got to let it go or not, because clearly this is not good.

[00:18:12]

(pause) And also, I was tipsy, and it was the end of the evening, but I was still having that like, it feels really I still feel really angry about it, and very much so. And kind of being like, I'm still this pissed. Hm. I'd also e-mailed a friend of mine [inaudible 00:18:46] with his school and he is some kind of business hotshot. I think he has an amorphous business hotshot job. I don't know what he does, really. And part of him doing business school is he knows he has a lot of contacts. So he's this black guy.

[00:19:13]

He also is like, "Oh, by the way, I know the Dean of Diversity, and over [inaudible 00:19:20], I know the Dean of Diversity's scheduler, if you ever want to talk to her." I'm like, "Well, blah blah blah," and I mentioned -

THERAPIST: This is the Dean for -

CLIENT: Cambridge created a Dean for Diversity.

THERAPIST: Okay, so like the whole university.

CLIENT: Whole university. Created the position two or three years ago.

THERAPIST: Huh.

CLIENT: Yeah. It's like, "Good job," I guess. It's back because they had a Dean of Faculty Diversity or something like that, but this is meant to address everyone.

THERAPIST: I see, including students, faculty, staff.

CLIENT: Yeah. And probably, theoretically, contractor. So I sent him a chatty e-mail and then also mentioned, "I'm just so frustrated with this thing, blah blah blah blah."

[00:20:07]

His response was to say "I really want to talk about this with a friend of mine who works in the land of Deans and the University this Dean's scheduler, to get you in front of her, because I think this is a really important issue about (pause) in a sense, someone is trying to offer ideas and information and improve things and it's not being heard." Which I'm both thrilled about and terrified about. He offered to help me pull this together to prepare a narrative, which is great.

[00:21:04]

I also don't want to (pause) whenever I start to think about all of it, I'm just like it's so depressing. I don't know. I feel just really (pause) it's upsetting all over again, makes me angry all over again, and (pause) pretty much with everyone, I've drawn in broad strokes, but I've shorthanded a lot of things because I just didn't feel like getting I was just like, he did this shitty thing, and 10 other things, but in the grand scheme of things, I realize this one's the war on women.

[00:22:00]

So (pause) I know the idea of [inaudible 00:22:05] and being like is depressing. And anxiety-making. (pause) Also I think because if talking to this Dean doesn't go anywhere, I'm not really sure part of what I asked my friend was, "I don't know where this would go, honestly."

THERAPIST: Right. What does a good outcome look like?

CLIENT: Yeah. I don't want to shebang myself up if something's going to happen, and he was like, "No, I think you should do it."

[00:23:00]

(pause) And I do trust and value his opinion, especially in terms of the weird inner workings of the Dean's offices. Well, let me rephrase: the inner workings of the Dean's office as it relates to staff. And also there's been an increase in using business language about staffers in other areas, and faculty, and who's getting financial support from the university, who isn't. A good chunk of the discussion about the library and various cuts has also been about (pause) wanting to put money into areas that they think will make money, as opposed to maintaining a great library collection.

[00:24:14]

THERAPIST: Right. Yeah, it makes me feel like a hospital that says, "Oh, we do these kinds of surgeries and those kinds of surgeries, but these require cardiology [inaudible 00:24:23] and the primary care doesn't, so let's shrink primary care and do some cardiology and specialize" and stuff like that.

CLIENT: Exactly. It's also one of those things where someone asked me, why aren't faculty up in arms? I'm like, people always fight faculty [inaudible 00:24:42] they want, so they haven't

noticed this yet. And for classes, we'll always buy books for classes. [inaudible 00:24:55] faculty probably aren't going to notice for a little bit, because they can still get a request specifically.

[00:25:03]

Grad students, and undergrads the undergrads may not even know; the grad students probably know, but it's one of those things that's going to take awhile to be like, "Wait, why is there now a hole in this area?" It's also one of those things where I feel like some of the things I have problems with are (pause) like there's a concrete value in "We want to save X amount of money." I'm like, yes, saving X amount of money is great. However, I don't have a business response, because I don't know if I could think of someone says, "Well, if we cut staffing here, we save all this money," and it's like, "Well yes, you save money in the short-term, but you're also implicitly cutting all these other things.

[00:26:10]

THERAPIST: You mean like if those people were adding value, then actually you're losing money?

CLIENT: Yes.

THERAPIST: Or adding more value than they cost?

CLIENT: Yeah. It's hard to go buy books when they're out of print. [inaudible 00:26:27] for the first two years of publishing. Some of the cuts they're making once a book is mis-shelved in the library [inaudible 00:26:38], it's gone. If the [inaudible 00:26:42] is wrong or something is wrong, and they've contracted a lot of that out till it looks better.

THERAPIST: A lot of the shelving?

CLIENT: No, weirdly, the creation and labeling of barcodes. So putting a call number on the spine, and sometimes putting the barcode on too. So if random contractor person screws it up because they're under time pressure, it's gone. That's it.

[00:27:18]

Especially since they also try to move things offsite. Because if something's lost in the repository, it's gone. I swear to God. I think people are already noticing that. So that's an issue, but then it's like "Well, that's only one or two." So that. (pause) The other thing -

THERAPIST: Sorry, I think I'm losing you a little bit here. You're talking about the increase in the more profit-oriented thinking about the library?

[00:28:04]

CLIENT: Yes.

THERAPIST: And the way that some of that is short-term thinking could cause a problem. But I guess I'm [inaudible 00:28:17] that you were relating this to talking to the Dean for Diversity and that, but I -

CLIENT: Oh, no. The short-term profit cuts, I think of when I'm thinking generally. When I talk about the problem that I'm having at work to whomever, that's part of it. And (pause) when it's actually more directly the thing that the concept of the value that's being lost [inaudible 00:29:05] is something I think about.

[00:29:07]

The thing I think about more, though, is the library wants to throw money at new technologies, and I'm sitting at dinner and I was like "Look (pause) I hit the Internet in 1993 and kept on going." And I know I'm a baby. There were people at the table who were like "Meh, I was online since the first Internet." I'm like "Yes, yes, yes, I know." But...

THERAPIST: 20 years is a lot of years of Internet.

CLIENT: Yeah, it is. It's a hard thing to present on one's resume, especially since a lot of that time was spent on things I don't want [inaudible 00:30:06]. I just don't really feel like discussing doing six years of online sex education. [inaudible 00:30:16] potential employer, or a bazillion other things.

[00:30:19]

So (pause) a big part of my frustration is that I'm sitting there trying to have a conversation with someone and (pause) I'm like, I just have more experience with it. With whatever. And it's just completely ignored. And that is kind of part of what I wanted to talk to the Dean of Diversity about, is that it's super frustrating.

[00:31:05]

(pause) I think of the various things I've tried to do [inaudible 00:31:20], and also all the [inaudible 00:31:24] I hear from people about how administration is pissed at the librarians about our resisting the technology. Librarians are like, "What the fuck is the point of this?" Especially when, totally validly, some platforms appear and disappear quickly.

THERAPIST: [inaudible 00:31:50].

CLIENT: Yeah. Well not even that. Like Delicious, which was social -

THERAPIST: Yeah, social networking.

CLIENT: Yeah, that tanked hard and fast. And I was a huge user of it. I'd been talking about it to all my library staff, and so I was like, "Sorry Reddit." (laughs) It tanked and then it got bought, stripped of its functionality and other awesome things.

[00:32:18]

So librarians are like "But why would I learn how to use this if it will go away?" And also, very few people understand what I'm talking about when I'm saying you're buying hardware that's on its way out. Because everyone's like, why don't you just make it go? I'm like, no. It just doesn't always go. (pause) And so I don't know. Not that I'm a specialist on all forms of new urban technologies, but I certainly have experience in a lot of them.

[00:33:05]

And more to the point, I have a lot of experience with talking to people who are nervous about it or don't want to, and (pause) yeah. I would love to I really would like to spend time with my staff and be like, "Let's talk about blah blah blah." But everyone's understaffed, everyone's really harried, and I can't actually tell them anything useful, because it's like "Hands tied. Sorry." I have no idea what new thing someone is going to decide is the new awesome. So I can tell them what I'm interested in, but I think reasonably, people want to know more about what work is going to force them to do.

[00:34:07]

THERAPIST: Yeah, I'm hearing a few different things. The first one, the one you're maybe [inaudible 00:34:22] is you're terrified of going back to work tomorrow.

CLIENT: I am.

THERAPIST: For a few different reasons. Partly because you have visions of your previous reentry, which are terrifying, and partly because of your new work environment, and partly because going back to work means you'll be back at work, where all these horrible things have happened again and again and again and again and again. And (pause)...

[00:35:00]

Also, there's potentially, it's a cool opportunity to talk to the Dean for Diversity, but (pause) it also feels like a big risk, I think, in that (pause) probably more in a psychological than a political sense, you'd be really putting yourself on the line, and you're getting all back into everything, and it would be upsetting and painful and stressful. And it's unclear where it would go or what good in general, and particularly what good for you, would come of it.

Also (pause) there's it's incredibly frustrating that there's a really good opportunity for someone exactly like you (pause) introducing new technology at the library where you work or other one, in that you know about libraries and librarians and technology, as it turns out.

[00:36:30]

And would probably be a good technology maven for the library. But there are things that get in the way. There's some institutional interest, but also (pause) a lot of [inaudible 00:36:54] and cost-cutting, so it's unclear which of those would win.

[00:37:00]

And the history is then nobody has listened to you when you've contributed any suggestions about these sorts of things. You've been [inaudible 00:37:08], whether I can think of 12 different examples, from the Will [inaudible 00:37:15] video fiasco to [inaudible 00:37:18] to the media room thingy to the goofy videos they were having people make. So again, I guess there just isn't a need, but also a history of (pause) frustration and being ignored. Am I...?

CLIENT: Yeah. And I think one of my fears well, it's kind of a huge fear is the (pause)...

[00:38:00]

So I've talked to HR, talked to various people, and so there's probably two more layers [inaudible 00:38:22] deep library administration, and one layer contains someone who both likes me and thinks one of them walks on water, and personally hired him, etc., etc. So I'm just like, I don't and I question, do you even because you seem to be [inaudible 00:38:48] whenever I talk to you, but I don't know. I feel internally almost like I'm making a work ultimatum, although that's not quite what it...

[00:39:04]

I feel like (pause) if I go higher with my concerns and upset and frustrations, I either keep on getting ignored or I don't. And there's only so far you can go, really. So I kind of feel like I'm telling work, "Stop making me miserable or I'll quit," and work's going to be like, "You can quit if you want." And I don't (pause) I don't want just I don't know. I feel like yeah, I'm making an ultimatum in this, like in an emotional way. Because part of what I want is I would like someone to listen to me in administration. I would love if someone was like, "That sucked, and we would like to help you." That would be great.

[00:40:15]

THERAPIST: Yeah, because you really want much more than I think to quit.

CLIENT: Yeah. And I really (pause) I don't literally think by meeting with the Dean of Diversity or whoever means like the meeting goes well or I quit, but emotionally, it feels like I made a big threat and they shrugged. And so (pause) [inaudible 00:40:50]. Something that's also going, all the crap of doing apartment application includes all this financial information, what jobs you've worked, etc., etc.

[00:41:06]

I'm going through my things, and I'm like, "Oh, great, I invested in my retirement, or my pension's invested. That's awesome." And I'm like, well, I've been working here for long enough that I get the disability insurance to represent my salary. I'm like, those are some good things. (pause) But (pause) then I also (pause) I don't know.

THERAPIST: It's very difficult. I mean, those are pretty awesome benefits. Hard to walk away from.

CLIENT: Yeah, that's...

THERAPIST: It's like you know. And yet on the other hand, if the job is making you miserable all the way, [inaudible 00:42:01] you.

[00:42:03]

CLIENT: Yeah. I mean, it's one of those things where I'm like, I don't in terms of benefits, which blah blah blah, how much those benefits are worth, all these things, it's unlikely that I would get another job that would basically be, benefits-wise, where I am right now. Not even just because I've been working for Cambridge for 15 years, which is horrible, but just what I got walking in the door at 21.

THERAPIST: Yeah, it's a lot.

CLIENT: Yeah. The only thing that would be better is I think [inaudible 00:43:00] has somewhat unlimited vacation.

[00:43:03]

THERAPIST: [inaudible 00:43:05].

CLIENT: Yeah, weirdly, most of the time people end up taking less vacation than they actually, at least theoretically, are allowed, because they feel bad about it. And I know too many people who are [inaudible 00:43:22], and they try to be around every three to five years, so you don't get stuck in one position and stagnate. My benefits are better than theirs, still. I'm just like so I feel like...

THERAPIST: When would you start doing it? Because I know people, after 20 years, get paid out of half their salary or something for the rest of their lives. Or is that a different thing?

CLIENT: I have no idea. I started getting stressed out about it and [inaudible 00:43:53] away. But yeah, I was just looking at "you're vested after this," and then there's some other kind of vesting after that, and I'm like and the day that you became vested was for these blah and blah, like five years ago, eight years ago. I'm like, okay, I guess. I don't know. Something.

[00:44:18]

So I feel like, well, certainly I've made some follies since the both financial and benefit decisions that have also led to me being super miserable, and (pause) I don't know. (pause) I guess part of the problem is that the reasons for leaving Cambridge there's the theoretical reason that I can't the only way to get more money at Cambridge is to change your job. To change your job type.

[00:45:19]

So either you leave and go get another job that has a different designation, or you go through this horrible annoying process of getting your job designation changed. And that's the only way you can get a raise, basically. And I'm like, well, I can't really [inaudible 00:45:36] I can go in IT; no one is going to give me more librarian-wise without my library degree, especially given how many unemployed librarians there are. They get laid off. So I'm like, well, I'm kind of stuck.

[00:46:00]

But you know, the reasons why I want to leave are mostly emotional. Like I'm miserable, I feel preppy, I don't want to do this job, and it's hard for me to put value on that. I'm also like, well yeah, but this, this, this, and this. Like your benefits are great, you have full dental, you have full blah.

THERAPIST: The thing that occurs to me, and this may have come up once awhile ago, is it seems to me it's pretty unclear what your alternatives would be. If your alternative is a (pause) similar work function in a library at a different university where the benefits wouldn't be as great and obviously the clock would start over, but the environment would be better, that's one thing.

[00:47:12]

If you were working at a technology company, doing some [inaudible 00:47:16] interviewer or social media guys or whatever, [inaudible 00:47:18], and you were doing very different things in a very different type of environment, and maybe wouldn't be likely to because people change jobs more in that environment. That would be a whole different picture. I guess what I'm saying is, I imagine it might be difficult to answer some of the questions you're asking thinking only in terms of your current job or the other jobs you could get at Cambridge.

CLIENT: Yeah, and part of the other problem is that I got to the point where I am IT-wise without having any of the certification or other bullshit that most people have to because I came in when everyone was .com-ing and leaving. So they were like, "Well, warm bodies, yay." I could never get my [inaudible 00:48:20] job again, I don't think.

[00:48:22]

THERAPIST: Well, but you've done it.

CLIENT: Right, that's the thing. It's frustrating, because I'm like, I've done it, which matters, except that I need someone to look at my resume to look at that. Do you know what I mean?

THERAPIST: [inaudible 00:48:40] where it wouldn't look past the lack of certifications to your job experience?

CLIENT: Yeah. And for some jobs, the job listing is like blah, like "should be..."

THERAPIST: I think we went over this once before, this type of thing, and I maybe presumptuously became very skeptical of [inaudible 00:49:08] to me, like you were just talking yourself out of ever being able to get a job anywhere, ever again.

[00:49:13]

CLIENT: It's hard, because I think I'm employable. I think what's frustrating is if companies are using like [inaudible 00:49:28] a librarian who doesn't have X qualification, which is totally common.

THERAPIST: Yeah, but I imagine often people's first job when they switch roles, I think is either because they're going back to school or because they had a contact, somebody who goes, "You're really smart in what you can do," and more of other kind of things you do in your spare time, would probably hire you in a way that somebody who's got 200 resumes sitting on their desk probably wouldn't.

[00:50:05]

CLIENT: Yeah. I did a couple. (pause) I think you made some comment like how I know [inaudible 00:50:16] librarians or something, or maybe it's like I know a person every city, because I probably do. Extended friend of a friend. I was like, okay, maybe I will try looking at some of the librarian group things. And (pause) I don't know. I'm having a hard time being like, am I depressed? I think not really going anywhere, and in a couple months when it's not February and I'm not doing all these things, will that get me somewhere? You know, I just feel like, ugh. And yeah.

[00:51:12]

THERAPIST: We've got to stop for now. But I know there's a lot more to talk about. I'm not trying to push you to move any way; I just...

CLIENT: Yeah. No, I understand, I'm just sort of... [inaudible 00:51:31].

THERAPIST: Good luck tomorrow.

CLIENT: Thank you very much.

THERAPIST: Yeah. See you tomorrow.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'll need to recalculate the bill.

CLIENT: Yes.

THERAPIST: And I'll still I will send you the balance once the overall [inaudible 00:00:11] change. It's just that I guess what I will do for January is just send you what the amount per session will be, or was, more accurately. It should be about \$20 bucks a visit, something like that. And then, if you don't mind my not I'll have everything all worked out for the next bill, but instead of redoing the whole bill for January, if I just send you the amount per session, you would pay it?

CLIENT: That's fine. That's cool.

THERAPIST: Alright. And the reason it's working this way is so I remain what's called an indemnity provider for Blue Cross.

[00:01:06]

They used to be an indemnity insurance plan, which were different from PPOs and HMO plans. There are nearly none of them anymore, but there was some administrative reason that I was advised to continue as an indemnity only provider, as opposed to just having a PPO. It turns out that [inaudible 00:01:31] insurance actually has an indemnity component. I didn't even know it could happen. Like a PPO or a POS, and then there's an indemnity component.

CLIENT: Okay. (laughs)

THERAPIST: It doesn't actually affect it only has an administrative effect, but it means, because I am technically in network for that piece of the plan, that it only comes to me. So I hope it's clear why I couldn't see that coming.

[00:02:05]

CLIENT: Yes. That is one of the weirder things.

THERAPIST: Yeah. So (pause) that's kind of how it's working.

CLIENT: Okay.

THERAPIST: I think that's probably also good for you, because it probably I'll check, but it probably means you don't have a deductible for seeing me, which, if I were entirely out of network, you probably would.

CLIENT: I think so. I missed for various reasons, I missed a chance to up the [inaudible 00:02:57] flexible spending, so I'm kind of like "I don't know things." Everything seems the same except for flex spending, [inaudible 00:03:05] also...

[00:03:06]

THERAPIST: [inaudible 00:03:07]?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: I've never actually dealt with a medical deductible.

THERAPIST: Right. This will be a little easier way, but I think I can do it on this.

CLIENT: Also, can I pay you with my debit card or do you want a check?

THERAPIST: Debit card is fine. In fact, one thing I've been thinking of doing -

CLIENT: You'd mentioned setting up a client site where I could just -

THERAPIST: Yeah, my [inaudible 00:03:40] was being completely lame about that. They said it was supposed to be up well, you know what I was talking about. They said it was supposed to be up in mid-October; haven't heard anything about it.

[00:04:00]

One thing I could do would be we could either do weekly swiping or, if you want, I can take your credit card number and I can put it into Square manually every week. I usually do billing over the weekend. That way instead of taking time during the session, I can just do the co-pay for the sessions we have that week, and it can automatically send you a receipt if you want.

CLIENT: That would be great.

THERAPIST: That has the advantage of I or both of us are less likely to forget, and we don't have to take time out of the session, as long as you don't mind my having your card.

CLIENT: No.

THERAPIST: Okay. Alright, so it looks like (pause) looking sort of the quick and dirty way to see if they what? Huh. Look at that.

[00:05:12]

CLIENT: No deductibles?

THERAPIST: Okay, I think I... let me see what's going on here. It doesn't look like you have a deductible. I don't think. The first session they paid for is January 15th. They haven't responded about the four sessions before that. But I guess I'd assume if it was going to be a deductible, it probably wouldn't be on the first one, still the first one that they processed, even if the person was billed earlier. Yeah, let me look into this more. (pause)

[00:06:10]

Do you care about billing that \$30 instead of \$29.64?

CLIENT: Oh my God, that's fine.

THERAPIST: Okay, just for the sake of round numbers.

CLIENT: Yes.

THERAPIST: Alright, good.

[00:07:00]

CLIENT: Okay.

THERAPIST: Let's see. Do you want to give me your credit card? Easiest thing mind if I take a picture of it?

CLIENT: That's fine.

THERAPIST: It's just like lighter right here, unless I'm totally blocking the thing.

CLIENT: I know, it's dated.

THERAPIST: That looks like 2878. I think I can still read it.

CLIENT: Yeah.

THERAPIST: Took it, thanks.

CLIENT: Yeah, it is 2878. Unless oh, Jesus Christ. Sorry, I'm just super I'm really tired today.

[00:08:08]

THERAPIST: I am not surprised.

CLIENT: Yeah.

THERAPIST: That's all the administrative stuff I've got, and I will what I will do is it okay, in that case I sent you the dates for January. Two more administrative things that I think will be quick. One, is it okay if I bill your card for \$30 a visit for the session to date this year?

CLIENT: Yeah, how many is...?

THERAPIST: That would be on the bill that I sent.

CLIENT: Okay.

THERAPIST: I can count them if you want.

CLIENT: Actually, if you just do it and then send me the receipt, it'll be fine. If you do it, that'd be good, yeah.

[00:09:00]

THERAPIST: Alright. Looks like 10 as of last week. So that's like \$300 bucks.

CLIENT: Okay.

THERAPIST: Yeah, I will have it send your receipt. Is e-mail better for the receipt?

CLIENT: E-mail is what we like.

THERAPIST: Okay, then I will have it do that. And in that case, do you need a bill beyond the receipts from being charged each week?

CLIENT: No, because I can get in my flexible spending. (pause) Sorry, if I don't put it in, I'll never remember that I have it.

THERAPIST: I understand. (laughs)

CLIENT: Because nothing happens [inaudible 00:10:01]. (pause) I'm seeing Dr. [inaudible 00:10:14] tomorrow. I'm really exhausted.

[00:10:22]

THERAPIST: Yeah, I bet.

CLIENT: I also had a horrible time falling asleep last night.

THERAPIST: You seemed incredibly anxious yesterday. I mean, for the reasons you were talking about, but still.

CLIENT: Yeah. It was frustrating [inaudible 00:10:38] and it was frustrating to me is so (pause) [inaudible 00:10:46] by nature. I had to get a cab, and then suddenly she's like "Oh wait, I can just drive you home." So yeah, I got home. And because I was so anxious, I'm like, "I'll try taking Valium, because that usually knocks out everything," and it didn't.

[00:11:08]

THERAPIST: Wow.

CLIENT: Yeah, I was impressed. Then I took Ambien at the evening, and I was just like doo doo doo, still awake. I had asked some friends for like "[inaudible 00:11:25] meditation audio files or something?" So I ended up listening to one of those on repeat till I fell asleep. Then I woke up at 3 a.m. for an hour.

THERAPIST: Wow.

CLIENT: Yeah. Not great.

THERAPIST: No.

CLIENT: I was pretty much done with the day by noon. Just a thing.

THERAPIST: Yeah. Is your part-time schedule going to be Monday, Wednesday, Friday?

[00:12:01]

CLIENT: Mm-hm.

THERAPIST: Okay.

CLIENT: Yeah, and it's sort of still remaining things I don't understand and I'm not getting very well explained. Like I have to submit a paper timesheet, and normally I have to do everything online, but I have to e-mail a paper timesheet, and I didn't understand half of what was on it. (laughs) And it had to be submitted by tomorrow. So I'm just like, "All right. Guess I'll just fill in what I can guess and you'll tell me I'm wrong, and hopefully something..." My cube is super small. I had the moving boxes, I had to unpack them before I could effectively use my desk. A friend drove us out on the lake at 8:30, so I was like doo doo doo, unpack, finally manage to sit.

[00:13:13]

It's such, it's such a distracting environment. Partially, I'm like super exhausted, but (pause) you know, [inaudible 00:13:36] with four people in the office that's this size, doing stuff. And the students, because they're students, are sometimes chatting or sometimes asking a bazillion questions. Chet had said that if you try to avoid wearing headphones because if someone might poke their head in and ask a question like if someone asks a question, there's a pole in the middle of the room. So if I [inaudible 00:14:14] not hear it, the person wouldn't get assistance, etc. Right now I'm like it would be nice to be able to do work.

[00:14:23]

THERAPIST: Which would be much easier with headphones.

CLIENT: It would be much easier without all the distractions, because I'd probably just put the headphones on white noise. Which I love doing. So like desk. What was kind of nice is there was a new hires coffee social today, so I went. I was kind of like "Hey everyone, I'm back." So that was nice.

[00:15:02]

THERAPIST: That's a good venue for doing that.

CLIENT: Yeah. Then, again, I was exhausted standing up. Also, four new librarian hires; all four happen to be younger, white, blonde women. Yep, felt great about that. Yeah, I just went "everything's horrible." The two things that are currently well, and then, I met with Chet. He sort of was asking questions about foundations and various things, and his concerns were more

about would I be working a full-time schedule in April. I'm like, probably 90 percent yes. I just, I don't know. To me, I was like, "That's a while." End of April.

[00:16:11]

THERAPIST: Yeah.

CLIENT: I'm like "Oh yeah, whatever, sure." Then IT has some other questions about things I could do. And the part that made me the two things that made me confused and stressed. Harry [sp], the head of IT, and maybe Chet as well, want me to start accounting for all my time in 15 minute blocks.

THERAPIST: In 15 minute blocks?

CLIENT: No less than 15 minutes. So...

THERAPIST: No more than 15 minutes?

CLIENT: Or, yeah well, like -

[00:17:00]

THERAPIST: [inaudible 00:17:01]?

CLIENT: Yeah, which, so...

THERAPIST: Wasn't there something about this awhile ago? Is this a continuation of that?

CLIENT: I don't know.

THERAPIST: Or is it some new micromanagement?

CLIENT: I actually don't know. I think it's new micromanagement. I have to talk to IT on Friday and find out. Like many forms of micromanagement, this makes me being asked to account for my time that detailed makes me like completely "fuck you." My first response in my head was "fuck you," and then I didn't say it, of course. But I honestly never really grasped (pause) I don't know. I feel like making it mandatory makes a lot of people tense and cranky, and everyone whines on them, in my experience.

[00:18:22]

So I just don't see it, but whatever. And then Chet's like "Oh, I just had you go through and revise and update your job description," which made me nervous. He's like "Mostly I just changed the timing balance, what you spend more time on." I said "Okay." I'm looking at it, I'm

like "Yeah, okay, that makes sense." Then I flipped it over and there's the list of requirements, and I'm not actually qualified for my job. (laughs)

[00:19:00]

THERAPIST: Oh, congratulations.

CLIENT: I know. In ways that make no sense. Under some of the required attributes or whatever include knowing [inaudible 00:19:18] stuff, which I do not, and I have never called upon. Chet's like, "Well, it's just more of like a preference." I'm like, "Yeah, but you have it in the requirements." And IT has put in that I need to have Microsoft certification. I think it was Microsoft certification; I think it was a hardware certification. Which I don't have. Because it's fucking expensive and no one wants to pay for me to have it. Also, if I had that certification, I wouldn't be working this job. So the kind of certification that is being listed as a requirement is usually only required for people one or two tiers above me.

[00:20:14]

THERAPIST: Oh. It's like, what is it?

CLIENT: So they're dumb, but I know. But it's like it's a little test that's like "Do you know how to use Windows?" and it goes into details, like various fixes and if the computer's doing this, what does that mean. I was certified at one point. It's kind of like a driver's test in that there's a lot of really half the information, you will never need or use. We had to memorize it.

THERAPIST: Right now I'm smiling because [inaudible 00:20:52] Windows crashes all the time. (laughs)

CLIENT: I know. I'm just like urgh. Yeah, and...

THERAPIST: It's a [inaudible 00:20:59], yeah.

[00:21:00]

CLIENT: And hardware certification means that you can open the computer box and...

THERAPIST: Yeah, like switch out a hard drive.

CLIENT: Much more than that. I can switch out a hard drive, but I can't do anything else. Because I can't it sounds weird, but the sort of rule of thumb is, if I need to use a screwdriver, I can't do it.

THERAPIST: I see.

CLIENT: Because I would violate the warranty. If I was hardware certified -

THERAPIST: I see, then you wouldn't.

CLIENT: Then I could just be like and also, I would be allowed to order spare parts. Right now I have to get it from [inaudible 00:21:38] somewhere, someone who has hardware certification.

THERAPIST: How much do these things cost?

CLIENT: Basically your workplace pays for it, and it's several thousand dollars. So (pause) basically no one ever pays for their own. The way that you ideally do it is you're already certified let's say a year or two years, and then if you change jobs, they want to keep you certified, so they pay for the re-certification and things like that.

[00:22:15]

THERAPIST: Except your job doesn't.

CLIENT: Yeah, they very explicitly the rest of the IT Department I'm technically not part of the IT Department, and everyone else is at least Windows certified, and a couple of them are Mac certified as well. And I'm not. Myself and the person [inaudible 00:22:44] were both told that we could do that. And we're both kind of like, "Well, okay." It's not something that either of us are interested in; it's just one of those weird things where we're required to do [inaudible 00:23:03] budget meetings and do a lot of work.

[00:23:05]

And then randomly during these meetings, the head of IT brings up interesting and cool things that we would like to do that we can't. Or he's like, "This is something that everyone else, everyone in here could do except you two." And (pause) I've kind of stopped being insulted by it, and now I'm more like "Why can't this man figure out how to not keep on doing that?" It seems kind of obvious that you shouldn't, but...

So yeah, the revision of my job description does not make me happy, because that's one of the ways to get [inaudible 00:24:02] is if your job description is revised such that you are no longer qualified to do your job, then you don't get to do your job anymore.

[00:24:15]

THERAPIST: Oh.

CLIENT: Yeah.

THERAPIST: Is that different from firing somebody?

CLIENT: Yes, because then I have the option to be transferred [inaudible 00:24:30]. I could get laid off, or other cryptic things. But basically, usually what happens is they're doing it to dump you somewhere else or because they want to take there's someone else they want to put in your job. They're sort of hand-waving salary and money and being like to kind of make it work.

[00:25:01]

THERAPIST: So is that maybe what they're doing?

CLIENT: I have no idea. It makes me nervous, because my job description says I'm not qualified for my job, and I was [inaudible 00:25:11] to Paul, but I'm just like, "If I had these things, I wouldn't work this job."

THERAPIST: You said that to him?

CLIENT: Yeah. And he's like, "Whoa." I'm like, seriously. Those are not the certifications that are relevant. If I had them, I'd work an IT job. And also, if you're saying these are the things that are requirements, that means if someone like for Cambridge, if something says it's a requirement and your resume doesn't have it, you're doomed. They can't hire you if you don't have everything that it says is required. Which is why they suggest listing things as "preferred" or "ideal" or whatever thing it was.

[00:26:04]

THERAPIST: Yeah. I'm not clear whether Chet's just being kind of flaky about all this, or furtive.

CLIENT: Yes. Basically. And he also pretty clearly forgot that I haven't told him why I was on the leave. I'm just like, hm. And I told certain people at this point. I'm just annoyed.

THERAPIST: At him.

CLIENT: At him.

THERAPIST: Which is why you're not telling him.

CLIENT: Yep. Also, since the last time I was on the leave, Karl and Chet have just (pause) violated the info by saying, "J is out on leave for medical reasons." Basically they were like "J's out on leave because she's having a surgery, dadadadada." I'm like, no. I did not say you could do that. That's inappropriate. You're supposed to ask me first.

[00:27:24]

Karl's like, "Well, you told me that you were having surgery." I'm like, yes. At no time did I say you could tell everyone else. Especially in a blast e-mail to like two library's worth of staff members. That violates these job guidelines and many other things, and it's also fucking annoying. Which is also another reason why I'm just not telling Chet, because I don't trust him to not blab it everywhere.

[00:28:00]

Yeah, the new employee reception was interesting. It was a good way to use it to "Hey everyone, I'm back," because there are people who are not in my building [inaudible 00:28:16]. Everyone's like "Oh, I'm so glad you're back," etc. But of course, it's also "I'm so glad you're back. You took forever to get my computer fixed." Which... I don't know. It's kind of like, give me extra I appreciate you more for about a month. Thanks. So you know, that's happening. And weirdly may sound weird all the Cambridge Library transition stuff still isn't settled.

[00:29:10]

THERAPIST: Yeah, I wondered about them bringing on librarians when the last I heard, which granted, was awhile ago, was that they hadn't decided -

CLIENT: They're term positions.

THERAPIST: Really?

CLIENT: Yeah, so that's I think one of the few things they can do. Also, someone managed to convince the Dean to let them hire four term positions, even though [inaudible 00:29:38] hire two. I have no idea who did that, how that happened. It seems to be magic. Letting it go.

But yeah, I was talking to someone from communications. He's like, "Yeah, it's really frustrating that I have all these ideas about how I want to merge this information, but I can't because we're still not it's still unclear who does things and who approves things." So no one can really do anything. Which kind of hoped they would get further along on this at this point.

[00:30:18]

THERAPIST: Is it like a permanent transition?

CLIENT: Yeah. It's really not good. Part of the library transition team had decided a three month notice to create a new library website it was a horrible page. I was like, well, that was a choice. That's not going to work very well. Why are you rolling out something new for like September, whatever. Also, Cambridge [inaudible 00:30:57]. And now they're doing disability testing on it. It's like, "Oh good, that's a little late. Okay." I'm glad they're doing that, I guess. I don't know.

[00:31:18]

The other thing that frustrates me about the annoying time micromanaging is that Chet sucks at assigning work, so he's like, "Well, you were spending more of your time doing media stuff." I was asking him, "What?" He's like "Well, you know, just media things. Not [inaudible 00:31:45], but you know, things. We're really busy, blah blah blah." It's like, I don't know what you want me to do. But there's apparently a lot of it, and he really wants to get working on it. And one of the new librarians they hired is also going to help do whatever [inaudible 00:32:14] supposed to be doing.

[00:32:17]

Which (pause) yeah. So it's been kind of a rough day. You know, just I'm really tired, and (pause). It sounds really silly, but the women's bathroom is on the other side of the building from where my office is.

THERAPIST: [inaudible 00:32:46].

CLIENT: So I'm just like so that's exhausting. And then I was going to look at my computer that wasn't working, and I ended up having to make I think like four or five trips from there back to my office in [inaudible 00:33:09] and I'm just like, "Oh my God, I'm so tired. I don't want to do this anymore."

[00:33:13]

(pause) I eventually got IT to deliver something to my office for me, instead of me walking over there, because I thought I was just going to die. But (pause) I guess that revised job description plus me feeling so tired out from walking...

THERAPIST: Well, I imagine you're tired from not sleeping last night, and that you're tired from being incredibly anxious yesterday and probably today. Anxiety is exhausting, and not sleeping is exhausting, and moving around a lot more than usual is exhausting.

[00:34:02]

CLIENT: Yeah, and that's one of the things that I had forgotten, or sort of not thought of as much, is that I really I can walk across the building kind of half the day, like from the office and this and that, and that's a lot of walking. I might actually get one of those pedometer things, out of curiosity, because I'm so tired. I'm just like, what am I doing? But (pause) yeah.

THERAPIST: Right. You're starting to see how much those little trips add up to. [00:35:00]

CLIENT: Yeah. It's also (pause) it's something that I've never been able to get like Chet or Harry in IT to really understand, is that I really do spend a lot of time walking around the building. Part

of it is I do check on the computers in the morning, but that's actually really only one lap of the building. Maybe a lap and a half. But...

THERAPIST: [inaudible 00:35:41].

CLIENT: Yeah, yeah. Basically. In part because I don't want to tell Chet, I don't want to do other things, I have to keep on going back to my desk. Which (pause) does not help. I also discovered I have fewer spares than I thought of little pieces of equipment.

[00:36:10]

THERAPIST: I would imagine the physical part would probably get easier as you become less anxious and sleep better and get used to it.

CLIENT: Yeah.

THERAPIST: I mean, I'm not saying it doesn't completely suck today and you're not completely worn out, clearly.

CLIENT: Yeah, my physical therapist said that it's basically it's [inaudible 00:36:37] of getting a form of exercise. So every week or every day it's a little easier. But yeah.

THERAPIST: I imagine it'll help not to have two days in a row.

CLIENT: Yeah, that was her strongest recommendation, was to she was like, either Tuesday, Thursday or Monday, Wednesday, Friday.

THERAPIST: Right.

[00:37:00]

CLIENT: And right now, I'm like, I shouldn't [inaudible 00:37:05] regrets, but whatever. (pause) I mean, the other thing is that I'm so physically tired and also I just felt like super overwhelmed with everything. It doesn't even matter the stuff the stuff with Edgar was definitely good, in a general way, but the [inaudible 00:37:40] for an hour, and I'm just like, what? I have to go sit down. (pause) I don't know. Taking in a lot of new information feels a little difficult. (pause) And I said that a little flippantly, but I am really disappointed that they hired four right white women.

[00:38:16]

THERAPIST: Yeah. You thought it was something like I'm not getting it quite right, but it was something like it makes you feel pretty horrible about being...

CLIENT: Yeah. (pause) I'm also thinking well, is there more to say about that?

THERAPIST: Is there more that you want to say to that?

CLIENT: It's a couple of things. Part of it is it (pause)...

[00:39:00]

So my roommate Ashby does hiring for these positions. She jokes about it, but she's like "If I have a choice between hiring a man or a woman, I will hire a woman. A choice between hiring a white person and a person of color, I'm hiring the person of color," because she's like, if things are basically equal, fuck it. And then like do they speak Spanish, do they speak Portuguese, whatever. And so I hear her talking, she talks about it, and she spends a lot of time and effort making an effort, being sure she's trying to get more diverse applicants, and will stretch out how long they're considering candidates to get more diversity. Also, she cares about age diversity in the workplace. So (pause) to see...

[00:40:00]

So these four hires were also what they thought were the four top candidates out of whatever, a larger pool. And (pause) it's so discouraging. It's discouraging for working at Cambridge, but it also makes me feel super discouraged (pause)... it actually makes me feel kind of discouraged and disappointed in the field of librarianship, a little bit. But also I think okay, so if I'm out on the job hunt, I am not a thin, cute white woman.

THERAPIST: Not blonde.

CLIENT: I could wear a wig. But they'd probably figure it out. And...

[00:41:05]

THERAPIST: Yeah, where does that leave you?

CLIENT: Yeah, today I'm like, great. It also reminds me of these are [inaudible 00:41:20]. People who talk to me on the phone all assume I'm like when I used to do phone tech support, if you tell someone to come in, they would always be really startled. Like that I wasn't white. And that's what it reminds me of. Go to the interview, think oh well, you walk in, they're like, "Oh." (pause) And (pause) I don't know. When I was the summer before college, that happened at basically every job I applied to. I was applying for mall jobs, right? So like The Gap, all these places, Aeropostale, whatever.

[00:42:15]

And it was so blatant yet no one ever said it. No one ever said anything. But every time I walked in if I walked in, there was this like, "No." And if I called and then came in, then there was the no.

There weren't jobs available if I walked in. And if I called in, they're like "Well, you don't have enough retail experience." Then I had three years of retail experience.

THERAPIST: Right, and you were 17, whatever.

CLIENT: Yeah, exactly. I'm like, "How much can I have?" (laughs) You know?

[00:43:02]

THERAPIST: Right.

CLIENT: Also, I'm like, I think I'm competing against other 18-year-olds, so...

THERAPIST: Right. [inaudible 00:43:08].

CLIENT: Yeah.

THERAPIST: I (pause) I had it sucks in its own right, but I also imagine if maybe you feel especially not welcome back.

CLIENT: Yeah. [inaudible 00:43:44] plays and also current plays, and I'm just sort of standing there being like, everyone here is like everyone. And (pause) I'm very confident that if I brought this up to anyone, they would be super defensive about it. Like, "No, we'll work with you." So I didn't want to.

[00:44:15]

But it also definitely reinforced like why I have been wanting to find a mentor who is a woman of color really bad, and now I'm just like and now I think I'm going to push myself harder to do that, because (pause) I'm going to be graduating in a year or a year and a half, and (pause) looking at the Library Association salary list is already depressing. And to look out again at our all-white reference team is... yeah.

[00:45:08]

THERAPIST: We should finish up. Sorry. [inaudible 00:45:15].

CLIENT: Yeah, a friend offered to drive me and pick me up. And she's like, "Oh, it's fine," and now I'm really, really glad that she suggested it.

THERAPIST: [inaudible 00:45:33].

CLIENT: Yes. I wore them to feel better about today. And it's worked so far.

THERAPIST: Good.

CLIENT: I'll see you Wednesday.

THERAPIST: Tuesday?

CLIENT: Tuesday. Dang it. Sorry, my brain is...

THERAPIST: No, no, it's okay.

CLIENT: I'll see you Tuesday.

THERAPIST: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I survived today mostly. (chuckling)

THERAPIST: Why did you survive today?

CLIENT: Yea. It was interesting is all the anxiety that I had been having before we got an apartment about our landlord being there and Ashby (ph) had been really calm. Suddenly Ashby (ph) developed all of my anxiety and was a nervous wreck. Yea. I guess we traded. And then what's really surprising to me, she was very concerned that the movers would be mad at us or annoyed. And I was like, "I don't think they care." And she said, "But we have so much stuff." I'm like, "We're paying them." And then she was like, "No. They will be mad about this and that." And I was just like, "Ashby, we give them money." [0:01:01] But she said, "We should be helping them." I'm like, "No, we pay them money. It's great."

THERAPIST: Right, right. And in proportion to how much stuff you have.

CLIENT: Yes, exactly. And also we're going to give them a cash tip at the end.

THERAPIST: Right.

CLIENT: And also you're deranged. She couldn't sleep at all the night before we moved.

THERAPIST: Oh, poor thing.

CLIENT: Yea, I felt bad. So the other thing about moving though is it definitely reinforced that I am not as physically able as I used to be. The new apartment is a third floor apartment and walking up and down [just taking a flight of steps] (ph) a couple times. And then up to the third

floor was it just became so painful. [0:02:01] And it's kind of like, ha, yea, right. Maybe they've got to be paid movers.

THERAPIST: Yea.

CLIENT: Because there is no way I've could have done that. And...

THERAPIST: While we're talking about it, I think I should probably get the address.

CLIENT: It's in Ball Square. It's I, too, lived on that street about eight years ago. [0:03:04] (chuckling) Yea, it's nice. It's right near this little convenience store. Right by a couple friends of mine and a coffee shop.

THERAPIST: Yea.

CLIENT: So yea, I'm pretty happy with it. And our new landlord is friendly and fixes things competently.

THERAPIST: That's great.

CLIENT: Yea. When we first moved in, he was like, "Oh yea, I need to replace these light bulbs for you." And just replaced them and fixed the smoke detector and one other thing. [0:04:00]

THERAPIST: Oh, good.

CLIENT: Yea. So it's very nice to have a landlord that's competent and does things.

THERAPIST: Good.

CLIENT: So as my first day back at work which was I guess...

THERAPIST: I think that was before...

CLIENT: It's before I moved. It was Monday.

THERAPIST: I thought we talked after your birthday.

CLIENT: We talked...

THERAPIST: Back... yea, there was like a thing for new people working at the library so you could go.

CLIENT: Yea. That's still annoying me a lot.

THERAPIST: Yea.

CLIENT: Yea, it's very... I don't know. For whatever reason, like it's that I went to work and having sort of like rehired a bunch of white people what about it is very frustrating right now. [0:05:07] And it's also very discouraging in terms of sort of finishing off my own library degree. So the jobs they hired for are term... like they're one year contract positions. So even the contract positions nationwide job search, blah, blah, blah, it's prestigious. It's Cambridge and that's what they came up with. And no one... well, that's not true. None of my coworkers that are white are at all surprised or like have noticed or anything. [0:06:05] So that's really frustrating to me.

But also I think like, OK, so I hit the job market and what? And so I'm just having a hard time sort of thinking beyond that. And thinking, well, but I know people. And I know a guy who knows a guy. And I probably have contacts at various places. Mostly I just feel super discouraged and frustrated. (pause) So yea, and I don't know.

The other thing that's super frustrating to me is... I mean, it's not new. [0:07:05] But Chet (ph) is frustrating me a lot. His... so Chet (ph) always says he's very, very busy and has (inaudible at 0:07:16) things to do. And I've always been like that's not true. And now that I'm sharing office space with him, I'm just like yep, that's not really true. But you do a good job of looking very busy. So he's on my case. He's always been on my case about making sure I do enough multimedia work and IT work. And I'm always like, OK, can you... I do all the multimedia work I'm given. I'm not really sure where I can go from here.

THERAPIST: Right.

CLIENT: And he's like, "Well, but I need you..." and so his fixation is if I... he wants me to account for all my time every day...

THERAPIST: Right.

CLIENT: ...in 15 minute increments. [0:08:04] And I really, really don't want to. I remain really not wanting to. And I remain asking him for work that he won't give me. Though he does say, well, I should feel free to use the student workers if I'm too overwhelmed with multimedia work. And I'm just like, "But you won't give me any."

THERAPIST: Right.

CLIENT: So I don't know. It just... it's so frustrating. I feel like when we're speaking face-to-face, I'm just like, well, but I am asking you for work. [0:09:04] And you don't respond or give me an hour of work. But you're worried that... I don't know. I guess even the ten minute of conversation isn't coherent which is maddening. And so if any other thing of that, it feels, to me, micromanaging and infantilizing to allot for my time that way.

THERAPIST: Right.

CLIENT: And I really want to such say no but I'm not sure. That feels like a little bit of a nuclear option to just refuse. [0:10:06] Yea. And the other thing was on what was it Monday yesterday just finished moving and was already feeling stiff and uncomfortable. And towards the end of the day, I was feeling really physically miserable. But it was kind of like, well, nothing I can do. And at one point I accidentally left my ID card inside a closet that you open with an ID card. And I was just like...

THERAPIST: It was locked (inaudible at 0:10:49)?

CLIENT: Yea, exactly. So I called him on my phone. I was like, "Could you please come down and get... release my ID?" And I get out and he walks aside of me and I'm walking super slowly and carefully because I'm in a ton of pain. [0:11:04] And he's kind of... and he's starts commenting like, "Oh, you seem to be moving a little... is everything OK?" "Nope, I'm in a lot of pain." And he said, "Well, I seem surprised." He's like, "Oh, I'm so sorry. Is there anything I can do?" "No, I'm not really sure." I'm like, I thought that I'd already conveyed that periodically I was going to be like one of the reasons to work part-time and take breaks is to avoid being in excruciating pain. But...

THERAPIST: So is more like his not having made the connection.

CLIENT: Yea, it was weird because I felt like... I don't know.

THERAPIST: You mean like it's a, "Oh gosh, it looks like you're moving a little slow is now one of the times in the day that you're hurting a lot." [0:12:01]

CLIENT: Or people went, "Oh, right. I forgot."

THERAPIST: Right.

CLIENT: "That thing."

THERAPIST: I see. It just seemed like de novo. What they do and it's unconnected to until a link before.

CLIENT: Exactly. And also sort of oddly I had at the beginning of the day it was... my allergies had gone crazy in part due to moving. And as I was sneezing, sneezing and sneezing. And I'm like, "Oh, I'm sorry. My allergies are crazy moving." And his response was like, "Oh, yea." And I was like, "Moving causes a lot of dust." And he's like, "Yea, I kind of sense you're not the kind of person who really keeps up on vacuuming or is just really obsessive about that." And I was just going like... I mean, that's true. But I was like the response is supposed to be, "Oh, that's too bad that you're sneezing continuously."

THERAPIST: Right, right.

CLIENT: Not, "I hear that you're a crappy housekeeper." [0:13:00]

THERAPIST: Right. Although...

CLIENT: Right.

THERAPIST: ...I guess he wasn't saying you're crappy.

CLIENT: Well, he was saying that it's just like, "Oh, you're not somebody who keeps... who vacuums a lot and keeps up on the housekeeping."

THERAPIST: Oh, I probably misunderstood.

CLIENT: Oh, yea.

THERAPIST: I thought you were saying he said that he thought you were somebody who did vacuum a lot.

CLIENT: No, he said, "You strike me as someone who doesn't vacuum and really keep up on dusting."

THERAPIST: Oh my God.

CLIENT: Yea. It was... I was very flustered.

THERAPIST: That's stunning.

CLIENT: Yea. Because that's not what you... in a round of empty social things that one says...

THERAPIST: Right.

CLIENT: ...that didn't fit.

THERAPIST: No, not at all. That seems really uncouth.

CLIENT: Yes. Not suitable for an (inaudible at 0:13:55). (pause) Yea, it was very weird. I was just... it did... it was sort of... I don't know. It was... it just ended up being rude. It was so out of like the empty...

THERAPIST: But the thing is it's like impolitic in a way that I wouldn't have imagined from him.

CLIENT: Yea. (pause) Yea, yea, because partly because he's usually so smooth and polished and I'm just like where the hell...

THERAPIST: Right.

CLIENT: And also... I don't know. I just think I could do social niceties on auto pilot.

THERAPIST: Right.

CLIENT: Once you've met a lot of people are just like you're not even paying attention. You're just like, oh, excuse me, blah, blah, blah. You don't even listen really to what the other person is saying but you know what the correct response is. (pause) So that surprised me. [0:15:00]

THERAPIST: I wonder whether there are also two aspects to it. One in which like both of these examples with what he said. You have (inaudible at 0:15:11) puts you in pain. I mean, those are both bad. But... or and I think they're also made worse by the fact that you're (inaudible at 0:15:27). (chuckling)

CLIENT: Yea.

THERAPIST: I mean, just really enraged...

CLIENT: Yea. I just...

THERAPIST: ...for a hundred things but the most recent in which is like making you move to his office, trying to get you to account for your time.

CLIENT: Yea. And I've tried doing a lot of like, "So, I hear that you're concerned about how I spend my time. Can we do it this other way?" [0:16:00]

THERAPIST: Right.

CLIENT: And the response is, "Yes, I want you to do it... see, we want you to do it in your own calendar if you don't want to. But you still have to account for it in these increments." I'm like, "OK, but how about this?" And it's like I'm not... it does surprise me that he's this fixated on it being that way. So his stated goal of me managing my time better is not going to be very well accomplished by me being incredibly pissed off all the time.

THERAPIST: Right.

CLIENT: And as someone put it... mentioned, "So you get to have a slot that is at accounting for my time like time spent accounting for my time?" [0:17:07] Because that's basically how I feel at the half hour at the end of every day which I might yet do. Although it's... I mean, it's very passive aggressive but this is how I feel. And it is what I'm going to be doing. So...

THERAPIST: Right.

CLIENT: Yea. And for a while I'd felt... I had e-mailed FAS ph personnel about diversity and I got this appointment next week.

THERAPIST: Right.

CLIENT: And I've been feeling kind of exciting about that.

THERAPIST: This is with the dean of the university?

CLIENT: This is actually with not the dean for the university. This is another foray. This is a... someone in HR who works in... not the dean of the university but works with diversity. [0:18:02] Because Cambridge College is having a year of discussions about diversity to improve diversity. (pause) He'd been inviting a lot of white people to talk. And I'm like, yea, all right. And the last person that they invited it was in December or maybe in January was when Peggy McIntosh who like 20 years ago wrote this essay called, "Unpacking the Invisible Knapsack of Privilege," that is now just sort of like oh, it's a classic of... it's not new.

THERAPIST: Right.

CLIENT: It's not a classic of understanding various forms of oppression, blah, blah, blah. And I'm like, wow, that's not cutting edge, guys. I mean, no. [0:19:02] And just like breathing through... like all through the topics. I was like, wow. I think the most important message that FAS is conveying here is that no one is racist at our college.

THERAPIST: That's depressing.

CLIENT: Yea. So with me being really depressed and grumpy about that is why I e-mailed and said, "Nah, nah, nah." And now I'm feeling like, oh, this appointment I'm going to have with him is just going to be for show. Nothing is going to happen.

THERAPIST: Hold on. I'm sorry. Who is it with?

CLIENT: It's with a random... it's just...

THERAPIST: Oh, it's just the HR person.

CLIENT: A Cambridge College HR person. That is not... it's not my designated HR person. It's someone else in HR.

THERAPIST: Yea, right. (pause) [0:20:00]

CLIENT: And the other thing sort of with Chet (ph) being so... just kind of rude on Monday, one of my thoughts was like I just... I was feeling like... especially at the end of the day I was really... I was just very uncomfortable and snappish.

THERAPIST: Yea.

CLIENT: And this... I just sort of chilled the conversation. I don't think I really need to be chatting with anyone anymore right now because I'll probably kill someone. And I was thinking I really... to Chet (ph)... I kind of want to send Chet (ph) is like remedial manager-ness. I actually don't think that he was given any instruction on how to be a manager. I think they just sort of like, ding.

THERAPIST: Yea.

CLIENT: And he got another report. [0:21:02] One of the new librarians they hired... which is also frustrating in that for many reasons including that he, at one point, got in trouble for sexually harassing one... a female student worker a while ago. And when I mean trouble, I mean it was a bit of a scandal but nothing really happened. And that he's still supervising female students. (pause) I think one of the reasons he got away with it is that he eventually ended up... let's see. I don't remember. Someone else was telling me about it and I'm just like that's gross. Not appropriate. But it's (inaudible at 0:21:57) just I agree. (pause) I don't know. (pause)

I think one of the reasons why I'm so frustrated and mad at Chet (ph), as I sort of sit here thinking, I just know more than you and it's really irritating that no one cares. And there's only so much I can keep myself entertained doing other things. And by entertained, I mean like, yea, I can definitely do some (inaudible at 0:22:57) whatever. But there's only so much of that that will distract me from how much I can't stand you. And now when I sit, we're kitty-corner across from each other. So I'm just kind of staring at you all day which is not... it's really terrible. I am getting some nice natural light from the window. And I'm also staring at it a lot.

And the other thing in which I can't stand is the way that my cube is set up. People can come up from behind me. I'm like there's a combination of people can come up from behind me and look at my screen which I don't like. But they also they can just up from behind me and I hate people who come up from behind me. And the office is super distracting and just everything. [0:24:03] (pause)

And unfortunately my library ethics class is driving me a little bit crazy. (pause) I don't know. It's just sort of... this week's assignment we were talking about... specifically about library ethical codes and guidelines for librarians like the American Library Association. And we had a bunch of readings about that and readings about... I mean, it's a voluntary code. It's not like a law. [0:25:01] Nothing really... whatever. It's not like a lawyer's code of ethics or a physician's code of ethics.

And so there was some discussion of how to encourage discussion of how these apply in the workplace. There are discussions of how the Patriot Act has affected librarians in that with Patriot Act a lot of librarians felt... the Patriot Act allows the... our government to theoretically look at patrons' library records which are supposed to be confidential. And library guidelines say that patron library records and information that they request, whatever they ask the reference desk, et cetera, is supposed to be confidential. You're not supposed to tell other people.
[0:26:00]

And so there have been sort of ongoing issues with what books did that person check out? Has anyone come in to ask about something suspicious like Islam? And so there's a lot of that going around. There's also been a lot of, like, is there Internet filtering software on the public computers? And what if someone accesses controversial materials from inside the library and blah, blah, blah? And so there's all these things going on.

And one of the rules we read sort of cracked me up in that it was written in like I think the 19... was written in the 30s. It was written between World War I and World War II by a Spanish author. And it was this very like it reads of the times. It was kind of a grandiose... like, "The profession of the librarian." [0:27:06] And it was like you're going back and like "as in Caesar's time." And it's very... I'm like, oh, my God. Except for if you move past the structure and things like that, it was a pretty interesting article. Also being of its time it is the men... it's like the brotherhood of... it's basically like librarians who were totally men. Maybe there's a woman and talking a lot about that. And so the language also bogs you down a little bit or bogs me down a little bit because it's very manly.

And part of what he talked about was that when you are a professional when you're in a profession you have to surrender some of your individualism to be part of the group. [0:28:00] And I was going, that's phrased weirdly. And people were kind of talking about that and the professor was like, "I think what he means... I don't really know. But I think what he's trying to say is that as a librarian, you might say, well, ALA's guidelines say you don't promote your personal beliefs at the reference desk, for example.

So if someone comes in and is pursuing a topic that you find offensive, you... someone is like, "I really want to learn more about the KKK because they're so awesome." You're just like, "Well, OK. This is where you find those books." Or if you're like, "I think someone else can help you better with this." But you don't say, "I think you're an asshole." [0:29:00]

And so I was like, yea, so I can see that. And blah, blah, blah. And one of the things... and people was talking about the importance of looking professional. And there's this ad campaign which has this image that's very striking is that it shows the same person in two pictures. And in one of them is it's this guy with a shaved head. He's wearing this sleeveless shirt and he's covered in tattoos. You could see from... all just tattoos, tattoos. And he's wearing jeans and this cut off shirt. And then the next picture is this same person wearing a lab coat and he's a doctor. So he's a doctor and he this little stethoscope on. And they picked the campaign as you should look past your own personal prejudices. This guy that you may perceive as being a thug in this

one photo if you saw him in this other that you'd be like oh, my God, is this a trusted professional? [0:30:02] It's like, yes, that's so true. And some people were like, "Oh my God. What? No. That's not even true." But it is...

THERAPIST: What [are you saying?] (ph)

CLIENT: So someone had said that they were so shocked and amazed that this was the same person.

THERAPIST: OK. Gotcha. I got it.

CLIENT: And I was a little bit like, well, I mean, it is a dramatic photo. But I'm not really sure what to tell you. A lot of people have tattoos and other things. I guess I was kind of surprised by that in 1997 when I have heard of it but... and I tried to be kind but I wasn't feeling very compassionate. Anyway, so in discussing that, there was sort of this discussion of the importance of looking professional. [0:31:02] And that this doctor should definitely cover all his tattoos at all times because otherwise you just... it was kind of this odd argument where they were like on the one hand, they were like oh, it's really interesting. And it shows me that I shouldn't harbor these prejudices against somebody's appearance. But I also think that they should cover their tattoos at work because otherwise other people might feel uncomfortable having a tattooed doctor.

I was like, by other people, do you mean you? And then there's this sort of like this flow of discussion of still talking about like, well, on the one hand this doctor might make some patients feel more comfortable because they're like, oh, this doctor is like me. [0:32:01] He's... whatever. But it's still bad because it's not a professional image and I don't know demeans or degrades the profession as doctoring. And I found that very frustrating.

And so... and people were just kind of like... and so one of the things that I've... I think I've have thought about it more than some of the other people is what it means... like what... how... the ways in which like looking professional can be used as a way to impose control over people and how they look and over their bodies. And who people hire for receptionist jobs often part of... they use language that basically means we would like a young, pretty secretary. [0:33:11] That puts a good friendly image for the office. I'm like you mean young and thin.

And then also there's been... I've read this really interesting article about libraries in the southwest and public libraries that allowed staff and volunteers to wear clothing that indicated some amount of ethnic pride. And so it would be OK if you wore a Dominican pride flag or something. If you wore something that was like that's a little small, ethnic accessory, then that made the community feel much more comfortable coming into the library. [0:34:03] And the things they suggested were so mild that I was kind of surprised.

THERAPIST: Yea.

CLIENT: Because there were things like wearing a checkerboard wristbands and having a wallet chain and few other things. I'm just like...

THERAPIST: Relatively subtle.

CLIENT: Yea, things where I'm like, why would you even complain about that? I don't understand where we're going here?

THERAPIST: Right.

CLIENT: The other one was letting men have long hair which, again, I was like I thought that was OK. I just thought that would be OK but... and so they were talking about how this really improved things. And then in the Teen Room, if your Teen Room volunteers can also either do or wear something that indicates they're like, yes, there are Latinos in the area. And this makes you feel much more comfortable.

And so I had mentioned that and then I was saying, part of the problem is that we're thinking of sort of like... sort of the things some might have been the individual to be part of the group library professionals. [0:35:10] There are some people for whom this is... might be easier than some people think. So some people have visual indicators that make people think they're not part of the group. You can cover your tattoos but you can't cover your skin color.

THERAPIST: Right. I see.

CLIENT: Or I think I said... I was like, gender expression raised ethnicity, disability, a few other things. I was like these are all things that make it... that someone might feel like they have to suppress or be a part of the group. Or someone who's part of the group might say, "I don't know. You just don't look very professional to me." Meaning, you seem to be using a wheelchair.

THERAPIST: Right.

CLIENT: And so I was kind of like I didn't really flush it out because I was... didn't have Internet until today. And I was in a rush but I'm like (inaudible at 0:36:05). And one person responded in this way that was... so her response was first to say that people with disabilities can be librarians which was not what I was asking. (chuckling) And it was weird because she's like, "Well, they may not be able to participate fully or be really as 100 percent as normal people but..." or I think it was just regular people. "But it's still really important to have their presence." And I was like, "I really... wait? What? I wasn't... OK, that wasn't my argument. But OK." And I was, well, I mean, like whatever. I didn't make an effort because we may have been thinking in different directions. [0:37:05] She also mentioned cognitive disabilities. And I was like, oh, I wasn't really going there. I was going wheelchair user or something like that.

THERAPIST: Something apparent.

CLIENT: Yea. And she seemed to be going Downs Syndrome.

THERAPIST: I see.

CLIENT: And I'm like, oh, I think what you're... yea, I was like... I mean... and then she commented that she didn't think that in this day and age that gender discrimination existed anymore. And so that, therefore, female librarians didn't need to worry about not being able to be a member of the boy's club.

THERAPIST: I see.

CLIENT: And I said, wow. No. So she's one of the younger students in the class. And by younger, I mean she's under 25. And it was such a... I read it and I was like, wow. I don't... I mean, I set aside disabilities. I think we're just really not communicating well. [0:38:08] But how do you not... gender discrimination still exists. I'm not really... I don't really know what to say because it's a female student telling me that she doesn't think gender discrimination exists. But she's also... there's also someone who pretty clearly... she has not yet worked in a library or maybe at a full-time job (inaudible at 0:38:39).

THERAPIST: Right.

CLIENT: And I don't know. I'm still not sure. I found it incredibly... not just off putting but I felt... I just... I'm like I don't really know what we can talk about because I feel like I... for someone who says gender based discrimination (inaudible at 0:39:13), I'm like I think that's a fact that it exists and you're saying it can't. And I don't know how like... I don't... A, I don't actually want to get in a prolonged argument about whether or not gender based discrimination exists because I don't want to. But also I don't know how... I'm like, how did you miss this? [0:40:00] I just... I guess I feel like I thought that we, as people, especially women had noticed or accepted or agreed or something that women still make less than men per dollar or... (pause)

THERAPIST: I guess I sort of wave my arms (inaudible at 0:40:50). I think this is one of those case where you're from the way you're talking about it kind of anticipating or maybe I'm wrong or that I'll respond like, oh my God. That's so fucking crazy. [0:41:05] How annoying to have somebody A, not listen to your point and make a totally different point that's kind of ridiculous. And B, to assert something like that which is so sort of factually evidently false and also, I imagine, feels kind of like a betrayal.

CLIENT: Yea.

THERAPIST: But I think your sort of tone is on one end it's sort of conveyed that in such a way that it pulls, I think for that kind of response from me. But also in a way where it's like you're kind of stunned or kind of can't imagine not can't imagine or sort of taken aback or surprised or a bit incredulous about how she's being. [0:42:06] When I think you actually... how it kind of makes sense to you. It's just really annoying, frustrating, marginalizing. Yea.

CLIENT: So I guess there's sort of two parts of how I feel about this girl. So the part about people with disabilities I was like... yea, I was kind of like (inaudible at 0:42:29).

THERAPIST: Right.

CLIENT: And so I'm sort of trying to set that aside because I'm just like I really... I shouldn't have... I mean, in a way, why did I bring that up knowing that? But the part about in this day and age there's no gender discrimination in addition to like.... I actually am shocked. In part, because her... the language that she uses in talking about... as used with her message or posts in talking about these things is the language of vaguely liberal progressives. [0:43:13]

THERAPIST: I see.

CLIENT: So her language is probably when she phrased things sort of led me down as like, oh, OK. Well, she's probably... she's aware of progressive issues.

THERAPIST: I see. So a total mismatch between that and...

CLIENT: Yea. I mean, even when she was talking about people with disabilities and how she was using very progressive language.

THERAPIST: I see.

CLIENT: And she could mean... she was like... it was weird. Part of what was weird is that she was using the right words and phrases that you would... like, "People with cognitive disabilities," and like...

THERAPIST: Right. Yea and I think it does sound very different that it wasn't as though you were surprised that a young woman even without experience working at a library could not know this. [0:44:05] But more that this particular person who has sort of shown other signs of being more I don't know educated or sophisticated sort of thing wouldn't have.

CLIENT: Yea, and it's also like she'd written this whole kind of interesting thing about copyright and how that affects people in our countries the ability to get information and was very concerned seemed to be like she's expressing concerns about information bottlenecks. So if you'd have to pay to get access to... if you copyright everything and you rigorously enforce copyright, it can be really hard for people who have lots of money to get access to information. And I was like, yes, that's really true. That's very... I'm like, that's very interesting. [0:45:03]

THERAPIST: I see.

CLIENT: And so I was like, this is good and OK and then some few other things. And I'm like, oh yep, yep, I see where you're going here. And she was very much using all the words and the language of, "I am a progressive nice lady."

THERAPIST: This is a very different thing.

CLIENT: Yea.

THERAPIST: We'll also have to stop. Yea.

CLIENT: I guess I felt kind of like I was at a feminist bookstore chatting with someone about food insecurity. And so she's like, "Yea, but feminism is stupid." And I was like, wait. (chuckling) Wait, I thought we were together on that. Yea.

THERAPIST: That sounds weird. Yea, that makes sense. Yea. Right. We should stop for now. I'll see you tomorrow.

CLIENT: Yes.

THERAPIST: OK. I'm glad you survived your move. [0:46:02]

CLIENT: So am I. I didn't get peed on by my cats.

THERAPIST: Good.

CLIENT: See you tomorrow.

THERAPIST: Yea.

CLIENT: Oops.

THERAPIST: That's fine.

CLIENT: OK.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So today has been not a good day by in which I mean, well, there wasn't any one thing in particular. But by lunch time, I was just feeling really very much on verge of tears. So I ended up going but also feeling really physically uncomfortable because I didn't want to go a walk which I would normally do. So I went out to the quiet room and listened to a guided meditation on anger which was kind of good. [0:01:12]

But I kept on half crying through it, yea, which I don't really do. And I was also trying to like figure out why I was feeling just so... I mean, part of it is dealing with this weather. It's not ideal. But I woke up in this sort of... now I wake up I try to listen to pop music and high energy. And I was playing Adele and Amy Winehouse and thinking this is a bad idea to just start off with mokey music. [0:02:00] But it's all I'm going to listen to.

THERAPIST: What did they say in a guided meditation on anger?

CLIENT: Oh, this one... it's a particular podcast that I started listening to. And this one was you're closing your eyes. You're blah, blah, blah.

THERAPIST: Right.

CLIENT: And the idea was to breathe and feel the anger flow through you. And sort of inhale and then exhale and let the anger blow out. And sort of think about, why are you experiencing anger? And it was... yea it was kind of like think about why you're angry and then try to let it go. Try to let it wash through you. And every chance I was like, OK, let the anger wash through me. I just felt sadder. [0:03:00]

THERAPIST: Yea.

CLIENT: So I don't know. (pause) I mean, at the end of it... at the end of my... so I did that and I just felt sad for about a half hour. And I felt some... I felt kind of better after. I mean, I no longer felt like crying but I wasn't really feeling good. (pause) And I mean part of it... so I think a big part of it is that I've been pretty much in constant pain since Wednesday or Thursday.

THERAPIST: Oh, so that's like a week.

CLIENT: Yea. And I have not gotten myself to get to get an appointment with my doctor about something, anything. [0:04:08] So last night I was like, OK, I'm going to make myself the appointment with my doctor and see where this goes. And it's like I'm having a lot of pain, blah, blah, blah. And her first question which was basically, "Is it hip pain or other pain?" made me feel like, "What, are you saying the pain doesn't exist? Is that what you're saying?" And then I'm like, OK, no. But like I had this very defensive feeling like she was going to say, "Well, I don't know. It doesn't sound like you need anything." She did write a prescription for tramadol which is a non-opiate, blah, blah, blah which I don't think will help. [0:05:04]

I'm also hitting up a hot tub after this. But yea, so my legs have been hurting a lot and my hip has been hurting. I have been having headaches for off and on for most of the day. So I make the most of it. And I also... I don't know.

I was chatting with some friends during work today. I had mentioned how Chet (ph) had made this comment about, "Oh, you don't seem like the kind of person who vacuums a lot." And it just

sort of... I don't know. I threw it out there as like a (inaudible at 0:06:05) someone says, "Their allergies are acting up. Don't respond like that." And all the people were like, "What the fuck. Why would you... why would someone... what... like why would someone say that?" And I was... and his response is I was sort of like... yea, like I was feeling more like that really was obnoxious. And also not what you really expect in terms of like empty social niceties in offices. That's not one of them. (pause)

And in thinking about that I was thinking about the girl in my ethics class who sort of like I thought we were in the same kind of socially progressive page. [0:07:04] And then we weren't. And then I was also just thinking about Chet (ph) in general and other things. And I was... so I'm feeling very... oh, and so yesterday, last... yesterday for therapy I ran into a former coworker of mine. She's (inaudible at 0:07:31) who finished her MLS a year and a half ago. And she finished her MLS, applied when I was at Cambridge and said fuck Cambridge and went to work somewhere else. And I saw her and I'm like, you look great. You look so happy and not stressed. [0:07:56]

And so we were talking about it and she's... her comment was basically she's asking like, "Are you just stick it out because Cambridge is what it is. Or just finish it or go elsewhere?" And we talked about it a little bit and then I don't know. What it reminded me is that the two of us had been having like periodic have our conversations about racism in the workplace for a couple years.

THERAPIST: OK, when you were colleagues.

CLIENT: Yea, when we were colleagues.

THERAPIST: All right.

CLIENT: When we were colleagues, I didn't see her super frequently but we talked about librarian stuff. And I just kept thinking what... the part what I was feeling is a kind of combination of, have I made... had I made a mistake in getting this degree or trying to get an MLS? [0:09:15] Was that a terrible mistake and should I drop out? Which another reason why it was surprising I was just like... because I was just feeling like nothing that I do is supported.

And yea, so I don't get supported in what... in my ideas or whatever I'm working on. And in addition to not being supported, I also feel like sometimes I'm being hampered. [0:10:00] In many ways, I feel like Chet (ph)... in addition to him not being helpful like not being supportive doing what I do particularly he does make my job more difficult.

THERAPIST: My critical look is not because I don't understand that. But I guess I thought that was one of the most obvious things in the world. I mean...

CLIENT: Yea, the problem is that I spend all day staring at him.

THERAPIST: OK, no I'm sorry. I didn't... you're totally hampered in all kinds of ways in your job. I understand that it ratchets up to be staring at him. But I guess I was surprised at as though I wouldn't have known that you're hampered at your job. [0:11:00] I mean, you're not listened to. You have to do stupid things. You're (inaudible at 0:11:09). You're treated badly by Will (ph) and then HR. I mean, there's much hampering.

CLIENT: Yea. For whatever reason this morning I was feeling it very personally. I don't know. It felt... I was feeling personally insulted as opposed to, I guess, professionally insulted, if that makes sense.

THERAPIST: OK, yea.

CLIENT: I don't know. I'm not really sure what I was. I was just feeling like I... just I don't know. [0:12:02] Just all of this feeling very about me as a person and that there is nothing that I can do to change that at all. So I almost feel like getting an MLS and going to other jobs, it would... I just felt like that's not going to do anything. It just felt like...

THERAPIST: The kind of thing that are getting in the way are not going to be sort of ameliorated by getting an MLS.

CLIENT: Yes, or leaving the job. And part of why... part of what was also... on that was just thinking about what this girl was talking about with sort of, "Oh, we all compromise to be part of a group." And I'm like yes, that's so true. [0:13:04] And I was trying to get at the idea of people who can't change their visual differences. And I just was thinking about it more. And just feeling like I don't know just like more ground down by it.

And also so I have to write a paper for class on an ethical issue that's near and dear to my heart. So I started brainstorming and there's a blog that I read that I like called Librarian Wardrobe. And periodically I get really frustrated because it's 99 percent about librarians. [0:14:00] And for a while there was a black woman, actually the medical school library who was posting occasionally. I was always like, hey, it's a medical school library. I don't know. And that blog hosted a discussion the American Library Association about like clothing and individuality. And why are people focusing on librarians' clothes. And people often... especially people talk about getting rid of the image of librarians in (inaudible at 0:14:41) glasses and cardigans shushing people and then what's wrong with that. Let's really engender the stereotype.

And in trying to have that... I was like thinking about that conservation. And I when I was like asked part of it a little bit time delayed. [0:15:02] And one of the things people were very like, "Well, as long as you're still looking professional, that's OK." And I was like, "Well, but what does that mean? What if, say, there's a black man wearing cornrows and people... some people perceive that as being like thuggish?" And the moderator was like, "Well, I mean, if it looks thuggish..." I was like, "Hey, hey, hey."

And I don't... it was interesting because there was traction on gender of there is this a very prolific librarian blogger who's also butch and had talked about how she wears a man's suit to work every day. [0:15:59] And she had something like, "If you're going to go to a job interview, you should wear a suit or suit equivalent." And then she was thinking, would I ever wear a dress suit? And in the answer, she was like, no that would be horrible. And what are younger librarians going to wear to work? And is it going to be a problem? And I was like, yea, that's the greatest thing because it is.

So we were working on gender expression and then we're hitting on negative stereotypes of women and professional for guys. If you were a button up shirt and slacks and a tie, you're just good. And for a woman it gets really complicated and blah, blah, blah. And so most of the conversation was really interesting to me but then there was this part where I just couldn't get any discussion going. Nothing happened.

THERAPIST: Yea.

CLIENT: And so one of the... when I was thinking of paper topics, I was thinking about like, oh, I could write about this idea of professionalism and blah, blah, blah. [0:17:10] And then I was like... and then I thought well, if I research that I'm probably going to get really depressed and want to throw away all my clothes. So I won't do that. And then I was thinking about writing about... there's been some discussion about startups in corporate culture. And how fitting into the corporate culture can be a way just to say I want hire people who are just like me. So, therefore, young white guys who just found startup keep on hiring in white guys. Or young Asian guys hire more young Asian guys itself perpetuating. And what does that even mean like fits in with the culture. I'm where we like...

THERAPIST: Oh, you mean... that's where I think I lost you. So you mean it's sort of an espoused criteria (sic) for hiring... criterion for hiring is we want people who fit it with our culture which is kind of winds up being this intended consciously intended to be winds up being code for who are demographically similar. [0:18:18] Originally or ethnically and (inaudible at 0:18:22).

CLIENT: Politically and just like... yea and, oh I mean gets you into the boys club of startups. And if you are recruiting for your company basically it will be your social contacts that are probably all similar.

THERAPIST: Right.

CLIENT: And then I've talked with some startup friends. And one was like, "Well, it's like a pressure cooker in here. We want to make sure that everyone gets along." I'm like, "OK, but if it's a pressure cooker, I don't even want to be friends with my coworkers." I mean, I want to be friendly with them but I might not want to see them outside of work. [0:19:00] And so I was like, "Well, I don't know if want to go down that road because that's also depressing." And so the topic that I've been thinking of were ones in which I don't know, at least half of the topic is and then marginalized people do poorly. The end. So that was also making me feel grumpy. And I

picked something that was less likely to make me feel personally terrible but pseudonymity online.

THERAPIST: Pseudonymity, like using pseudonyms?

CLIENT: Mm-mmm. [0:20:01] There was this... so there was a huge thing with Google+ requiring people to use their government names in Google+. And so if you had a name that they thought was not your real name, they would require you to show proof or suspend your account. A friend of mine everyone who knows by the name of Moe (ph) and is a very well-known... at the time was very well-known (inaudible at 0:20:37) and duh, duh, duh, duh. Her company got bumped by Google. She worked there for a while and then she was like, "I'm quitting. Fuck you. P.S. Google+ is refusing to acknowledge the name that everyone at work uses for me." There... she has buttons look like pin backs that say, "I know Moe." [0:21:03] Because for a while she really was kind of two degrees separation away from massive amounts of nerdom. And open source stuff and...

THERAPIST: Yea.

CLIENT: So... anyway so... and there's this kind of sort of like, why force people to use their real name? What are the benefits? And why are there who people get harassed?

THERAPIST: Right.

CLIENT: And I was thinking like, yea, and that can tie into information privacy and librarians. So that makes me... I mean, it makes me not that surprised. But I don't know. I just felt this workday was also a lot of... I don't know. [0:22:01] I felt like all the e-mail... the e-mail I was getting was all, "Why haven't you done this yet?" (pause) I just basically felt today very much that I'm not meeting people's expectations in terms of productivity or getting like... responding to computer related trouble tickets or writing new documentation. You're just like...

THERAPIST: I think sort of what you're talking about is it's like that around being sort of hurt but also very disappointed by... really let down by people you have some reason to think will be there for you in some way. [0:23:14]

CLIENT: Yea. And also I don't feel like there's anyone... I mean, I've been feeling that way for a long time. But I joked with a friend who works in HR. I want Chet (ph) to take remedial courses in being a manager.

THERAPIST: Right.

CLIENT: I don't know if I actually really do. And I'm just sort of like at my desk thinking like I could go to HR because that's what they are there for except I don't want to because I don't like my HR person. And I could try dodging around to another person. [0:24:01] But that's probably not going to go anywhere. Then I was thinking well, like... Alissa (ph) was like, well, what if I

complain about something. Chet has two reports so it's kind of like, oh, it was one or the... like...

THERAPIST: I see. Yea, he's going to know.

CLIENT: Yea. And since he's already mad that I won't... that he feels like I'm... he feels somehow offended that I'm not telling him about my medical problems that would sort of add to his, "I'm hurt that you won't talk to me," whatever, which also kind of goes back to, I don't need to be your friend. I just need to be friendly. And Chet seems to very much like... he seems to want to be their friends of the student workers. [0:24:59] And want to be like a cool, hip boss who is buddies with people. And I'm just not interested. (pause) So that doesn't... I don't know. I'm aware that I'm shooting myself down every time. I'm like, well, I could do this but it would be horrible. But...

THERAPIST: You're trying to protect yourself, I think.

CLIENT: Yea.

THERAPIST: It seems like the last thing you need is more disappointment or more... sort of more of being ignored.

CLIENT: Yea. And...

THERAPIST: Or not listening to you. (pause) [0:26:00]

CLIENT: Yes. And being in like sort of crying at the office. Just sort of makes me feel more surrounded by... I don't know. (pause) I just... I guess I feel like no one in this office cares about me as a person. And that's really upsetting and really off putting. (pause) Yea, I don't know. It's just... I guess I just feel very defeated today. [0:27:04]

THERAPIST: Yea.

CLIENT: And I'm not... I don't know. I don't really know what would help. I was thinking, do I want to talk to a coworker do I want a mentor? Do I... what do I want?

THERAPIST: What's your wish list now?

CLIENT: What?

THERAPIST: What's your wish list now (inaudible at 0:27:35).

CLIENT: Yea. And it's just like I was having a hard time even sort of getting that going because I was like, oh, but it... I was just like I would think about it and then I'd be like, no, let's talk about it. It'll still be crappy.

THERAPIST: Yea. [0:28:05] (pause) Yea, there's something going on with your feeling... (bells ringing) Oh, shit. Sorry. (pause) [0:29:01] I guess I'm... you work very, very hard. And you feel like nothing you could do could possibly make it any better. And that whatever you try would probably make it worse and make you feel worse. And you're so very much on your own. And most of it, I mean, usually the thing that hurts is when you wanted somebody to be there for you and they weren't and then nobody is there for you for that either.

CLIENT: Yea. (pause)

THERAPIST: And entirely painful in one way. [0:30:04] I think also and the anger thing is tricky I think I just probably I'm wrong about what made you cry during the guided meditation was nothing against meditation or guided meditation or individual (ph) meditation but I think in terms of like where you're at with your anger, I suspect you heard what they were saying as let it go which is what they were saying...

CLIENT: Yea.

THERAPIST: ...which is, I don't suppose, maybe not the right message for you. [0:30:58]

CLIENT: Yea.

THERAPIST: I mean, I can understand that somebody sort of who's like in a different place in the anger curve or something where they're lying to themselves. Get really overwrought about something and holding on to it and refusing to just take a deep breath and count to ten and let it go. But that's not where you are.

CLIENT: Yea.

THERAPIST: You're with the like everybody is telling me I shouldn't be angry or don't deserve to be angry. And it's hard to connect with being angry. And I kind of feel like I don't have a right to it sometimes or it's only going to screw things up for me. And then being told to relax and let it go. I don't know that you need the guided meditationer (sic) to say, "And now get pissed off."

CLIENT: Yea.

THERAPIST: I mean, I'm... yea, I'm just being goofy. But you know what I mean, I think.

CLIENT: Yea.

THERAPIST: And yea, so I imagine it felt like there was something sad being told you couldn't or supposed to be angry or you should let it go.

CLIENT: Yea. (pause) [0:32:00]

THERAPIST: We should stop.

CLIENT: OK. And I'll see you on Tuesday.

THERAPIST: Yea.

CLIENT: OK.

THERAPIST: Would you want another appointment this week if I could arrange one? I may have something opening up on Thursday.

CLIENT: I think I'm too physically tired.

THERAPIST: OK.

CLIENT: I did think about that.

THERAPIST: OK.

CLIENT: But yea.

THERAPIST: The other thing is chronic pain sucks.

CLIENT: Yes. One of my friends had been talking to me about how I felt uncomfortable identifying with a having a disability. And I was like, well, moving and how much pain I've been in has made it very clear to me that I have one. And it sucks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: (yawns) I guess also I'm really exhausted. I had a hard time falling asleep before coming here. Today I went in for my very last final session of physical therapy and I talked to the physical therapist about what I can do, etc. and what is kind of stressful about that is they said the answer to when I can be working full time at work and other things is, basically, when I'm strong enough, and I'm not yet, so I'm anxious about talking to the various disability people about that. [00:01:18] I guess I don't know if the answer "we'll see" – like it may be a month or two months – is going to be okay. Hopefully it will. The other thing is, on Monday, I met with a diversity recruiter. This is another person, not the dean of diversity, because that's all of Cambridge. This is just [...] (inaudible at 00:02:09). I e-mailed her because of the hiring of the [...] work. [00:02:18] I met her Monday at 11:00 and it was a super-frustrating, upsetting conversation. In a lot of ways I wasn't – I mean, it would be frustrating in some ways, but it was more than I thought, so she is an older black woman, who is nice. I was like okay. She has a

very narrow focus of what she does and wasn't interested in anything outside of that or really talking to me about it. [00:03:16] She was like blah, blah, and her response was sort of like, "Yes, and what is your problem? Where are you concerned here?" Really. I didn't expect that. I thought she was going to be like, "Oh, yeah. That's kind of weird that that happened." So I drew it out a little bit for her. I'm concerned that this wasn't a diverse pool. Her first responses were to ask me if I'd applied for any of the librarian jobs and I said no. She said it's a catch 22. If you don't apply for them, then it's not a diverse candidate pool. I was like, "Okay, but I'm actually not qualified yet and these are all one-year contract positions, so I would be worse off. [00:04:29]

THERAPIST: Right, and that had nothing approximate to do with why you came to talk to her.

CLIENT: Yeah. And also I thought it was weird to make it my fault for not applying, but that wasn't my concern. So I was trying busily to rephrase and was talking a little bit about various issues like racism in my workplace. She was like, "Well, you have to talk to an HR person about that." I'm like, "Okay, but," She kept saying, "I can't do anything about the past, we'll just have to look forward." But if nothing is changing, why am I looking forward? Also, she basically never acknowledged that there was a problem or a reason for me to be concerned during the whole hour. I thought there would be like, "Oh, it's too bad." Part of me was expecting something like, "Oh, that's really difficult. I'm sure you tried very hard." [00:06:01]

THERAPIST: At least a little more of "I can see where you're coming from".

CLIENT: Yeah. I think they flip it back that it's my fault for not applying, even though that's not what I was talking about. Then she also said part of it is librarianship; five percent, five people. She was sort of like "Well?" There just aren't that many librarians, which also wasn't my point. So we had that conversation, which was super-frustrating. Then I was going to talk to her about general [...] (inaudible at 00:06:48), and she didn't want to talk about that because she wants to look forward. She's dealing with recruiting people and getting 16 people of color into a higher grade position. [00:07:09] But the higher positions she was talking about aren't high grade, particularly. The salary range is probably like – it's nothing to sneeze at, but it's maybe like \$50 – 70,000; maybe a little bit more.

THERAPIST: And she's interested in...?

CLIENT: She's like, "I really want to get more people of color into that range." I was like, "Well, it's really kind of..." [00:07:37]

THERAPIST: Not aiming real high?

CLIENT: Yeah, it's not, because it's grades 5-7, which is the bottom of your professional employee and not even a member. That's the bottom of the salary. If I was willing to not be a member, I would be in one of those salary grades. I was offered a job in that range in Cambridge in the library and I didn't want it. [...] (inaudible at 00:08:18) It's probably not even managing, like maybe you'd manage one other person, but nothing very impressive. [...]

(inaudible at 00:08:40) She was like, "Well, you know..." She didn't really respond to any of the other things I was talking about, and then she said, "I don't know about these positions in particular. The library has a recruiter and I can talk to that person if you want," but she was very dismissive about that idea. [00:09:02] She said I should talk to my HR representative and if my HR representative has had any concerns about racism before. So she didn't want to do that, which she didn't really care or take in or respond to. Her other topic of conversation was jobs that are designated affirmative action jobs. Maybe there are ten open jobs and two of them are designated affirmative action jobs. Those are the jobs that she works on to try and make sure the candidate pool is diverse and the people are getting interviewed are diverse. [00:10:01] She doesn't have anything to do with hiring. One of the diversity pools that will count is gender, so four or five librarians are still diverse because they're all women, theoretically. She wasn't involved with these jobs. I was thinking that even if this wasn't in sciences – sure. (laughs) But we're not. I also thought it really, really should, again, be affirmative action jobs, but they didn't. Then she sort of back-pedaled. "Of course, we have diversity goals for all the jobs that everyone is trying to achieve, it's just that – you know..." Hand wave. Hand wave. [00:11:07] Cambridge's hiring processes were actually creepier than I thought and more disturbing in a way because, to me, what that says is we have decided that 5 percent of the jobs are diverse and the rest of them – whatever.

THERAPIST: I see. Yeah.

CLIENT: And we talked about our path in non-profits and I said, "Yes. My roommate and I worked at a non-profit." I was talking about Ashby. Her goal was to keep the job open for a certain period of time if she's not getting a good diverse candidate pool. She was like, "Oh, we're not going to do that. We would never do that." [00:12:09] Her follow up was, "You know, that would take too many men from above, and that's not really the situation we have here." That was a lot more blunt than I was expecting. None of it was helpful or comforting or like, "No, we're totally trying to improve things." It just felt really awful and it felt like she was saying it was somehow my fault that I shouldn't complain about lack of diversity if I didn't apply for the job in question, even though that wasn't what I was talking about. [00:13:13] She didn't want to talk about any problems that I've had in the past. She was like, "You just need to look forward and what kind of job career you want to have in the future. And if you want to be an advocate, you can do that, but really you should just move forward." She said I should talk to my HR person again. (sighs) Yeah, it was a lot. I didn't think it was going to feel that bad.

THERAPIST: I think you're describing her letting you down at pretty much every possible opportunity. Not just not answering your questions or not being supportive, but kind of actively shutting down or, in effect, dismissing what you came to her about. [00:14:16]

CLIENT: Yeah. And she did it for a while. That was the other thing. I was in there for an hour and got nothing, except that if I applied for a job that was potentially a diversity job, I should contact her because she could help me with that. I requested that she talk to an HR person about diversity hiring and she said she would. I don't know that she will. I don't have confidence in that. [00:15:13] I felt so incredibly defeated and just really sad the rest of the day. We had this

meeting at like 11:00 and just the rest of the day I felt like I was on the edge of tears all day. I went home and I felt the same way. Everything would upset me. I don't know. [00:16:02] I felt bad about it. I came home and Ashby had gotten home early because she had therapy that day, and so she did a bunch of unpacking in the living room and part of the kitchen. She's been saying a lot, "All the boxes drive me crazy. I hate having these boxes around." I apologized and said, "I really can't do this right now." And she said, "No, no, no. It's okay," but I still felt really guilty and bad about it. (sighs) And then she was in this very hyped-up – she really wanted to find the over-the-door coatrack that we'd packed somewhere because she really, really wanted to hang her coat. That was the most important thing. [00:17:06] She said, "Where should we hang it? Should we hang it here or here?" I was like, "I don't care." She was like, "But, but I did this for you." I'm like, "I don't care. I'm really sorry, but hanging my coat is not a priority at all." Then also she was like, "I need you to pick out what we're going to have for dinner." I was like, "Okay," and I thought of something. The other thing was that we have utilities in our new apartment. They're like, "Oh, no. You have a \$300 balance from when you last used [...]" (inaudible at 00:17:53) that you have to pay within the next ten days or you get your utilities dropped." That's really weird because we haven't used you since 2007. They're like, "No. We'll send you the [...]" (inaudible at 00:18:08)." I'm like oh, my God. [00:18:10]

I got it and was going through and was just like I don't know, it looks like we paid everything. I don't know about the last payment, but I remember paying blah, blah, blah. They said it looked like we missed a payment in April and then the balances never quite evened out. Blah, blah, blah. Okay, I guess. She really wanted to know if I could figure out when I'd last paid them because the utilities were in my name. [00:19:03] She was like, "Well, I don't want to pay you for the utility if I've already paid you." I get that, but that was in 2007 and I don't keep bank statements that long. I managed to dig up some of my online bank statements and they matched payments. I really wanted to know about this earlier, like March. She was really not like, "No, it's okay but I really want to know." And then I felt she was saying that she was annoyed or mad that she was going to have to double-pay the utilities and it felt like she wasn't willing to pay half of the unpaid bill. [00:20:13] It was really stressing me out because I had no way of looking. My online banking started in June. That's when I can see the statements, and she told me, "Well, what about this earlier month?" Then she said, "No, I just want to know out of curiosity. I'm not upset." And I think she was upset, but I was like, "Fine. I will accept your statement." [00:21:00]

When I came home I was very sad and, after she finished obsessing over the coat hangers, asked me what was going on. I was talking to her about it and feeling really frustrated in that. I'm not sure what I wanted her to say, but we were talking and she was like, "Well, sometimes it's really hard to get a diverse candidate pool." I was like, "Yes, but I don't care." And I mentioned how when she was hiring, basically her joke is, "I will do anything to avoid hiring a straight white guy," I was like, "Good job." Her last hire, she was very frustrated. They often have people who speak different languages, so they get diverse candidates because they use Spanish speakers or people who speak creole. [00:22:05] The last job she was like, "This candidate is just not diverse. Grrr." She was really like, "Am I going to have to hire this really annoying, 24-year-old white guy?" At the last minute she didn't know it, but one of the candidates in the pool was this

amazing, black guy, who she hired, who was an alien. She was very excited about that. But she was like, "that was an accident. I had no idea." Blah, blah, blah. I was kind of like, "I hear that, but I don't care." Also, your hiring process is different from Cambridge because of scale. Plus she was kind of minimizing what they were doing about diversity. She was like, "Well, we automatically get a diverse candidate pool because we have to have Spanish language speakers or we have to do this or that." [00:23:11] It kind of felt like she was missing why I was upset. I just felt like we were talking across each other, where I was upset about this and this, reasons why I was upset this person shut me down, and she was like, "Well, but you know they may have had a hard time getting candidates or blah, blah, blah," which wasn't really her point.

THERAPIST: No, not at all. Partly you're upset because, for whatever reason, part of it is they just hired four women. Part of it is nobody fucking cared. Even the recruiter, you would think if there was a point person on this, it would be her. She seemed more interested in shutting you down than in demonstrating concern. [00:24:58]

CLIENT: Yeah, I was so totally overwhelmed by her not caring or not pretending to care.

THERAPIST: I wonder if some of it has to do with her being black and your feeling like the thing you talk about sometimes where it can be worse if you're at a party among friends or, in this case, in her office, thinking it was more likely that she would be somehow more in her role.

CLIENT: Yeah. Before, when I was waiting in the whatever area, I was really worried what is this diversity effort? I don't really want to talk to this person and then I'm like thank God. This person will be somewhat sympathetic, and then totally wasn't. [00:26:06] She was also a relatively new hire to Cambridge, so it wasn't like she was here for 30 years and entrenched. I have no idea why she was shutting me down so hard. Some of the people I've encountered who have shut me down on a lot of things I've been like, "Yeah, I see you're ready for retirement and don't want to rock the boat. I see how you're really invested in the idea that you're not racist, but I'm like why? You're new. You're all of these things. Why is this such a brick wall? I felt like she was saying that because I didn't apply to the job, it was my fault they didn't have a diverse candidate pool. [00:27:23]

THERAPIST: Right, that's something you described before.

CLIENT: So I mentioned something about the diversity conversations and I'd mentioned that I'd been out on medical leave and that I would be coming back. I was sort of like, "I saw that you had a Macintosh here." She asked me if I had attended any of the lectures and I said no. She was very disapproving of that as well. [00:28:10] I didn't understand. It felt the same way when she said, "If you didn't apply, then you can't complain the candidate pool isn't diverse." It sort of seemed like if I didn't attend these lectures, then I can't complain about it. It isn't my fault that we aren't offering diversity more because I didn't attend.

THERAPIST: It's sort of blaming you or being critical, as though you're being whiny but not really wanting to do any of this.

CLIENT: Yeah, that's how it felt. It felt very why aren't you applying for these jobs and why aren't you doing this and why aren't you...? And why don't I have a game plan for how I'm going to advance? One of the things I brought up is that one of the many reasons why having [...] (inaudible at 00:29:21) getting hired getting me upset was that it made me feel like my [...] in the job market were going to be pretty crappy. Her response to that was to say that if you don't apply then nothing will change, which is not an answer to my question. [00:29:45] (sighs)

THERAPIST: You also present her as being pretty much a knucklehead.

CLIENT: [...] (inaudible at 00:29:48)

THERAPIST: The point you're making about why you didn't apply to these jobs seems very straightforward and she just couldn't seem to get it.

CLIENT: It felt more like, not that she didn't get it, but that she didn't want to engage me in it.

THERAPIST: Like you don't go there?

CLIENT: Yeah. It felt like, "I'm not going to answer your questions. I'm not going to talk about that."

THERAPIST: I see, in a similar vein to we really have to look forward. We can't be concerned about what's happened up to now. [00:31:01]

CLIENT: Right. Exactly. But looking forward, you've got it. Yes but...

THERAPIST: Like some kind of denial here?

CLIENT: Yes. And I was like, "I also had an employee at Computer Services who was really racist and everything." She was like, "Well, did you talk to your manager?" Yes, and I explained how it didn't help. Her reply was, "Well, you should really move forward." I found it weird that she was so entrenched in the party mind that she's only been here for probably a few years, and to be that intensely into the party line if this is what Cambridge is doing, is all very weird. [00:32:13] I usually encounter that – when people are just refusing to talk about whatever – it's usually I feel like people who are at Cambridge for a very long time. Or like, "I've got two years until retirement, so fuck off." That doesn't describe her. She was very determined to not engage in what I wanted to talk about. The other thing that I expected, especially when I came in and she was a black woman, I had been thinking really along encouragement and not feeling very discouraged. I thought that I would get some of that, like "But no. Cambridge has really changed. In the future we're all totally..." I'd seen some kind of like "Buck-up, young woman," and then didn't. [00:33:31]

THERAPIST: Yeah. Not at all.

CLIENT: Yeah. And also for the last couple of weeks I'd been looking for – I want to find a black librarian blogger. I would like to find something. Here's the Internet. There are a shit-ton of librarian bloggers. The answer to that, the answer why I couldn't really find any, is that only 5 percent of a librarian with MLS or black... okay.

THERAPIST: Still, if there are that many librarian bloggers, you would think my God.

CLIENT: Yeah. No, I found one. I found one blog that was created this year and then never was funded. I found a blog about black librarian facts, which was nice – like historical facts. Then I found blogs from some African-American specialist libraries, like [...] (inaudible at 00:34:57). That was kind of it. I found the ALA [...] (inaudible at 00:35:05) had awarded someone who's not a librarian, but works in a library and had done work connecting marginalized communities to computer facilities and libraries that can find jobs. I was like that's great. [00:35:24]

THERAPIST: It's not what you're looking for but...

CLIENT: No, I'm looking for [...] (inaudible at 00:35:26). (pause) (sigh) I don't know. I guess part of it is I really want someone encouraging, that they'd be like, "No, it will be okay. In two years your degree will be done and you'll be able to do these awesome things." I'm just really not getting that. It makes me feel more and more reluctant to ask for it. That was the other thing. On Monday I had someone call me as I was on my way out asking for help with the mediascape tables because they weren't working. I was like, "Jesus Christ." And, of course, I couldn't get it to work with one computer. I found out she was working on a computer that shouldn't have worked, but whatever. [00:36:35] One of the things that was interesting was that a former manager of mine was in the room at this table. There was this class with a professor and there was a student there. There's another table where there were three senior manager-y people. There was this manager of mine, Edmund, and I was kind of like, "Hey, Edmund. Hi." Then they got up to do whatever. He was the manager of the computer help desk when I was there and he's now an assistant dean. I was like, "Good job."

THERAPIST: That's a long way up.

CLIENT: Yeah. I was like, "What the fuck are you doing here now?" I meant to be like, "Hey, what's up? What are you doing?" Foolishly at like 1 AM, after drinking, I decided to e-mail him. (sighs) I woke up this morning and the e-mail was relatively coherent. It was still 1 AM, but it made sense. The sentences were complete. (pause) [00:37:58] In one of the questions I was like [...] (inaudible at [0:37:59] "Are you looking to buy more of the god-damned tables?" (laughs) [...] "What were you doing in that meeting? Are you looking to buy any tables? I wrote all the documentation on them. I could be a good resource." Blah, blah, blah. But secretly thinking, "Oh, my God. I hate these things so much." I also e-mailed someone that I know who kind of has a library job that I want – like conceptually, not literally. [00:38:42]

THERAPIST: No, she's her job is – and she sort of totally created it by accident. She checks out new technology, new media resources, uses them for a while and tries to establish if they'd be useful to either the library or to faculty, and then either talks to the faculty or the library staff about it; why it might be helpful or not. I was like, "Oh, that's a neat thing." So I e-mailed her asking, "Can I see your resume? Do you have any suggestions on..." how could I have your job, basically. [00:39:38] Unfortunately her response was, "I didn't have to apply for a job in over a decade. I don't have a resume. I have SAD. Also I kind of accidentally made my job." And then weirdly she said, "On the outside it seems like the Cambridge library is doing a lot of cool things." I was like, "No. They're not." Weirdly, somehow the [...] (inaudible at 00:40:08) got a burst of buzz recently because the Public Library is using it, which isn't an appropriate use. That's what people were talking about. (whispering) [...] Cambridge students. Also Cambridge threw money at two recent public library lab job things that didn't create anything concrete, but they did make a pop-up library lab somewhere in mid-November or December. [00:40:50]

THERAPIST: What's that?

CLIENT: (laughs) As far as I can tell, it's conceptual. They took a very glassy, glass-walled, storefront-y space, where the bookstore used to be, and are like, "Computers, technology, you can play with it. It's pop-up. It's cool." They put you on as part of a design-school project. As far as I can tell, it was visually appealing, it sounds interesting, it involved a lot of money, and you can use a lot of very nice buzz words about it. Theoretically, it could have been interesting, except that what it seems to have been mostly was, since that's what grad students kind of playing around in the space and graduate students wanting [...] (inaudible at 00:42:15) and playing with some tech toys . I can't figure out that anything concrete came out of it. [00:42:27]

THERAPIST: A lot of this you're sort of really, unfortunately, experiencing being misunderstood it sort of feels like as far as being very hurt and very critical and you're sort of [...] (inaudible at 00:43:23) painfully at the meeting with the diversity recruiter, but also by Ashby and in a way it really wasn't the same but it felt a little bit the same with this woman that you wrote to. It doesn't sound like she was being mean or meant anything bad, but she wasn't helpful and she sort of stumbled into "well Cambridge seems to be doing cool things", which is sort of forgivable to say, but it totally sucked because you're the opposite. [00:44:10]

CLIENT: Yeah. Cambridge is spending some money on some things very effectively or, rather, they are spending money. The second part of it was I was like, "Actually it's a disaster." Blah, blah, blah. And I mentioned that I'm having a hard time because what I have to say is not getting heard. Her response was like, "Wow. If they're not listening to your ideas, you really should leave." It was just like oh, fuck. I hear that, but I want to finish my degree on Cambridge's dime – at least partially. I'm feeling completely involved in it. I don't feel confident I can get a job at all right now. I do also hear that if my workplace is really bound and determined to ignore me, then [...] (inaudible at 00:45:26) at Cambridge with all its Cambridge-ness. I'm not going to win. [00:45:38]

THERAPIST: There is a ton of data so far that says that you're not going to win. In other words, in general, of course you're right; but also you're having a hard time.

CLIENT: Yes. It's sort of a combination of there being all of these times when I was bucking against Cambridge and Cambridge bucked back. Also Cambridge is like the David and Goliath story, except David is this (sniggers)... Cambridge really is that Goliath – which can be cool in some ways, but not when I'm butting heads with it.

THERAPIST: We need to stop for now.

CLIENT: I will see you tomorrow.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: (Unclear) may be getting sick.

THERAPIST: I don't know.

CLIENT: It's that or allergies but I just saw (unclear) today and I think she's (unclear) crazy, so we'll see. Yeah after our session yesterday, I don't know, I continued feeling pretty crappy. I ran into my roommate briefly because she has group therapy at 6:30 so we see each other (unclear). [00:00:57] But I don't know, like just sort of the rest of the evening I was still feeling very like not on edge, but just very like still kind of borderline we'd be and still feeling very like I don't know, like I knew Laura was on (unclear) and I just felt like I can't handle anything else then like getting home and sitting down. I had planned on going to the grocery store but it was like I can't go to the grocery store, I just want to go home.

And then today waking up and trying to get ready for work I was just feeling the same way. I was just like I don't want to, like I feel tired, I feel like already anxious and upset, even though in haven't like gotten dressed to work yet. Like I (unclear) at work and really anxious about work or even about – I was just feeling like just so on edge, I guess. So I thought that I would do a little bit of, I went to bed extra early so I thought of doing something like, I would do some work before nine chilling out with my, you know the e-mail, the Internet, or whatever, and of course someone came (unclear) to get me at 9:30 which was a – there was a vendor coming in in an unscheduled meeting and no one had told anyone so the vendor arrived and like, 'I need all these things.' You can't get them and you know the vendor is like the salesman so he doesn't know how it works. I'm on the phone and just like in the middle of that Chet comes by and is like, 'oh, a student forgot their paper, can't find the paper.' Like I really, like I was on the phone and Chet kept on like, 'well you know but this student like,' like okay I can't call you back. They're going to have to wait like a half hour or so.

THERAPIST: Yeah.

CLIENT: This is so frustrating because you know, I'm on the phone and I don't know. So eventually I just sort of told the vendor like I've spent an hour, I have to go (unclear) my minutes. I went to help the student. He'd never saved his paper so it wasn't anywhere. And, oddly enough, the e-mail goes to paper to open it and they have to save it to like my documents, like (unintelligible) and there's this different type of monitor that tells him to do this, the background image tells him to do this and inevitably people don't. And so he was there and he was like rewriting his paper and I told him you know you should save it to the thing right now because I could see it was unsaved.

THERAPIST: Wait, so you mean this is before this morning?

CLIENT: This is all this morning.

THERAPIST: This is a different student that lost his paper or the same one?

CLIENT: The same one.

THERAPIST: And you had seen the student earlier?

CLIENT: I saw him after the vendor. I went downstairs and he was just sort of sitting waiting for me at a computer.

THERAPIST: Right, and working on his paper.

CLIENT: And rewriting his paper. And I told him like, he sort of described what happened and I looked and I was like yeah your paper's not here. Like you didn't save it to the thing so you can't

–

THERAPIST: And also you should do that –

CLIENT: Yeah, you could see it was still in the title and he was like, yeah, I should, okay, and I was like, 'no, why don't you really do that right now?' So I talked to a co-worker, walked by his spot and he still hadn't and I said, again, I think you should save it right now because otherwise you might not remember and he ignored me again and it was like, I have to go, like, you sir are going to lose that paper again. Goodbye. Like I don't – but the whole thing with the vendor just made me so like, a – it was super-stressful because this guy is trying to give a presentation at like 11 and probably about 10:15, 10:30 it was like –

THERAPIST: He's trying to give a sales presentation to two people in the library.

CLIENT: Yeah.

THERAPIST: At 11 and needed the information or some part or hardware.

CLIENT: He needed to be connected to the Internet which you can't do last minute. And also he then wanted someone from outside to connect to the computer device and take over and do other things which is also something that you're not allowed to do on Cambridge's network. So he basically he's like he has two different security violations and he wanted, like exceptions that he wanted last minute and I just kind of, staring at me like, 'no,' and he was like, and he was – it was just a very weird situation because he didn't – he's a sales person and he didn't know how to use the things he wanted to call his IT people on. I'm like, 'well,' and then I was on the phone with the IT person, (unclear) to the part the self check-out machine that he used demonstrating to get like – and it didn't work. And probably why it was so frustrating was – I mean like it was last minute for me but someone had scheduled this appointment and hadn't told anyone in IT. Like when I found out I was like, oh, maybe they told someone at the office and I called them and they're just like, 'no, also we can't make those exceptions, also no.' So I don't know, when people do things like schedule a vendor and don't tell anyone, or don't tell me, or are like oh I got this really complicated thing I want to do in like three hours, it always drives me crazy because – like part of it is, I'm like, (unclear) can do that, that's not possible and this is when most people – it was, you know it's for a lot of important people so it not being possible is going to upset a lot of people but none that were there because (unclear) talking about it and I also find it super disrespectful of like computer work and like me. And that even periodically some people are like, oh you don't actually you're (unclear). It's so great. I'm so like, you know you could have just, like when you scheduled this appointment why didn't you (unclear). And the person who scheduled it is someone who I was surprised because I thought he knew better. Like he's a project savvy person and has already run into the problem of 'no you can't just wander on campus with like a laptop and have it instantly work because we have to do things. So I don't know. It's a very frustrating experience. And then it also – rushing around to do that, it kind of ended up, like it killed what I had planned, like things I'd planned for the rest of the day. Like I had already planned to do some work. I planned out my day. I wanted to do various work.

THERAPIST: I have a question.

CLIENT: Yes.

THERAPIST: I know you don't sort of, perhaps believe this, but do you ever have the idea that I can fix these things or make them better?

CLIENT: No.

THERAPIST: I wondered in part if it's something that upset you yesterday.

CLIENT: No. Part of what upset me yesterday and was upsetting today before all this happening is I didn't know what would make me feel better. Like I don't know if I feel like there are things that I know how to do to make myself feel better about various things.

THERAPIST: Sure.

CLIENT: And not only were none of them working, like nothing, it didn't even feel like the things I did helped good either. It wasn't like it was like I don't want you to do this, I want like you know like doing –

THERAPIST: I mean like therapy ought to make you feel better about stuff like that, not that (unclear) fix things but however it does. And that didn't happen.

CLIENT: Yeah.

THERAPIST: Along with maybe other things that you'd hoped would help you feel better but did not.

CLIENT: Yeah, I tried venting with some friends. It's like I think I'll talk to Ashby. I'll do this, I'll do that. I'm like nothing, like I feel still feel terrible about the whole situation and I don't feel like there's something that someone can do to fix it but it makes me feel like there must be something that would make me feel less like sad and stressed and upset and just like there should be something, I guess I think there's something that should make me feel better. Whatever that might be. And starting the day was like rushing around and sort of being treated like – (unclear) the plumber or something. Like this is really, this is definitely not what I wanted to (unclear) like to start my morning. And there was another reason why I was kind of – another thing frustrating about my schedule being like fucked up is I planned out of the – okay today I'm going to do things without other people, so it needs to be like your way. I'm going to work on these like independent little things and was unable to do that.

Not that after that that would have made the day better but rushing around, having people like bitch at me to (unclear) me and another thing I was thinking about was also that (unclear) said that the vendor was saying like, oh it's so great that you're doing this. I understand that this is like above and beyond which you it was nice, I was like okay I was glad that you realized that he had made a big mistake in just rolling on campus without arranging anything and so that's nice but it really doesn't—like I feel like people will – I (unclear) saying thank you or like saying I worked really hard on something, but I feel like it never goes anywhere, like I could do 20 impossible things and I might get thanked, I might not but it's not like actually for the 20 impossible things, someone would be like, 'you should take the afternoon off,' or, 'wow, we had no idea that you were so awesome at doing impossible things.' It's just very, it's super frustrating, like I feel like I'm putting all this work in and nothing is happening and it feels like no one notices and nothing I could have done nothing or everything and like with this vendor guy, and with another problem we were having elsewhere in the building, I was like okay I've done all this work and I'm pretty sure that people are going to bitch about it and be like, 'well why couldn't they fix it?' and be like, 'why didn't IT fix it? That's ridiculous.' And it was just like I don't know that, I don't feel like Chet or Karl would usefully say anything. I'm afraid that sometimes I could use this less.

THERAPIST: Yeah.

CLIENT: I also forgot how much I forgot. I completely hate that Chet walking in and out of the office can see my screen when he walks in and out so much. I don't enjoy that. Like I hate people looking at my screen in general. People looking at my screen and people coming up behind me, I just hate all of that and that's how the office space is.

(Pause): [00:18:28 00:18:44]

CLIENT: I find myself getting very distracted and caught up with – so what was on my screen that he just walked by and like, whatever?

(Pause): [00:18:55 00:20:16]

CLIENT: I think the other things I also definitely, in addition to feeling like, I don't know, like I guess kind of invisible, but also too visible, I don't feel like anyone cares about that. My co-worker like not Chet, but some other people that I support like are – and like they go, 'oh it looks like he hates our office.' But that's about it.

THERAPIST: And there are some things about this that remind me of some aspects among others of your relationship with Josie. CLIENT: I (unclear) to me about that at all. How would they know? [00:21:21] The thing that I was thinking about is that I feel like, I have this feeling of like I don't think I've stayed in this job too long, it's like it's too late to leave if that makes sense? (Both laugh) So at night I'm very tired. Sometimes when I was with Josie – this was after our relationship – and as she right after we broke up, more after we'd broke up but I had this just like I felt terrible for not having left earlier. Not having ended that relationship earlier and also that sort of had this faith, I was sort of being, hoping things would get better yet I knew they wouldn't but the idea that they wouldn't was very upsetting and this week I didn't feel like 'oh, I should have left this job like two years ago or a year ago or something or like I should have pitched more of a fit up the food chain when Will (ph) was still here. [00:23:29] Or something. And since I haven't left this job earlier I feel sort of trapped like I've been in a crappy work situation so long, being in it for another year like after I've already dumped – if I already spent like several years being miserable at work I could probably be miserable at work for another year but that's not good, like that's something I don't want to do either.

THERAPIST: Right.

CLIENT: And in a way it doesn't make any sense. If I've been miserable for so long I can do another year of being miserable. Like there is some piece of illogic there that I'm missing like I guess that it just –there is some reason you should. I'm not talking about like a higher paying (unclear) are part of it like, and yet it feels a little self-punishing and the other thing to think about is how (unclear) won't leave her boyfriend because she's been with him too long and like well (unclear) longer.

THERAPIST: Right.

(Pause): [00:25:47 00:25:50]

CLIENT: That's a little part of it and I'm just like well Cambridge really sucks. It's not getting any better and I've been here so long that like I'm the lone (unclear) X, Y or Z. So I could just do it a little bit longer but –

(Pause): [00:26:11 00:26:25]

CLIENT: I mean it's a good thing that the things that I want, but I'm so much sort of failing at finding or getting is I really want like professional encouragement or compliments or something like some kind of reward for doing all this, like I work really hard and blah, blah, blah.

THERAPIST: Yeah. I think also you just want to be treated well.

CLIENT: Yeah.

THERAPIST: And fairly.

CLIENT: Yeah.

(Pause): [00:27:10 00:27:32]

CLIENT: Yeah and also like for me I get so spastic I'm like I am not good at just sort of being quiet about some things so, yeah.

THERAPIST: So is it an attack (unclear). Something about the grief that would go along with leaving is very hard to face.

CLIENT: Yeah.

(Pause): [00:28:02 00:28:16]

CLIENT: I don't know like I feel so just discouraged and not successful right now. I don't feel like, I don't know, I don't feel like I'm (unclear). I would like to be able to sort of walk out and be like, '[see ya suckers, like also your job] (ph), fuck you.' [00:28:50] But later on that feels like a completely impossible thing to see that just couldn't happen like which I know is not necessarily like factual. I just feel like this is just going to, however, like (unclear) probably I'm not going to be able to sort of feel like I'm leaving on my own terms or that I'm going somewhere more often even though like you know like someone's actually a volunteer (ph) and I am (unclear) more often and I will enjoy having [summer in some way] (ph) like X,Y,Z. [00:29:51] But it really doesn't feel that way right now.

(Pause): [00:29:52 00:30:05]

CLIENT: And you know the advice to like, you should update your resume or look at other jobs makes me feel worse. I feel worse because I feel like I don't have a (unclear) science degree or an IT certification and like I feel like I don't have a thing that I could feel like, 'hey, I have this thing that you want, so hire me.'

(Pause): [00:30:49 00:31:05]

CLIENT: And I feel like, I guess I just don't, I don't know, I don't feel like I just don't – it's not that I don't feel competent although I don't feel very competent like right now. I feel like even like, let's say I do well in my current class and get a (unclear) degree or I don't even know, whatever I do – it doesn't feel like 'Yea! I'm finishing this in study hall.' It just feels like, 'well, I guess maybe once I have a degree that maybe things could be a little bit better.' And part of me thinks like I meant like a library mentor or having a cohort of librarians who were people of color or getting their degree or whatever would be nice because they would make you feel like yes, things. But, I also feel like 'well, I'd magically (unclear) and screw people.' Right now I feel so negative about work that I wouldn't want to be around me at a meeting of black library students because (unclear) [00:33:10] like I have a lot of really negative things to say and nothing really positive.

(Pause): [00:33:11 00:33:34]

CLIENT: And I'm also having a very hard time with like getting sort of like – there are times when I feel insecure and I am just like, you know that I'm being like insecure like I'm not being rational about it, but like right now, like when my friend said, 'oh, but (unclear) is so great to have been here, let me know if she (unclear).' [00:34:03] Like I want to take all my friends here. And I said to her like, 'oh I'd love to go.' And she didn't respond which whatever, but like it feels like, 'oh God, she doesn't like, she doesn't actually want to hang out with me, she doesn't really like me, all (unclear) other people more and just sort of this whole like little tailspin of huge over-reaction to – I know that's not true but yesterday at the office having a really hard time sticking with 'that's not true.'

(Pause): [00:34:47 00:35:14]

CLIENT: It would make you feel really, really like down.

THERAPIST: Yeah.

(Pause): [00:35:15 00:35:24]

THERAPIST: (Unclear) anxious and despairing and –

(Pause): [00:35:25 00:36:34]

THERAPIST: And it seems mostly like goings on at work doing this to you.

CLIENT: Yeah. That's where the beatings pretty much seem to be taking place.

THERAPIST: I know that (unclear) with your friends but –

CLIENT: No –

THERAPIST: Feeling better like that maybe.

CLIENT: Yeah, no I usually feel like less crushed, I think would –

THERAPIST: Yeah.

CLIENT: Deal with that a lot better. As it is the problem of like working in a library while also trying to get the library degree – this thing that happened at work make me second guess and feel weird about school. Or things that happen at school make me feel weird about work. And so there's not a lot of division, it's like one whole big mess. And so feeling like crappy and defeated at work means I also feel crappy and defeated about school (unclear) the librarian and then that kind of just goes around.

(Pause): [00:38:06 [00:40:53]

CLIENT: Was one of the aspects of just my work situation or that discussing reminds you of Josie?

(Pause): [00:41:01 [00:41:37]

THERAPIST: In the way you're in this sort of situation in which you're being treated very badly and it comes to specifically like about really being seen or (unclear) and you can't find a way out and you maybe a bit give up on yourself and I don't know if this is true but the (unclear) that you would be upset if you – you know, when you leave, that you had left sooner.

CLIENT: Yeah, there was a couple of days (unclear) about having worked for Cambridge for a long time and there are differences too. I don't need to say – I think the situations are similar and if I thought it would sort of blatantly abusive or (unclear) I'd jump up and down and wave my arms about it. I mean it's not that I feel she treated you really badly but I don't think anybody's been abusive. I mean it's different as far as an institution (unclear). [00:43:10]

THERAPIST: It does sort of reminds me of – I'm sorry, you also seem very – I don't hear you saying, describing things at least not recently, a little bit before maybe but not (unclear) recently like usually when you describe something you're clear about how bad you think it was and you hope whoever's responsible will be responsible.

CLIENT: Yeah. I'm hoping that it's a jump to my (unclear) Monday was I had this job at, this help desk job at Cambridge and I had this horrible racist/sexist co-worker and I was just very miserable about it for a long time. It was awful. And at one point like my psychiatrist, my GP, my other doctor was like 'I think you should leave this job because it's really killing you (unclear). [00:44:31] My stomach like was just super acidic and like burning and nothing helped and I was depressed and really stressed and I was having these stress headaches and I'd felt that way for a long time but for whatever reasons like these two people say, 'oh like, well then, I guess. And that's kind of like how I feel.

THERAPIST: Yeah. We have to stop, but I think the pattern there is quite important. I mean as well as what you decide to do now. CLIENT: Yeah. Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Oh you mean you missed a day because of weather and stuff.

CLIENT: Yeah. It was kind of like it stopped snowing for a while and I was like, 'yea! And then, 'it's snowing again but I didn't die.'

THERAPIST: I'm very glad you did not.

CLIENT: (Laughs)

THERAPIST: I'm glad you made it.

CLIENT: Yeah.

THERAPIST: So I think I mentioned, I don't know if I did the last time that I'm having (Sigh) a conflict – weirdness with a different disability office again. I got you off – my doctor saying, the disability office is asking me to find out when you can return to work fulltime. So is that true? (Laughs) I'm like, no.

THERAPIST: Right.

CLIENT: And I asked the disability coordinator if she would get back to me and then I got a hold of another person, because there's like three people and I had this very frustrating conversation which was – what I was trying to convey was what she had said you should increase cardio and to develop my stamina so you can go to work at 9 o'clock or something. Okay. And she was like, you probably in like four to six weeks and to take it easy so you don't injure yourself, blah, blah, blah. And so the disability person calls and says well, that's not what your – that's not a [Medicorp] (ph) condition seeing you talked to your doctor [or what she thinks]. I'm like, wow, that's what she said. And she's like, no, we really need specific dates and exactly how many

hours you can work and when and she's like but that's like we batted this back and forth like that's not what she said or –

THERAPIST: Right.

CLIENT: Ah, her I absolutely quote, 'is there any way where it's just like flexibility where I can say like will work an extra seven hours pending whatever and she was like, no because that's not what HR (unclear) that's not an acceptable Medical recommendation, that's not an acceptable medical recommendation like that's how it –and I'm like – argh. So another part about it which is weird it's that so I make a note for my physical therapist for any physical therapy who's the physical therapist so I'm going to tell my doctor what to tell you so I don't really know why we're doing this but it was really maddening to have her saying like, that's not what your doctor said, or like, your doctor couldn't misapply for that like when you work in HR you're not a doctor.

THERAPIST: Right.

CLIENT: Also telling me what my doctor's telling me, you know? And I got my (unclear) with her and she was also like, oh, and we need this information like immediately so that we can whatever, come to a (unclear). [00:04:20] So I spent like the check-out time like trying to figure out what to do, you know, (unclear) my doctor and blah, blah, blah, blah, blah. And part of it, it's just very stressful for me to do that. I don't – I mean the conversation feels like to me either like she's like you don't understand what your doctor said which isn't true or just we in HR know more than you which – maybe it's true.

THERAPIST: Right.

CLIENT: And it's also very scary for me to come up with like the six-week plan when I don't – have no idea how that's going to go? You know like I was talking to various friends and I'm like so you know when you've increased your cardio about how long do you take until you feel a change which was helpful but one of the things like I find most frustrating is like I still don't have a good sense of what things I can do with like – I don't have a (unclear) hip injury or just arthritic hip but like I just don't know what I can do. Like I know what I used to be able to do.

THERAPIST: Right. Like this is a new condition.

CLIENT: Yeah.

THERAPIST: And you don't know how you're functioning will be with it. CLIENT: Yeah and I'm very scared of re-injuring myself or making things worse, like right after I moved I was just in so much pain and I was, you know, something wasn't really like – like I had (unclear) pain like I don't know what that pain is. I never felt that before. And I was just really freaked out because I'm like well is it just – is that just something the (unclear) did? Is it a new injury? Like what did I do? The physical therapist was like oh you probably just strained everything. So there's that and

then there's like so what she wants me to do is 30 minutes of cardio exercise a week which is not that much. I mean to be (unclear) or whatever but I suspect that once I actually get to the gym and down at whatever thing that I'm going to probably fall over of exhaustion and the other thing – I don't find cardio very interesting. I know there are all these things like lock hands or whatever. The bigger problem is that I – like how I'm going to set the machine isn't how I should set the machine. Like so like if I bike ride like I usually do high resistance, you know like (unclear) [00:08:03] I don't like pedaling really fast, like I hate spinning (unclear). I like doing high resistance and I've always had really strong legs so it's going to be like great. If I do that like I'd accidentally put up the resistance once or twice on an exercise bike and have been like, 'oh God.'

THERAPIST: Ouch.

CLIENT: Yes. Because my first feeling is like I'm like I'm (unclear) whatever and then like the motion doesn't really hurt until I stop or slow down and then it's really painful like my whole leg feels swollen and it really sucks a lot. And so like getting on the bike to me right now feels like a failure because I feel like I can't do the work.

THERAPIST: Yeah.

CLIENT: Something else, okay there's whatever, treadmill, elliptical, whatever, but it's frustrating that I can't do what I want to do in the gym like I love doing leg presses (laughs) because I've always had strong legs so it's like doing that and I like riding a bike, heavy resistance, and those are all now currently disallowed.

THERAPIST: Right.

CLIENT: And I could do probably weight lifting (unclear) it's difficult with my chest on some of the machines that I'm scared of really. So –

THERAPIST: Like getting hurt?

CLIENT: Yeah. In high school gym there was like this warning story they would tell us which was to tighten the end of the free weights on both sides because otherwise like there's this guy who didn't do both sides and the bar flipped like across the room, hit the wall and almost hit someone and it was actually the guy I was dating. Oh my God, he was maybe – he had been the person, he was the person who hadn't tightened the weight.

THERAPIST: I see.

CLIENT: (Laughs). I'm going, oh you are the warning. I don't know, it's like he threw the bar or something across the room, it's very alarming, he (unclear) I mean I just don't expect – I might get over it at some point. And the other thing is the reason why I like lifting weights is that people don't think you're lifting weights to lose weight. But if you're on like the machines they

see you as like, which I hate and I – like one of the reasons why I imagine (unclear) on time is because I really hate with a hate that (unclear) lose weight; I hate that we're talking about losing weight. I hate people who give me a dirty look or being like oh it's so good that you're trying to lose weight and all of that.

THERAPIST: Yeah.

CLIENT: I can't stand it. And a part of what made that easier for me is that I was like well whatever I can bench press my own weight. Or I can do whatever more. But now I'm like, eh, and I can't. Like I feel like I don't know. It's just like I don't have any good mental like whatever I can do this other thing so it would be like you and a bunch of people who are going to make me feel like crap.

THERAPIST: Yeah.

CLIENT: And the JR (unclear) is the (unclear). [00:12:49] Because it has the most issues etc., and it's like great for law school students. Just not what I want.

THERAPIST: Hell, right?

CLIENT: Law school students tend to be really entitled, kind of aggressive about things because they're law school students so it's law school and economics department and (unclear) department, but mostly law school. But also it's like a (unclear), younger than me and very competitive.

THERAPIST: Right. Yeah.

CLIENT: And –

THERAPIST: I know – touchy, feely, supportive, cry-baby (unclear). [00:13:37]

CLIENT: Yes.

THERAPIST: I thought of joining Health Works which isn't so (unclear) except that it's really expensive and membership at a different gym is \$25 a semester. CLIENT: Right. As opposed to \$100 a month. So and I get free towel service because of my longer service. Yeah. I couldn't add it to my – so I complained like I think I can do this and oh because of longer service you get free towels.

THERAPIST: (Laughs)

CLIENT: The weirdest perk.

THERAPIST: Apparently.

CLIENT: See I really don't want to do it. Like I just really kept going to the gym. A friend of mine who is also a fasting activist and extremely awesome is sort of (unclear) about the (unclear) diet and exercising like that and part of it is that so I guess has diabetes and the doctor says that you can do these, you know, like turn it upside down and she was interested. And you know if it was going to a good nutritionist and exercise regularly. The nutritionist told her that she's not consuming enough calories. She thought the vegetables and being told you're too fat will do that to you and as it turns out the exercise dramatically improves her diabetes.

THERAPIST: That's awesome.

CLIENT: Like much more than either she or the doctor thought. So she's like, well a part of her was like – I didn't expect that. I actually hate exercising but this is kind of awesome and I showed her this book and it's really good and it's very conveniently timed but she's also really blunt about – and half the book is sort of ways to deal with – all the messages about being fat at the gym and getting looks at the gym and what to do about all of that and how to deal with people who make lots of assumptions and etc. So I felt fortunate because I have that book and etc. But nothing gets for me like what I don't get like out of the gym but also having the stress from HR be so combative and dismissive makes me want to even less. Because it feels like HR doesn't have any interest and argue actually, in you getting better enough to work, like that doesn't seem to be that much their interest. They just seem to be much more to me, can you please give us a schedule?

THERAPIST: Right. Right. They want documentation. And have no real concern with you.

CLIENT: Yes. And if I start up the increased schedule and it's painful or whatever but the answer like takes up time for a personal day or unpaid if my time. Which is something and I also don't know if they'll approve short-term disability benefits again, whatever. And (unclear) have implied that they didn't increase – that I wasn't working an increased schedule it was unlikely they would approve the (unclear) benefits. Which I don't know if that's true but I think that was the impression I received. So the other thing about it is that, so I heard many people say like they're not going to fire you like when you're in the middle of a disability claim or whatever and that they're not going to do that when you're still up (unclear). [00:19:18] It's really a bad idea and I don't find that comforting at all. We'll see. Like because I feel like a) Cambridge probably shouldn't search doctor's e-mails but hey, we did that. And I remember when I had to, when I had to (unclear) sexually harassing me and everyone's like, oh, there's no way that they will keep him around and he's still working in (unclear) and you know like I don't – I was like well Cambridge has enough money to find something like – Cambridge has enough money to find the loopholes or just say, here's some money, go away which is probably true. And you know, they're doing this kind of well if you're not able to fulfill your job functions and your department might not accept this. You know the current (unclear) is that there is that if the doctor is state supervised, part-time schedule (unclear) department that maybe they could refuse to something if that's actually possible like I'm not sure what they would refuse. Like in the end, HR needs a note from my doctor saying that – we need a certification saying that I'm fit to work.

THERAPIST: Right.

CLIENT: And I don't think mine will.

THERAPIST: Right.

(Pause): [00:21:25 00:21:57]

THERAPIST: Yeah that's sort of – I guess I don't respond is how I would – you're feeling like they could care less about you and your credibility with them is that – which is (unclear) cynical about them.

CLIENT: Yeah.

THERAPIST: And don't trust (unclear). [00:22:48]

CLIENT: Yeah which is also – feels really crappy. I mean also like meeting with the (unclear) recruiter really add an extra layer of cynicism to my cynicism. And I don't know, for whatever reason like one thing that really like I think of in my head since that meeting was how Cambridge doesn't punish people. Like you can have HR complaints lodged against you and nothing will happen a lot. And like obviously tenured faculty that happens a lot but not just to tenured faculty, just people. And I don't know, like despite my intense cynicism I still – part of me still feels like there's – like I should have done more or tried harder when I had (unclear) sexually harassing me or when I was in my (unclear) like and I don't know what that thing would be.

THERAPIST: And you still have (unintelligible). [00:24:52] CLIENT: But yeah because they're still here. Like I sort of sit here and I'm like oh yeah, like these people who are awful and engage in really awful behavior are still in place. I'm still – just as (unclear) about it as I am and that really sucks. And the other thing I was thinking was diversity career type reactions like everyone focused on recruiting people in these entire pay grades, etc., is the thing like (unclear) is not going to go anywhere when their management is still discriminatory and if they have (unclear) doesn't work and it happens like you can't retain, like it's hard to keep people (unclear) but like that's not a great atmosphere. I guess it's like it's not getting at the problem at all and I like I do really get that I am an individual and not going to get at Cambridge's institutional sexism and racism. I was committed for a while but there's a lot of it but it's still very frustrating and just so, it's incredibly disturbing because it's such a – thinking of the university as a whole is really depressing. It looks so – I mean usually like I give a (unclear) of Cambridge and then whenever I look at Cambridge as like unmasked and like wow there's a lot of really privileged guys going to university, a lot and it's like wow there's old money, there's like you know, (unclear) connection and (unclear) connections like there's just a lot of that and whatever small place like that don't feel it as much on a daily basis.

THERAPIST: Like the kind of old boy's network (unclear) but when you sort of sit back and look at a kind of hierarchy –

CLIENT: Yeah, or well, all of it but usually it's like well you know our friends are really (unclear) to work. Say most of the people that like I support are actually are.

THERAPIST: Okay.

CLIENT: And then most of these (unclear) were like, they're like (unclear) picture like heads of all the whatever, or the presidents or the deans or you know whatever and I'm like, wow. Or (unclear) which has like (unclear) information and then (unclear). [00:28:57] I also regret still being here at Cambridge. And I can think of all of the reasons why like I agree with most folks but I don't know. I think I've stayed at Cambridge is because it's easy like there's no gap in insurance. It's all like (unclear) whatever, who cares. You know, like everything is very smooth when you change within the university (unclear) you can choose schools, it doesn't really matter. And it's definitely less scary, like it's easy, it's lower risk. I guess one could sort of –

THERAPIST: I have been not only trying to do something in that given a lot of the ways you've been treated at Cambridge it's like taken a whack at a semiconscious sense at your worth or like desirability as an employee which like – what I keep on wondering is if in a way, some of the bad experiences make it even harder to leave because they undermine your confidence that another place that would be better and would want you. Does that make sense? I mean I get the other side of it which is the bad experiences would want to make you leave and I know that you have sort of good reasons for wanting to stay. But I guess partly I'm thinking of this because of having talked about it when you've talked about leaving and other alternatives but I wonder if this is in the mix as well.

CLIENT: It definitely is. Yeah it's very hard for me to accept but, it's hoping to think about another place wanting to hire me especially I'm kind of like, well, I mean I get a little encouragement at work and when I do it's not – it's the customer service job and it (unclear) was like you get a commendation in your little whatever – I didn't get nothing. At the university I had a couple of employees programs and (unclear) about a year or whatever. So, like I don't get – like I never really gotten anything like that or gotten promoted within like I (unclear) leave my job to get my promotion to get further ahead. [00:33:47]

(Unclear) is you know and (unclear) to Cambridge are paying crappy employee stuff but it's also that trying to get promoted requires your manager to be willing to invest a lot of time and energy into (unclear) every classification and takes a while and is annoying and I've never met a manager who has wanted to, or has been willing to do that. So there's that and then I don't know, like I guess the things that I feel like I'm good at and like are important aren't really – they don't get recognized for like I don't know, good communication or customer service or like whatever, like over (unclear) comes (unclear) things that are like oh, yeah. But that's about it. [00:35:18] I don't get like the, other than that like mentioned at the monthly staff meeting or like any of that. And things that I'm good at I try to be okay about, we do this or this or this, I always

get shot down. So, I don't know, like when I try to upgrade my resume I was trying to a couple of times recently it doesn't look like – to me I'm like that's not very impressive, I don't feel like there's – I don't feel like it's that. I don't know. I just don't feel like it's that. Like oh yeah, we should hire this person and also in terms of that I completed MLS I'm aware that you know (unclear) the (unclear) get hired like they know I'm finishing, but I don't feel like anyone – I don't feel like (unclear) would be willing to take that risk or make that happen or say like, I think they should, like you know. Or discuss it like you should hire me over this other more established candidate and like the other – I think the other thing that's in terms of like looking at things that like generally speaking, a branch of it is kind of (unclear) with what to do with the media when you take all these (unclear) and all these things and like everyone's kind of (unclear) [00:37:24] a little bit about it. Cambridge more so, but you know, a lot of universities and private libraries and public libraries and etc. are like oh shit what do we do?

THERAPIST: Is it possible that in thinking about – strike that – I think that in thinking about finding a job somewhere else you do the same thing to yourself that you just described Cambridge doing to you. You know, not recognizing your good qualities or talent or the things you've done successfully as well. CLIENT: Yeah. I know. I find it hard to stick with like that was a good thing I did but I'm not getting reimbursement when I do that. For example, the harder I (unclear) are bureaucratic and like (unclear). You get a lot of experience working in the library, a lot of experience with the media, social media, you went to Cambridge, like I sort of understand that there might be situations in which a library would want to hire somebody who had an MLS but didn't have other things over you, but there must be situations where they would much rather hire someone like you than some 25 year old (unclear).

THERAPIST: Yeah. And you also know like a ton of people and like it's my understanding from some pop sociology is that there is this sort of strength in weak ties thing in getting jobs where a lot of times the people who you kind of know are known to somebody who can connect you up and my impression is that is a very large number of people for you, many of whom probably don't work in libraries but yeah some of them do work in related fields and –

CLIENT: Yeah. No.

THERAPIST: I'm not exactly trying to give you a pep talk but I guess it sounds a little bit like that but I guess probably what I'm trying to do is point out ways – things I think you leave out or that indicate your like bias against thinking of your own worth or certainly –

CLIENT: And you'd think one of the, you know for me, one of the – part of why the four baby librarians that they hired –

THERAPIST: Did you call them baby librarians?

CLIENT: Yes I did. (Both laugh)

THERAPIST: (Unintelligible).

CLIENT: I know. It's just like there are so many reasons why they shouldn't call the babies librarians but they are. So I'm just like, part of why that was so discouraging was like oh, it feels like you do just want to hire a 25 year old with an MLS for one of your contractors like also one of your contract positions (unclear) that sucks. And that's okay in another job at Cambridge. Yeah I could totally do that, it's another one of your contract positions. It looks –

(Pause): [00:41:42 00:42:01]

CLIENT: I don't know, like I hear what you're saying and it's very hard to hold with that when I'm like, when I observe a crowd and say, like who around me is getting exploited and who isn't? And I've been thinking also that – there's this article that I was reading by a professor in another class about official and unofficial (unclear) for labor (unclear) and so a couple of things that – there are a bunch of scholarships available to library students that are only available in the first chunk of your career. Like Ph.D.'s and (unclear) are like finishing up your Ph.D. grants like (unclear) but it's frustrating and the two diversity-ish scholarships – you have to have less than 12 credits which I have more than that. And I'm kind of pissed that no one mentioned like do you think of (unclear) for like the only like I did have (unclear) say, well you know you're black and must have if there's any money for you because you're black. That was the most I'd get which pissed me off a lot. And wasn't actually like a helpful remark in any way.

THERAPIST: No (unclear) the hatchet. CLIENT: Yeah. So like I guess, I mean it's a whole bunch of things and the more I think about it the more I think one part of it is I don't feel like my librarian co-workers are kind of like yeah, like (unclear) librarian or let us, oh do you need some hints or help or like I don't know, professional mentoring.

THERAPIST: Do you want to be a librarian?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: I think I've considered all that.

THERAPIST: I wasn't sure.

CLIENT: Yeah.

THERAPIST: Part of my thinking was like I understand that the hiring and promoting is very depressing and demoralizing. I was looking at it like, it sounds like they weren't really hired, my hope is (unintelligible) excused what they've done but I can understand why you want to feel like you could get a job like that if you wanted it which you wouldn't because it's only a year contract position but it sounds like the sort of life experience outside of school persons or job I can get because –

CLIENT: It's very confusing.

THERAPIST: But maybe this is my ignorance of (unclear) work.

CLIENT: It's probably unclear to me because when they were, when the (unclear). [00:46:22]
When the library was talking about it it sounded like they were going to go for someone like mid-career.

THERAPIST: I see.

CLIENT: Yeah, or that they'd go with one new librarian and one like one mid-career.

THERAPIST: Right.

CLIENT: And like new hires that I'd seen in the various libraries, they've all been mid-career or – none of them have been freshly minted librarians.

THERAPIST: Yeah. Like now that's kind of like what you are, right? Like, in other words even if your MLS was fresh like you've been (unclear) libraries for a while.

CLIENT: Yeah. So that's what I thought they would get.

THERAPIST: That's all for now. (Unclear) tomorrow.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: At the end of yesterday it just seemed as if everything kind of crowded down in their not really believing in my skills or whatever could get me a job.

THERAPIST: Right. And – go ahead.

CLIENT: I was just going to say, yes – yeah, I mean basically yeah, I don't know like it's maybe like looking a job descriptions. I'll have like, oh I can totally do that and then there's like a little description of the job. I'm like, oh that's great. I can do that. And then when there's like the listing of like what you need to do or you know, and I'm like, oh but, you know, I don't quite have this or I don't know if they'll – they probably want someone with more experience with this or –

THERAPIST: Right.

CLIENT: Well, I mean I kind of know it. I can (unclear) and like then I sort of by the end sort of – I don't know if I talk myself out of it, but then I'm like oh, it's a really good job. It's too bad that I wouldn't get hired.

THERAPIST: You talk yourself out of your awesomeness.

CLIENT: Yes.

THERAPIST: Like you're afraid.

THERAPIST: Yes.

CLIENT: Which is – yeah, I don't know. Like I guess I do feel that if I got to an interview the interview would go well. The personal interview would go well. But I don't have any confidence of getting there. I mean I talk myself out of a lot of things but I feel like the intensity of it has gotten worse and (unclear) would just seem accurate like a Cambridge degree certainly makes people look at your resume and you know, it's certainly known in a conceptual way that whatever, like but done for a reason. I suddenly knew who was like a year ahead of me and was also in the folklore mythology department with me. He was doing like – he wanted to be a stockbroker and work in investment banking and he mentioned that this was not his intent but when people were like, folklore mythology, that's like people would often comment on that in interviews. Real (unclear) [00:04:33] like what is that? You're a banker who took folklore mythology?

THERAPIST: Well, that's another type of economics.

CLIENT: Right. And yet it helps set him apart and he's like yeah, so even though everyone (unclear) in this degree, it's sort of like a little extra entry way for him, especially. But I don't know. Right now I just don't feel, I don't feel like that Cambridge degree is, I don't know, I just don't. I mean and you know that like that's not like – my Cambridge degree remains my Cambridge degree like I don't know. I don't feel like it's going to – I feel on an emotional level that it's going to open that door.

THERAPIST: I see.

CLIENT: I mean that's partly – I mean I just feel like right now I'm doing very (unclear) like no one's going to care about that which I don't know, like I actually obviously explain well, I have a master's as well so. I'll probably still care about my undergrad, it still is Cambridge. And like I'm just feeling like what did I have a degree for? I think partially because it means, it can almost (unclear) [00:06:34] like (unclear) was this weird combination of like trade school and academics and like the trade school aspect is like I'm spending a lot of money for trade school. Like I feel like I'm going to like I don't know, everything is like to become a beautician you have to take X-classes and get certified by the state to be a beautician. And a friend of mine does book archiving and she had similar (unclear) like you do these certain tasks, you do certain things

and then you're like, you are officially deemed qualified to do this kind of archival preservation and like they're very hands on and you don't write papers and you sort of just do things. And I don't know, I do write papers and things but work almost leaves me feeling like the papers aren't really, they're giving me a weighted grade is not that they're – like I'm not analyzing a document or compare and contrast thing. Like I guess I feel in a way like the paper is a substitute for demonstrate four ways to preserve this document or demonstrate a (unclear) [00:08:33] or something like –

THERAPIST: It's a heavy (unclear) and about showing you know something that's (unclear) concrete or practical rather than being more thoughtful or analytical.

CLIENT: Yeah I guess it's kind of I feel as though a lot of it is we want like – we want you to have this great thing you can do, these 12 practical things but we're going to stretch it out into two semester (unclear) books. [00:09:16] When I kind of like, I could just fill out all the paperwork and just give it to you like I would in class. I'm sure some people – you know because I'm going to (unclear) I really in a way felt like I could probably sit down at the end of the term if I had like more self-starter-ness or whatever, I probably could have just done all this stuff without lecture but you have to attend and do it however they want. It's like the outcome of cataloging isn't really – it's not like an analysis or something thoughtful. It's this is how you give books call numbers. Or this is the rationale behind call numbers which helps you better understand (unclear) on the shelf or why certain things are shelved in certain places which is totally useful. Also something you can pick up as a student assistant shelving books. Again, it just kind of becomes clear you're like oh, right. So I don't know, like –

(Pause): [00:10:57 00:11:05]

CLIENT: I guess I feel very done with a degree even though I'm not finished.

THERAPIST: That's like the sort of thing where there should be a kind of a mid-career degree program. You know how they have that for like – MBAs or listing stuff like that where they kind of like – this probably isn't quite analogous, but where they would take advantage of the fact that you know a lot of the stuff you'd be learning about, you would otherwise be learning about and so they accelerate it. CLIENT: Yeah.

THERAPIST: And you can get done quicker. I mean there probably is something like that, but it sounds like that is part of the problem that you're talking about.

CLIENT: Yeah. And the other sort of problem or reality is if I did it fulltime I would have already been done.

THERAPIST: Right.

CLIENT: But I can't do it fulltime, that job, and I don't. If you stand by not going too much in debt. (Chuckle)

THERAPIST: Sure.

CLIENT: And I know the other thing that I think about is assuming my job skills are like the squishy job skills were able to be really patient with my dates, able to explain TZPIP and weird letter forms like things like that, I can't – how do I convey this to you – everyone says they're a (unclear) communication or whatever and proving right now among the other things is like I have an almost 20-year online presence that I don't want to put on my resume and I think I have to in a certain way like if you replicate it but I think I have enough to put up a website in like something, something that you know pulls up good (unclear) and like put a few things on it and logistically – that reminds me of a librarian who's doing something that I like. She's like, yeah, (unclear) put a book site, use your name. She's like, I mean some people have cute hand (unclear) like you know, fuck it.

THERAPIST: Right.

CLIENT: But they're all librarians.

THERAPIST: They're all librarians?

CLIENT: Yeah. The blog is actually really amazing and I don't know why she calls herself the feral librarian.

THERAPIST: (Laughs)

CLIENT: I haven't looked into that part because she does have an MLS.

THERAPIST: Maybe she just likes the librarian part.

CLIENT: That's it. (Unclear). We're you like, did you become a librarian like in the wild? Initially it was like, oh, she must have an MLS. She must have just kind of raised through the ranks.

THERAPIST: Okay. I understand.

CLIENT: But no. (Laughs) Yeah, or something like (unclear) handle these (unintelligible). [00:14:50] Like Drayton (unclear) has associated his name with his handle, a certain handle that he uses and (unclear) be creating. I don't feel like and I'm already spending, I already spend time online and as soon as I (unclear) I say no I don't think I want to talk to my friends more. I don't and so it's like well I have to just add in an hour a day or half hour a day to look professional.

THERAPIST: I see.

CLIENT: And I'd rather talk to (unclear) online media. Here's the other thing you can't just throw up like a wilderness, you got to interact with other people's blogs and make comments and I'm like, oh, fuck, like I totally know that and I know that that takes a certain amount of time every day or like twice a week or whatever and I don't know. I wish I knew – it's sort of like at the time it didn't really seem very important or would ever be relevant to anything so. And when I first went online everyone was like the people who use their real names were students because you had to use your student account and you were (unclear) why do you have this freak student account. So there's a mini-history using my real name and there's a long history under like pseudonyms or versus (unclear), whatever. [00:16:48]

THERAPIST: A few of them? CLIENT: Like three. And also just use my first name on various sites. Actually I think there's 13 years of one name, and 10 years of (unclear) pseudonyms which anyway – (laughs). But I really don't want to put on my resume like you know, have spent hours on book sites discussing comics or whatever like it's like it's not really – I don't know. There's that but there's also I'm not super into saying, here is my personal life/work. And I'm not so sure that I would like to tell work like a lot of strong political opinions. (Unclear).

(Pause): [00:18:13 00:18:22] CLIENT: And in fact it's not really – I mean that's part of it, but I also often feel like there is like, because (unclear) is a new thing and then there's the (unclear) hiring and in terms of like what do people who are doing hiring – this is not in the comment, but I feel the people who do hiring are very entranced by like if I could buzz word it up or I don't know, make them think like – I think that like the practical skills I have in (unclear) online and like being able to communicate on online forums and all these other things, I don't have like a little packaged word and –

THERAPIST: Right. If you were like instead of posting online forums and just being out there in the ways that you are online, you were like contributing to open source projects and trying to get a software engineering job, you know then you could point to this stuff and say I did this and I did that and here's a few other things that I did.

CLIENT: It isn't quite that. Like I (unintelligible) [00:20:16] think that if I'd worked at it I could probably do something like designed an online synchronous collaborative environment to like encourage student experimentation in Web 2.0, like.

THERAPIST: Yeah.

CLIENT: Like it's partially because I don't, I really don't value that level of gibberish. (Both laugh).

THERAPIST: My impression when you said that is you can go beyond saying you don't value it.

CLIENT: Yes and so yeah, I really don't.

THERAPIST: Well I think you think it's like saying more like yeah, like disingenuous or pretentious in a really like vapid sort of way.

CLIENT: I think it's way more irritating than (unclear) is like ridiculous (unclear) that I've written or read. I'm like, well you're supposed to do that, so I do it. You're doing the exegesis of whatever.

THERAPIST: Okay.

CLIENT: And then you have the terminology and that's fine. Like that's what you do. So the other problem is I feel like there is a certain level of people who just don't know what those words mean so when I'm like, yeah! I'm totally down on this, but wasn't it social media? Yes. I described a message board online if you had yes. And I just was like, or, we've already talked to someone about, or consulted someone about our second life presence or whatever and so obviously this is like, this has happened at Cambridge to me obviously but I also find that sometimes like if I spend a little more time like reading on the library terminal and a few other things that again I seem like this, there's a bunch of different people writing editorials or writing opinion pieces and (unclear) level that that's interesting but I've been doing that for five years so it's not good enough.

THERAPIST: Yeah. Right.

(Pause): [00:23:02 00:23:19]

CLIENT: Like if someone today was doing open (thesaurus) (ph) it would be a little easier in that you can just do it and then you're like, hey, I [patched in buns in ruby] (ph) like oh, yeah, okay.

THERAPIST: Right.

CLIENT: And you just know there's not really a barrier –

THERAPIST: There's currency you can use.

CLIENT: Yeah.

THERAPIST: In a way that is really more complicated for you to use. CLIENT: Yeah, the other thing like, there's like –

(Pause): [00:23:53 00:24:02]

CLIENT: I think that the reason which librarians have put up barriers for themselves to new technology in which they feel like oh this is so impossible, I can never understand it. I don't know. They're sort of like, oh I don't understand and so it's hard to communicate. Like the first step is spending time. It's like no it's okay, it's (unclear) your face. It's fine. And then – and I feel

like I feel there's people using, thinking that they're using words or thinking that they're approaching something and not – or at least in IT I'm like yep, I did these 10 things like HR tends to let IT go a little bit on their own because they're like, I don't fucking know what computers, whatever. But people feel very free to declare themselves rock stars or declare themselves, I do know what it's about. And I'm like, no you're not.

THERAPIST: Yeah.

CLIENT: And not willing to admit that maybe they don't or just to use more understandable language or just like I don't know. I guess a part of me is like that's cool but no it ain't. That thing that you just did, I understand that it fits your shiny buttons but after that what does it do? It's real interesting that you can make a small mobile computer that can be used in libraries for like (unclear) dollars. [00:26:03] But what do we do next? Or how do you think, once you have your social media plan, what are you going to do with it? Like, I don't know.

(Pause): [00:26:22 [00:26:32]

CLIENT: And part of this is also that I would like to (unclear) and see what happens so people really, (unclear) also. Hey, that's just your leverage button. But me, I'm like, huh. So you don't know what he's talking about. Like yeah I guess it's like I don't know what it is exactly that I'm sort of mad about but it's sort of like whenever the thing like expires I feel like I can't get like information up or not in a sufficiently opaque way or sufficiently like (unclear). Like I don't even know. [00:27:44]

THERAPIST: In some ways it's like a lot of situations you describe as frustrating even like the meeting with the kind of like diversity hiring recruiter person where you sort of couldn't get her to listen to you or couldn't get her to really grasp what you were talking about in a remotely satisfying way.

CLIENT: Yeah. I think the other thing I think about a little more is also like let say there's a library workshop and (unclear) it will be spelled like copyright one and two for librarians and I sense very strongly that I might go crazy but I want to know what the library is saying what you do, but it's the experience of like going to –

THERAPIST: Sorry, but what's that about?

CLIENT: Oh, they're going to do a workshop talking to librarians about copyright and copyright violations – what's fair use in this new crazy digital world.

THERAPIST: Okay. CLIENT: And part of what's going to be frustrating is none of these people who do open source, who do like Creative Commons, so that's, all of that is probably going to be like but, but, but – and I just want to just hear it but a couple of times, like several times I've had these, like you know, I'm going to go to this talk on – I don't know, use of Twitter in Libraries, and the person who's talking, I'm like, oh, I really know more about this than you?

THERAPIST: Right.

CLIENT: And (unclear) but you're the person up there and I'm over here and I don't think I can leverage myself over there.

(Pause): [00:30:10 00:32:04]

THERAPIST: I'm a little confused when puzzling over – I don't think what you mean I think I understand most of what you said and I think that's what's confusing me as far as I can tell. I think, so you started saying like, (unclear) yesterday as far as my kind of devaluing the things that I have or have done in a way like makes it hard for me to put myself out there or (unclear) out there, jobs and stuff. I keep putting myself down and whatever kind of – (unclear) that I can never make it work before I try or whatever. And these are (unclear) well you've done that and like you started talking about some ways you kind of could put yourself out there online that would be really annoying to have to do but you know, maybe like (unclear). [00:33:30] And then you sort of like kind of got into the morass of social media buzz word mayhem. Sort of in libraries in general and Cambridge in particular and I guess in a way here's the thing. You seem to like be actually pretty defeated by it and very frustratingly so because you actually legitimately know a ton about a lot of the kinds of stuff that you were referring to, you know, in on it very early and spent a lot of time doing it and learned a lot and somehow find yourself like not getting credit for it in any way at work. And so okay, here comes the part where I'm puzzled. So – I'm just trying to lead up – I'm trying to figure out how – clearly some of that is because of the state of the world, you know, people who sort of like to self(unclear) in certain ways and probably have a problem being flashy but disingenuous or like pretending knowing something more than they do but in ways that like sound good and because there's so many people with authority who really can't tell the difference it's (unclear) well, I guess I imagined Will had to be that sort of person. There are other aspects to him but I get one part of it. And you're really uncomfortable being like that. And that's worked against you. I guess I'm – that's one side. The other side is I wonder of it has to do with you in a kind of similar way to where we started that like, I don't know, somehow you want to try to figure out the bad part of that where it's like because there's a lot of people spouting bullshit or fooling people into thinking they know more than they do or themselves into thinking they know more than they do, or sort of aggressively promoting themselves like somehow that means that you really can't or couldn't like reasonably promote yourself for the things you actually know a lot about in ways that would be effective. Like I guess (unclear) [00:36:58] I imagine there must be a few people out there who do this kind of work in libraries who actually do know what they're talking about and do good things and maybe don't get listened to any more than the people who really don't. But I guess maybe this is naïve like I don't see why they can't listen to a lot less either because maybe there are a few who write letters, I don't know.

CLIENT: I guess where that's kind of a beginning so I don't feel like people who listen to me. So like I guess part of it, I mean I feel like why would you, I don't know, like from whenever one

derives your ability to be standing at the podium I don't feel like someone would pick me to do that.

THERAPIST: I see. I even know a situation at work where it's happened exactly that way. My impression is often (unclear). [00:38:37] Reasons like that.

CLIENT: Yeah, and so right now I don't feel like if I was were worried that people would listen or that it's not a – like a workshop on Instructive Narratives in Videos, I don't feel like you would garner attention or would be taken seriously or that you'd be seen as anything other than like this is how you use Photoshop as opposed to this is how you conceptually think of combining digital media to create new narratives. THERAPIST: You had a like these same people who are really buying it from like opened it or this sort of thing are, when you actually put something out there that is really what you say it is, they going to think it's less than that?

CLIENT: Yes. Which I think is definitely – that is definitely influenced by the last couple of years of work and so I've been working on the idea of doing a (unclear) workshop or something but talking about remixing texts or various things and then part of why I get stuck is I am like it's so interesting. It's very interesting to me. And I'm like will my audience even know what I'm talking about? Like step one, like raise your hand, people who know what a video remix is? And I don't know they talk to you like –

(Pause): [00:41:47 00:42:00]

CLIENT: You're not from the media library, you're not from the (unclear) Center, you haven't done those things like why should we listen like which is, I know, like if you never do it and you never the (unclear) [00:42:20] and it's also partly because this sounds horrible really – I know how easy it is to get in the media lab or (unclear). Like that's not those –

THERAPIST: Media and Cambridge (unclear). [00:42:45] CLIENT: So weirdly I'm like if you were in the know you would already know that that doesn't matter. Like it's a nice thing, like it's awesome (unclear) really cool stuff but getting a loose affiliation with them and like you can stick it in your resume is not proof of anything.

THERAPIST: I know people who are like psychologists or psychiatrists and experts or whatever because they spent a few hours at teaching hospitals and it sounds cool when you get a page (unclear) but – [00:43:42]

CLIENT: Or I was thinking like Cambridge special (unclear) cards for the library and like here's the deal in the end if you know anyone in academia, if you know a professor you can probably convince them to write a letter to like it's not what – it is and it isn't.

THERAPIST: Right. But again I think the baby goes out with the bath water there, right? In that like just because people make more of it than what it is doesn't mean it's not worth anything. In some of these cases.

CLIENT: Yeah. Like I don't know if some of it is just like you can compare yourself with everybody online and, which is always awesome and you can develop an audience based on that and like eventually your authority is well, I've been writing at a blog for three years and you're like, huh, all right.

THERAPIST: Writing at what?

CLIENT: Oh sorry, it's a Skep Check is like an atheist blog.

THERAPIST: Oh.

CLIENT: Skeptical Check.

THERAPIST: Right.

CLIENT: And so in my head that's how you get authority about online stuff is you just kind of like – so I've written that for a while and I go oh, yeah, okay, and also like to an extent, like I've gotten hierarchy, not hierarchy but it's like anyone can talk to – and making like, I don't leave a comment at just any blogger's site or write a response and like get cross traffic.

THERAPIST: Yeah. CLIENT: And so I guess I feel like whatever authority capital that I have whether it's online or can create, I don't feel like it would travel and I don't know if I know like clearly logical do make that move. Like they use their online whatever to leverage each other's career or whatever. But I guess I just don't feel like that would happen for me. I feel like someone else would be next.

THERAPIST: I see. Professionally there is some sort of reality in the second part but the first part about it traveling in at least what you described there in a lot of ways like libraries are not necessarily, they can be somewhat traditional and conservative sorts of environments rather being some other environments like (unclear). [00:47:27]

CLIENT: No I think that's okay.

THERAPIST: Where you might have to worry as much about like political conflicts or something. I also wonder if the things you're wary of doing like you know, the (unclear) are – I'm (unintelligible) [00:48:09] whether those are actually different sorts of situations than the ones that had tended to go against you of which I know there have been many and they've been horrible. I mean (unclear) that. But like I guess being, offering a brown bag lunch and talk about the psychology thing seems just like entirely different than explaining to some powers that be why (unclear) is a really dumb idea even though some other people (unclear) seem to be really into it and then being ridiculously ignored.

CLIENT: Yeah.

THERAPIST: I'm not trying to say –

CLIENT: No, they are different. I don't know. Like I might have like, is it impostor syndrome or fear of speaking in public, both of which I have. I'm not really, I don't know, there's just, I feel the same because other definitely are different.

THERAPIST: I see.

CLIENT: And like I did a series of like concentrating on how to use Mac network because we were bringing in Mac's and we were very well attended but I was convinced (unclear) was going to end but she did. Part of it was like who wants to give up time to learn, like there was existing resistance against Mac's which was weird but whatever. So it was like I keep on thinking of people who are resistant to musicology who are just like I don't want to add more to my workday. I don't want to learn this stupid new thing and that's what was going through my head instead of like, I don't know, this could be really interesting.

THERAPIST: Yeah, I wonder – we're going to stop, but I wonder if it's a bit of a projection of your own cynicism?

CLIENT: I'm not sure. But like I don't know.

THERAPIST: I mean maybe it's not, maybe just more of this. CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: What – (unclear) had the choice between (unclear) disability about I don't know quite what you're saying and then today I got a call from a different disability office because there's two and just had a really confusing conversation I don't think was entirely that I was a little tired but I'm going to have to return to work full time on April 26th but it way more beneficial if I return to work May 2nd because May 2nd is a full time job – I start full time May 2nd. And I said I don't quite understand but I can't agree with it. Her explanation didn't really help me very much but she did say, 'If you start May 2nd it will better, like is there any flexibility?' I think, 'yes, yes, yes, yes.'

THERAPIST: Also, (unclear) so that 3:45 Thursday time, that will work ongoing? [00:01:28]

CLIENT: Yes. It'll work at least through May 2nd so at least I'll have April and then yeah, and then it wouldn't any more, at all.

THERAPIST: Yeah. Well.

(Pause): [00:02:01 00:02:12]

CLIENT: After May 2nd it would be easier to have it earlier.

THERAPIST: Okay.

CLIENT: We could also return to Wednesday but I don't like having that (unclear) in between. And would – I know Friday late is bad. Is Friday midday bad?

THERAPIST: I don't know. We could give it a try.

CLIENT: Yeah. Something like that. I'd be happy to give it a try.

THERAPIST: Okay. I may have something like that opening up around then.

CLIENT: Yeah, sure.

THERAPIST: Okay. (Unintelligible) [00:03:12] Other than that we'll be able to work something out today or end of day.

CLIENT: Okay. Yeah, like they just called me so I'm still very stressed in that I have to e-mail everyone all over again which is stressful and I'm confident that even though this is a difference of like a week that Chet's going to bitch about it which is just irritating. (Sigh) But – and (unclear) try and remember that [we're married] (ph) so we'll see. I don't know. (Pause): [00:04:22 00:04:29]

CLIENT: I mean it's just that I keep on wanting to be accommodating but then like I never ever get that accommodating back so I'm trying to stop being accommodating which I don't know, I'll see how it goes trying (unclear). [00:04:50]

The other thing is – is it okay if I talk about something that happened with (unclear)? So maybe like a year ago I got – back up – this activist, who was reading, she's a friend of mine, she was (unclear) bookstore.

THERAPIST: I think you had –

CLIENT: Yeah. And [Lucy] (ph) asked a question that – you know that thing about (unclear). At the time it was like that's kind of rude to ask so she asked her – Elaina wears dresses constantly. That's her thing. She always wears dresses. And [Lucy] (ph) asked Elaina like where could she look for more masculine fashion for dresses. And Elaina said she didn't know. I suggested a place (ph) and [Lucy] (ph) pulled a face and said that wasn't a store. No, "bears" are gay men who are chubby.

THERAPIST: Okay.

CLIENT: So, you know, like they're like bear clothes.

THERAPIST: I get it. CLIENT: Yeah?

THERAPIST: Yeah.

CLIENT: And I'm like, 'it's a convenient sort of term providing –' and like, 'you know there's probably a bear fashion blog, they're talking about their little bear outfits and bears are fat so –

THERAPIST: Right.

CLIENT: So and she pulled a face and was like, 'no, that's not what I want,' and Elaina was like, 'yeah, I don't know.' And one of my friends was sitting next to us, you know, may (unclear) fat – you may not find a specific blog or store but you can comb through plus size resources and like comb through the plus size clothing stores for things that fit your style to see if there isn't one that's like fatty/masculine shopping.

THERAPIST: Right.

CLIENT: She said, 'you can do that.' And so then I was like talking and talking and whatever and nobody's talking to Elaina a little bit and I think Ashby said something similar like, 'yeah, you know there's not like you know, if butch fashion blogs aren't doing it for you and bear fashion blogs aren't doing it for you like I don't think there's a great answer.' Like, you know, like –

THERAPIST: Right. I wouldn't think that.

CLIENT: Yeah, well I mean, yeah, like if it's sort of two like fashion blogging is really skinny and there are a lot that bloggers and a lot of fashion bloggers wear women's clothes and so most fat fashion bloggers wear (unclear) clothes. So, and like your two other options are butch fashion bloggers or the possibly (unclear) fashion bloggers, I'm not sure if they exist but [00:08:27] I think they do. And Elaina's kind of like, 'Yeah.' I just turned away for a minute and then [Lucy] (ph) kind of like stomped over and was like, 'Everyone's very upset,' and said that my friend had been super (unclear) and mean to her and she was just really agitated and she said, 'is this just, if you're just – is this the fact or something just (unclear) like massaging, is it just like, is it just hate masculine fashion, is that something we can't talk about?' Like, 'what?' And she said, she kept going on this tear –

THERAPIST: I see.

CLIENT: – about like is it like how to be hard to this girl's face and on this [blog] (ph) and was disgusting and I wasn't – and no one was telling her because they didn't want to talk about it and I was just like, 'no.' I'm sorry, but – and then, and she's like talking and –

THERAPIST: Right.

CLIENT: And she was really upset. So I think it was like a half hour or so and like my ride was with Ashby and like they're going like, (whispers) (unintelligible) and so Ashby swung by and said something mean to [Lucy] (ph) that Ashby did intend to be mean.

THERAPIST: Did intend to be mean.

CLIENT: Yeah. I can't remember what it was but it was something like you know, 'no one's trying to be condescending. Just because you didn't get the answer that you wanted doesn't mean that people dislike you or your friend. You just didn't get the answer you want.' And then (unclear) off again. [00:10:20]

THERAPIST: Actually I found that mean.

CLIENT: She, I mean, she –

THERAPIST: Is she pretty sick? I mean like –

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: She was looking through her purse and I was like, 'do you kind of just say that quickly or do that to be mean,' and Ashby said, 'oh no, I said it to be mean.' It was really just kind of like a jab of –

THERAPIST: I see. CLIENT: – people give you all this information and you are refusing all the resources like you're listening to everyone's suggestions and then asking them to give you what you want.

THERAPIST: Right. Like you're being a pain in the ass.

CLIENT: Yeah. And also the book that Elaina wrote is basically a memoir. It's like half memoir/half essay and the piece that she's written was about her personal life from when she was like a teenager. I think it was like her school uniform or something. It was just an issue of being a teenager. So it was a little like, [Lucy's] (ph) question was also kind of odd in that the reading wasn't exactly about fashion. It was kind of more about [Axitin] (ph) [00:11:40] Then Elaina's life and that it was all these different things but whatever and so [Lucy] (ph) was angry again. When I offered to give her, I asked if I could give her a hug and she was like, 'no, I don't want you to touch me because that makes me feel like you're just being condescending and trying to shut me out.'

THERAPIST: I see.

CLIENT: Okay? You know? And I was just happening to think of like, 'I have to go. This is not what I signed on for and you don't seem like you're going to stop. I think if I' – and finally, and talking over them it was like, 'oh this person didn't try to meet you, talk to you for like 20 minutes.

THERAPIST: Can I just interrupt you for a minute? Sorry. Somebody came over to the two of you and said that to you?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: She was like this friend of mine has been wanting to talk to you. She was kind of winging it and like, can I just talk to you for one minute?

THERAPIST: Right.

CLIENT: And I said like, 'yes, of course.' And so that was kind of (unclear). [00:12:45]

THERAPIST: Yeah.

CLIENT: So I was going like, 'so we're good to go.' And [Lucy's] (ph) next question was, 'well, how will we go out for drinks after or blah, blah, blah, you give me a ride home,' and I was like, 'yeah, right.' (unclear). [00:12:57] And she very much wanted me to stay.

THERAPIST: Right.

CLIENT: And sit and listen to her rant more and I just didn't want to. So I kind of was like that was annoying, it was a while ago. Fast forward to now. There is a plus size clothing store that's doing a kick starter campaign and it's a revitalization of a previous plus size store.

THERAPIST: Cool.

CLIENT: Yeah, and I'm excited. It's awesome, very excited and my friend was posting her blog, 'this is good looking. It's really awesome because that was awesome and I could comment -

THERAPIST: (Unclear) or online?

CLIENT: It would be online and the store had masculine clothes and a pretty wide size range. The online store was all women's clothes and she had never read the clothes so it was junior plus size instead of women's plus size so it was like a size or two down because junior sizes are so weird and so the (unclear) like, 'yeah, and if I want to have larger sizes online and I want to have more masculine clothing online, blah, blah, blah, so it will be an online store and so [Lucy] (ph) commented and in her first comment and she was like, 'I've had it was fat acceptance and

the fast foods people and fat fashion, they're just horrible and really mean and I went – I was completely made you, like made you feel ashamed of myself at this reading, you know, and it was so horrible like I asked this [tool] (ph) one question and people were just really obnoxious and rude.' I was just kind of like, 'I don't recall that happening.'

THERAPIST: Right. CLIENT: I see you're upset.

THERAPIST: Right.

CLIENT: I don't think any of that was like how it went down. Yeah. And so it was like, 'oh I'm so sorry that you had a bad experience.' And [Lucy] (ph) was like, 'yes, they're so horrible. Fat fashion bloggers are just horrible and mean and Rubin is just not accepting of masculine bodies in fashion and was like (growls). And so I saw this and I was really pissed off. Because her, but, A. – it was completely, was not like none of it was relevant to the issue which was, 'hey there's this clothing store kick starter, like, give money, maybe.' So I'm like, 'this is (unclear) and is not relevant.' And then she goes like, 'that's not really what happened. Like, you didn't ask this complicated 201 question. It was a pretty basic question. And if you're trying to say that you were looking for clothes that met a specific gender criteria you didn't say that. You said, 'masculine style clothing' like masculine style or not feminine clothing, so that's how people responded to that question. You didn't say like, 'I am a butch as in a fat person, or I'm a transvestite person or like your identity didn't come up. It sounded like you were asking where to shop or what blogs to read.' And like I'm also thinking, I also was thinking like so you know that I do a lot of fat fashion blogging if you spent the last like two years and mostly struggling as you've just said to find an accepting place, is there a reason you didn't ask me? Because I can think of some like not a ton but you know, so I felt like [Lucy] (ph) was like sort of reconstructing or whatever, but phrasing what had happened to make herself seem very much the wronged party and thus to be very angry like –

THERAPIST: Righteously angry.

CLIENT: Yeah, like they saw that I'm angry so I'm righteously angry because people were talking identity and doing all of this.

(Pause): [00:18:31 00:18:39]

CLIENT: And it all seemed to, and so I was kind of looking at this and I really, really want to say something like, 'I was there as well. Isn't my recollection like, I see you're upset and I'm not saying what you feel is wrong, I'm just saying that it wasn't my experience of it.' And so it was like dithering, kind of a writing thing and like whatever, and it was also like hard work and I was just being like, (whispers) I don't know, rephrase, rephrase, rephrase, and then I was like, 'okay, so why am I – why do I want to respond so much, like why am I so pissed?' And like, I mean it's – one of them was that she also said recently that she, the emotion that she experiences most frequently is anger and that she feels that it's like, that emotion is safe to express and if she's angry at people then they can't hurt her.

THERAPIST: I see.

CLIENT: And my thought when she said that was, 'that sounds really kind of intense,' and I don't really want to hang out with someone who is angry all the time.' She said that probably includes (unclear). [00:20:18] So I was thinking like, 'well, like am I trying to persuade, like change her mind about what happened? And like, no. I don't, like you know, A. – she felt however she felt, and B. – she finds being like, if someone says in public, a blog on it like (unclear) 'I think you were wrong about something.' She gets very defensive because she can't be – it's not possible that she's wrong. And we had this weird argument for a period of time at one point about what Mitt Romney's first name was. I told her, Willard Mitt Romney.

THERAPIST: That's his name.

CLIENT: Yeah. Mitt is like – I just kind of, I think it was calling Mitt Romney Mittens and then I was calling him Willard and her comment was like very kind of concerned like, 'I'm embarrassed for you but (whispers) that's not his first name. It's really kind of awkward to hear you saying that.' 'Yeah, what's his name?' And she just was like, got more entrenched –

THERAPIST: I see.

CLIENT: – and I dropped it pretty quickly because I'm like, I know it's not his name and you really don't, aren't going to let this go, so I think I'm going to let go of this. I know I don't – whatever. So I was thinking like if I say that was not my experience it's going to just entrench her –

THERAPIST: Like anticipate.

CLIENT: And –

THERAPIST: She would feel it as an attack.

CLIENT: Yes.

THERAPIST: And that would make it kind of impossible to talk about it.

CLIENT: Yeah. It's like I kind of sense that. It kind of sounds like (unclear) [00:22:49] it would be like super rapid, escalating (unclear) and I want to do that. And then I thought like, my other thing is I felt kind of frustrated and like really protective of, I guess, by a sense of blocking of bloggers in the store because I felt like what [Lucy] (ph) was saying wasn't really accurate.

THERAPIST: I do see it as you've been talking like initially you felt more sort of anxious in talking about what she had written recently and how it upset you. And then like just in the last couple of minutes you seem to feel less anxious.

CLIENT: Yeah.

THERAPIST: And it seemed to me that, like I imagine that you were sort of worried a little more initially that like, 'you're wrong,' or maybe either because of somebody I know or something that like is not okay for you to be angry with her or upset about what happened or something like that. CLIENT: No. Not exactly. What I was thinking was I like, I do not expect, like I'm not telling you this so that you will then tell about [Lucy] (ph) and somehow do something like that.

THERAPIST: No.

CLIENT: Because I'm like I have worry that I was going to think so she wants me to tell [Lucy] (sp) like piss off or down or something like that. Or like something like what, like I don't know, like she's your client so that's all good but mostly I'm aware that you wouldn't talk to her about that because that would be weird and like functionally she doesn't exist after your client (unclear). [00:25:34]

THERAPIST: Right.

(Pause): [00:25:34 00:25:39]

CLIENT: And the other thing was sort of going through like how I was feeling at the time and so like once I started to let go of the – like she's just going to be mad and so I'm not going to reply to her so I kind of like dropped that. And then I got to the, okay well, like why else would I want to argue about it. And the other reasons are like they're not personal really. Theoretical. So that made me less anxious. So I felt like, I was kind of like, 'well, I am mad that you gave your, that someone reading this might inaccurately believe something about fat fashion blogging and I was like, 'but I don't – again I was kind of like going like 'and the store and this and that' and then I don't know I was just like, but none of that has to be said to [Lucy] (ph) like in response to her comments because initially I had kind of wrapped it all –

THERAPIST: There's a worried feeling that you are going to need to confront her about this but then realize that that's actually not going to help which was kind of a relief because you weren't looking forward to it or something like that?

CLIENT: Yeah.

THERAPIST: And once I kind of got that it dropped like – you know most of my, 'damn it, this person is wrong!' because I'm like well, 'yes,' but we're not doing that part. I think that's where the – because it seemed to me when you mentioned the analogy, not analogy but the thing with Willard Mitt, that it came in and now I can see why because that was the thing that sort of made it clear to you that it just wasn't worth taking up with her.

CLIENT: Yeah.

THERAPIST: I see.

CLIENT: Because – and a lot of it was just like, not just be, 'I don't think that's his name,' which she wouldn't be like, 'no it's Willard, whatever, who cares.' Because it's a weird victory to know. But it was this really condescending (unclear) kind of thing and like, 'you're wrong,' and like [Lucy] (ph) seemed, I felt like she was saying, 'no, you're wrong, but I'm embarrassed for you that you are wrong. It's really awkward that I have to tell you how wrong you are.'

THERAPIST: Right.

CLIENT: So yeah, I just, I dropped it. I felt good about it. And was like, 'oops.' Which is usually, I spend way more time talking about it and should I say something, should I not? And I was pretty psyched that I was like, 'okay, or do in have this (unclear) for 45 minutes but now I'm done. Like I don't need to continue thinking about this because –

(Pause): [00:29:14 00:29:24]

CLIENT: I guess it's because I sort of, like a lot of times I want to like explain like, 'that's not true.' Like that's not an accurate description of this blog or store. It's more that I should just really clarify that or just kind of clarify that I was thinking like this is like I know how that clarification would go. It's not like, I don't know.

THERAPIST: It sounds like all over this is the worry about confrontation or people feeling pushed.

CLIENT: Yeah. And it, I was hoping it wasn't a comp like, this was going to be a confrontation and not a disagreement. And it's going to be your (unclear) not you're disagreeing with me.

THERAPIST: And yet, I think I'm pretty clear why you didn't want to do that with her and how sort of, how it feels like a big relief that that just doesn't seem like the way to go anyway. I guess I'm so, I am focusing back on the anxious parts and I'm not at all kind of questioning your (unclear) [00:31:39] and I think I can see how you got there. It's more like when you were feeling like you were going to need to confront her about it and I guess you were a little sort of revved up wanting to in a way. You also were pretty anxious about it.

CLIENT: Yeah. I mean I was upset and also anxious about her reaction and also feeling anxious about like I would be really upset if this kick-starter didn't get money because of [Lucy's] (ph) comment. I wouldn't not be furious. But it was still, I wouldn't want to do it that way. I guess dropping the desire to correct her pretty much, I then felt very free to make a wholly separate, unrelated comment, just saying like, 'hey.' A personal friend who made the blog post, 'this is my experience,' or, 'blah, blah, blah, hope you check it out, it's (unclear) fun.'

(Pause): [00:33:10 00:33:21]

CLIENT: And, too, that all happened and one of the, I guess one of the things that I felt good about it or felt kind of satisfying was, well anyway, I'll drop it or drop the direct response, I guess. (Unclear). I just did not address anything she said. So I was like, (unclear) passive/aggressively you know – no I just don't like know what I would want from that. It would be her – oh yeah. I'm like, 'your perception is also accurate and she's not going to say that. Like, I guess like the ideal response would be, in my head would be for her to say, 'you know, I felt very upset and attacked. I get that your experience has been really different but I felt like no one understood what I was saying.'

THERAPIST: It felt like you could let go of her thinking or wishing for her to be like the kind of person you would have wanted her to be there. CLIENT: Yeah.

THERAPIST: And that provided some of the satisfaction. There's a part of me that's inclined to hold on to the wish for her to respond in a way that when you thought about it you kind of knew she wouldn't.

CLIENT: Yeah, and the other thing was that like when I was imagining her response I was like, 'oh God, the next time I see her in public, she's going to lose it.' Like she'll get very upset and then tell everyone how I had been really cruel to her in this blog comment and that she saw me and I was like hostile or not nice. I could just see that all like spinning out.

THERAPIST: Right.

CLIENT: And I'm like, 'why (unclear) [00:35:54]

THERAPIST: (Cross talk)

CLIENT: Yeah, it was like, I know that I could go into that social event and just be like, 'hey, what's up!' and I'm like 'well, I can do that,' but I would want her to do the same but she's not.

THERAPIST: Right.

CLIENT: So that down the road anxiety –

THERAPIST: That reminds me of what you said initially about work and Chet I think like, 'you know what? They're going to accommodate me, so I'm not going to work that hard, I'm not going to accommodate them.' Something like that. Like I try to do that and I don't get it back so I'm going to do that, something more (unclear) basically. [00:36:45]

CLIENT: Yeah.

THERAPIST: Anyway it seemed similar in the end, so – you were going to drop this idea that you get it back and that they would respond the way that you want.

CLIENT: Yeah. Which, I mean emotionally it's different for work.

THERAPIST: Sure.

CLIENT: Then for her.

(Pause): [00:37:11 00:37:22]

CLIENT: It's like I've not enjoyed the last like several times we socialize together. They weren't enjoyable. And she would periodically would very much like want to do something and kind of, I can't really explain, but I felt like she was sort of like, 'hey, do you want to hang out,' and would also include this like side guilt trip, and an offer for help, to help me out with something, actually so that we could then hang out afterwards because otherwise we would each feel guilty, kind of, and I was like, and so I'd erase it down and I was like I had hoped that I don't know, it was like this whole thing was like, we're just not going to have the kind of friendship that I would like to have which is unfortunate and I can't get over feeling that way and I guess her comment that she felt that she was just angry all the time plus this other thing just made me feel like, 'yes, we are not going to be friends,' which I always feel we are kind of (unclear) but realistically we actually weren't particularly friends. Like one of the reasons why seeing her (unclear) wasn't very pleasant was that like she would say nothing for like a (unclear) of time and then be like, 'let's go something,' and then like dump all her like (unclear) angst. And I'm like, 'well you didn't, like – well it would have been nice if I'd heard about this from like, 'I met this guy,' and like the lead up as opposed to just the emotional dump.

THERAPIST: Yeah.

CLIENT: And then (unclear) turn around it's just like hmm. You know (unintelligible) like, yes, we all do that sometimes. But it felt to me very much like a pattern that like I can't change her behavior so it backs her pattern of reacting and that tried like to not then the answer is no. I'm still anxious in that we still have so many mutual friends and because we still both live here are mutual friends are like kind of assume that we I don't know, talk a lot or hang out or are, you both look like professors so obviously you're friends. And I'm like, right. Like, we tried that and it didn't work. Yeah.

THERAPIST: We're going to stop. I'll see you on Thursday.

CLIENT: Thursday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Sorry again about my schedule and the [snags at the end of the day.] (ph)

CLIENT: Also as it turns out the reason why (inaudible at 0:00:15) enthusiastic about switching this week has not happened.

THERAPIST: OK. Well, I'm glad it didn't mess things up then.

CLIENT: Yea. (pause) So I've still been thinking about, I guess, for me, one of the things that I think about with being sort of anxious about confronting this or kind of having a disagreement is I'm very reluctant to drop friends consciously. [0:01:05] I mean, there's obviously a bunch like, nah, they're not my... but once we... one of them, "Oh, yea. We're friends," just kind of stuck. And I definitely think that I let that go too far sometimes. Where (inaudible at 0:01:29) friendship and now it's way toxic. And I keep on...

THERAPIST: I see.

CLIENT: They're still like items so that previous friendship (inaudible at 0:01:42) and kind of be like, "Well, but maybe." They're having it bad.

THERAPIST: [Two years.] (ph)

CLIENT: Yes. Five years, whatever. (pause) [0:02:00] Yea, it's just... it's I mean, I don't know if it's like my mom has commented on it. Not in the same but she's mentioned that I'm a very loyal friend which is true. (pause) But I think I let that, I guess, loyalty to the friendship... I don't know. It was almost like I become more loyal to the concept of our friendship or what it was than what it is, I guess. I just don't want to let go of that. (pause) [0:03:00]

It also feels very weird. I haven't talked to Zoe (ph) since I disastrously talked (inaudible at 0:03:10) upsettingly talked to her at Christmas. And there have been a couple of times where I thought about it and then thought, no, I don't know that I really... I don't know that I want to call her when I'm upset anymore. Or if I'm feeling lonely, that I'm not sure that's what I want to do. And I've done it in the past. I've been whatever. But I don't know. Recently I sort of was consciously thinking to myself I would like to call... I would like to be able to call her.

THERAPIST: Right.

CLIENT: But I would have liked to call her from ten years ago or five years ago or whatever. [0:04:04] Not her right now. And it's not even that I'm waiting for her to make the first phone call, e-mail. It's just more like I don't... I don't know. I'm not really looking to reconnect. I mean, I want to. But I don't think... I think that's wishful thinking. Unless she reached out and was like, "Hey, I kind of fucked that up," I don't want to be friends. [0:05:01] I don't want to let... I've been kind of wary about letting her in for a little while. And now I'm just like, OK, that was a painful thing that let myself do. And now that like... I guess unfortunately the conversation I was kind of forcing something that I was pretty sure I knew the answer to. I was...

THERAPIST: Meaning when you talked to her?

CLIENT: When I talked to her over Christmas, I was...

THERAPIST: You knew pretty well how that was going to turn out?

CLIENT: I wasn't sure exactly how it was going to turn out.

THERAPIST: Yea.

CLIENT: But I thought it was unlikely that she would apologize. Or not even apologize, just like, "I regret doing that," like something. [0:06:05] I didn't think I was going to get that. And I really wanted to. I was kind of like... I was very much wanting... not wanting that to be true which is also why I hadn't talked to her about it in so long because I just didn't want... I wanted to be ambiguous because if I wasn't... if it's ambiguous, then I could be like, "No, no." (pause)

And yea. I mean, part of what also sucks is that she I don't know I don't want to say doesn't care. [0:07:04] But she's terrible about keeping in touch and that's something she talks about in and out. And we made a pact to just call each other whenever and not to feel guilty about it. But she hasn't. (pause) And since she doesn't use Facebook, we can't even do the little super passive like, "Nice photo," or whatever. It's just... (pause) And so I feel, I guess, somewhat glad that I haven't let my (inaudible at 0:08:06) friendship with (inaudible at 0:08:07) spin out that hard core. But I don't know. (pause) So one of my friends, Mara (ph), I bagged on her recently but...

THERAPIST: I think you mentioned her.

CLIENT: Yea, she is I don't know a very passionate person. It's all black and white. It's all horrible or it's all amazing. And she keeps on going through rounds of alienating all of her friends. [0:09:00] Or alienating a huge chunk of her friends. But she's also very charismatic and social getting different friends.

THERAPIST: Like getting a group of friends?

CLIENT: Getting a new group of friends.

THERAPIST: Yea.

CLIENT: Burn all the bridges again.

THERAPIST: Yea.

CLIENT: I see her do this a lot at this point and it's never her fault. It's always that they turned against her, blah, blah, blah. And her narrative is she's the most loyal friend in the world. She's

just completely selfless in giving and people just take advantage of her which is her narrative of it. (pause)

And so her most recent blowup was with a group of friends. It was over this fan convention in (inaudible at 0:10:07). And also this particular girl, Diane (ph), who Mara (ph) kind of dragged out to Kentucky with her as like, "Hey, let's be friends and go to the nursing school and hang out." And then started fighting with her, kicked her out of the shared house they were living in and would say, "You're dead to me." And also meant that Diane (ph) was cut off from not just Mara (ph) but Mara's (ph) whole family who had kind of become Diane's (ph) second family. And she was stuck in Kentucky where she didn't want to be (inaudible at 0:10:46). (pause)

And Mara (ph) was super angry about it and was like, "Diane (ph) is typical against me," or whatever. She would kind of go in these swings. [0:11:01] And also has become a huge alcoholic. So sometimes it's drunk phone calls twice or a phone call that she didn't recall making. But she's still very... she's very resistant to the idea of that she has a drinking problem.

So Diane (ph) called me recently because she had talked to Mara (ph) over something really horrible that had been happening to Mara's (ph) family... in Mara's (ph) family because Diane (ph) knows them all as well. Diane (ph) used to be a Jehovah's Witness and her step-father or father was abusive. Her mother took the step-father's side and kicked her out of the house when she was 17. [0:12:01] And later on they reconciled sort of but her mom kicked her out of the house and (inaudible at 0:12:14).

THERAPIST: Right.

CLIENT: So Diane (ph) called me because one of Mara's... I think Mara's... one of her nieces said, "My step-father has molested me." And Lola's (ph) mom said, "I don't believe you. I believe my husband." And it's horrible that... yea. And Mara (ph) called Diane (ph) because Diane (ph) has not been in that exact situation but has dealt with that.

THERAPIST: Yea.

CLIENT: And whatever. So Diane (ph) was talking to her. She was like, "Oh, this is so horrible," blah, blah, blah. And Diane (ph) was like, "Yea, and really hope Bea (ph) is OK," and blah, blah, blah. [0:13:01] And then that turned into Mara (ph) drunk calling her several times to rant about how Diane (ph) was horrible and had turned all of her friends against her. And why was she so horrible to all of this? And just talking and talking about Diane (ph). I'm like, "It's bullshit. You know it. I know you know it. Just..." And what was frustrating is like I had this moment of I kind of want to call Mara (ph) and tell her like, "I'm sorry this is happening. This is horrible." But I don't want to open that door because then it gets the drunk blackout calls and the crazy accusations and the everything. But I still haven't let go of that.

THERAPIST: Right.

CLIENT: She stole my phone, et cetera. [0:14:03] And just, I guess, because of this... because this is happening, I also feel more guilty about wanting to not have her in my life. (pause) And even thinking and being like, well, alcoholics do things that suck. And I don't want to be friends with someone who's doing that. And knowing like having seen her attack her friends repeatedly. I know her script. [0:15:01]

And still... I feel really like... I don't know. I feel sad for her. I would like to be able to talk to her. But I don't feel like I can. And this is making it more, I guess, foregrounding more, having these horrible things happen in her family. She's very close to her family. I'm like, "Wow, you really could use a grown up friend who's not in your family. And I would like to except that I don't want all of your toxic, crazy bullshit." And I don't think I can... I want to separate it and I don't think I can. [0:16:04] And I'm feeling frustrated about that and just... I don't know. I've also been thinking about people that I know from online or whatever who I'm still keeping some little tangential bit of friendship that...

THERAPIST: I guess for me as far as Mara (ph) you want a little bit of the kind of talk you gave to Diane (ph). Like, "C'mon (ph), you know this isn't going to work."

CLIENT: Yea.

THERAPIST: "I know you know it. Just whhst."

CLIENT: Yea. And she was saying the exact same thing I'm saying. She was like, "I know but..." I'm like, "I know."

THERAPIST: Yea. [0:16:52] And I guess the question is maybe it's having somebody else, like her or me, think of you while you're feeling bad for Mara (ph) and thinking of her. That feels like it would make it easier. I mean, I sort of think like... yea.

CLIENT: I don't know. I kind of want it to make it easier. But I don't totally. (pause) I guess it's hard for me to listen to myself/someone else. [0:18:10] This is the advice I would give everyone. But I'm having a hard time take...

THERAPIST: Right, you're sort of like... and you're like more in talking about this a few minutes ago talking about these other situations although it seems harder with this one. Or has it been easier?

CLIENT: Yea.

THERAPIST: It's easier.

CLIENT: Yea, but then it's sort of is easier because I feel like I never... we never kind of went over the hump of really being friends. [0:19:02] I feel like I've tried to at a couple of points. And I guess really she tried to also but we... it never really gelled, if that makes since. And Mara (ph)

and with Brittney (ph), I've known Mara (ph) since 2000, I think, something like that. So that's got me [worked up.] (ph)

THERAPIST: Right. And another thing with Zoe (ph) you've known for a long time.

CLIENT: I've known her since I was five.

THERAPIST: Huh?

CLIENT: I've known her since I was five.

THERAPIST: Yea.

CLIENT: Yea, I have these long friendships.

THERAPIST: Right, no, no, no. But with her, it's... what do you think it is with her in that it seems like you're pretty OK in this mindset about wanting to talk to her? [0:20:07] I'm not saying it's not that upsetting. But you don't feel strongly pulled to do other than...

CLIENT: Yea. (pause) I think part... I think a big part of it was... is so Mara (ph) has not attacked me to my face. She's never called me to say I'm a horrible person or that I've ruined her life. She's called me and said, "Diane (ph) did this thing that I feel you were a part of sort of that ruined my life."

THERAPIST: But you've never really been a bad guy.

CLIENT: Yea.

THERAPIST: Yea. [0:21:00]

CLIENT: And for better or for worse, the most is she has ever let me down like that. (pause) But I haven't had a sort of like, "I tell you something really personal and painful and have it get like flipped back." She's definitely said things that like about my life and may have said some things that have upset me.

THERAPIST: Right, right. But not as bad as what happened with Zoe (ph).

CLIENT: Yea. And also she's someone who she pretty will off the cuff say something crazy. [0:22:03] And I'm like, "What the fuck?" And then the next day she's like, "I said what?" So there's not that persisting while with Zoe (ph) and Emma (ph), that was a situation that developed over years and just it was repeated and with the terrible thing that Mara (ph) has said, she's really basically said them once. And that sounds horrible. I'm like she still said it once but her saying something... I guess there... it's partially just... I mean, I know a lot of reasons why I'm like, "Meh."

But when I was talking with her about therapy and psychiatry because she's like, "I have a lot of problems. I could really use them." [0:23:06] And she was flailing about it. And at one point, she seemed like she might actually see a therapist and that her mom would pay for it. And so I was talking to her about things you can do. And she's like, "Well, I don't understand why I should go to therapy. And you've been doing that and you're not fixed yet." And I was just like, "Hmm, fuck you." She's never said that again over the...

THERAPIST: Right.

CLIENT: Even said anything like it.

THERAPIST: Yea. (pause)

CLIENT: And I suspect if I called her... if she was sober when I called her and I was like, "You said this thing," she would probably apologize. [0:24:00]

THERAPIST: Yea, it's like she reacts more to what's happening in the moment and may lash out a bit in response to that. But it's not so much a position statement.

CLIENT: Yea.

THERAPIST: (inaudible at 0:24:30). (pause)

CLIENT: The other thing is that I often worry that... I often worry about if I'm in... if one of my friends like, am I more vested than they are? Do I think this person as a friend and do they think of me as an acquaintance? Which, I think, is another reason why dropping friends and things have all this anxiety and I don't want to really do it.

THERAPIST: I see. (pause)

CLIENT: I don't know. On the one hand, if I don't do something in which I think is so I don't go to my friends and like, "Why are you friends with me? I'm such a horrible person." I think not doing that is good. (chuckling) It's something that Ashby (ph) Ashby (ph) and then Jenna (ph) doing something that makes me completely crazy. So... and I consciously don't do it because sometimes I feel like... I'm just like, "Are we friends on your end?" [0:26:01] I want to pass them a note. But then I'm like, OK, you're being crazy. That's not what's happening. It's pretty much just you. So that'll die.

THERAPIST: You just take a deep breath and (inaudible at 0:26:15).

CLIENT: Yea, and then I try to be like, all right. So when I'm less crazy... feeling less crazy, I will try and maybe sending an e-mail or something. See where that goes. And usually it goes fine

and I'm OK again. Or if I'm not super stressed out, it's more like, that was crazy. Your friends. OK, let's go on with life.

THERAPIST: Yea.

CLIENT: But it's definitely an anxiety. (pause) [0:27:00] I guess I feel sometimes that I have a hard time feeling, I guess, safe or settled in the friendship. (pause) I think for most of my friends, it's a little bit back in the head just worry that this could all go horribly wrong. Or that there is like I don't know I feel like this may be good right now but at some point this person will reveal something really hurtful. [0:28:01] Or will totally not have your back. And that's going to suck. (pause) And I really hate that because I think it keeps me from being closer to some of my friends because I'm scared of being that open. (pause) [0:29:00]

THERAPIST: I think I'm not sure that it's not easy to say. Kind of like it puts me a little... especially when it makes you think it's good that you have the confidence... a confidant that will happen here that you can say that.

CLIENT: Yea. When I've talked like encouraged people or talked to people about therapy that's one of the things. I'm like here's this really great benefit. You never have to worry that your friend is going to freak out. [0:30:04] If you rely on a friend to dump to do all your emotional stuff with that might not be such a good idea. That can go (inaudible at 0:30:17). And you might be inhibited by saying something, "I don't want to say that." It's upsetting or whatever.

THERAPIST: I see.

CLIENT: I think it's something that I should... and also sometimes I'm hashing out friend things that I don't want to actually say to my friends because... this is a metaphor but OK. So there's this idea which is a good idea that if you are white and want to process your feelings about (inaudible at 0:31:01) racism or whatever, you should go do that with white people. And not dump it on your friends who are people of color because that's not really fair. And that if you are a white person who's had like... and you see someone... another person that you should be like, "Hey, maybe we could talk about it."

THERAPIST: Right.

CLIENT: "You cannot do that to your friend."

THERAPIST: Right.

CLIENT: "It's gross." And I was thinking of it recently when someone I know just kind of talking about her body image. I was like, "Mother." And then she started... she was talking about how she had a picture of herself when she had her hair in I don't know dreadlock extensions or maybe they were locks. And she was like, "I feel real comfortable with dreadlocks as an issue of like cultural appropriation and they never really look... they don't always look good on white

people's hair. It's really different." [0:32:00] And she's like, "And there's all these reasons why I don't feel comfortable having this hairstyle again."

THERAPIST: She's white?

CLIENT: She's white. Sorry, yes. She's white. And I think her hair was also dyed blue and was in these locks and I was like, "Yea, they actually do look kind of shitty," because straight hair can't coil and lock. And it's dirty (ph). Anyway, and then... but then she started going on about like, "But I really loved how I feel about when I dread. And I just felt this link to black women through my (inaudible at 0:32:39)." And I was like, "Hey, I don't want to hear you process your feelings about race right now." And there's not a great way...

THERAPIST: ...to say that?

CLIENT: Well, yes. [0:33:00] (chuckling) Because... I mean, I'm saying like... because I am saying, "You're having this really difficult problem and I don't want to hear it."

THERAPIST: Right.

CLIENT: I mean, and obviously there's a lot more to it than that. But I wouldn't... I don't... I wouldn't process my complicated feelings about consent with someone who was assaulted because whoa. Do not do that because a lot of them are... I'm just like... or I'm still... yea, at any rate. (pause) And it's also where people are like, "Well, but I have friends." I'm like, well, but... well, friends are awesome but you don't want to hurt your friend's feelings or feel like you're boring them or whatever. [0:34:01] And maybe they can't do that conversation with you for other reasons. (pause)

THERAPIST: And it's tricky. I mean, I'm glad you feel comfortable that way here and confident talking about stuff. I think that's great. And I'm glad to be able to help that way. It seems to me with you talking about some the kinds of stuff with your friends is that it's complicated. [0:35:01] On one hand I take your point about being concerned about sort of touching on the things that are painful for them. Maybe without knowing it which I guess I assume is part of the metaphor there or the analogy.

CLIENT: Actually thinking both. Sometimes I know that it's a touchy subject and sometimes I think I don't want to oops into a touchy subject.

THERAPIST: Right.

CLIENT: I mean the other thing also though is I don't want to find out the crappy way that they're not someone who I can be safe talking about that way.

THERAPIST: Right. Right, so there are kind of potential dangers for each of you. The part where I think it gets tricky is kind of like what you're saying before how that can also mean missed

opportunities to be close. [0:36:07] I'm not saying I have any idea about some heuristic or like I just think it...

CLIENT: No, it does.

THERAPIST: I know there are instances with you in particular where at least in retrospect it seemed that you were more worried than you needed to be. I mean, you're kind of can try it either way. I'm thinking of like after your surgery when you really don't want to ask for help and where you were saying no. Am I remembering correctly?

CLIENT: Yea. I mean, the thing I was thinking, I think if I do, is there's this when Bethany (ph) and she isn't that open. And she said before if you need to... if you ever want to call, just call. [0:37:01] I want to say she's a little bit inspirational to me where I'm like I want to grow up to be her a little bit a lot. She was a black lesbian feminist through this like in the 70s and she's like, "Yea, and my collective was hard core. They were like there's no crying in feminism. Deal with it."

THERAPIST: (chuckling)

CLIENT: And I'm like, "Oh God. OK."

THERAPIST: She's like a badass, I guess?

CLIENT: Yea, she's a super badass. And she will just say things and sometimes I'm like, that's so true and badass. Jesus Christ. Wow. And sometimes I'm like I want to call her and be like, "What should I do?" or like, "Can you give me your amazing insights into things because you know shit?"

THERAPIST: You're awesome. Yea.

CLIENT: Yea. And she said, "Do it." But I'm like, it... I just... like I said, I can't. I'm too... like I just... even though she's offered, I worry that it's not... that it... that my worry is that it was a kind of like general, "Yea, sure call anytime." [0:38:10] "No, don't."

THERAPIST: Right.

CLIENT: And I'm pretty sure it was actually like she is sincere. And I could e-mail her or call her.

THERAPIST: Right, right. She sounds like this sort of person who I imagine would be...

CLIENT: Yea, she's pretty blunt. I mean, not in a mean way but just...

THERAPIST: Yea.

CLIENT: But I just feel very hindered about it.

THERAPIST: Right. (pause) But it's like those things are, so how come she's so awesome that like... it would suck to be rejected... it'd really suck to be rejected by her. [0:39:00]

CLIENT: Yea. It's both like wow. I feel like it's high stakes.

THERAPIST: Right.

CLIENT: And I also feel like she's so awesome. What am I bringing into this friendship? She's...

THERAPIST: You doubt your awesomeness here. Is that [what I'm hearing here?] (ph)

CLIENT: Yea. It's like... because then I have like you're... you have no crying in feminism. And all these other things that she just has said and I'm like, "That is so totally amazing. That's really awful. That's whatever." And I just feel like, what am I bringing here? What...

THERAPIST: A lot more awesomeness than you think.

CLIENT: Yea, I can say that. But...

THERAPIST: And I can say it too. It's true. But I understand. (inaudible at 0:39:46).

CLIENT: Yea, but I'm still like, "Nah." (pause) [0:40:00] It's also that I feel somewhat easier in person because there's all the body language.

THERAPIST: Right (inaudible at 0:40:11) the phone.

CLIENT: I hate the phone also because I step on the end of conversations. And it's easier to negotiate that in person sort of. (pause) And on the phone whenever there's a pause, I get completely wound up over, are they pausing because they're pissed or bored or whatever? And leaving that space just freaks me out. (pause) [0:41:01] I mean, I do that. It's just... I don't know if it's the same impulse. But when I've given workshops or talks or whatever, it's super hard for me to say like, "Does anyone have any questions?" and just...

THERAPIST: ...leave it.

CLIENT: Yea. Or to kind of drop a question in and just wait for the answer or not answer. (pause) [0:42:00]

THERAPIST: So that all these things team up and make it difficult to call her?

CLIENT: Yea. (pause) [0:43:00]

THERAPIST: I mean, is it also that's she's tough? I mean, which I understand is kind of part of her awesomeness but it doesn't sound like she's... there's no crying. So...

CLIENT: It's not exactly that. I mean, she is, I guess I would say, more no nonsense.

THERAPIST: I see.

CLIENT: And her other thing is you can give someone advice but sometimes they're just going to learn through putting their hand on the hot pot. You got to learn that for yourself.

THERAPIST: Right. (pause) [0:44:00]

CLIENT: And so some of what I think about is, is this I got to learn for myself thing or is this not. And she's talked at various times which I actually really agree with is that to an extent... so which part of her being in this last collective is they're like, "OK, so you guys who are in your 20s, you got to work some out with your own shit. And those of us who are, say, in our 40s were going to work on our shit over here also. So we're going to work on different parts of our lives and we're different generations. And we have different crap to work out.

THERAPIST: Yep.

CLIENT: Yes. And I think that's true. And I'm also like, "Yea." And that's just a generation thing. But I mean, I don't know. Married people might want to work out some crap over here while singles are over here. [0:45:01] And polite people are over here and people who are against religion (ph) they are like sure. And sometimes it can be hard to discuss issues like marriage equality when I would actually prefer that there'd be no governmental marriage. But since that's not possible, I would like marriage equality. So there's this whole like, "Hmm," and so I generally don't get into discussions because on marriage equality because I don't exactly agree with it and I would rather kind of sort that out on the side.

THERAPIST: We should stop.

CLIENT: OK. Well then next Thursday.

THERAPIST: That will work. Yea.

CLIENT: OK.

THERAPIST: OK. So then next Thursday. OK.

CLIENT: See you.

THERAPIST: See you on Thursday.

CLIENT: See you on Thursday. [0:46:01]

THERAPIST: And I will send you a bill this weekend.

CLIENT: OK.

THERAPIST: Is it OK if I charge you for the copay because sometimes it winds up being like 30 bucks-ish or a little less.

CLIENT: Can...

THERAPIST: Or can you send me a little?

CLIENT: Maybe? I just need to check my bank balance.

THERAPIST: OK. And it's not like I need to get it right away. I'm more asking just like...

CLIENT: If you can send me the bill, I can say...

THERAPIST: Sure.

CLIENT: ...yes or no in a couple of days.

THERAPIST: Sure. That's totally fine.

CLIENT: OK.

THERAPIST: I'll see you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: All right, I went home and took a nap which may or may not have been the best idea. I'm so tired. So there's the four younger librarians (inaudible at 0:00:33) who were hired on.

THERAPIST: Yea. (inaudible at 0:00:36).

CLIENT: Yea. So one of them is [somehow part in my] (ph)... partially in my department. I don't know why but she is. And she has Chet (ph) for her manager which is also confusing but because she's... I don't know. [0:01:00] So when she interviewed when I saw her resume I actually mercilessly mocked it to all of my friends because she had listed on it... she was like, "I went to (inaudible at 0:01:12) but like this is fine. And then she has a Pinterest. And I was like, "Really?"

THERAPIST: Wait, what?

CLIENT: Pinterest.

THERAPIST: That's like a...

CLIENT: That's the Web site.

THERAPIST:...special post... like picture posting Web site?

CLIENT: Yea. And I was like, this is ridiculous. This is the most ludicrous, horrible thing I've seen in my life. How could you use that in your resume?

THERAPIST: Well, was it on her resume?

CLIENT: It was under the sort of like where you would put like, "Can use Microsoft Office."

THERAPIST: Or, "Can use Pinterest."

CLIENT: Yes, she's very young. I think she made mention like Web 2.0, the social media something. But she listed like Facebook and Pinterest. And I was just going Pinterest? This is a librarian job. [0:02:01] And in the interview, no one else ever knew what Pinterest was. And oh my God, it's just really annoying.

THERAPIST: I know what Pinterest is.

CLIENT: I know. Like, c'mon it's in the stupid magazines.

THERAPIST: Yea.

CLIENT: And so I asked her about it. And then she managed to come up with a really cogent reason for using Pinterest which made me not really mad but I was like, "Oh, I feel guilty for mocking you." She had worked at an architectural library. And they had... she had basically... the library was sorting some its images in Pinterest. And encouraged architectural students to take inspirational images and (inaudible at 0:02:46) in Pinterest. I was like, "Oh, dang that's actually really good." And then she should a really quick video clip that she actually edited it successfully and had inserted captions. [0:03:00] And was like, "Oh yea, of course we caption everything for ADA." I was like, "What? Really? That's so exciting."

But I hadn't talked to her much until recently. And so when she was hired, various hired (ph) librarians were like, "Yes, she does media and technology and nah." And I'm just like, "What? I think you mean she uses the computer. I don't know where we're going with this." And I talked to

her briefly and she's like, "Someone asked me if I was a programmer?" I'm like, "No, baby. You're not. It's OK."

So I thought I would have a little meeting with her to kind of talk to her about various things. Because it seems like part of what they hired her to do is to do is technology... new technology and librarians, something like that. [0:04:05] So they wanted to hire someone young and savvy. And unfortunately the people who hired her, I don't think anyone really had a good sense of what they meant by wanting a tech savvy librarian. And people who just (inaudible at 0:04:27) and throwing out words are like, "I think it's techy something." So people who asked her questions where she's like, "I'm a librarian, not a DBA. I'm not an [Assistant Admin] (ph). I'm not a programmer. What's going on?"

And I've been trying to think of a way to let her know that doing technology in the library was a little fraught due to Will (ph) due to a whole bunch of other things. Because I'm pretty sure that when she was hired, no one said, "By the way, there is this flaming pit where Will (ph) used to be." [0:05:10] And people are a little bit cranky about that. Mostly it's just like a money pit because he spent so much money.

THERAPIST: Oh, I didn't know there were general bad feelings about that. I knew there was a lot of...

CLIENT: Yea, it was interesting. And so when I first started having problems with him, I talked to the union. My union is like, "Oh, we've heard so much about him. Everyone... all of these people are complaining that we can't do anything. Yet you should try to go through HR but we'll support it." And we went to HR no one had really talked to them yet. I was the first person who did. And then HR was like, "Oh, that was awkward." [0:06:00] And what had happened is he'd been hired to do this very big emergent technologies librarian big thing.

THERAPIST: Right.

CLIENT: And he had this very confusing seemingly amalgamated (ph) potluck money. And so he was buying things during layoffs yea, the expensive things. It just... I mean, I think at one point... I forgot. I think he had at least probably \$15,000 or \$25,000 of just tech and what he called this Sandbox program. And so his idea was that people should play with technology and just take a laptop home and play with it and figure it out and so he flat out refused to give anyone instruction or a guide or whatever. [0:07:06] He was like, "No, just play with it." And this upset a lot of people because they're like, "But I want... I don't..." Not everyone learns through doing. People are like, "Well, can I play with it but can you give me an idea what it does?"

THERAPIST: Right.

CLIENT: "Where is this going? Why do I have to do this on my own time?" And so... and then also dropping like... a couple of months after we had this first round of like nonconsensual layoffs of the economy just tanked. Holy crap. He bought \$3000 worth of books that replicated

books in the collection. And the department that was processing them had lost several staff members. So they were really pissed and no one wanted them. And they were just like, "This is dumb." [0:08:00] And then he also dropped \$5000 or \$7000 of the touch screen monitors. And that doesn't equal a staff person but...

THERAPIST: Yea, it doesn't look good.

CLIENT: Yea. And he'd never... he would talk a lot about the shiny technology and how to play with it. But he never really explained why this was a good investment. I get why you have to invest money in technology and I... whatever. I just... I think he did it really poorly. I think he was a jackass. I think he's really insensitive. And so all of this (inaudible at 0:08:46) librarians. Staff were pissed and the librarians were getting annoyed because they were like, "Why are we being asked to do all this stuff?" And then he got suddenly promoted to the head of reference librarians leapfrogging over everyone. [0:09:04] That didn't go over well especially since he had never worked as a reference librarian.

THERAPIST: Did he have an MLS?

CLIENT: He was finishing it when he got hired. So it's that sort of thing where he got the job and had two classes to go or something. So I think he'd been at Cambridge for a year and a half, maybe, and got this promotion. And the reference librarians all lost their shit. Especially since he kept on talking about the department was now called Reference Teaching Learning Technology something, something. And all he would ever talk about is new learning technology. All of the reference librarians were pissed because they're like, "But reference..." [0:10:02]

So yea, a lot of... he managed to make a lot of people angry in amazing ways. He also was really good at... especially kind of techno babbled his way into the job. And all these various people don't... didn't or don't understand technology very well. And he would buzzword and they were like, "I don't know. I guess he knows stuff." So he was sort of the guy big stud. (pause) A very bad choice was made in terms of who they picked. They were like... they picked him as the tech guy and they defer... and he was deferred to on all technology, Web everything. Even though he wasn't really...

THERAPIST: Right, the technology.

CLIENT: Yea.

THERAPIST: Yea.

CLIENT: No, it was actually... it was like... yea. And there were several people with more seniority who knew more about technology who were getting passed over. [0:11:08] And they all left which is... So when he left, the higher managerial levels of librarians were sad. And no one else was. And after she talked around the higher librarians about him very favorably at one point and she was shocked. Because she thought that everyone was like... she had no idea people

don't want to talk about that because... whatever. So new librarian, Christy (ph), is kind of like walking into that.

THERAPIST: Right.

CLIENT: And I was trying to think of a way... I wanted to take a way to sort of describe it without seeming crazy or without like... I don't want to crush all of her hopes and dreams. [0:12:01] But I just want to let her know like, "By the way, here are some pitfalls." And so I thought I would just... and I was kind of like I won't really mention Will (ph), I'll just talk vaguely about some initiatives that didn't go well. Don't use the word "sandbox." Don't use the word "play" and a few other things.

So we ended up meeting. And we were talking and sort of... but 15 minutes in, she's like, "Oh my God. Thank you so much. I've been completely freaked out because people wander by my desk and are like, 'So we hear that you're doing...'" And they'd kind of like throw random tech words at her. And she's like, "What?" Or someone is like, "Oh, we want you to go to the digital repository for blah, blah, blah." And she's like, "What? What?" And so she's kind of had people trying to dump poorly planned projects that they don't understand in her lap. [0:13:03]

THERAPIST: I see.

CLIENT: And it's just been she does technology and Chet (ph) had been trying to get her to basically edit video clips. He took some crappy film and he wants to edit it and a final cut and put it up. So we had a two hour bitch fest which was amazing.

THERAPIST: Oh, that's great.

CLIENT: It was great and she... I mean, it was kind of just funny because I think that she's like, "Oh, this is all making much more sense." I'm like, "Yes." And she looked at me at one point. She's like, "I just don't... I worry that about this and that." Yea, I just... I don't that anyone really knows why quite why you were hired. I think... but I'm not so sure. I don't think anyone has a good grasp at... they're just like, "You do technology and libraries." [0:14:03]

And so we were kind of... so we ended up talking about things that she probably could actually do that weren't too huge. And I suggested that she maybe do a couple of small projects with where you create a thing something that's deliverable that's nothing like Will (ph).

THERAPIST: Right.

CLIENT: And then she'd be like, "Look, I did this thing. Isn't that nice?"

THERAPIST: Right.

CLIENT: And kind of separate her from all of that because Will (ph) had also hired this woman, Jackie (ph), as his assistant.

THERAPIST: Right. I remember Jackie (ph).

CLIENT: And then kind of tossed her overboard when he became...

THERAPIST: Oh, really?

CLIENT: ...promoted. Yea, I feel terrible for her in some ways. [0:15:00] I find it very frustrating. But she was also hired for a job that she couldn't succeed at because she didn't know how to do it. And then was just sort of got no support, got no help, flailed a lot. And has been mostly dumped back into reference which she actually knows how to do which is good. But people still try to throw things at her that she can't do like the whole digital repository when actually she does library pedagogy and is very nervous about technology. So yea, the conversation was really great and she... because she's only been there for a month and I wasn't quite sure what she'd picked up on. [0:16:03] I didn't really want to...

THERAPIST: Right.

CLIENT: ...tell her my views as how to do everything. But she had already picked... she's like, "Yea, the morale here is really bad. Karl (ph) just... your... the meetings (ph) about you're horrible. You just toss it. You put in 45 minutes." Yep. And just kind of running through everything, I was like, "Yes, that is... those perceptions are pretty accurate."

And this was funny. It seemed like such a relief for her because she had felt like, "Am I crazy? What's going on?" So that was nice. And then what was also nice to have someone else be like, "Yea, this is dumb." And she totally like... well, this was great. She agreed with me on several... these videos of people... because these... that's... what were produced are really crappy. [0:17:01] I know. Blah, blah, blah.

THERAPIST: Yea, this is one of the best conversations you're talking about having at work, I think.

CLIENT: Pretty much.

THERAPIST: I'm not saying it was the most awesome conversation in the world. But...

CLIENT: It was very heartening especially in the face of the last couple of months of things being crappy. I was just really excited to be like, oh my God, someone else, A, knows what I'm talking about. B, knows what she doesn't know and C, is like I don't know interested in doing some of the things that I would like to do as well. So yea, it was really great.

THERAPIST: Good.

CLIENT: We kind of brainstormed a few things that we might do that were small, low key, some brown bagging bunch of things. [0:18:00] (pause) Yea, it was just like a little... it was a great conversation. Just a little overwhelming to me. I was like, "That was so awesome." And I'm like... it felt really great and I was all excited. And then I thought to myself, well, in some ways that was like... that really shouldn't be the workplace conversation highlight over the last two years.

THERAPIST: Right. (pause) Yea, I guess (inaudible at 0:18:35) in bad way.

CLIENT: Yea, and...

THERAPIST: It was a good conversation to be on the same page and seeing things the same way which it happened maybe every week or in a few weeks or so.

CLIENT: Yea. And it was also like I'd try reaching out to a couple of librarians and not really gotten anywhere. [0:19:03] Because they're just really busy or just whatever. And so it was also nice to be like, "Oh, you can talk about things. Great." But the other thing about it is for any new employee be there for a month and sort of see all these and [can I see fairly] (ph) with a lot of problems made me think, yea, this is... it makes me feel, I guess, a little more affirmed in my perception of work or at least aspects of it which is nice.

THERAPIST: Absolutely. [0:20:01] No, I mean, in so many conversations you've had the opposite effect.

CLIENT: Yea. And the... I don't know if I've ever told you but the (inaudible at 0:20:16), we had the follow-up conversation of...

THERAPIST: Oh, no you didn't.

CLIENT: Oh, we had a follow-up conversation that was not helpful. She's also... I just sent her an e-mail that was like, "This is my summary of what I think we've talked about. Is this accurate?" And she didn't reply to it. OK. And then she had me on the phone and she was just like, "Well, hand wave, hand wave. Those weren't diversity jobs but certainly your concerns were appreciated, blah, blah, blah."

THERAPIST: Oh my God.

CLIENT: And she said that my library HR person would really like to see if we can meet again and start anew or start afresh or whatever. [0:21:08] It's like the library HR person I've had... I had two crappy interactions with. One of which was, "I don't care about your work or your past problems or discrimination or my involvement or anything. I'm really busy with other things." And I was like, "OK, well..."

THERAPIST: Yea.

CLIENT: I know. (inaudible at 0:21:31). I guess I don't know. Because it was just very... it was very... it was just like... it was like super disconnected. I was... it was so disconcerting, I almost wasn't upset because I came in and she's like... basically it was like I was telling her about something. And she's like... well, because I've been volunteered to participate in a Library Institute discussion and I didn't want to do it if the content was going to be predetermined. [0:22:06] And it sounded like Karl (ph) knew what he wanted us to say. And I didn't want to be a sock puppet.

And so he's trying... and it's hard to explain a little bit. And she's was just like, "Don't care. Library transition. Don't care. Too busy." And I was like, "But you're HR. You're supposed to be subtle about that." Or nod and shake your head for a while. Like, "Oh, yea." (pause) And let me see, of course the last thing was to say, "And of course we definitely if you experience cases and we're definitely here for you to talk about if you experience factual cases of discrimination."

THERAPIST: That's pretty awesome (ph).

CLIENT: I know. I was like, "Factual. Hmm. What do you... are sort of one of those like you suck? What do you even mean? Wow." [0:23:12] (pause) So that was also super depressing. (pause)

THERAPIST: I mean, honestly my association was (inaudible at 0:23:30) this to like really?

CLIENT: Yea. That's how I felt. I was like, "I'm pretty sure all those things factually happened. So yea, I basically felt very much like you're blaming the victim. And are you really sure that you said no really clearly? [0:24:00] You weren't X, Y, Z? And I also made me really think, so what would someone have to do to get reprimanded for discrimination?"

THERAPIST: Right.

CLIENT: And the answer is, I don't even know. But... and then the library checkers e-mailed me and was like, "I'd love to start a new (inaudible at 0:24:30)." And I've just been sitting on that e-mail because I don't know how I feel about it.

THERAPIST: So who's that?

CLIENT: HR.

THERAPIST: Oh, HR.

CLIENT: HR.

THERAPIST: Oh, OK. I'm sorry. That's why I was...

CLIENT: Sorry. Yea, no it's...

THERAPIST: ...no, that's... yea.

CLIENT: Yea, that of the library human resources or what was a library... because... yea.
[0:25:04] (pause) And then unfortunately I also asked like, "Is there anyone else I can talk to but don't... because I don't want to talk to her because I don't feel comfortable with it?" Her response was pretty much no. I mean, I could jump to her boss but... except I don't think I really could in a practical way.

THERAPIST: Didn't you do that at some point during the Will (ph) stuff? You talked to a person in HR (inaudible at 0:25:37).

CLIENT: I talked to a different HR person. That was... let's see... but she was still in my department.

THERAPIST: OK. I thought it was somebody's manager. You're right. (inaudible at 0:25:44).

CLIENT: No it was this woman, who was the only woman with color in the department. And she wasn't the person I was supposed to talk to. [0:26:00] But she was still part of the library human resources. So it wasn't... yea.

THERAPIST: That's awful.

CLIENT: It was like just a little weird. I still is. So... and then on Sunday I was at this... with some friends of mine and Ashby's (ph). And they were talking about a mutual friend who they're really annoyed that she was complaining about something about her job. But like yea, but she's had the same job for 10 years or 15 year and blah, blah, blah. I'm just sort of sitting here being awkward. Thinking to myself, this is really awkward because I have worked for the same for 15 years. I haven't really had the same job. [0:27:00] And they were like, "Yea, she's... she had a high level promotion but not a money promotion. She should just leave and do this. She should do that."

THERAPIST: I see, yea.

CLIENT: And to me that two or three people have said was that if you're in the same job for that long, it makes people think that you're not qualified. Or I guess sort of like have I only been doing one job for 15 years and not gotten promoted or moved or changed or something which I am a little sensitive about working for Cambridge for a while. [0:28:00] And so that was really kind of I don't know sort of poking at something that I've been... I think about and have been thinking about which is that I've worked for Cambridge for 15 years and they've been my only employer which... I don't know. My thoughts usually are well, yes, but I've changed jobs. I've changed colleges.

THERAPIST: Right.

CLIENT: (inaudible at 0:28:41).

THERAPIST: Yea.

CLIENT: So it's not the same job. But... and then I just also feel like, God, you're right. I have been in the same job or in the same place. Why haven't I... I don't know. Not what is wrong with me but if I'm so mad, why don't I do something about it?

THERAPIST: I see. [0:29:06] (pause)

CLIENT: Except that I have changed jobs when they've really sucked. So I'm sort of like just very conflicted about it.

THERAPIST: Yea. (pause) Is... or part of the issue is that when we've talked about it, you sounded very worried and pessimistic about finding other jobs that you'd like. And so I wonder if you feel as though it's not that you have chosen not to leave but you kind of haven't had a choice. [0:30:08] Or...

CLIENT: I feel that way right now. I've been thinking about other Harvard jobs I've had. And I don't know. (pause) The job I had... so when I was working at an (inaudible at 0:30:42) a basic computer help desk I really enjoyed that job and would have stayed except for a harassing coworker. And I felt forced out kind of quickly. I wasn't literally being forced out. But it was (inaudible at 0:31:05) tuition and the manager is like it's getting it's getting along fairly sticky that if want to fire him right now, it would take me at least a year.

THERAPIST: I see.

CLIENT: And I just couldn't take it. And so in that situation I felt like the only way I could find another job really quickly is to go within Cambridge.

THERAPIST: Right.

CLIENT: So then I went to work in the [economic office] (ph) department.

THERAPIST: (inaudible at 0:31:34) do that.

CLIENT: Yea.

THERAPIST: Right. I remember what happened with that.

CLIENT: Yea. And so... but going from economics to the library felt good. I was like, "Oh, library." (pause) [0:32:00] And so there are basically two jobs that I feel like I almost had to... or that I couldn't have gotten without being there which was my first IT job at Cambridge and stumbling into the library job just because with my first IT job, I had no work experience in IT. And they're basically going on your friends are good with computers. And the library job was a little bit, "Oh my God we want somebody who does IT for cheap." While I was thinking I want to be in a library.

THERAPIST: Right. (pause)

CLIENT: But right now I feel more trapped. I don't... now I feel more like I don't have that choice if it's not... there's nowhere else I could go.

THERAPIST: Right.

CLIENT: All of that.

THERAPIST: Right. (pause) Right, and I'm more (inaudible at 0:33:14) that than you. And think that part of... I remember hearing myself, I think, a couple of weeks ago saying that rather than ways you've been badly treated at the library and making you feel like, "Oh, this sucks. I should find something better. I'll get out of here." I mean, clearly that's not the way you feel. But there's also the like, "Oh, this is... this keeps happening to me. I suck. Nobody else is going to want me."

CLIENT: Yea. (pause) Yea, that's not... I mean, I think that feeling of like, "I suck and no one will want me," is new to this job in this job situation. [0:34:11]

THERAPIST: Well, that's terrible.

CLIENT: Yea. It's also weird. It's like I mean, the entire time I've worked there, I've felt a little weird about it. Just I'm like, "Oh, let's..." I feel a little weird in like that I went here and then worked here. So...

THERAPIST: It's like moving to the time you grew up inertia thing?

CLIENT: Sort of. It's more like most staff jobs that I've worked in are nonprofessional jobs. And usually Cambridge... they usually don't have Cambridge grads in them. So people are really surprised that I was a Cambridge student. Or also will talk about students and I'm like... in a negative way and I'm like, "Oh."

THERAPIST: Easy, yes.

CLIENT: Yes, awkward. [0:35:04] (pause) And then I had very much pride (ph) in head meant to work for Cambridge for a shorter time. And in my head I was like, "Oh, and then go to grad

school." And then I said, "No I'm not going to grad school." (pause) So I guess when I was like in my 20s I never thought I would still be working for Cambridge.

THERAPIST: Got it.

CLIENT: I never (inaudible at 0:35:39) it. I had no idea what I would be doing. But I was like, "Oh, yea. I'll probably be off by then." So there's that. It's just like that feeling.

THERAPIST: And that is that a feeling of like, "Oh, I'm going to go to bigger and better things," sort of feeling? Or moving away from home base kind of feeling? [0:35:59] Or...

CLIENT: It's been like a bunch of stuff. For a while it was kind of about I'm going to be... I'm going to grad school. I'm going to do this other cool thing. For a little while, I was like, oh, maybe like I'll... and for a while, I was like, no, I'll do really cool IT stuff. And this is like I'm going to do this to get whatever, work experience and then I'll... something else. So it's been more like... not like ick, Cambridge. I knew it wasn't going to be super fantastic. But it's been more like, well, this is all right and everything but long term, why would I stay here?

THERAPIST: I see. [0:37:01] (pause)

CLIENT: So yea, and some of it has also been just I guess thinking more about what do I actually want to do for a job and having a better sense of that which I didn't really... I was kind of like, I don't know. Do things? (pause) So for a while I was like, oh yea. And then when I am 35 I'll be that person wearing a suit with a briefcase or something in my head. And now I'm like, no, I would never do that job. What the hell? So there's been a lot of that of kind of like, oh, right, that's not what I want to do. [0:38:00]

THERAPIST: Right.

CLIENT: Yea. And I did have a... upset at Cambridge applying with the IT job. Sort of, wow, there's a lot of IT jobs I don't want to do which was weird. I just didn't... I don't know. After I realized that like 50 jobs in IT do things I might be interested in. I don't want to program. I don't want to be an [Assistant Admin] (ph). And then I was like, well, I'm sure there's a lot of like help desk-y, I go over to your computer and fix it and whatever-y jobs which there are. But there's also a lot of moderating people's Internet usage. [0:39:08] And things like that where I'm like, oh, I don't think I want to be the person that blocks all those Web sites. Or that e-mails you saying, "I've noticed that."

THERAPIST: Right. You've been on Pinterest too much.

CLIENT: Yea, exactly. I mean...

THERAPIST: Yea.

CLIENT: So yea. And then also at some point I had this... I don't want to say revelation but I had this... I don't think I really want a big fancy pants job. I would like... it would be OK if I had a job that I did that was kind of interesting and then I left it. [0:40:00] And it's partially just there was a couple of people actually one of them at Cambridge with a (inaudible at 0:40:11) who I'm like, "Oh, you just do your little job thing but all this sort of... really you, like your passionate interests. You do your job to find all the other interesting that you do. And so it doesn't really... but it really doesn't matter. but you don't feel as driven to spend all this time at work because that's not the point.

THERAPIST: Where your passions lie.

CLIENT: Yea. (pause) So sort of having that moment of being like, "Oh yea, I think that's kind of what I want to do." And then I kind of migrated into that's kind of what I want to do but I also want to be in a library, not in... I don't even know. [0:41:05] I had a period of thinking I wanted to be an executive assistant because I'm good at wrangling people in some ways. And then I thought the chances are the person I'd be wrangling would be an asshole and that would suck. (chuckling) So...

THERAPIST: Right.

CLIENT: And I actually hate doing other people (ph) like expense reports a lot. So there is that. (pause) [0:42:00] I think the other thing is that my friends have such diverse, I guess, career concepts of how the workplace works. So my father or, I think, my parents I think a little bit my brother are like you go to this company. You work for them for a long time. Or maybe you work at (inaudible at 0:42:26) for a long time.

THERAPIST: Right.

CLIENT: And then I have crazy startup friends who are like, "No, you go to a startup for two years and then fuck them." And OK. And academics which is a just completely different type of job and with my crazy nonprofit people and now I know program managers who are just a very confusing job to me in that I'm like I don't really understand what you do. You get paid a lot of money for it but...

THERAPIST: Just like at companies? [0:43:02]

CLIENT: Yea.

THERAPIST: Program managers?

CLIENT: Yea. No, program? That's not the word.

THERAPIST: Project managers?

CLIENT: Yes, project managers. Sorry, it's all...

THERAPIST: It's all right.

CLIENT: ...gibberish in my head. I'm like...

THERAPIST: Sure.

CLIENT: ...jobs I don't know what you do. (chuckling) Yea. And that's one of those jobs where I have no idea what you're doing. You're certainly getting paid a lot of money. But...

THERAPIST: Right.

CLIENT: And I know that you're supposed to move around. But that's it. (pause)

THERAPIST: We should stop.

CLIENT: Yea. I don't know. It's just like there's so many... I guess when I get with my friends, there's somebody there, I'm like, "This is how you're supposed to have your job."

THERAPIST: Right, right. It's not like the structure is the same but the function is different. Maybe you work in technology. Or maybe you're a doctor. Or maybe you're a business person. But get a job and you do these things. And you go and you come home. It's like (inaudible at 0:44:05).

CLIENT: Yea, exactly.

THERAPIST: Yea.

CLIENT: I will see you on Thursday.

THERAPIST: Yes.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: When I was at school here...

THERAPIST: Uh huh.

CLIENT: ...either the kids from the private schools...

THERAPIST: Yeah.

CLIENT: It was like a machine which churns out Cambridge students or whatever.

THERAPIST: Yeah.

CLIENT: Ivy Leagues. And it always seemed like it just... I don't know. It always seemed like such a weird mythical place almost sort of like it's so expensive. How the fuck do you like... You know, it's like more than like... At the time, I think tuition was like more than Cambridge.

THERAPIST: Wow.

CLIENT: Yeah (inaudible at 00:00:47)

THERAPIST: Right.

CLIENT: It was like...

THERAPIST: (inaudible at 00:00:53) high school student putting in a lot more than a college. Anyway, yeah. [00:00:57]

CLIENT: Yeah. And it just... I don't know. It just seemed like it was a place where some people around me had gone but like no one I was friends with or really knew had gone there.

THERAPIST: Right.

CLIENT: It was kind of all weird. (PAUSE) And so most of the roommates (inaudible at 00:01:29) I was like, "Well, I don't know how you got in because (LAUGHTER) you aren't that great."

THERAPIST: (LAUGHTER)

CLIENT: Which was also part of what made it very weird. So I was like, "Oh yeah..."

THERAPIST: Yeah.

CLIENT: Like your parents paid for you to get in, in a weird way.

THERAPIST: Right.

CLIENT: So, you know, post college I discovered that I did in fact get in to those schools. In fact, two people I know went to them and they were long since getting in trouble sort of. [00:02:03]

THERAPIST: When you were in high school?

CLIENT: Yeah. When we were in high school. I'm like, "What?" (PAUSE) So like that kind was weird. It feels like (inaudible at 00:02:17) for whatever reason. So that, you know, the other day that some librarians were coming to visit Cambridge and the person who was sort of arranging the visit wanted to know if I could meet with these people to talk to them about my job or talking about what I do. And I was like, "Wait. What?" Because I just said just like, "Why are they coming here at college? They're not a school... This is weird." Also like my next question was like, "What do you think it is that I do?" because like I have no idea what they want me to talk about. [00:03:05]

THERAPIST: Yeah.

CLIENT: Which (inaudible at 00:03:15) a lot of people have no idea what I do and they sort of like go, "I don't know. Stuff." And sometimes it's (inaudible at 00:03:31) they don't recognize what I do and I'm just like, "Alright." And so I was going back and forth with like the executive assistant organizing a visit. It just seems... I feel super nervous about it because they're coming because they want... They're going to rebuild or redo part of their library and they have a sack of money and they want to see like, you know, "What is Cambridge doing since (inaudible at 00:04:07) [00:04:09]

And I feel like what I think students want versus what people want to show off are not necessarily the same thing in many ways and... (PAUSE) Like I don't want to... I don't feel this would be a great time to like undermine what... Like if they just said they come and they toured (inaudible at 00:04:51) where I work and they go to some fancy lunch and then they're going to come and talk with me and meet our librarians. [00:04:59]

And I'm just kind of terrified of them asking me, "So isn't this thing so awesome?" And me kind of being like, "Uhhh... Like..." If like (inaudible at 00:05:19)

THERAPIST: Right.

CLIENT: ...is going on about how everyone feels so awesome, it's sort of uncomfortable to know what to say (PAUSE) and I don't... Like I think I'll ask them what they want me to talk about because I think that will be more efficient unless I get a really bad answer. But the other people who they invited to talk is the building administrator (inaudible at 00:05:55) book the rooms. So I'm not sure why she's... [00:06:03]

It all feels very fake and like someone basically said, "Technology" and kind of throwing things at the wall to see if it sticks and... (PAUSE) I don't know. (PAUSE) And there's always like... So one of my coworkers says it's kind of a... It's difficult because she comes off as kind of a kook. She has... She has tendonitis. She's very sensitive to high pitched noises. Fluorescent lights really hurt her eyes. She has like forty bazillion like allergies and like all this stuff. [00:07:01]

And she finally said like digital noise can be very painful to her ears and what's difficult is I completely believe her that she's experiencing this discomfort...

THERAPIST: Yes.

CLIENT: ...and it's hard. But she won't... So she won't document it as disability in the office because she feels it will be used against her. But that also means that I can't like... (PAUSE) I can't... Like neither I nor she can say, "Well, you have to have this thing because your condition like... You need a special monitor or you need an analog type digital phone," or whatever. [00:07:57]

And so, in her office, she... You know, there like a big table and a cubical spilt across the middle. She has to share it with someone else. And so she's built, around her cube, she took like black phone cord and kind of made like a structure all around it. (inaudible at 00:08:17) two by fours that are kind like walls and there's this black foam board over her desk and around the sides so that she doesn't get fluorescent light or touch sunlight and it looks crazy. Like it just says like a crazy person. And I'm like, "This is really difficult because I get what you're doing but this looks really nuts." And like she covers every single like, like the printer on light has paper over it so it's not shining and she never wants to upgrade anything because she's like, "It's going to hurt my eyes. It's difficult." And I'm like, "Sure. But I can't do anything about it." [00:09:07]

(inaudible at 00:09:11) about how a bottle of water isn't pH neutral and that she's just very sensitive to the taste. I'm like, "Sure. But wow." And one of my friend made the comment that she's so in it in her head that she can't see how it looks from the outside. So like she can't... Like she just can't see why building a shade structure in her office looks crazy or she got to the office today and Karl (ph) had asked her to get a laptop and type notes laptop wide during a meeting and they would be printed on the screen. [00:10:11]

And she's like, "I just don't know. I can't use this laptop. I haven't practice with it." And she's really freaked out about it and I offered to do it for her and he said since I was a manager I couldn't.

THERAPIST: Right.

CLIENT: Chet (ph) volunteered and we started talking about it. And when she left, he was like, "Why does she need to practice on a laptop? It's just a computer. She uses a computer." I'm like, "Yeah. But, you know, her laptop's different. The keyboard is different and blah, blah, blah, blah, blah." But basically Chet couldn't hear any of that because all he was was like, "She's crazy."

THERAPIST: I see.

CLIENT: Because she's freaked out and I do understand that he's saying, "A computer is a computer." Except that actually a lot of people have a hard time with Mac keys because they're flat. A lot of people have a hard time typing on that. [00:11:07]

Like some people just say they don't like Macs because they can't type well on them. Like, your basic keyboard has more responsiveness than laptop keyboard has more (inaudible at 00:11:21)

THERAPIST: (inaudible at 00:11:23)

CLIENT: Yeah and like smaller keyboard...

THERAPIST: Yeah, yeah.

CLIENT: And obviously I thought it was kind of unfair of her, Karl (ph) to ask her to do sometime that she couldn't really do. You know? I don't know. So the idea of being like so in it that you can't see from the outside how you look or act...

THERAPIST: Yeah.

CLIENT: ...was making me feel a little bit about how sometimes I feel when I talk, when I talk to someone about like dealing with like the various (inaudible at 00:12:05) that frustrate me or the various things that frustrate me. [00:12:09]

And also more generally like talking about my (inaudible at 00:12:25) Like I get that he doesn't really work in my building anymore. But like it's still... He's still at Cambridge. It's still very stressful, a very stressful thing and I'm like... And I think about more than a solution is like someone to say like, "That happened and it's crappy."

THERAPIST: Right. [00:12:53]

CLIENT: I'm pretty sure that's why I like, I would like someone to (inaudible at 00:12:55) But I also worry that like in terms of technology like I'm so in it that I sound unreasonable to just like I can't, I guess, like, I don't know, get another perspective on it. And, I mean, part of it is also like despite using technology a lot, I know that how I use it is not the same as like how an eighteen year old does. Like my experiences with using a computer in college are different from theirs and how I use a laptop now is different than they do. There's all these things. Like students are really obsessed with printing. I don't print anything really. But they all print their papers and turn it in. And like every student... [00:14:03]

It's funny because that is... The thing the students will complain about the most are order more printers, more outlets, and the wireless is basically all they talk about. They're just like, "What? I don't care. I have a laptop. Can I print?"

THERAPIST: (LAUGHTER) Sorry. (inaudible at 00:14:31)

CLIENT: Yeah. I understand that's not rude but that's actually what they want the most and if you build something that looks amazing but doesn't have enough outlets and the wifi is crappy, they're going to be pissed.

THERAPIST: (LAUGHTER)

CLIENT: And then also, always, "How do I print from this?" I'm like (inaudible at 00:14:57) The students are always bitching about, "Why can't we print from them?" [00:15:01]

THERAPIST: (LAUGHTER)

(CROSSTALK)

CLIENT: So there's that and then there's just sort of the (PAUSE) I don't wear like (inaudible at 00:15:31) crazy thinking about technology, blah, blah, blah. But (PAUSE) honestly I feel like a lot of what is awesome to people using the library is kind of boring. Like the students love using whiteboard to block off space. We have a ton of them. [00:16:05]

THERAPIST: Oh, you mean like to...

CLIENT: Yeah.

THERAPIST: (inaudible at 00:16:07)

CLIENT: Yeah. Screens. And sometimes they rent them and sometimes they don't. And we do expect that and they really also want to be able to easily make a circle or U with the tables and have enough outlets for everyone. And also like... What I did there was like you can't have enough outlets for your laptops and your phone and your other things. So really it's kind of like, number of students times three outlets is what you want. And then there's a sort of like people seems to respond better to kind of homier spaces but a lot of futuristic design is shiny chrome which is not very warm.

THERAPIST: I see. [00:17:09]

CLIENT: Like the Apple store looks really cool.

THERAPIST: Right.

CLIENT: But to me, I'm like, "This just doesn't feel like homey."

THERAPIST: Right.

CLIENT: No one would want to hang out here necessarily.

THERAPIST: Which is kind of what you want to do in a library.

CLIENT: Mm hmm. Yeah and there's all the sudden this weird push to remove books from libraries which also freaks...

THERAPIST: (PAUSE)

CLIENT: And...

THERAPIST: It's just the irony.

CLIENT: I know. It's crazy. (inaudible at 00:17:51) I'm like, "But we're here right now." And as it turns out, most people who are in the library want to have books around then even if they don't use them.

THERAPIST: (LAUGHTER) [00:18:07]

CLIENT: Like that's the thing that really intrigues me is that even if like they don't really care if... It's the idea of the books and also I think it's like more books makes it more homey. But also it's like I want to be surrounded by things that look and feel...

THERAPIST: Like a library.

CLIENT: Yes. Yeah. So I don't know. Like... (PAUSE) I guess I feel like I'm part... It's as if it's going to be another opportunity to get ignored or talked down or... [00:19:09]

THERAPIST: Yeah. It also sounds like you're worried about seeming off the deep end.

CLIENT: Yeah. And... (SIGH) (PAUSE) I guess it's part of what I'm worried about seems off the deep end is that (SIGH) (PAUSE) I feel like there's this level of this not like... I have no sense of like where people in the room are going to be in terms of do you know what technology does. [00:20:07]

And so that effects, in part, how things sound because I know I've had people here that what they hear me saying is, "We should buy... Technology isn't relevant or smartphones aren't important." No they totally are but they're maybe not used in the way that you think or maybe more effort should go into this than this.

THERAPIST: Right. Like what you're saying about the outlets and they whiteboards and the tables that can be moved into different shapes and the comfortable places to sit. It's not that like... (inaudible at 00:21:15) or maybe not up on what the technology sort of the options of what's out there. [00:21:25]

CLIENT: Right. Yeah and it feels really weird when people perceive me as a Luddite because I'm like, "No. You don't understand."

THERAPIST: Yeah.

CLIENT: But I've gotten that more than once and it's really... (PAUSE) It's just... It's so... It just feels so strange because I'm like I don't understand how you got... Like how did we get here?

THERAPIST: Right? [00:21:59]

CLIENT: And sort of the being an agent of change or whatever, whatever, which is one of the library buzzwords.

THERAPIST: Being an agent of change?

CLIENT: Yes. If you (inaudible at 00:22:25) blocking change and if you don't like (inaudible at 00:22:35) then you're blocking change...

THERAPIST: I see.

CLIENT: ...and you're resisting (inaudible at 00:22:41) if you kind of, I don't know, do the thing anyway then you are an agent of change or if you...

THERAPIST: Like the justification that change is always good. [00:23:01]

CLIENT: Yes. Change is always good and that if that (inaudible at 00:23:09) could not go well.

(PAUSE)

THERAPIST: I couldn't imagine (PAUSE) what... One of the things that occurs to me as far as how you're concerned about how you're perceived is like I wonder why you don't think to say like, "And here are the twelve technologies that, you know, people often think about for libraries and this is what happens when you put those in front of undergraduates and actually, as it turns out, what really matters is the undergraduates, ironically enough, is these things over here." Do you know what I mean? Like... [00:24:07]

CLIENT: So when I've done that...

THERAPIST: Yeah.

CLIENT: And the response has just been, "That's not true." And then I'm like, "Oh." Like I remember like I had a coworker that's... It happened to me most intensely with Karl where he's like... I'm like, "Well, you know, in seeing the undergrads, like I've (inaudible at 00:24:35) they don't really seem interested in this but they are interested in this other thing."

THERAPIST: Right (inaudible at 00:24:41)

CLIENT: Like they don't like QR codes. He's like, "No, they love them." But they don't.

THERAPIST: Right.

CLIENT: They don't even see how a QR code works so it's awkward that you're telling them...

THERAPIST: (inaudible at 00:24:55)

CLIENT: So the thing that almost no one seems to grasp is you have to install QR code software on your phone and not everyone wants to.

THERAPIST: Right. [00:25:03]

CLIENT: And like the QR code that replicates the sign you're looking at is really weird. Like if you're looking at a directional sign and you can scan the QR code and put it on your phone (inaudible at 00:25:27)

THERAPIST: (LAUGHTER) Right.

CLIENT: ...which would be faster.

THERAPIST: Right.

CLIENT: Or anything else. You know?

THERAPIST: I see. Yeah. It would be easier than an ad. It's different because then you could see like a little video about whatever it is that...

CLIENT: Yeah.

THERAPIST: Or like some... I guess it's just like, "Take a left."

CLIENT: Yeah. And it's weird. And so... Or like I've tried. Like Karl says, "No," and then continues on his own, "But actually this." [00:26:03]

Like he feels very... I feel like I'm saying the sky is blue because I looked out the window and someone is saying, "Nope."

THERAPIST: Right.

CLIENT: And... (PAUSE) Yeah. Like...

THERAPIST: Yeah.

CLIENT: It's just one of those weird things because I get, whenever I have that conversation with someone, I'm always just like... I get this thing where I'm like, "But I explained my comment (inaudible at 00:26:55) and you just said, 'no.'"

THERAPIST: Right. [00:26:57]

CLIENT: Like it's not...

THERAPIST: Right. Like you get to have your own opinion but you get to say no to like a hypothesis or like not so much to a factual statement or observation.

CLIENT: Yeah. Right and one of the big ones that drives me crazy is, "Well, students can just sit down and sort out things."

THERAPIST: Right.

CLIENT: Like they need instructions sometimes. Like telling... It's one thing for students to sit down and hook up something and play a video or how to like work the DVD but if you tell them, you need to make a seven minute movie with (inaudible at 00:27:45) you film yourself and edit it in iMovie, they actually need to be told how to do that. And so there's this weird like (inaudible at 00:27:59) [00:28:05]

But there are other things where they can't.

THERAPIST: Yeah.

CLIENT: And there's definitely like the stereotype, "Well, they're Cambridge students. They'll figure it out." No. Or maybe they will but we could have saved them a lot of irritation by explaining it.

(PAUSE)

THERAPIST: Yeah. You're constantly dealing with people (inaudible at 00:28:37) really have no idea what they're talking about. I mean, for example, like being able to distinguish the sort of technology that students can just pick up. It's one thing to say, you know... [00:28:59]

CLIENT: Like if it was just using an iPad, they'd be fine.

THERAPIST: Right. Or... And another thing you have to like more specialized software...

CLIENT: Yeah.

THERAPIST: Or something like that. (inaudible at 00:29:21) the way that like so persistently the staff you're describing really have no idea what they're talking about but think they do and don't listen to your like explanations or observations about what they don't know. [00:29:53]

CLIENT: I think part of it is that I can't... Like I don't know if I can't. I'm not seen as being an authority in the stuff that I do. Like I feel like if someone, if one of the, I don't know, the data librarians was like, "Yeah, a data program doesn't work or are students are wanting to use this data program," people would be, "Okay. That sounds... Sure."

THERAPIST: Yeah.

CLIENT: But when I say it, "Oh yeah, students are wanting more of this thing," that's also something I'm very specialized in, I don't have authority.

THERAPIST: Right.

CLIENT: And some of it just comes from like I'm the person that uses X the most so I'm more likely to notice problems because having a sort of (inaudible at 00:31:09) [00:31:11]

I was talking to someone about how a particular thing was buggy and he was like, "Well, I've never experienced..."

THERAPIST: In the software?

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: It was like another software interface. I was like, "Okay. So I get that you've never experienced it and that you've had it be reliable but like you use it three times a semester and I'm interacting with it every few weeks. So I just see more bugs because I'm just using it more." And it may be that the decision is it's good enough and that's fine. But I'm still seeing the problem.

THERAPIST: Right. [00:31:55]

CLIENT: The problem is still there. It may be that it just doesn't, you don't care enough about it which I'm also okay with. Like... I just also... I guess part of it is that... Like I'm okay with a lot of things if it sounds like the person heard what I said, like they just made the decision even if I think it's dumb (inaudible at 00:32:37) Like he made the decision that it's okay to send something buggy out (inaudible at 00:32:43) But it's super frustrating when someone just said it doesn't happen.

THERAPIST: Right. Sure. [00:32:53]

CLIENT: When I do computer support, I try really hard to not tell people that because I think it's insulting and... (PAUSE) ...I guess I would like that back a little bit. (PAUSE) Yeah. So I feel like just to the extent where I guess definitely with Chet and Karl I've done all the things I know to try to communicate. I rephrase everything like... And then I just feel like, "Okay. So we're... We're just speaking differently." [00:34:05]

(inaudible at 00:34:07) video editing because he (inaudible at 00:34:17) I think that this already exists in it's finalized form. And he was like, "Oh yeah. It does. I just wanted to practice." And I was furious and I felt really insulted that...

THERAPIST: Yeah.

CLIENT: I was just completely pissed off and he seemed to think I was completely... that's really frustrating or like, you know...

THERAPIST: Yeah. Yeah.

CLIENT: And he was like, "No, what. That's just..." It was very weird because I..." Yeah.

THERAPIST: Yeah. I get confused about what to make of the like uncanny and very large group of people with which this happened to you which it clearly does but (inaudible at 00:35:15) I just... I don't know what to make of it. I mean, you make a very clear point to me. It's not hard to see why you'd be very frustrated with him and doubly so when he doesn't seem to register in any way what you said. (inaudible at 00:35:57) We probably wouldn't even be talking about it if he'd said, "You know, I can understand that you're frustrated because I had you do this without asking you if you needed to do it or without telling you this is what I need you to do."

CLIENT: Right. [00:36:01]

THERAPIST: "But I disagree and I think that's perfectly fine to do." That would have sucked but actually less in a way I would think.

CLIENT: I think why I bring it up is that like in terms of happening...

THERAPIST: I know why you bring it up. It's (inaudible at 00:36:23)

CLIENT: Yeah and part of it is that usually I'm like, "Okay." Like not too many people (inaudible at 00:36:37) we have this conflict but then we work it out.

THERAPIST: Yeah. Yeah. Like you can communicate stuff like that.

(CROSSTALK)

CLIENT: And so to me it feels just so striking when I hit that wall... I don't know. Like...

(PAUSE) [00:37:00]

THERAPIST: I see. Like maybe part of what you want from me is help dealing with... I mean, it would be good if I had some explanation for it but I don't think you really expect that which is how you... I won't so...

(CROSSTALK)

THERAPIST: It seems more like, yeah, like you kind of (inaudible at 00:37:39) I also suspect maybe more so than you sometimes sort of say specifically is that this sort of thing is quite disturbing and I think you like understandably want some help with that. [00:38:01]

I mean, at least the experience of having somebody not at all take in what you say and sort of immediately but completely frustrate your, you know, terribly sort of considerable efforts to like bridge the gap, rephrase, use different words, you know, whatever. I can imagine it's actually pretty disturbing.

CLIENT: It is. I mean, sometimes it...

THERAPIST: Yeah.

CLIENT: (inaudible at 00:38:47) but sometimes it feels a little bit like that.

THERAPIST: Sure.

CLIENT: Like especially when it's been like I assume it's happened and someone says no because then... I just really don't get... [00:39:07]

Like, yeah, if you're going to sweep away the opinion (inaudible at 00:39:15) The other thing I think is (SIGH)... I don't know. It's like not just having a really open and honest conversation. Like I am totally okay with socializing is faking it. Like yeah. Whatever. (PAUSE) I guess it's just like (inaudible at 00:39:53) or making anything easier. [00:40:01]

Because I feel like, you know, whatever. I give way to a lot of people to make things easier.

THERAPIST: Yeah.

CLIENT: And I'm not (inaudible at 00:40:13) I know this is stupid but you just have to do it. Like it feels more deeply dishonest or delusional. Not delusional but it feels dishonest in ways that like socialized things in my life don't.

THERAPIST: Sure. I mean, I think it seems to me to be a very big part of it is the other person does not get what you're saying.

CLIENT: Yeah.

THERAPIST: ...and frustrates your efforts to fix that. [00:41:03]

CLIENT: I think also not only do they not get what I'm saying...

THERAPIST: Yeah.

CLIENT: ...they don't seem to like grasp that they're not getting what I'm saying.

THERAPIST: Right. Yeah.

CLIENT: Yeah.

THERAPIST: Right. And I follow like, you know, the sort of, you know, at times emptiness and social niceties is one thing. But like the (inaudible at 00:41:37) is quite different.

CLIENT: Yeah. I also feel like we're already doing (inaudible at 00:41:47) We all know what we're doing.

THERAPIST: Right.

CLIENT: Like I don't know. Like...

THERAPIST: I'm asking how you're doing but I don't really expect to get an answer in a serious way.

CLIENT: Right. Like you're saying, "I'm fine. Thanks." Or you're like, "Oh, I'm having a rough morning but it's pretty..." You're not going to really answer. You're not going to say, "My mother is dying of cancer..."

THERAPIST: Right. [00:42:05]

CLIENT: ...out of nowhere. And like all of that is, you know, that's fine and if someone else says, "Well, I'm doing this because I'm the boss and that's why..."

(CROSSTALK)

THERAPIST: I'm sorry. Are you saying partly you're worried it is something to do with you? Other words, like... I'm jumping ahead a little bit of your point on social niceties. But are you trying to say like, "See look. Social niceties... I'm fine. So it's not me with this other thing." Which

I don't think it actually is but I could imagine you might be worried somehow it is if that makes sense.

CLIENT: Sort of, I think. [00:42:57]

THERAPIST: Yeah.

CLIENT: It's partially just sort of (SIGH) I guess I (inaudible at 00:43:11) blunt honesty at all times which (inaudible at 00:43:19) You know, whatever.

THERAPIST: Yeah.

CLIENT: Because there are certain times of like, you know, dishonest behaviors that no one really cares about. But then I feel like there are... I feel like social niceties are kind of honesty and dishonesty. Like...

THERAPIST: Yeah.

CLIENT: And if someone says, "Because I'm the boss, that's why." Okay. Like I always thinks that's an acceptable answer.

THERAPIST: Yeah.

CLIENT: (inaudible at 00:44:01]

THERAPIST: Right. [00:44:03]

CLIENT: I will accept it. And I guess I feel like part of, I don't know, respecting other (inaudible at 00:44:25) a level of honesty that I'm not getting.

THERAPIST: Yeah. We should stop.

CLIENT: Okay. And so not Thursday but Tuesday.

THERAPIST: Right. (inaudible at 00:44:41) Okay. Great.

CLIENT: Okay. Thank you.

THERAPIST: Sure.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I have a bit of a tension headache or estrogen headache. It's kind of six of one.

THERAPIST: Do you want some ibuprofen? I happen to have some.

CLIENT: Yes. That would be amazing. Thank you.

THERAPIST: I don't have water.

CLIENT: I can take it dry. (pause) [00:01:04]

THERAPIST: I think I have Aleve.

CLIENT: Do you have ibuprofen or Advil? There's a big window out by my desk and I don't know if it's the air plus being on the computer or a lot of tension or both. (pause) I talked to my brother last night. We played phone tag a little bit over the weekend and Sunday my parents called and I just didn't pick up the phone because I just didn't want to talk to them. I also I had a headache, but mostly I didn't want to talk to them. [00:02:11] My brother called me back and we talked a little bit and I mentioned that I was really upset with our mom for blowing me off and I didn't want to talk to her right now. He could see that I was upset about it. My parents were visiting my brother and his wife this weekend and Seth said that our mom brought it up that she felt bad or something for not calling. [00:03:07] It was a little unclear about what. Seth said that he felt bad for not initiating a phone call.

THERAPIST: Not calling you.

CLIENT: Yeah. I texted an e-mail to him first. [...] (inaudible at 00:03:26) He called me later. Weirdly, his thought on it was actually [obviously much] (ph?) my mom's, which was it's some sporting thing, so Karen wouldn't be there anyway. There are all these reasons why people go to sporting events, watch the marathon. I've watched the marathon a couple of times. [00:04:02] Also I just think it's kind of a shitty excuse. I don't know. A big, scary bombing in someone's city is scary and maybe I was trying to use the library. I don't know. I totally understand not being freaked out, like not thinking that I was injured, but wouldn't you still want to call just to be like, "Hi. I hope that by some freakish accident, everything is fine. How are you doing?" [00:05:01]

THERAPIST: Or, "Gosh. Is anybody you know affected?"

CLIENT: Right. One of the things that I found frustrating and upsetting with my mom is that she sounded more concerned once I told her that my roommate worked downtown. I had given her some of the reasons why I might... At first I said, "You know, I went to watch the marathon." And she said, "No, it's a sporting event. I knew you were fine." And then I mentioned that Ashby worked downtown and she was like, "Oh! Is she okay?" It was just like I wanted her to ask how I was doing and she asked how other people are doing. I don't know. [00:06:02] I felt like I was using Ashby as a way to see what will get a response. My brother said that he felt bad that she didn't call and he said, "Mom, [...] (inaudible at 00:06:21) had been locked down on that Friday. I

kind of want to see your perspective because you obviously live here. I was kind of like, "Really? Okay." (sighs) (pause) I don't know how else this was reported, but I also feel like Manchester remains where your sister lives. Maybe you would read more about it. [00:07:05] When Hurricane Sandy came I read more local coverage about it, particularly in cases where I knew friends were or had been. That was kind of weird, too. [...] (inaudible at 00:07:33) And then he kind of ran through the reasons why. His response was that our mom isn't very expressive, which I knew and I know. It wouldn't be like a tearful, Hallmark-card conversation. I just thought there would be interest or something. [00:08:08] We discussed how my mom tends to worry. He was like, "I know if she couldn't have gotten a hold of you, obviously she would have been worried." I was like, "She didn't try." She couldn't get a hold of me several times that day because the cell tower was down." He kind of came up with more other things and she had called me for computer support two more times that week and it just was not helping. So it was a really frustrating conversation. [00:08:59] Seth said he felt bad about it, but my brother is not always expressive either. He tries. Sometimes he can [...] (inaudible at 00:09:14) a little bit. His wife teases him about that sometimes. She says his man cave is just in his mind, like he'll just retreat mentally, which is totally true. He also called me while cooking dinner, not paying close attention maybe, but... (sighs) I don't know. He didn't really apologize. He said that he felt bad and the excuses he was giving for my mom, I think, were also his reasons. [00:10:10] And the end cap was that "Well, but you're fine, so it all worked out in the end." I just told him I wasn't actually feeling bad about it and how P.S. there was a man near where I live and where I work and blah, blah, blah. His response was, "I didn't know that." I don't feel like he heard me on the "I'm feeling really upset" actually. [00:11:03] This thing with why I didn't feel like calling my mom, he was like, "I'm just saying you take a break sometimes." My brother and his wife had spent three hours trying to get my parents to use Dropbox. It is true that I refused to take on that task. That's not really why I'm pissed. (pause) I also said to him that if I call mom she won't really apologize. She'll be super defensive and then she'll give me the things he said were given. He didn't have a reply, which (sighs) (pause) [00:12:15] I don't think he's going to fix it, but I thought he might have, I guess, more sympathy or something or to connect that – I sometimes want my mom to act like a different person. I kind of just want to act like my mom. I wanted her to be concerned, much as like her worrying sometimes drives me crazy... [00:13:10]

THERAPIST: It feels caring.

CLIENT: Yeah. It's completely what I was expecting her to be, to worry. I wanted her to express some worry or concern or something about my safety, how was I doing, something like that. (pause) There are ways in which I think I wanted her to be expressive, comforting, supportive, which I knew wasn't going to happen. [00:14:08] I did want that, but what I expected was more sort of the "I'm going to express myself through being worried and anxious and not talk about feelings." But I didn't get any of that. My dad called me on that Friday.

THERAPIST: Sorry – back up for a minute. The thought of her actually being sort of comforting and warm and understanding about it was not what you expected. [00:15:02] Something about that possibility really struck you. You were wanting that. You knew you weren't going to get it from her?

CLIENT: Yeah.

THERAPIST: You wish you had a mom who was like that sometimes?

CLIENT: It's sort of a combination of things. Always having friends express at times concern and comforting and et cetera that I would like my mom to express. Also having this mom and dad, I want my theoretical mom to say everything is okay, say something comforting. [00:16:08] I don't know. It's kind of like I wanted to talk to her and her say, "No, this really sucks, but it's going to get better. Don't worry. Things will improve." Something. (pause) It's one of those things that's hard to talk about. Everyone in the Manchester area, I felt like we were all freaked out. I've been calling my old friends and that helped because I think they want the same thing, too, [are answering the problem.] (ph?) I then thought about calling Jamie or maybe Zoe – but mostly Jamie. She worked in a variety of hotels so I was pretty sure it's fine, but I would just like to know that there is no way to contact you because cell phone towers blah, blah, blah... [00:17:55] I was vividly remembering that and I didn't want to talk to her because it just reminded me so much of how scary that was – not just Jamie, the tons of friends that I have there. I don't know. I really wanted someone to be kind of calm and metaphorically bring me some tea and talk with me or something, which my mom doesn't do. [00:19:04] (pause) I think she actually doesn't do it more so than she did when I was a kid.

THERAPIST: She does it less now?

CLIENT: She does it less now. Yeah. Yeah. (pause) Also Ashby was kind of frustrated with her parents. They were worried. That's not why she was frustrated. She was trying to explain what was going on and where things were in terms of geography and other things, and her parents were sort of like. "What? I don't know the city." [00:20:14] I guess I felt very much like my roommate is getting this response from her parents that I'm not getting and she normally gets...

THERAPIST: This is your roommate?

CLIENT: My roommate, Ashby. She is getting this response, which I wanted and she gets along with her parents less than I do, so that was also frustrating. (pause) I was looking for my brother to, I guess, sympathize with me or – I don't know – run interference between me and my parents. [00:21:11] I feel like what I got from him was defensiveness and excuses for it. (pause) I feel like he hadn't really asked how I was doing, which (pause) – I don't know. [00:22:03] I guess I wanted him to say something that was "I care and think about you," and he didn't. (pause)

THERAPIST: You were not feeling particularly loved.

CLIENT: No. I ended up a little bit later texting with Jamie and I was like, "I'm really mad at my mom I don't want to talk to her right now and you have a lot of experience with that. Can we talk about it?" We're going to phone tag until it happens. [00:23:02] (pause) (sighs) I'm really

frustrated with my parents, but I still feel like they really love and care about me and they just can't express it. With this, I didn't feel that I really wasn't feeling solid in the idea that they didn't care about me. (pause) I really just felt rejected. [00:23:54] (pause) It's like a difference now. I think about them and it's really sucky. I do wish that I could talk to them about it, especially my mom. (pause) Part of me thinks I'm being a little bit unfair since she did tell my brother that she felt kind of bad, but she hasn't done anything. [00:25:09] She sent me a bunch of little e-mails which I know are her attempts to... If I don't call her for a long period of time she'll start sending me little e-mails every couple of days with "Factoid. Something you may find interesting." Then she'll be ending basically in "Call me so I don't have to send you these e-mails." She has sent me a bunch and was going on in the e-mail about several [relays and mentioning Rue Chet] (ph?) which she knows I like, but none of them have been about me. [00:26:14] (pause) I didn't think writing in my e-mail, "So, are you over that horrible cold?" [...] (inaudible at 00:26:25) (sniffing) (long pause) [00:27:33] So I could tell that Tuesday night [...] (inaudible at 00:27:35) and then this morning I had a meeting with one of the associate librarian that I had requested a 45-minute meeting with her.

THERAPIST: Is that one of the new librarians?

CLIENT: No. The associate librarian is someone who has been here for a couple of years. She actually hired Will (sp?). She's sort of in charge of new technology, learning initiatives, for all the libraries.

THERAPIST: She's sort of a higher-up? [00:28:05]

CLIENT: I think she is the layer below head of all Cambridge libraries. My plan was to have a talk about how I feel like people dump technology in the library and then ignore it and never do an assessment or ask people about it. It was a little weird in that I was telling her whatever and then she (pause) had these wordy responses, which were not off-putting, but I didn't feel like she was really necessarily getting what I was saying and was just saying things that she would say to any critique of a project. [00:29:39] So that was frustrating. And then I didn't get the time right and so we had 20 minutes. She was like, "Come on in." We only had 10 minutes – five really. [00:30:04] I told her how I had been really frustrated about trying to do various things and her response was, "Oh, especially within the last four years or so," which is about how long Will (sp?) has been here. I said, "Yes." We said a little bit more and I actually said, "I know Will has left." Her response was to not say anything, which was weird.

THERAPIST: [...] (inaudible at 00:30:39)

CLIENT: Yeah, it was kind of like that's how I feel about it in general, so it was just weird to have her say that. I was like wait, I didn't think you knew it, too. I tried to convey that it was really shitty and sucky and that things I wanted to do that I'm really good at, he said no to all of them. I said myself and some of the other people at the library would like to start a blog about the library. She said, "Anyone can start a blog." Yes, that's nice except for we were told we were not allowed to talk about work online without communication's approval. She sort of walked it back a

little bit and was like, "Well, yeah, blah, blah." [00:31:53] But she seemed to actually support it. She seemed surprised that when I told her that staff people like myself and others who had just been told flat out "no." I had the experience of getting a little further and being told you can only do it if everything was fine with Will, but other staffers have just been told flat out no, and that seemed to surprise her which shouldn't be surprising but [...] (inaudible at 00:32:37). I understand that at her level she doesn't get to see common folk all the time, but [I know it's a secret.] (ph?) I also feel like a lot of higher-level administrators have this idea that staff all hate technology and don't want to do anything new and our agents have changed, blah, blah. [00:33:14] Some people are, yes, total [...] (inaudible at 00:33:16) and are like, "Fuck computers." But we're in Cambridge, for God's sake. People are... (pause) (sighs) [00:33:37] I was kind of unclear if she... I found myself wondering, "Do you just not want to talk about Will and what happened? He's gone so – whatever. Do you not want to admit that he was an asshole? Do you think he's so awesome that he's left so many fucking [...] (inaudible at 00:34:05)? and I thought there's no point to it. So you think he was a total asshole fuck-up and now we're like 'I don't want to admit that happened' and that I gave him a huge pile of money and nothing happened out of it?" I really would like someone to say to me, "That was a crappy experience," which I didn't get that. [00:34:41]

THERAPIST: It keeps coming up through what you're talking about, you know?

CLIENT: Yeah. I feel like...

THERAPIST: You feel like you have gotten through to somebody how you feel about what happened and what went on and actually have them sort of take that in and have a reasonable sense of where you're coming from, rather than push you back and tell you you're wrong and it doesn't make sense and not say anything. [00:35:43]

CLIENT: Yeah. Last week I was sort of...

THERAPIST: You feel like they don't really care about what's going on with you and it doesn't matter much to them.

CLIENT: Yeah. And I don't want that to be true, so I end up feeling like a lot of fucked-up – like did that really just happen that way?

THERAPIST: You do a lot of blaming yourself.

CLIENT: Yeah.

THERAPIST: Because it hurts too much to say what it's like and have had that happened to you.

CLIENT: Yeah. And sort of the idea that maybe I could have done something that, even if I wanted to have the control, they would say if I did differently I could have gotten a response or whatever. Maybe I just didn't understand what I was saying, as opposed to things that I'm saying

but they don't really care. [00:37:19] (pause) For whatever reason, that brings me back to the class of "let's do some 'I' statements." Like "I feel this way." I should have said this when you said this.

THERAPIST: Wanting to tell them?

CLIENT: Or wanting to have...

THERAPIST: [...] (inaudible at 00:37:49)

CLIENT: Yeah, but in some ways I feel like I would like to just to make Christy, plus the associate or Chet [...] (inaudible at 00:38:04) and be like okay, we're just going to say "I" statements, like we have in therapy exercise. For whatever reason I'm really stuck on this idea of "I want you to sit here and I'm going to tell you things and then you're going to say, 'I hear that you're saying this,'" and do this until – whatever. (pause) I don't [...] (inaudible at 00:38:49) (pause) [00:39:04] With Chet, part of me thinks that I could probably back him into a corner with "I" statements or whatever until – actually, I'm pretty confident I could rhetorically back him into a corner because I don't think he's ever been subjected to this kind of fun experiment and – I don't know. So they've been involved with people passive-aggressively [...] (inaudible at 00:39:34). I can't make an associate librarian listen to me and do that in any way, shape or form. But I would like to, in part because I would like to not talk in buzz words. I would like to just use words. [00:40:04] I would really like my mom to (pause) acknowledge that I have feelings about things and that it's okay that I have feelings or that maybe I would like her to have feelings. (pause) I'm even more sure that would [...] (inaudible at 00:40:49). Yeah, I guess with both conversations I feel very much upset and hurt and I feel I'm not heard on that or acknowledged. (long pause) [00:42:15]

THERAPIST: I think the what's quite important about this is that everything you're talking about, I think, is sort of a frustration with being stuck at stage one, like the conversations with the dean is stage one. Stage two is you actually wanting to make more of a contribution at work. In other words, it's not just that in general on some topics she is not listening to what you have to say and that's rude of her. It's that you're actually wanting her to hear you out about is really putting more of yourself into work and making more of a contribution in the first place. [00:43:52] In some sense it's like she's not hearing you out about what you have to say, but also keeping you out of your workplace in some important way.

CLIENT: Yeah. (pause) One of the things that makes me feel stuck in that stage one, from my point of view I feel like I know a lot of stuff about the Internet I would like to use that at work. I could help. It's like when I'm saying I know a lot about the Internet, it's like "wah-wah-wah."

THERAPIST: Right. They turn you down.

CLIENT: Right. Totally. Part of it is that there are a lot of things that I'm just like, "Oh, yeah. Sure. I can do that," which isn't... [00:45:25] But another part of me feels like if I put together a dossier

of my awesomeness, is it possible that that would make you listen and let me do things? I still feel like I'm very much trying to bring up something with the assistant librarian, like actual points. The stupid tables that we have, no one else uses them this way and [...] (inaudible at 00:46:08). Her response was, "That can't be true. Other people must be using them." "Nope." And then, "Well, the company should fix it and [...]." I was like, "Yes. Part of the problem is that that fundamentally just doesn't work." That's the problem and she just didn't, couldn't, wouldn't hear that other people aren't doing this. I don't know. I guess part of what I found out is that some even fancier dean had gone to a conference and seen these tables and was like, "Oh, it's the future." [00:47:09] I was kind of like yeah, okay, she doesn't work in libraries. She works with the university at large. Did she actually see how it worked and see who came up with the stupid idea to network these together? It doesn't work. She asked me these super basic questions and I'm like, "Yes, I did make a list. Yes, I did call them. Yes, I did." I found myself repeating myself that I had done all this stuff and the problem isn't that. That, to me, is so frustrating I don't know what to do now.

THERAPIST: We have to stop for now.

CLIENT: Okay. I also think (sighs) maybe in a couple of weeks going back to two times a week.

THERAPIST: Sure.

CLIENT: Is it possible?

THERAPIST: I'm going to have something open either Monday or Wednesday at 5:15.

CLIENT: Okay.

THERAPIST: Are either of those good?

CLIENT: Yeah. They would be the same.

THERAPIST: Okay. Is there something that may be better?

CLIENT: End of the day is better and I would say Mondays I'd rather not stay.

THERAPIST: Okay. I can hang onto this for a week. Do you think you'd know by next week?

CLIENT: Yes. Have a nice week.

THERAPIST: Sure.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Scheduling. How I understood it was you were ready for Mondays and Wednesdays.

CLIENT: Yes. If possible.

THERAPIST: I might need you to do Mondays and Tuesdays. There is somebody I see on Wednesdays who I think could move to Monday but couldn't do to Tuesday. That was why I could do either Monday or Wednesday but not necessarily both. That may change and, if it does, I will let you know. I was just trying to think what I could do. I assume the reason you wouldn't want Monday and Tuesdays is that they're back-to-back?

CLIENT: Yeah. Thursday would also work. I was trying to avoid Friday because... [00:01:03]

THERAPIST: Yeah. Because it's Friday. Depressed all weekend.

CLIENT: Yeah.

THERAPIST: Is any other time but 5:15 workable? I could check with the other client.

CLIENT: I guess I can talk to Chet tomorrow and see if I can leave early one day a week or something. It's just that the mid-day appointments are really hard. I would potentially be working four hours or something like that.

THERAPIST: For the moment, you want Monday and Tuesday? [00:02:02]

CLIENT: See how it goes with that? Okay.

THERAPIST: Yeah. I'll see if I can think of a way I can do Monday-Thursday or something like that.

CLIENT: Okay. I'm also going to be away on the 27th and 28th.

THERAPIST: Okay. (pause) That's two weeks from today and tomorrow.

[...] (inaudible at 00:02:59)

CLIENT: [00:03:22] I had a really shitty Sunday which, in some ways, I should have realized.

THERAPIST: Sorry to hear that.

CLIENT: Thank you. It was kind of a frustrating week, in general, in that I had tried to invite... basically last week I really wanted to get some unpacking done, but I really wanted someone to just hang out and talk to me while I'm doing whatever. I tried to arrange it and two people ended

up bailing last-minute. [00:04:01] I thought I could reschedule with one of them and then we actually hadn't. It was confusing but also [...] (inaudible at 00:04:15) and so I felt like I was doing a lot of trying to unpack and move things around. Ashby was away and if everything was a disaster the last couple of days, she won't care because – whatever. I ended up being really exhausted and it didn't go quite as well as I wanted. Saturday I was really tired and felt like I was beaten up. [00:05:03] Sunday I felt even worse, like very crappy physically. I was supposed to go to a friend's birthday party out in the burbs, but the idea of getting myself together and getting [...] (inaudible at 00:05:21), going out to the burbs, getting back, having to do that on the train, I was like, "I can't. I feel horrible and I don't want to talk to anyone and I feel horrible."

THERAPIST: That made you feel horrible.

CLIENT: Yeah. I also felt pretty guilty, both guilty and sad that I was missing seeing friends of mine who are awesome. [00:05:59] So I sent my mom this e-mail. I did not call her and I thought that it worked successfully. I sent her a couple of e-mails, but she still called Sunday evening and I didn't pick up. I think in the morning I was mostly physically tired, but in the afternoon and evening I realized it was just more emotionally wrecked out and not wanting to (pause)... I don't know. I guess I didn't want to talk to my mom for a couple of reasons, including that I'm upset with her and I feel like whatever conversation we would have would be really frustrating to me and I would feel like it was super un-authentic. [00:07:18] I wasn't really feeling up to managing both sides of that conversation and making it go. I just didn't want to talk to her. I also talked to two friends of mine who are very contentious with their mothers and also still see them [...] (inaudible at 00:07:49). Those were helpful conversations, but also depressing. [00:08:01] Jamie commented that her mom, among other things, loses her entire shit when Jamie – she can't handle the idea of Jamie being seriously ill. It upsets her.

THERAPIST: Physically ill?

CLIENT: Yeah. Physically ill. Her mother just was like, "No." First she was like, "Your father can't stay with you and help you out because he would just be in the way." She was categorically [...] (inaudible at 00:08:37). Jamie was like ugh. It was the same back and forth. Was her father allowed to come and help her out? Eventually her mother decided that her dad could pick her up from where she lived two days after surgery, drive her back to upstate New York, a four or five-hour drive, and then theoretically Jamie could rest there – except that her mother wanted her to do housework and clean things and fix dinner and just would not acknowledge that Jamie just had surgery. It reminded me of my mom's intense rudeness when I was having [...] (inaudible at 00:09:39) surgery. I was just like, "Nope. [...] It's totally fine." I agreed with what Jamie was saying that both of our mothers have a hard time with the idea of us being, I guess, physically vulnerable or have to have major surgery or something medical. [00:10:13] I just really hate thinking of my mom in the summer with Jamie gone, since Jamie's mom is also crazy abusive.

THERAPIST: Right. [...] (inaudible at 00:10:22)

CLIENT: Yeah. My mom is weird. I think of her more like – there are other friends' moms who I think she's crazy weird like that person or she's really weird about that like Jamie's mom. I don't know. I just do not [...] (inaudible at 00:11:00) who – I don't know. [00:11:02] Her mother has done a lot of really strange sort of... her parents got divorced when she was in her teens and her mom did a lot of rewriting of what happened like, "I remember I came back to the U.S. for this reason." They were living abroad for a while because her dad designed stuff in various places, so she had to come back to the U.S. for some reason and her mom was like, "Well, I have sacrificed my life and gone back with you, my daughter." Then there was this whole thing like now her father had abandoned the family and was horrible and dramatic tearing up of photographs, et cetera. [00:11:58] It must have been hard to talk to her mom about did she sacrifice her life because her mom was very invested and upset. Very invested in being a certain way and can't be supportive and her sister married and she's kind of taking over her new husband's kids in a way, which is weird.

THERAPIST: [...] (inaudible at 00:12:30)

CLIENT: Yeah. (pause) Jamie was just getting back to mentally (pause) I feel like talking to my mom about why I was upset. It's going to hurt her feelings and she's going to have this very intense, defensive explanation, sort of like, "This is why [...] (inaudible at 00:13:30) is totally fine." I don't want to talk to her about that. I also don't really want to talk to her and not talk about it, if that makes sense. I'm upset and I don't really feel like it. [00:14:02] (long pause)

THERAPIST: Yeah. I imagine you might find it very difficult because you're really sad and I think sometimes you get upset to be upset. [00:15:06] That didn't sound like how I meant it. It's upsetting to be so upset. I'm okay to be so upset.

CLIENT: Yeah. I think part of why it doesn't feel okay to feel upset is that I don't want to talk to her about it. Usually I tend to want to over-explain and over-communicate, I guess, sometimes. In this case, I just don't even... I think I would like to communicate with her. I just don't see that happening. Anyway, that would be frustrating. [00:16:06] I also feel like I can't talk to my dad about it because that is so literally just like talking to my mom. I think if I talked to my dad about how I felt he would just tell her or she would listen in on the line, one or the other.

THERAPIST: I imagine also that he would sort of take it in a little more than she would, but he probably wouldn't have much to say about it. He'd take it in and you would know that he wished you well and was not happy that you were upset, but he would also sort of not be entirely there with you listening to it. [00:17:09]

CLIENT: Yeah. In this weird way, it's kind of like [...] (inaudible at 00:17:22) for a long time, but it feels like [...]. If I'm really upset about these bazillion things and they're like, "Hmm. I hear that you're upset." Or they don't really [...] (inaudible at 00:17:39) "Wow, that person was a jerk because they're not going to do what they said they'd do." Sometimes I feel a little bit like that. He's just not going to vocalize a response. [00:18:00] (long pause) [00:18:51]

THERAPIST: I think the kind of [...] (inaudible at 00:18:58) of things having been this bad is complicated in that I don't think it's robbed you of having to talk to people about that. My impression is that, as you were saying before, you can talk to your friends about it when things like this happen. In a way, you talk to me fairly easily about it. In other words [...] (inaudible at 00:19:33) what happened, like you're upset about it, clearly. But I don't think you have this worry that I'm going to respond the way they do, that I'm not going to be able to hear it or I'm going to be kind of very circumspect in how I respond. It seems to me that the part that's more difficult for you is around having the upset. [00:20:00] There's something, I think, that's very dangerous about that in particular. That's sort of the sticky point. I can imagine with your parents acting the way you're describing, you really [...] (inaudible at 00:20:15) in talking about things that are upsetting or really worried they can't hear. I don't think it's you, but I think what does get more difficult or what gets you really worried is a kind of danger that goes along with being upset, that it's going to really upset the apple cart.

CLIENT: Yeah.

THERAPIST: One alternative there is for someone to respond in a way that makes you feel much worse, which has happened. I guess I'm thinking about the conversation with Zoe over Christmastime, I think. [00:21:06] I don't think it's just a worry about that. I think your parents have kind of left you with the feeling that really bad feelings are kind of like plutonium.

CLIENT: Yeah. It also feels like if the person is having really upset bad feelings, somehow they've lost the argument.

THERAPIST: Is clearly in the wrong?

CLIENT: Yeah. [00:21:58] It's somehow super inappropriate or not helpful or just sort of... it just feels like that's not what you're supposed to do. And if you do that, you've made some kind of communications mistake. I guess it's sort of like feeling upset, expressing that I'm feeling upset, feels somehow I'm sort of on the same level as if I were to start cursing at my parents or do something really... [00:22:58]

THERAPIST: Kind of outrageous and uncouth.

CLIENT: Yeah.

THERAPIST: The other person might put up with it, but they're kind of going to be holding their nose or somewhere in there, they're going to be resentful and critical. You're really trying to be nice, but come on already.

CLIENT: Like my sister is going to be like, "Wow. This is crazy." I think that's just like the person is going to be, "Oh, she's crazy," and might be nodding along but everything she just said is just like "whatever" because she's crazy.

THERAPIST: Yes. No credibility and is really off the wall. [00:24:00] (long pause) I see. So that's the way in which being really upset or feeling bad about a thing is in itself a really bad thing.

CLIENT: Yeah. Having that emotion feels like [...] (inaudible at 00:24:51) everything, sort of like it goes from "this person is upset for some reason" to "she's just being hysterical." [00:25:06] (pause) Also, it's kind of like (sighs) also to me again like a communication breakdown.

THERAPIST: If I can sit here and talk to you about it it's because I'm a highly-trained professional who has a lot of experience and training, having to nod along I sort of stay with something entirely non-credible incredible. I don't know. You know what I mean? Some of this kind of stuff.

CLIENT: Yeah. I think it also, even though I know I do it, it feels less like it's almost like I have to have, I guess, good, well thought-out reasons for being upset. (pause)

THERAPIST: This has caused you tremendous stress.

CLIENT: Yeah.

THERAPIST: This sort of kind of feelings, I think.

CLIENT: I think also why it's so stressful and upsetting is I feel like [...] (inaudible at 00:27:15). I'm really upset with my mom. You don't even call and express concern and then I feel like in her head she's going to say, "Well, you didn't call Mother's Day. So that's the same." Or like, "Why didn't you call? Please have a good reason." [...] (inaudible at 00:27:49) (pause) [00:28:05] And also my mom tends to be really like a pit bull. She gets on something and does not let go. I just really feel that the part I'm worried about is it's one of these things where she's going to bring it up next [...] (inaudible at 00:28:30). But in a way it works like I was the hurtful child and I was inconsiderate. (pause) [00:29:08]

THERAPIST: [...] (inaudible at 00:29:08)

CLIENT: The other thing I've been thinking about lately is if I want to really stay. Cambridge is paying for my degree, but do I want to stay or go where I want to? I feel like I'm so stressed and I'm miserable at Cambridge. I don't want to deal with it. Not working for Cambridge potentially involves me trying to take out a loan for tuition to stay for out-of-pocket or whatever. [00:30:07] I think if I asked my parents for the money they would say yes, but right now I just don't want to ask them for money because right now it feels like it comes with 40-bazillion strings attached. On the other hand, I guess I feel like if they're going to give me money for school, which it would be silly not to accept it. On the other hand, right now I'm just like [...] (inaudible at 00:31:04) accept it but... [00:31:05]

THERAPIST: Yeah. I imagine there's a sort of logical parallel to leaving Cambridge there, where you're thinking like I don't have the impression you're estranged from your mom or anything like that, but in some psychological way you kind of want to walk away from that.

CLIENT: Yeah.

THERAPIST: That's, I think, part of what's so upsetting about yesterday was and it sounds to me like those things can be interchanged in your point of view, kind of like you're pointing towards Cambridge more, a kind of upset about how things are between you in general or other are awkward.

CLIENT: Yeah. It's one of those clear... I know people who don't talk to their family any more or do the most minimal contact or whatever. [00:33:05] It's almost like I feel I disagree with them, but most of them I'm like, "Huh. That sounds really intense." I get really frustrated with my parents, but I don't want to not speak to them. Right now I'm just like nope. It's not that I don't ever want to speak to them again, but I'm more understanding of the impulse to do so. (pause) [00:34:00] It's sort of like the combination of the feeling like my mom was really kind of cold or callous plus her inability to talk about it plus me sort of feeling like – I don't know. I don't know if I feel like a little bit disingenuous this time with my mom, like I don't really want to hear about [...] (inaudible at 00:34:36). It's a combination of [...]. (pause) [00:34:58]

I guess it's also that my mom always seems kind of surprised and baffled when I'm upset about something. It's like every time she just seems to be like, "It's so weird. Why are you doing that?" I internalize a lot of that and work on non-internalizing that. It just feels weirder and weirder the more I think about it or try to understand what she's doing, as opposed to just accepting it. [00:36:01] (pause)

THERAPIST: Yeah, I think you maybe had pretty mixed feelings about wanting to look at how she can be this way.

CLIENT: Yeah. It's difficult. (pause) Yeah. Maybe it's difficult, in part, because I know so many people whose parents were horrible. [00:37:00] Then I'm like, well, I don't want to say that she's like that, but I also don't want to say that she was a sort of perfect parent. I do definitely (sighs) resent the bazillion-and-a-half areas about how mixed-race children are psychologically tormented by that.

THERAPIST: [...] (inaudible at 00:37:41)

CLIENT: Yeah. [...] (inaudible at 00:37:51) I'm not interested and I find it really frustrating in a bazillion ways. I also think sometimes that the desire to be like, "No. It's totally fine." [00:38:08]

THERAPIST: Oh, I see. You feel like people could read that as playing into those narratives which bother the hell out of you.

CLIENT: Yeah. (pause)

THERAPIST: I see. It sounds to me like it doesn't have anything to do with it.

CLIENT: No, it doesn't. It's just one of those weird feelings where I'm pretty clear that [...] (inaudible at 00:38:51), but it's something that people keep on – it's a response that I've gotten many times and so has my brother. [00:39:15]

THERAPIST: Yeah. I remember you were relating his bi-polar element to that.

CLIENT: Yeah. In conversing people are like, "No. Having trans-origin racism means that you are a rainbow love child who understands everyone." I'm like, "No. Not really. It just means that my parents were of different races." And actually I think the bigger difference is that they're from [...] (inaudible at 00:39:48).

THERAPIST: Yeah. I think when kids have parents who are very different for any number of reasons it's more part of the story. When they come from [...] (inaudible at 00:40:06), they just happen to be very different people, you know? [00:40:08]

CLIENT: Yeah. No. I agree. To me a lot of the things that people who are friends of mine will come to see as odd or unusual or like I was kind of related to that, they're almost always like – so my mom grew up in Europe. I don't know what else to tell you.

THERAPIST: It's like there is some piece of her, how she is around emotions, that there is some part of it that there is probably some contribution to make from her culture. You probably know a lot better than me. But from my understanding...

CLIENT: Not expressing...

THERAPIST: Not saying what [...] (inaudible at 00:40:57)

CLIENT: No, and I see that in all mothers. [...] (inaudible at 00:41:03) Just like "yep." That's happening. [00:41:10] Even my cousins who are my age who are more expressive than our parents, there is still [...] (inaudible at 00:41:23). I'm like, "Okay, I get some privacy, but..."

THERAPIST: Whoa.

CLIENT: Yeah. One of my cousins, his wife didn't want to talk to her mother-in-law about her pregnancies at all basically. So when she first got pregnant her mother-in-law would call and chit chat about pregnancy stuff. How is it going? [00:42:03] Sage is a private kind of person but it's just like, "You're having a baby. I had a baby." She eventually asked her husband to tell his mom to stop calling.

THERAPIST: Wow.

CLIENT: She just didn't want to talk about it at all. Wow. Okay. It just seemed a little more excessive, a little more [...] (inaudible at 00:42:36) than was needed. Even one of my other cousins were like, "No, blah-blah-blah." There is still a lot where we can never discuss our feelings ever. That's not an option. (pause) [00:43:03] My dad's family is also circumspect about things; it feels like it to me. (long pause) [00:44:01] I think that's a lot of the fear of having negative [...] (inaudible at 00:44:06) emotions [...]. Also my cousin, who is my age, I'm a little bit [...]

THERAPIST: On your dad's side?

CLIENT: My dad's side. Yeah. Daniel has this really kind of explosive kind of temper. He's had that since he was a teenager. When he was a teen it manifested in many ways but it also include for like – I don't know. He had a bad temper and started using drugs and drinking. [00:45:03] All this combined in him having just screaming fights with his parents and then he punched in the window of his mom's car more than once. He punched it in and broke it. He used to try to scare her and harass her for several years. I feel like part of what I feel like, feels like if I get really upset then obviously the next step would be punching in the wall or window. Daniel, thank God, doesn't hit people mostly. [00:46:02] He tends to hit the wall, the window, this thing right next to you. And he's also pretty big and intimidating and has a lot of anger, so it's super scary and also very much like my dad's commentary on it is, "I know that your mother didn't raise you to act that way. I know my sister didn't raise you that way, therefore other kids were raised the right way, which is not getting really upset." [00:47:02] I know that's mostly like "mother didn't raise you to get upset and punch something" but...

THERAPIST: It kind of comes off as... We need to stop. I'll see you tomorrow.

CLIENT: All right.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: After we spoke yesterday I decided to do a quick "call my parents" for 15 minutes.

THERAPIST: Wait. Do a what call your parents?

CLIENT: Do a really quick parent call. I usually would do the dinner fake-out call where I call them and am like, "Oh, dinner is ready," or whatever or "I'm getting on the bus."

THERAPIST: "Oh, I think I have call waiting."

CLIENT: Yeah, that doesn't work on them I found out already. (chuckles) But getting on the bus or whatever. [00:01:00] I had a couple of stories planned. I called and told them how [...]

(inaudible at 00:01:07) school this weekend, which was awesome. Whatever. I was starting to wind down and my mom was like, "Well, wait. There's something I want to task you about." First she wanted to talk to me about maybe looking after her car this summer and I think I'm just too stressed to deal with that right now. Blah, blah. And then she said that she had heard, meaning from my brother, that I was upset about her not calling [...] (inaudible at 00:02:00) and I really didn't want to talk about it. She was talking about it and it seemed like she felt that she was like, "I didn't call you properly." I don't know. It was very weird. Or they hadn't called in the way that I wanted them to and I was like, "Yes. I was upset. I think I called you several times." She was like, "Well, we weren't there." "No but..." She said, "Well, we were playing euchre and we didn't find out on the news until 7:00." I was like, "Yeah, but you called me at 10:00." She was like, "Well, but we were in the middle of playing euchre." [00:03:00] I said, "Okay, mom, but I think if you had said to anyone 'I'm going to go call my daughter who lives in Boston for a second,'" I think it would have been okay. And she said, "But we were playing euchre," which was really upsetting and she replies to me where she's like, "I don't understand what the problem is. We were playing cards." I was like, "I wish you had called earlier." She went back to the, "I wasn't worried because it was a sporting thing and I knew you wouldn't be anywhere near it." [00:04:00] Well, regardless – bombing.

We went back and forth a lot. And then was going on about how she wasn't worried. First she said that she didn't want me to think that they weren't concerned about me or they weren't worried about me, but they weren't worried because it was a sporting thing and they were playing euchre. I don't think my mom understood why I wanted her to call, why I was upset she hadn't called earlier or really anything. [00:05:00] (pause) It was also – I don't know. [...] (inaudible at 00:05:08), I guess, that she really sometimes is like she was concerned. She was worried about me, so she cares about me and then would say, "Well, we weren't worried because it was a sporting thing." Then she launched into this thing about how – I had said something like, "Other people were worried." She said that she doesn't worry about things, which is not true. She was saying, I don't know what it is, I just don't worry about things like bombings or September 11th or any of that sort of thing. [00:06:04] I don't worry about it because I know..." She was just sort of going on about how she isn't worried when she hears... I guess if I was in New York City on September 11th then she wouldn't have been worried. I was really very upset and for me a part of what was so upsetting is her reasoning was pretty much that the euchre was more important and she wasn't worried because it was sports. And besides, people don't get worried – or she doesn't get worried – about bombings and things. [00:07:03] Then her follow-up was, "And besides, you're fine." I'm like, "But it was stressful and scary. She said, "But you're fine. You're fine now." I'm like, "No. I'm actually a little stressed." She sort of went back to "you're totally fine" and went back to explaining more how she wasn't worried, so I asked her to stop. When she was explaining how she was playing euchre and whatever, I asked if she could stop explaining why she didn't call me because it was upsetting and I said, "I don't want to hear that anymore." Then her response was September 11th and so I asked her to stop again and then she was, I guess, frustrated that – I don't know. [00:08:14] She was frustrated and said she was calling to apologize for not calling correctly. I said, "I accept your apology, but I'm upset," and then we went around in circles with that for a little while. Then I was like, "I really have to go. The dinner is ready now."

THERAPIST: Sorry. Can you tell me about going around in circles again? I wasn't picking up...

CLIENT: (sighs) So it was my mom saying she was calling to apologize.

THERAPIST: Right. And you it was okay. [00:08:59] CLIENT: I said I accepted her apology and I was also upset and it was scary and then she was like, "Well, but you know we were playing cards," and decides "you were totally fine, so why should we call?" THERAPIST: This all followed the apology?

CLIENT: Yes. That was part of the apology. First she called to tell me she's apologizing for not doing it right and I was like, "Okay." Then she explained that they hadn't called because she didn't find out until...

THERAPIST: Yeah, I got all the rest of that. Okay. All right. I'm clear. And then you aid dinner was ready.

CLIENT: Yeah, I really have to go. And she said, "No. Your dad wants to talk to you." I was like, (whispered) "Oh, God. I really don't want to talk to him," so I said, "No, I really have to go." She said, "No, you really have to stay and talk to your dad." [00:10:00] [...] (inaudible at 00:10:01) voice because [...] was hanging out. And then she would call back. So my dad got on the phone and I attempted to distract him with some other things and then he was like, "Well, you know we called to apologize because it seems like you were kind of upset that we didn't call you on Monday." Then he was like, "I guess you were really upset." I went "yes." He sort of trailed off a little bit. I basically said, "I accept the apology. [00:11:02] I found it very stressful and upsetting and he repeated, "You're fine now." Like that was then, you're fine now. I said, "No, actually it's still very stressful." He just repeated that it was in the past and I was fine and I said I had to go. I just sat there crying for a while because I was really shell-shocked. That was not what I wanted to do at all. I guess the whole point of me calling was to not have that conversation because I didn't want to.

THERAPIST: I think that what you're saying is that you were feeling kind of distant from them and you wanted to sort of reach out a little bit, although in a way where you could protect yourself. [00:12:05]

CLIENT: Yeah.

THERAPIST: They really trounced your efforts to do that.

CLIENT: Yeah. Like I have a variety of talking-to-my-parents-briefly-about-nothing strategies and they didn't want to do that. I felt worse after. My mom's comments about "but we were playing euchre" was just like I don't rate above a euchre game. [00:13:05] When I parsed that out, really for her, she just responded again, "But we were playing euchre." That was... (pause) I just feel like I rated below a euchre game, which is pretty bad. Beyond that, I feel my mom didn't have

any sense of why I was upset or that I might not want to hear that I rate below a euchre game repeatedly. I also thought she wasn't listening to anything I was saying. I guess I was trying to get her to say something other than "but we were playing euchre" or something. I guess I expected or wanted like "we were playing euchre, but in retrospect we would have called" or "we should have called" or whatever. Something like that. And that didn't happen. [00:15:10] I don't know. I felt like my mom was (sighs) (pause)... I felt like she thought my compliant was that it was an etiquette screw-up, like we didn't call within 24 hours of the thing, which is bad form. Like I was upset and I don't think she actually heard it. [00:16:04] I don't think she really heard or wanted to hear that I was upset, that the bombing was upsetting, that it was really scary, the whole week was scary, the shutdown was scary. She said things like, "I watched the marathon a couple of times," not that [...] (inaudible at 00:16:30) but – whatever. Again, when I said that I wanted her to stop talking about why she didn't bother calling, she was like "Okay, I'll stop talking about it, but I just want to talk about it a little bit more to tell you how I'm right." [00:17:04] I also I feel like – I don't know. I assume my dad was – like my dad, if I call, he's usually somewhere nearby. Sometimes he's in the other room, but I think he was nearby listening and did overhear, at least, her side. Again, I felt like he was that I was overreacting and childish and really upset over something that wasn't important and that because they called to apologize, I should feel okay and that none of it was stressful or upsetting. [00:18:20] I'm pissed that....Actually I don't even know. I think my brother told my parents I was upset and I'm also pissed at that. I'm also pissed that while I was talking to him he was making dinner and eating dinner and was really...

THERAPIST: You talking about your brother?

CLIENT: Yeah. When I talked to him he was not really checked-into the conversation. I feel like it would have been nice if he had either said "I'll call you back" or had asked his wife to take over whatever he was doing so that he could talk to me and pay attention. [00:19:11] (pause) Right now, I also half want to call him and say, "Did you tell mom and dad that I was upset?" Also I half really don't want to. (pause) I kind of also want to call his wife and say "what the fuck?" but I feel weird doing that. [00:20:01] One of the times I called them, I called them both because my brother didn't pick up. I called my brother and he didn't pick up. I called his wife and she picked up and he was next to her, but I think he had his phone off. So I talked to my sister-in-law, Tricia, and she was like, "Wow. That sounds really horrible. Are you okay? Is everything okay?" She was concerned and my brother was less so, not that – she is definitely more expressive than he is. So I kind of want to talk to his wife just about that I el really frustrated about everything, but I also feel weird calling her and being like, "I'm mad at your husband, my brother. Also I'm mad at my parents." [00:21:19]

THERAPIST: In-laws.

CLIENT: "Yeah, your in-laws." I guess I want someone involved in my immediate family to be sympathetic, and I think she would be. I also think it would put her in a weird position. (long pause) (crying) [00:22:26]

THERAPIST: I also have the impression that you're scared about the intensity of your feelings about this not surprised by their intensity, but scared by it.

CLIENT: Yeah. I guess I thought that my parents for a while that since I already know that my mom has been talking about emotions and XYZ, that it would be less upsetting because I wasn't expecting an emotion-filled conversation about how I felt or how she felt. I figured... what I thought might happen – I don't know. I guess it was worse than I thought it could be. I didn't really realize that that was on the table. [00:24:02]

THERAPIST: My hunch is you didn't want to.

CLIENT: Yeah.

THERAPIST: I can see why you wouldn't. I don't mean [...] (inaudible at 00:24:19), (pause) but I think it puts you (pause) in the line of fire in a way and that it reflects more probably on how painful that is or [...] on how painful that is. [00:25:31]

CLIENT: Yeah. (pause) I think part of it is [...] (inaudible at 00:25:50) think that – not that I was exactly okay with my mom being emotionally distant, but I guess I've accepted it or she does what she can and I try to be like, "Okay, you give the worst, most awkward hugs ever." I don't feel that we're emotionally close, but you're trying and it's not fair to expect my mom to be able to... [00:26:47] I guess I have low expectations for my parents' ability to respond emotionally, especially my mom. I don't know if I do, but sometimes I do. In my head, knowing that, it seems like it should make it less painful, but it really didn't.

THERAPIST: I think you basically want to think of her as a good parent and there are some ways that she is, but when it comes to this stuff she just isn't. I don't think you want to see it that way.

CLIENT: I don't.

THERAPIST: I think low expectations sounds more benign and it kind of puts you in charge of how it feels more so. [00:28:00] I think she did a bad job [to parent] (ph?) when it comes to this stuff and that you don't want to see it that way because it's very upsetting. The one consequence of not wanting to see it that way is this kind of thing. It keeps happening; it keeps surprising you in a way. There is an extent to which I think you're surprised. I think you're surprised by how upsetting and jarring it is. You had anticipated this call and how it could have gone south. [00:29:13] You probably could have predicted some of the things she might have said. I think that's true, but in that sense I don't think you're [...] (inaudible at 00:29:22). But I think there is something about the nitty gritty of what those moments are like that I think you kind of don't remember very well when you're not in the middle of them or when they haven't happened. I could be wrong about that.

CLIENT: Yeah, I think part of it is that I mentioned to Kelly [...] (inaudible at 00:29:54) and she was like, "What did she say when you were like 'I think you should have stopped playing euchre to call me'? What was her response?" Her response was to repeat that she was playing euchre. [00:30:14] It was sort of like there was, I feel, this disengaged, bouncing around the question.

THERAPIST: Actually, maybe joined to that is at least as you related it to me, you didn't say quite "I think you should have stopped playing euchre and called me." What you said was, "I don't think anyone would have minded if you said, 'My daughter lives there. I'm going to go call her.'"

CLIENT: I said both. [00:30:59]

THERAPIST: Okay. All right. The reason I mentioned it. I don't care about [...] (inaudible at 00:31:04) but it occurred to me when you put it the way, at least just a minute ago...

CLIENT: No, that's the way I put it to her.

THERAPIST: It's a more assertive statement with her because I think that's the other thing that's missing. (pause) That seems closer to a critical judgment of her, which is something you attempt to avoid, I think. [00:31:59]

CLIENT: Yeah, I don't.

THERAPIST: But I take your point, that you did actually say that on the phone. I mean I get it – there's more that happened than what I heard in that particular way.

CLIENT: No, actually [...] (inaudible at 00:32:16). Yes. (pause) To me another part about saying no [...] (inaudible at 00:32:39) is (sighs) saying I was upset that you didn't call because you were playing euchre, didn't make the attempt. It was just like "but we were playing euchre." [00:33:03] I was kind of thinking, "Okay, well you were playing euchre. You're telling me basically, "We were playing euchre, therefore we couldn't stop doing what we were doing." I was kind of trying to be like, "I think you could have stopped for these reasons that have nothing to do with how upset I am."

THERAPIST: Like in saying it, you're responding to a particular comment she made, suggesting that it really wouldn't have been a problem for the other people playing, which you were arguing it would not have been in that they would have their priorities straight.

CLIENT: Yeah. (pause) It's like me being upset wasn't the priority, so maybe you would feel more worried that your euchre-mates were going to be upset. [00:34:15] I'm so stuck at "but we were playing euchre" because I just feel like it's not an answer and it's more of a non-answer than I was expecting. (pause) Also that she seemed to really not get that you could pause your euchre game for a thing. [00:35:11] This seems important enough that you might want to pause

what you were doing for the whole five minutes it would take to call me. I guess I wanted to convince her of that and I tried and it didn't work. (pause)

THERAPIST: I imagine it feels to you like nothing you say would really get anywhere near her.

CLIENT: Yeah.

THERAPIST: And that you tried to go sort of smaller and less confrontational and it didn't work. [00:36:09]

CLIENT: Yeah. (pause) Yeah. I think when I thought about what would be the worst-case scenario it was going to be more like a well-I-was-going-to-call-you-but reason or "I wanted to call you but I didn't." [00:37:03] because I didn't imagine Oh, I wanted to call you but I didn't have my cell phone." Whatever.

THERAPIST: We should stop. Sorry about the call.

CLIENT: Me, too.

THERAPIST: See you next week. I'll keep looking for a way to not do back-to-back. We may need to do it for a little while.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I'm upset about a variety of things.

THERAPIST: Sorry to hear that.

CLIENT: Weirdly what comes to my mind most because it just happened, Chet, my manager, he's out until after the Memorial Day, but he didn't mention that to me. [...] (inaudible at 00:00:48) and I was talking to him about the vacation I was taking this week. I don't know how I feel about it. I'm insulted and confused. [00:01:07]

THERAPIST: There is one thing I wanted to mention. It's that I'm out all next week, not just Monday. Is that the week you're away? You said that already. You told me about it.

CLIENT: Yeah, I may have. We might as well check this while we're here. On the 27th or the 28th.

THERAPIST: Look at that. Right there. You are away the 27th and 28th. Okay. Sorry, I didn't mean to...

CLIENT: No, no. I'm just sort of like, "What? What?" I was replying to his CC to ten people and I'm like [...] (inaudible at 00:01:53). Oh, it's my manager. What? [00:02:05] I don't know. I'm just don't know how I feel about it, other than not great. I get that he wants to be my buddy boss plus micro-manages my time, but then didn't say anything. (laughs) Unfortunately the two other people that he has as reports, one of them is out and one I just didn't run into so I don't know if they were aware of this. At any rate, I just want to do some additional looking into my time. [I may just want to allocate my time.] (ph?) [00:03:09] I'm pretty sure I've mentioned my friend, Jersey, who has a variety of disabilities.

THERAPIST: Yeah. [...] (inaudible at 00:03:16)

CLIENT: She has a below-the-knee amputation and a knee replacement in the other.

THERAPIST: And some chronic pain and she's had some major surgeries the past few years?

CLIENT: Yeah. She was paralyzed from the waist down when she was a kid and kind of stubborned her way out of that and also has this weird where it comes up [...] (inaudible at 00:03:43). It basically comes out of nowhere and then [...]. It's really crazy. So the bones in her feet are puffed up. Her legs are puffed up, et cetera. [00:03:57] I've been there for her [indication] (ph?), her knee replacement, and some other things I can't remember right now. When she decided to get one of her legs amputated, a lot of people were really freaked out and I was really pretty chill about it. I talked to her about it like "that's your body so you should do what you think is best" and "you can't really walk on your legs." It's really hard for her to walk unassisted. She uses crutches usually. Usually she's in too much pain to crutch around very much. She's basically always in pain. I was like, "I think if you off your leg you would be more comfortable." [00:04:59] She said that I was one of the few people that was just like "do it." That surgery was probably the easiest surgery I have ever visited her for. They amputated. She had tattoos going down both her legs and they happened to miss the tattoo. She wasn't worried about it, but they were like, "Yes. We didn't mess up your tattoo." I was just like "yay." One of her uncles who is a former soldier and was in combat could not cope with her having her leg amputated at all. He was able to be in the room with her for five or ten minutes. She's covered from the waist down so all you see is this knotted bump on one side and he just couldn't deal with that. [00:06:01] This time he managed to sort of be in the hospital room for 45 minutes. This was the adjustment to a knee replacement, which is an improvement.

THERAPIST: This is what?

CLIENT: Jersey went in for an adjustment to her knee replacement.

THERAPIST: Okay. I don't know technically what that means, but I know [...] (inaudible at 00:06:25)

CLIENT: It's a complicated weird thing. Part of the issue was that the surgery incidence success and what she considers successful are not the same. She was like, "I would be able to walk around and stand with stability." The surgeon was like, "Well, you can stand. That's successful." Like your leg didn't fall off. That was successful. She wants to be able to move around and that's not a measure of success. [00:07:04] Most importantly, she wanted to get closer to 90° of rotation in her knee. I think she had 30° maybe. Her decision was amputate above the knee or have them go in to try and see what they can do.

THERAPIST: This is the knee on the leg that was previously amputated?

CLIENT: This leg was amputated below the knee. This leg had the knee replacement and the rest of the leg.

THERAPIST: And she's saying for that one, if you can't improve this much then get rid of it.

CLIENT: Basically. But no one wants to do amputations on her. No one wants to do a multi-amputation on someone who is 34.

THERAPIST: Why does she want it amputated? [00:08:04]

CLIENT: She's constantly in pain. So there are two things: Constantly in pain and also, if she has two prosthetic limbs, she would be way more stable and able to walk and move, actually. It's one of those weird things where...

THERAPIST: I don't have to know that, but I can imagine how it could be.

CLIENT: Yeah. Double amputees walk. It's more difficult and people freak out when they see she has a prosthetic. That would be more so. For a while she would wear longer things to cover it up, but now she will wear a skirt or shorts and you can see the prosthetic. She was leaning towards the amputation and then the bombing happened and there were all these horrible pictures of people with their legs blown off. [00:09:03] She was like, "I can't." She just got really freaked out and also the surgeon who was willing to do the amputation mostly did bone cancer, so when she visited him she was in a cancer ward. She said it was too much. So she was in the hospital and this surgery didn't go well. Instead of the incision that she expected, it was about six inches. She had an incision from below her knee to up here and they cut apart her quads and did strange things. I don't know. They cut them apart, but they want them to regrow to maybe make her muscles attach better to bone and the implant, which wasn't totally what she thought was happening. [00:10:12] She is so weak. She's running a high fever. I talked to her on Saturday briefly. She was really upset.

THERAPIST: When was the surgery?

CLIENT: The surgery was Friday morning.

THERAPIST: So she's still in the hospital.

CLIENT: She's supposed to check out today, but isn't. So Saturday she was like, "It's not successful to my mind. I'm really upset." So I went to visit her on Sunday and I've never seen her this bad. Also when I went to hug her she was burning up. I was like – fuck. There's really nothing to [...] (inaudible at 00:11:02). [00:11:06] I've known Jersey for a very long time. I met her through [...] (inaudible at 00:11:13). She was married for quite a while, eight years, and got divorced a few years ago and one of the things that was very scary for her was the idea of having major surgery without a partner. Also, she was really upset with her ex-husband. She kind of sliced out a lot of – she didn't want to go to a lot of stuff where she was at. She was like, "I don't want my friends to choose, except I kind of do." (laughs) I was like, "Okay." She was like, "You shouldn't have to choose, but I really want you to." [00:12:07] I was like, "Okay. I hear that." So she made a whole bunch of new friends in the last couple of years through rock climbing and they're all early 20s, just figured out that maybe they're queer or kinky or [...] (inaudible at 00:12:27) or something. They're really nice people. The level of shell-shock they had in their eyes at the hospital was kind of intense. They left a mess everywhere. After some of her friends left I saw one of the other persons was like, "Pick up this trash. Let's organize your tray. Let's go grab something from the nurse." [00:13:00] She is dating some guy who was like, "I want to be with you through this major surgery."

THERAPIST: He's one of the rock climbers?

CLIENT: He is 28 and now he's like, "I don't want to visit you in the hospital, even though I know I should." He didn't quite say that, but that's what he meant. Where she lives is a nice place, except it's hard to get to without a car. For me it's two busses and [...] (inaudible at 00:13:41), so I'm worried about her surgery and I'm worried about her recovery and that she's still – in previous surgeries she's been like, "Yep. I'm walking around and doing things" right away; and this time she isn't. [00:14:09] Yeah, so I'm just really worried about her. She was complaining at one point about this guy she was dating, who is 25. She was complaining that he was kind of an immature guy. I was like, "Yeah, he's 25. What do you want?" She was like, "No, but blah-blah-blah." I was just like, "Jersey, you're not going to meet someone who is super-emotionally mature who is also really young, so stick closer to your own age." I'm like [...] (inaudible at 00:14:50).

THERAPIST: If that's what you want.

CLIENT: Yeah. You want a serious relationship. You're probably not going to get it from this person, especially if you want to engage in a lot of high-level communication. [00:15:07] I also worry about that a little bit. I think you need to stop dating guys in their early 20s all the time. [...] (inaudible at 00:15:25) she's just not having relationships with them, and yet it's hard. If she lived closer I would just go over there every day or evening and be like, "Okay. What's up?" It's just I can't. I've just been feeling so stressed out about my own life that I find it hard to have the energy and space to do any of it. [00:16:02] (pause) Normally she has friends help cook her

meals three days. I've done that several times and this time I was like, "I can't really give myself. I'm sorry." I don't know. One of the ways I deal with anxiety or worried about friends is giving them food.

THERAPIST: Right. It's probably pretty nice for her, too.

CLIENT: Yeah. And it's also hard because of what she expected isn't what she got, so she's feeling very much like, "I don't know what I want. I'm sorry." [00:16:59] The thing that she said that she wanted for typical post-surgery, it turns out she doesn't want. She's been through a lot of surgeries in her life.

THERAPIST: Yeah. [Like what you said in terms of people around her?] (ph?)

CLIENT: Yeah. And so she has a lot more than she ever has and that's stressing her out, obviously, and I'm stressed about it, too. I don't know. (sighs) I was feeling very super stressed and cranky. Thursday and Friday I was just in a bad mood and I was like, "Oh, right. Maybe it's just my friend having major surgery. Huh. Oh, right. It didn't go well. That might be why I'm so upset and have a headache." [00:18:08]

THERAPIST: [...] (inaudible at 00:18:12). That could be it, but it's not the most straightforward.

CLIENT: What I usually do is I end up tensing all my muscles and not paying attention. (chuckles)

THERAPIST: I see.

CLIENT: Then my shoulders really hurt and my neck hurts. Then eventually I'm usually like, "Oh, right. I've been tensing all my muscles, clenching my jaw." Also I don't want to eat, which also makes me headachy.

THERAPIST: Sure.

CLIENT: Which is also weird for me. I think it's partially the Wellbutrin and partially just... [00:19:01]

THERAPIST: Did you change the dose or...?

CLIENT: She upped my dose a year and a half ago and ever since then I [...] (inaudible at 00:19:12). When I'm stressed out I don't like to eat, so that [...]. (pause) Then I'm also having a week of really minor squabbles about how stuff that are making me feel really irritated and that, more than – like it feels out of proportion. [00:20:05] Like the cable was out, so I called and was on the phone with them forever. I made an appointment. Everything started working and I canceled it and then I thought I shouldn't have canceled it because what if it stops working? And then it stopped working six hours later so she was giving me shit about canceling the

appointment. I made a new one for the next day, but I had therapy and I wanted to go to work out. You shouldn't try to schedule things when I'm not there. Ashby basically doesn't want to wait for the cable person either tomorrow night or Wednesday night, which is frustrating because she's been very insistent on wanting new equipment. [00:21:01]

[...] (inaudible at 00:21:03)

CLIENT: I've been more neutral on it, so there is that. And then Friday she's like, "Order this pizza for me from this place." You get this special crust. I was like, "Okay." So I ordered it and she was like, "It's the wrong crust. I mean, it's going to be fine. It's fine. It's just that you ordered the wrong one." That really pissed me off. She flipped out because our landlord came on Friday to replace our windows and she was like, "This place is so horrible and messy our landlord is going to think we're horrible people," and then had me clear a space in front of the windows where we had boxes piled. [00:22:04] So she flipped out about that. I don't know. Ordering a pizza is not that big a thing. We order food for each other sometimes. If we get the wrong thing, that's fine. I was just really pissed, in part because she was sort of being like, "You got the wrong one, but no, it's fine." But also couldn't tell me what the right one was. She was like, "It's the hand one." No, it says hand-tossed. She said, "But it's the wrong one." Eventually it came out that it's hand-made. I don't know. (pause) [00:23:14] The other thing is that when Ashby calls, she basically starts really pissed and goes from there. I don't like it when she does that and I'm around. [...] (inaudible at 00:23:29) She bitched at me for staying on the phone with Customer Service. She said something to me and I was like, "You know, I was on the phone for 90 minutes." She was like, "I never do that." Shut up.

THERAPIST: I don't get it. She's not on the phone 90 minutes because she just gives up before then? Or she gets pissed? [00:24:09]

CLIENT: She refuses to do any of the troubleshooting.

THERAPIST: They're like, "Try turning it on and off and turning it back on again." She's like, "No."

CLIENT: She'll be like, "I already did that before. It's not working. Come out here and fix it." I'm like, "You could try. It might work and certainly not doing it definitely won't work." Yeah. (pause) [00:25:09] I talked to her about Jersey so she knows all this is happening. I guess part of me is like why are you picking at me now?

THERAPIST: Right, because you're really upset.

CLIENT: Yeah. This is sort of stressful and I'm upset. I don't know.

THERAPIST: I think you're helpless in all these situations – in distress and helpless. Not good. [00:25:55]

CLIENT: Right. Also, with Ashby I feel like if I ask her what she wants, the probability of me getting a clear answer is really low and the probability of her saying "it's all ruined" is pretty high, which makes me feel more almost like...

THERAPIST: Yeah, like you know it's going to be [stymied, any efforts to manage things.] (ph?)

CLIENT: Yeah, basically. I guess I really just don't trust a lot of Jersey's friends, is what it comes down to. [00:26:59] [...] (inaudible at 00:27:02) Jersey's previous friends about her surgeries as well in that a lot of people were really negative about her having her leg amputated. Even though from my point of view she would be in less pain, the prosthetic lets her stand and walk without her crutches. So fuck yeah, that's great. And because she's had leg pain and problems with uses crutches the entire time I've known her, friends of ours will just be [really invasive] (ph?) about medical things. Like have you tried blah-blah or suggest she do something to soup up her wheelchair which is awesome, except that she physically can't do that. [00:28:11] I mean one of the big things that we had talked about is that people don't trust that she can do things if she says she can. It can be a little harrowing from the outside to see like her carrying a full put of something or whatever, but she wants to do it. She'll kill you if you say that she's weak. And it's also a very good way to say "I can't do that." [00:29:01] Some of her rock-climbing friends were just not telling her about certain climbs because they thought she couldn't do them and she was really pissed, obviously. Her current housemates, she was like "We're going to plant a garden, but need assistance planting a garden." Two of them were like, "Well, it would just be too hard. We don't think you could do it." That's the other thing. (pause) I'm feeling pretty low about how she's doing right now. I feel sad about it. I know she's really emotionally wiped out and I don't want people treating her like she's helpless or that she can't do anything. [00:30:11] Or more to the point, not asking if she can but just assuming.

THERAPIST: Yeah, in a way they're making her helpless that way. She certainly can't do the climbs if nobody has told her about them.

CLIENT: Right. And she's a bad-ass climber in the rock-climbing gym and can walk – not always quickly, not always easily, but can do it. I don't know. When people do that I always think, "Have you met Jersey? Because I think if you were actually friends with her you would know don't do that." [00:31:06] I just want her to have some better friends. I want her rock-climbing friends to be less icky, which I don't think is going to happen because it's not. (pause) [00:31:57]

THERAPIST: A lot of the tension that you've been feeling is sort of trying to get a hold of yourself in a way. It sounds like it's pretty out of control.

CLIENT: I feel like I don't have a handle on stuff, like my life. I thought I knew how to – oh, I've done terrible times at school. And now I'm just like holy shit. What the fuck? This is really different than what I was expecting. And also I totally can't help her in the way I have before. [...] (inaudible at 00:32:50) is coming up this weekend and I just don't want people grabbing at me or at my attention, which people will. [00:33:03] I'm sort of like I wish there was a way to say to people that I'm at a neo-max. I'm sorry. Just go away. It's hard to do. Someone is coming that I

find kind of annoying. She's kind of a friend. She is [...] (inaudible at 00:33:30) freaking out about it and wanting me to hold her hand and I'm really not up for it.

THERAPIST: Yeah, you do sound terribly upset about what's going on with Jersey.

CLIENT: Yeah. It's so frustrating. [00:34:00] Part of what is upsetting and frustrating is that she goes to the doctor and gets ignored a lot or they don't read her chart. She [...] (inaudible at 00:34:16) medication they give you. They're basically like, "Do you want morphine?" "Nope." "Do you want the [...] (inaudible at 00:34:27) to go to the limit?" "Nope. Read my chart." That's always so frustrating and her fear about getting the adjustment was if it's successful in the eyes of the surgeon she won't be able to get her leg amputated, even if it might not be successful for her. It seems like what has happened is that she's now in that state. [00:35:01] It's just so shitty. I was wondering if being poor and on Medicare might help. Fortunately it doesn't necessarily hurt, because she has a bunch of unusual conditions, not like "Oh, that's interesting."

THERAPIST: Does she work?

CLIENT: She can't.

THERAPIST: Because the pain is too distracting?

CLIENT: It's a combination of the pain is really difficult and she would need a bunch of accommodations, which – I mean she's worked at kind of low-level jobs and unless she was already working for them, they wouldn't hire her. [00:36:12]

THERAPIST: Right. Like if she had a lot of training in something, it might be easier to get those kinds of accommodations. I don't know. Maybe not.

CLIENT: Yeah, maybe. I feel like [...] (inaudible at 00:36:26) ADA or whatever, if she wheels in or crutches in, people would be like, "Oh, fuck that." They just don't want to deal with it or would make assumptions about her. She also has no education. She doesn't have a lot of technical skills. She has a lot of other skills, but [...] (inaudible at 00:36:49). (pause) She's just such an awesome, wonderful person. [00:37:01] It's so upsetting and frustrating. It's a combination of her body isn't working, and that sucks. But it's also a combination of her growing up. She grew up poor [...] (inaudible at 00:37:23) and got really shitty health care. Some of her medical problems were growing up with shitty health care. Then there are the surgeries that she finds less helpful. Nobody wants a knee replacement when they're 30 either. They have a life span. Her doctors are mostly like, "How about if we give you a bunch of pain medication?" [00:38:01] That will be great. She would prefer not to be sedated constantly. (pause) When she got [...] (inaudible at 00:38:17) it was so great to see her so much more mobile and in so much less pain. With this one I'm just really worried that she may be less mobile in a certain way. She's already [...] (inaudible at 00:38:33). (pause) I also find it hard to talk to people because a lot of people get caught up in the why would she want to amputate? Or 40-bazillion...

THERAPIST: Like technical questions.

CLIENT: Yeah. One of the big ones is why would she want to amputate? I don't know. Because she'd feel better.

THERAPIST: Yeah. And be more mobile.

CLIENT: Yeah. She'd be so much more mobile it would be ridiculous. I don't want to talk about that it's going to be an amputation or blah, blah. I want to talk about my friend.

THERAPIST: I see. [...] (inaudible at 00:39:38)

CLIENT: Or like I don't want to talk about the structural reasons why generational poverty exists or her lack of health care as a child. Those are also theoretically interesting discussions [...] (inaudible at 00:39:57) but I don't care.

THERAPIST: It didn't work out very well for her and she's really upset. It sounds like [...] (inaudible at 00:40:14) in a way that she is remarkably good at not being.

CLIENT: Usually she's bossing around the nurses and she's not. She hasn't even been able to get the leg immobilizer that she wants. And also the first few weeks post-surgery are really important and I totally can't. I'm not going to be able to see her.

THERAPIST: Where does she live?

CLIENT: She lives somewhere out of nowhere. [00:41:03] She has a car. Her roommate [...] (inaudible at 00:41:06) It's on the bus line sort of. [00:41:12] I can get there. I'm going away this weekend and two of her rock-climbing friends live near me. One of them gave me a ride [...] (inaudible at 00:41:30) and she was supposed to on Thursday. I kind of expected it.

THERAPIST: Where is the hospital?

CLIENT: GH. That's one of the weird things. She seemed like highly-skilled surgeon. It's not that.

THERAPIST: I was wondering how hard it would be to get where she is in the hospital.

CLIENT: Since it turns out that Chet isn't around this week, I'm totally going to take a long lunch tomorrow if she's still in the hospital and visit her. [00:42:08] I really wanted to today, but I didn't know he wasn't there, which is also why I'm really pissed about that. [...] (inaudible at 00:42:22) (long pause) [00:43:05] I've been having a horrible time sleeping, in part because of that. I think I got five hours last night. I need to eat. Unfortunately, nothing is really getting my mind – nothing is really getting my worry about her or me feeling like my own life is just like really overwhelming. Finishing packing is becoming a thing. [00:44:01]

THERAPIST: [...] (inaudible at 00:44:03)

CLIENT: Thursday morning. (pause)

[...] (inaudible at 00:44:16)

CLIENT: Do you have tomorrow's appointment?

THERAPIST: I was just thinking during the day you might have some more flexibility. CLIENT: Oh, yeah. (chuckles) Except that it's super busy and I can't. No, I would like to.

THERAPIST: We need to stop, but I will see you tomorrow.

CLIENT: Okay.

THERAPIST: [...] (inaudible at 00:44:57)

END TRANSCRIPT