

BEGIN TRANSCRIPT:

CLIENT: I took advantage of Chet not being at work I took a three-hour lunch and visited Jersey at the hospital. The day after her surgery she got a blood transfusion, she had low blood [...] (inaudible at 00:00:32). It was a little low before and then they were like, "No, you need more blood." Last night she had another blood transfusion and they were thinking of giving her a third and she really freaked out. We have a mutual friend who is a doctor who also practices there and he visited and was like, "What the fuck? Why aren't you getting more blood transfusions?" [00:01:01] She's not his patient but he was like...

THERAPIST: Yeah.

CLIENT: Because she's so youthful. She's short and small and very youthful looking, so sometimes that leads doctors to think she's young and healthy. It will be fine. I saw her today, getting her third blood transfusion when I came in and she was a lot better, which was such a huge relief. She wasn't running a fever anymore. She got another blood transfusion. She got a better knee mobilizer and a bunch of things. She still is exhausted and has really low energy, but her incision is fine and she's not running a fever, so I'm kind of like okay. I was there when the surgeon came by and he was like, "Yep. Great. Okay." [00:02:09] (sighs) So we talked, which was really great. (pause) It was really great that she seemed better, like she wasn't running a fever any more. I don't know. The incision is kind of gruesome because it's staples up her leg, but also I looked at it and I was like, "That looks great." It's not red or puffy. It looks like your leg with staples in it. I was like, "Okay. That's really good. We talked about her previous surgeries and how she had so much energy before. [00:03:06] We all talk about that. I've seen her feel better and being able to talk to her about it was really good. Also when I was there, a friend of hers came by and we all chatted. As I was leaving another friend showed up, so it was kind of nice to have that happening. One of her rock-climbing friends, despite being a huge flake, also has a sugar daddy, like randomly is a sugar daddy.

THERAPIST: Wait. The rock-climbing friend has a sugar daddy?

CLIENT: One of her rock-climbing friends has a sugar daddy.

THERAPIST: Is a sugar daddy?

CLIENT: Has one.

THERAPIST: Has one. Okay.

CLIENT: And so she bought Jersey new crutches because she just has money. [00:04:00] It's a little weird because she has no job, but she does have money.

THERAPIST: Yeah, like sort of kept.

CLIENT: Sort of. He buys her a lot of shoes and clothes sometimes. He's kind of mostly a crutchy hippie except that, I guess – I don't really understand what's exactly going on. I'm like, "Is he paying her rent? Does he give her money? What are you doing?" Jersey couldn't afford the crutches and [...] (inaudible at 00:04:42) was like, "Oh, you can have the standard crappy ones." So I'm really glad she's getting new crutches. It felt great. The other thing is, though, I went to my parents this Mother's Day and had sent them an e-mail. I was like, "Eurovision happened" because my mom likes it. She mentioned that Eurovision is a good American Idol for Europe, except that each country has really crazy musical acts and then you vote. It's really, really intense. Some of the acts do things like a lot of the former Soviet states do weird heavy-metal acts like Alice Cooper style. It's really weird. She was like, "It's too bad that I can't see that in the U.S." I found a video stream and it was taking place in Finland. I was like, "Eurovision! Topic of conversation." I'd throw out a few other qualities. [00:06:04] Then she wrote last night and said that she and my dad want to come down and visit for a day. I really, really don't want to. [...] (inaudible at 00:06:19) this weekend, before I could say, "I'm away this weekend and next weekend I'm helping a friend move." But my birthday is June 13th, so they want to see me before my birthday or maybe right after. I got this e-mail from them like, "Hey, we want to do a day visit, blah, blah." [00:07:03] Also, my mom had just been in the area visiting her friend, and had not mentioned it. She hasn't even mentioned that she went to visit my brother, either, which she does...

THERAPIST: You mean like in the area?

CLIENT: Yeah. Cassandra is her lesbian best friend. She wants to meet me and have brunch and then go antiquing and then go back to their respective places. My mom very much enjoys it. I [...] (inaudible at 00:07:53) every time that they go. I'm like [...] (inaudible at 00:07:57). So Cassandra is a lesbian. [00:08:01] I had mentioned to her mom at one point and she was like, "Cassandra is just having fun." I'm like, "Okay, that's true, but she's also a big lesbian." I was kind of like "get ready for when she tells you that." I was giving her some tips on how to respond. When my mother and Cassandra were first becoming friends, I was really sure that Cassandra was a lesbian and I told my mom, "When she comes out, you..."

THERAPIST: Oh, she hasn't told your mom.

CLIENT: At the time, she hadn't told her. She has now, but when they first met Cassandra didn't say anything.

THERAPIST: How did they meet?

CLIENT: (laughs) They met at a women's center where I was doing yoga and my mom was driving me there.

THERAPIST: Okay.

CLIENT: Yeah. And they went to a kd lang (ph?) concert together once and my mom, when she described the concert and then three years later I was like, "You went to a kd lang concert!" When she was describing it the first time she was like, "You know, there were all these women there." [00:09:06] She thought it was funny that the audience was so female and I was like, "Oh, my God, mom, you went to a lesbian concert." She was like, "Nooo." I was like, "I have to go, mom. Goodbye." So this year at Christmas I had the idea that I could accompany my mom on one of their antiquing trips because I thought that I would have a [gift] (ph?) and she flipped out. She was very upset at the idea that I was going to try to... It is their trip and why am I trying to muscle my way into her trip with her friend?

THERAPIST: Wow. [00:09:59]

CLIENT: Yeah, I didn't expect that. She was really annoyed at my suggestion and was just like, "You can't just do that. We're having friends and we're just doing our thing." I was like, "Oh, I thought that since you want to see me and you want to see your friend, we could..." In my head I thought she'd be like, "Oh, yeah. Great. Sure. Let's do this sometime." It was yeah. She shot it down really hard which kind of hurt my feelings, but mostly I was just surprised that she said no and that she was so vehement about it. (pause) [00:11:04] Yeah, so my parents want me to do something for my birthday, which involves being in a car with them, having lunch, and coming back; and there's no way I can get out of it. There just isn't. Unfortunately, I can't do what I did last time, which is make Ashby come to the dinner with me. The last time my parents visited it was kind of awkward. (chuckles) They were like, "Oh, you can bring Ashby, too." It was an excellent little play.

THERAPIST: Is it too far for Ashby?

CLIENT: I think that they're less likely to... it's sort of two things. [00:11:58] I feel bad making Ashby go with my parents and me not wanting to talk to them and it's not going to be a very fun car ride. Also I think it's far enough that they would think it was weird. Like why am I inviting my roommate to... I don't know. I just think they wouldn't go for it. I've been trying to think if there is anyone else that I can wrangle into this as a decoy? I just got the e-mail last night. I haven't replied yet. I think I'm going to reply tonight. (sighs) [00:12:58] I'm just worried that they're going to try to talk to me again about feelings and I don't want to do that trapped in a car and then have no way of getting back home if I wanted to talk out. Theoretically I could do various things. (laughs)

THERAPIST: Right. Yeah, yeah. No, I get it. You could always get a cab or something.

CLIENT: Yeah. Call a friend or find a bus or something.

THERAPIST: [...] (inaudible at 00:13:31)

CLIENT: Also it's way more dramatic to stomp out. Fuck you. I've never done that, so it would also be like... I don't care to, personally. [00:13:59] (pause) I don't want to talk to them and they

also want to give me a birthday present. We've talked several times. My parents offered to pay for driver's ed so I could get a driver's license, but I don't feel like doing that this summer. I want to take a language class. What I really want from them that I don't think they would give me is I really want a trip for a weekend, ideally when it's fall or winter. I do not think they would go for that. [00:14:58]

THERAPIST: Because of the cost?

CLIENT: Mmm, no. They bought me my computer, which is more than that. They're just...it's too ephemeral. They bought me a plane ticket to visit my brother and family members, so that's not the issue. I've asked them once or twice at Christmas if they would do that. I was like, "I'd really like to be somewhere sunny," and that just leads to a discussion about how my Aunt used to go on cruises with my grandpas and her husband and they would always do this one cruise a year; and they really liked it. [00:16:01] It was just sort of like, "Oh, yeah. she loved cruises, but those are for old people." And that's the end of it. There is actually a drag queen cruise.

THERAPIST: I think you mentioned that at one point.

CLIENT: They did it last year and they're doing it again.

THERAPIST: Yeah, you were pretty psyched about it, if I recall.

CLIENT: Yes. I kind of am again. I don't think they'd go for that, either. That one is actually more expensive. It's like \$850. I'm not sure I actually want to be on a cruise boat of people. I think I actually just want to sit on a beach and... sit on a beach. (pause) [00:17:00] Yesterday after therapy I went to the sewing studio and I thought I would do some sewing to relax, chill out. While I was sewing, there was a knitting class going on and they were just chatting while knitting. It felt like the last 45 minutes led to... They were discussing Montessori schools. There were a couple of parents and a Montessori school teacher. They just started discussing what they did or didn't tell their kids when this was happening, like what they didn't tell their kids about the bombing –what they did or didn't tell their kids about the city being on lock-down. [00:18:02] It was really... part of it was interesting in what the stories were that people chose to tell their kids and how much they tried to explain later, sort of this – what are we telling you right now so you stay inside and do you explain it more? The other thing that made me feel sort of stressed and upset again was there were several mothers talking about their kids and how they were so worried about their kids. It was the worst thing; it was so traumatic. And then someone else was like, "I didn't turn on the TV because I didn't want my kids watching the news, so my mom was texting me all the time." Or like, "Oh, yeah. My friends were keeping me updated through text or through Facebook or whatever." [00:19:06] Also I was working on charity quilt squares.

THERAPIST: You were knitting or sewing?

CLIENT: That's what I was sewing. It seemed like I could do something sort of concrete and feel good.

THERAPIST: Yeah, sure.

CLIENT: And it's due this week. So I was already kind of thinking in my head about the bombing and everything; and then hearing them talk about their experiences as mothers and their experiences with their mothers was really stressful and upsetting – more than I expected. [00:20:03] (pause) At first they were just randomly talking about the bombing and about the Monday after the bombing and I was like, "I really didn't expect to have a debrief, but okay." I just continued doing whatever. Then when they started talking about "my kid this," "my kid that," or "the kids in my class that I teach," it was like (pause) somehow it felt more objectively awful that my mom had not cared. [00:21:09] It was people I don't know, all of whom have the experience of their parents being really worried. One of them was saying how her mother called her five times in the middle of the night on Thursday night when there was the police chase and everything. I was scared about that. Then they called all the next day and some of them were like, "This is the scariest thing that's ever happened. I never thought I would be in an experience like we were in where I felt my children were unsafe." Something about hearing that from other people, I guess other people that are somewhere around my age, it's like 30s, 40s... yeah. [00:22:17] I was just kind of like, "This is a group of normal women, sort of affluent." My mom... (sighs) I have a weird group of friends. Sometimes I'm like, "Well, my friends are weird and sometimes the things that will bother me or bother... like when a friend of mine's daughter broke her bed when her boyfriend was visiting – but not like that – just gave her a new bed. He was just like, "Whatever the reason, here's a new bed frame." [00:23:14] I know that's a weird reaction. I don't think most parents would say, "Oh, you broke your bed with your boyfriend. Here's a new bed." Just very casual like, "Yeah, whatever. That's cool. I don't need to hear what you were doing."

THERAPIST: How old is the kid?

CLIENT: Seventeen. Yeah, not really a kid. Well, no – I'm kind of thinking that she's usually very mature for her age but is very hilarious about her boyfriend sometimes. "We weren't doing anything." Uh-huh. But then she'll have these very like, "I don't think he's as emotionally mature as I am. I've heard that men mature at a different rate." I'm just like, "Yes, that's true." (both laugh) [00:24:14] Your boyfriend that you're not doing that with. So, yeah, I guess it sort of felt like all the normal people, as it were, got calls from their parents or were worried as parents and it felt very alienating. I wasn't part of their conversation, but it still felt very alienating and just – I don't know. [00:25:06] (pause) I usually don't think of my mom as being a super-typical normal mom, mostly in good ways. I think she's given a lot of information about things that some parents didn't and listened to me when I said things and whatever – all of which I totally value but... (pause) (sighs) [00:26:00] It reinforced how, despite my mom insisting that this was a totally normal thing, that she was just playing bridge and didn't call and whatever, it was fine and normal. I'm still hearing these very normal things where I would be like, "Oh, yeah. Of course I would have called." It just really reinforced my mom as being really crazy on this and is really determinedly having her position and is sticking to it. I don't want to discuss her position more with her at all. (pause) Yeah. [00:26:59] There was also something like in this sewing space we

were all women. They were sewing and doing other crafts, so it was also just I met all these women that were doing domestic – whatever they were doing. There was just something about my mom really failing me in this case in a way where everyone else's mom didn't. Usually I feel the other way. I feel like coming out to my mom was stupidly easy and everyone else's mom flipped out. Thank you mom. Things like that are – when I came sexually out, she didn't lose her shit. [00:28:01] Like taking a ridiculous major in college. She was the only parent [...] (inaudible at [0:28:13]who didn't lose their shit over the major, which is [...]).

THERAPIST: That was applied [...] (inaudible at 00:28:24)

CLIENT: [...] (inaudible at 00:28:26) was special fields about pre-American studies [...].

THERAPIST: Very practical degree.

CLIENT: Literally everyone else's parents freaked out.

THERAPIST: Very cool that she didn't.

CLIENT: Yeah. Actually, when I talked to her about it, I was like, "Maybe I should do English instead." And she was like, "No, you should do the degree that you want to." She mentioned, "Your dad and I knew you were going to do that, so I don't know why you're upset about it." [00:29:00] (pause) But with this it's really hard that she – I don't know – went the wrong way. The other thing that I find really hard is that I talk out a lot of things with people and that's not going to help. I hate to be [...] (inaudible at 00:29:40), like it's all her end, but I don't think I can do that. It's also really hard. I don't know who to tell, except for Jamie, any of my friends about it – except for Ashby who was there. [00:30:07] It's just too upsetting and like I want to defend her because she's my mom, but I'm mad at her so I don't know what I want as a response.

THERAPIST: I would also imagine that you are worried about being upset, even in front of people who you're close to and who care about you. You worry that they're going to be critical of that or [...] (inaudible at 00:31:14). [00:31:15]

CLIENT: Yeah.

THERAPIST: And not necessarily to do it [...] (inaudible at 00:31:20), but they won't get it. They don't see the side. They'll think it will be dramatic or crazy or something.

CLIENT: I think the other thing I'm worried about is sort of the other response of, "You just shouldn't talk to them," which I don't want to do.

THERAPIST: Do you worry that I'll think that?

CLIENT: No. I know at least a half dozen people who have cut off ties with their biological family. [00:32:04] So in a weird way it seems like that's what people just do, even though to me I'm like,

"What the fuck? You cut off ties with your whole family?" The other thing is that I've often talked about things that are problems with my parents get into the logical hell. I have a boring coming-up story. Or that my mom was totally comfortable with discussing sex with me and she wasn't worried about this and that, and a lot of my friends are like, "You have such an awesome mom." Like "Can I borrow your mom?" [00:33:12] It feels really weird to be like, "Yeah, but she really sucks this time." Also both Ashby and Jamie had the response of, "But your mom is a crazy worrier. It's really weird she didn't call or contact you." I feel like starting the conversation would be like, "So my mom didn't call me or text me." And they'd say, "What? That's so weird." And then it feels like they're saying it didn't happen, but that's not what they're saying. [00:34:05]

THERAPIST: I see. (pause) It just felt like it sounded like [...] (inaudible at 00:34:25) or there was something wrong about it.

CLIENT: Yeah. I think it's surprise mostly. Usually [...] (inaudible at 00:34:46) my friends about my mom, I get that she loves me and cares about me. It's just that she does these crazy things. So this is more like I don't feel like she loves me and cares about me if she did this crazy thing. [00:35:06] There's sort of nothing ameliorating her weird behavior. (pause)

THERAPIST: I guess they're all worried what would get in the way of their hearing you out and kind of being on your side about what happened.

CLIENT: Yeah. I don't really like phone calls because of the lack of body language, et cetera, but (sighs) I actually don't see an in-person conversation going much differently. There are some conversations that...

THERAPIST: You mean with your mom?

CLIENT: With my mom. (pause) I'm also still, I guess, resentful of my brother. I should actually ask him if he told my parents that I was upset. [00:37:04] But I'm also upset about how to talk to him about it. He wasn't really giving me his attention and when he was, he was giving me a lot of excuses for whatever and saying that it was unreasonable for me to expect... What he was saying was that you can't expect them to be emotionally expressive, which it's sort of true. I don't expect them to do that, but I don't think what I was asking for was beyond either of my parents' capabilities. [00:38:15] I get that they didn't want to talk about it, but my mom, with me being unsafe or injured or whatever, even if she can't talk about her feelings, I do think that she could have been like, "I heard this thing on the news. Are you okay?" I feel like that's what I wanted. Also her apology was really shitty, like it wasn't an apology. [00:39:05] (pause) So I thought, for various reasons, a lot about good and bad ways to apologize. There's the full apology like "I'm sorry that you were offended" or "I'm sorry that you felt upset" or other various things, not taking responsibility for what you said. "I'm sorry the world is so horrible" or whatever. One of my friends had this thing where the idea of apology is I would say what I did that was wrong, indicate that I understand why it was wrong, and that I will attempt to not do it in the future or "these are concrete things that I am going to do so that will do so that I will not do this again." [00:40:25] That's an ideal, but I don't think my mom thinks that she did anything wrong

so, yeah, I guess she just doesn't think she did anything wrong. She's very clear on that for herself, so I can't be upset. [00:41:15] (long pause) (sniffles)

THERAPIST: I think it's sort of overwhelming, the idea that she put you in such an impossible situation like that.

CLIENT: Yeah. (sniffles) [00:42:17] I also feel embarrassed or ashamed to try to talk about it at times. I'm not sure why I feel ashamed, but I do. I don't know. Not that her bad behavior reflects on me, but I guess it's more like (pause) I feel like I'm still very overwhelmed and not having a handle on this to be more casual about it. [00:43:15] But also I guess I'm embarrassed that my mom didn't think it was important enough to call me because it feels like I wasn't important. In some way I also weirdly feel like I did something or like I failed at being the good daughter or something and that's why she didn't call or wasn't worried.

THERAPIST: We should stop.

CLIENT: I won't see you next week.

THERAPIST: I'll see you in a couple of weeks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Okay, so let me just cancel. Oh, my God. Yeah. That was pretty. What day did you want to reschedule to?

THERAPIST: One day I know could do would be Friday, which is the 14th.

CLIENT: That would not be possible for me.

THERAPIST: I feared as much, but it's the only thing at moment I know I've got. So, I will let you know if I have anything.

CLIENT: Okay. My other question is you sent me an e-mail that I didn't respond to about when you could run my card.

THERAPIST: Oh. This was like last month?

CLIENT: Yeah.

THERAPIST: I asked because I just did billing again this month, but I didn't get to a few people, including you.

CLIENT: So, the answer is I don't have any money until the 14th. If you could e-mail me what the current bill is, that would be good. [00:01:30]

THERAPIST: Yeah. I will do that. Like I said, I did most of them yesterday, but I didn't get to you. So, I will do that. Yeah. I tend to do people who are self pay first.

CLIENT: Yeah.

THERAPIST: I will send you the bill, probably over this weekend.

CLIENT: Okay.

THERAPIST: I know you won't have any money until the 14th. That way you will have a bill.

CLIENT: I'm pondering asking my parents to pay my bill for my birthday, but if you can't wait, that's fine.

THERAPIST: Okay. I can wait until then.

CLIENT: I'm saying I'm going to see my parents on Saturday.

THERAPIST: Oh, okay. I can get it done earlier.

CLIENT: Yeah. If possible.

THERAPIST: Yeah. That should be fine.

CLIENT: Okay. [00:02:30]

THERAPIST: I will pull up my calendar and note that. (pause)

CLIENT: Related to the billing. One of the things that happens to me when I'm feeling depressed, especially if I'm stressed and depressed, is I completely lose track of all my money. [00:03:30]

It's usually like I get out a little bit more or just I don't even know. Whenever it happens I'm just like but where did it go? I look, but I still, like what happened. The day before I was like my bank balance was \$800 lower than I thought it was. Like, I don't know where that money went, but it wasn't fraudulent. So, I had a huge freak out about that the next day and what to do. So, and also I think I mentioned Chet just fucked off without telling me and for that morning on Wednesday, I got in and there were immediate computer problems. Like, I walked in the door and someone called there were ones I couldn't fix so I had to call someone else. We were basically trying to, it's the instruction room, so she's having a class in 20 minutes.

THERAPIST: I see yeah. Right. [00:05:10]

CLIENT: The room was booked. I call someone over to help. It was just super stressful. My least favorite everything. I also felt a little bit guilty because someone had reported a little bit of a problem, but I couldn't get it to repeat and I was like yeah, okay, whatever and it was the same problem just magnified. So, that happened and then I was trying to fix something else. The computers the instructor made very mouthy, snarky remark.

THERAPIST: Say that again.

CLIENT: The Instructor.

THERAPIST: Towards you?

CLIENT: Towards me. Again, I was running around and I said something to someone else how Chet wasn't around and she was like is that why everything is not working well or something like that? I said no, if Chet was here, he would have called me. More than once I've had people want, they feel that if something's going wrong that they should talk to Chet. [00:06:30]

Well, can you tell me where the documentation is and have that person come here? That person is me. So, that was frustrating. It was very frustrating. I completely freaked out and I want to ask my roommate, my friend Molly, if she could cover me for the trip, but I feel super guilty about doing that especially since she has an ongoing issue with her husband where he just kind of chronically is bad with his money. [00:07:30]

He's always like I don't know where that thousand dollars went so she took over their two bank accounts a couple years ago. He's like usually payment didn't go through because he had whatever. Now I'm being your irresponsible husband and it's super stressful and she was very nice with me. It's okay. I'm doing it. Still, like, in the midst of it being really stressful on Wednesday I was having a moment of maybe I shouldn't even go. Maybe I should just like stay home and because it all felt like asking Molly for money felt overwhelming. The idea of flying felt overwhelming. I had secured a ride from my apartment to the subway so it was easier to get to the airport, but I was still like oh, God, what if the silver line is fucked up again? [00:08:30]

Last year I had this horrific travel experience where everything was delayed and canceled and I spent over 24 hours on a six or an eight hour trip. I couldn't believe the horrible delays and also I got pulled aside for two extra security searches which I always find stressful.

THERAPIST: I'm sorry. Two what?

CLIENT: Extra security searches which I always find stressful.

THERAPIST: So, you had been pulled for it?

CLIENT: Yeah. Last year it happened to me twice.

THERAPIST: Yeah.

CLIENT: Yeah. I always get irrationally freaked out. I think what if I forgot and left my bag? I don't even know.

THERAPIST: Right.

CLIENT: Last year I was like oh, I actually have a pot brownie in my bag that I completely forget about and the time to deal with that is not when they pull you aside for extra security. That did not happen to me, but I just, it was really h to get myself all together to go. The other thing that I was really worried about two friends of mine who were going there for their first time and I was concerned that they would be super clingy and needy. [10:00:00]

It's like constantly what are we doing next? What are we doing next? Which was exacerbated by one of them. Actually both of them were freaking out for the two weeks leading up. What do I wear? How do I pack? I don't know what to bring. I'm just like it's a convention. Bring clothes. I'm like don't know what to tell you. One person in particular was just like, really like I need you to hold my hand for the entire packing and leaving process and she was flying with her husband. Her husband decided to go with her because she was nervous and there was also a (inaudible).

I don't know. I was just like but you have your husband going with you. I don't, you already have someone who's basically your travel agent for the trip, so why are you doing this? A friend suggested e-mailing them in advance like I might be really busy, but I want you to have a good time and here are some suggestions of things to do which I did and they both replied with huge, clingy, needy e-mails which made me feel better about sending them the e-mail. [00:11:30]

Yeah. I was just very, I don't know, I just felt very like I was see-sawing emotionally between wanting to see a lot of people and not wanting to see people. Trying really hard not to have any huge group dinners, because I find it really stressful to have a table that seats more than six. Six is the most I want to do. Definitely no more than eight and in conventions the tables are 12 to 14 which I find it gets too noisy. It gets too loud. Splitting the bill is always a disaster. Back to back in one day an all day party that I was supposed to host. [00:12:30]

So, that was also super anxiety because it was like I don't want to host this party. I don't want to meet with this panel. I don't know. It's just very, I guess I was very anxious and freaked out and not for the usual reasons. I didn't feel like anxious that like no one would have a meal with me or that like I would have no friends or whatever.

THERAPIST: Right.

CLIENT: Also, a friend of mine who is a sci-fi geek and local, she teaches. Women's studies. She's doing an anthological study on science fiction fans and embodiment and some other things. When I heard.

THERAPIST: Fan's and embodiment? [00:13:30]

CLIENT: Science fiction fans and how they perceive embodiment of themselves within fandom. How they experience their body or themselves within like conventions. One of her findings was that pretty much everyone she talked to had that fear that they would go to the convention and there would be no one to talk to or sit or eat with. Regardless of their relative popularity, everyone had that and I was like oh, good, great. It was, I don't know. She's telling me about other parts of it and she mentioned that. Oh, we're all crazy that way. Great. [00:14:30]

Yeah. I was just not feeling like I could handle anything or anyone. I also felt bad dodging people who wanted to spend time with me and I did not want to spend time with them because they're emotionally draining or they're whatever or ADD. So, not getting caught up in their behavior was difficult. (pause) [00:15:30]

THERAPIST: It's like being taken over. By people intending to take you over, like your friends who want to help or kind of just take another being overwhelmed by the noise and how about a table of 14 people.

CLIENT: Yeah. One of the things that I was feeling and was the most frustrated and worried about was this local friend, Zen. I call her Zen to tell her apart. [00:16:30]

THERAPIST: Right.

CLIENT: The reason is didn't do anything is complicated and weird. So, she, reinvents herself like every four years just as a reboot. It's really disconcerting and weird. So, I don't know. When I first met her, she was in the midst of like a I'm really like, I'm kinky and queer and all these things and I was like oh, I like all those things. Promptly got involved with making groups for her and then dropped out half way through the year without telling anyone. She's bi-polar and has been hospitalized more than once for intense and suicidal feelings, but doesn't like to take any medication because it makes her fat, but she also insists she has very intense symptoms. It's just that she personally doesn't want it. [00:18:00]

THERAPIST: I see.

CLIENT: Which I find very troubling. Then also she's like oh, I just grew out of that.

THERAPIST: The bipolar disorder?

CLIENT: Yes.

THERAPIST: I see.

CLIENT: Because she has that.

THERAPIST: Right. That's too bad.

CLIENT: Yeah. It's really painful for me to watch at times. Especially when she's really winding herself up. It's just like mania. She gets other people kind of sucked in to it and is completely like narcissistically focused on whatever is the thing. So, she was doing that and then she installed keystroke log software on her boyfriend's computer. [00:19:00]

THERAPIST: Wait. I am sorry.

CLIENT: She installed spyware, like keystroke recording software on his computer.

THERAPIST: Okay.

CLIENT: Caught him cheating, dumped him and started dating this other guy that has a live in girlfriend and then did a personality reboot. The newest guy in her life is in to computer gaming. So, she's like oh, I'm not in to burlesque anymore. That's boring. Now I have a woman in gaming who is interested in feminism and I'm only going to wear jeans and t-shirts and I'm going to dye my hair black and that whole other thing doesn't exist anymore. I'm just like okay. She went from I'm really sexy. I'm going to dress like Joan from Madmen 24/7 and be very like be sexually provocative and sexy and talking about that to I will only wear jeans, t-shirts and hoodies and make up is the devil. [00:20:10]

THERAPIST: Right.

CLIENT: So, that and then at first she said she's a girl geek. Then she's like no, I'm a feminist gamer geek. I'm just like okay. When she does the reinventions, she kind of pretends the other ones didn't exist. Which is also really like.

THERAPIST: Odd.

CLIENT: Yeah. It's an odd thing. My roommate Ashby and people who have known her for a while and they just think yeah, she does that. They kind of said it to me.

THERAPIST: It's often, I don't know, that's I mean it's usually probably about running away from something.

CLIENT: Yeah. I guess a lot of what I find disturbing about her is that I'm just like you're not mentally okay and you're just running around. To me, it's really clear that you're a bipolar and having a lot of problems. [00:21:40]

Everyone is enabling you. Is that not existing? So, they were like oh, she's just being dramatic. She's a speed block. I'm like or, she's really in the midst of some kind of mental problem and not getting any treatment for it at all. It's super hard to talk to her about it. Like, I've basically given up.

THERAPIST: Yeah.

CLIENT: It's not going to go anywhere. So, she reinvented herself as a feminist gamer chick person. That thing happened where like I know a lot of feminists on line and some of them are gamers and now Zen has them or is like oh, I see so you know Karen so she can help you which is fine. Except for she said something like I'm going to go travel this year. Why did non one tell me about it and was raging for like a month that everyone was horrible for not telling her about a public convention that I go to every year and talk about. She actually should have done it in person. Like, this very intense kind of manic rant in which she didn't stop for breath and I was just like. [00:23:30]

THERAPIST: Fast and pressured.

CLIENT: What?

THERAPIST: Fast and pressured.

CLIENT: Oh, yeah. So, I was worried about that. One of the other things, I just felt like do you not want anyone to think that I'm responsible for anything to do with her? If she's having a meltdown, do not grab me. Go grab her husband. If she flies off the handle about something weird, I'm not going to explain it. So, that was awkward. I also knew when we both got there she was going to be upset that more people needed me than her. When she goes to gaming conventions everyone knows who she is and she gets a lot of attention. People are all like Zen, Zen, Zen, Zen. Oh, my God. You're so brilliant. Tell me about all these things. She didn't get that at all and was clearly pissed about it. In advance, it was really frustrating to be trying to have... [00:25:00]

THERAPIST: Sorry. Was she one of the people who was latching on to you?

CLIENT: Yes, she's one of the people who is latching on to me.

THERAPIST: Yeah. The one with the husband?

CLIENT: Yeah. And, usually he does a lot of intensely enabling calming behavior when she's wound up which I have a lot of feelings about, about but I'm like that's your relationship I guess. Anybody who was there and that she had someone else to freak out and have melt down but on the other hand I was like, I got frustrated and I was like you need to handle her. [00:26:00]

Also, she was kind of rude to various people. During a panel, she started to Twitter, trash talking the panel which my friend Molly was on. During the panel, she's like this is the worst. The complaint was I have to leave. This is too horrible. She's like this is terrible. Maryann's like wow, really? Like you couldn't give up 60 minutes? At one point Zen and two uglies she picked up were at the hot tub, the hotel hot tub. There's a hot tub social hour. I get there and I'm like hey everyone and so Zen and two other people were like sitting. I sit down and a few minutes later they were like we have to go swim in a bigger pool now. It was actually more funny than hurtful. I was really hurt for a few minutes and then I thought this is the most weirdly ridiculous thing. It was just so ludicrous that it stopped feeling hurtful pretty quickly and so I was like also the hot tub. [00:27:30]

Yeah, I mean people still ask me. They're like so, Zen and are sort of like what the fuck? I think after one day I think I just said, I turned around and said look, here's the deal. She's a drama queen. She reinvents herself. I've got nothing. A lot of people were like okay, got it. Just not, but yeah, I don't know. She, I guess, for whatever reason, she was sort of more kept on trying to I think. This other girl, Jamie, who is also very clingy and has very few social skills and tends to glom on to someone and intensely talk to them and with not talking social cues. You are like edging against the wall and she's just...

THERAPIST: I see. [00:29:00]

CLIENT: As it turns out she has gotten much better. When she visited me maybe four years ago every single person I introduced her to dislike her.

THERAPIST: Really?

CLIENT: Which was impressive. They were all like what the fuck is up with this chick? Like, what? Ashby almost killed her during that visit. So, yeah. I mean for valid reasons, actually. Jamie had taken a cardigan out of Ashby's bedroom to put on because she was cold. It was brand new. Ashby had barely worn it. It was a fancy cardigan. Ashby got in to a conflict and said that's mine. I just got it. She was like yeah, well, I was cold and it thought it would keep me warm. I was like you know in my bedroom there are clothes and she still didn't. I had to remove it from her and hand it back to Ashby. It was stressful and also I was really like what the fuck. So, yeah. I guess I was really worried about both of them, unpleasantly to humor her over the weekend. Which mostly didn't happen, but still.

THERAPIST: It was stressful?

CLIENT: Yes. It just worried me. It was just background worry the whole trip. I think it sort of, the other big frustration is that my birthday is on the 13th and my mom's like so, we're going to come down and visit you. [00:31:20]

THERAPIST: Right. I think you mentioned her driving up for dinner.

CLIENT: Yeah. They also at one point said we're retired so we can come down and spend the whole day because they know I take it off every year. I managed to cut that off. I negotiated it down to them coming this weekend which also means I can't do something in the city I actually really wanted to do this weekend. My roommate, Ashby, offered to be a human shield during this endeavor because I was complaining about it. I was like I really just want someone else to distract them, so she offered. I guess I feel like I'm planning some kind of motivation plan. What is the bare minimum time? What is the minimum amount of time I can spend helping deflect any discussions of anything in advance. How to deploy Ashby as a human shield without making her want to kill me? Also, not having my parents try to discuss anything to do with emotions or guilt trip me. Because my parents, when I was away last weekend, they decided to go to in hard this weekend to go, let's plan. [00:33:20]

THERAPIST: For when you're here.

CLIENT: Yeah. I have to go this weekend but I really don't want to. (pause) I also don't like right now I don't want my parents. I sort of feel like I don't want a gift from them right now. My parents have asked and I've thought of things, but I mostly just want you to not like... The only present I would like is for us to undo our conversation. The next present I would like is for my mom to have some sense of why I was upset. [00:34:20]

THERAPIST: Yeah.

CLIENT: Also, a plane ticket to visit a friend and they have said no to that before and I don't know why.

THERAPIST: I think you mentioned that. It's not the cost.

CLIENT: Yeah, it's not. They had me give them what they want to give me for a present. Sometimes they have given me money, but my mom doesn't like that to be the only present. She prefers that it's like an object of some kind, although they offered me driving lessons and I had also suggested maybe I wanted a language class. Yeah. It's just very, like this year my mom has been trying to buy me an e-reader for three years. I don't really want it, but sure.

THERAPIST: You didn't want what?

CLIENT: I don't really want one particularly.

THERAPIST: Yeah.

CLIENT: She was so insistent on it that I was like okay, I guess I'm getting an e-reader.

THERAPIST: Right.

CLIENT: So. Yeah. [00:36:00]

THERAPIST: If anybody knew they did want an e-reader it would probably be you. Libraries and technology. Books. Yeah.

CLIENT: Yeah. I think she decided that's what I want because I like books.

THERAPIST: Right.

CLIENT: And goddammit I was going to get the thing.

THERAPIST: The thing that she knew you wanted.

CLIENT: Yes. It's also sort of like the language of love and how to express love and one of the ways I do is definitely through gifts. I like to give a nice person a nice gift and it's really difficult for me when someone won't give me any sort of information about what they want or what they want immediately or are super picky and really only want the precise thing.

THERAPIST: Right. Which to you is not so personalized anymore.

CLIENT: Yeah. So, my parents and my brother and his wife all want me to give them specifics and say this is the exact thing that I want. [00:37:35]

THERAPIST: Right.

CLIENT: I have been working on letting go of the idea that they will figure out something. I gave them a list of five things that I totally want. Here are three general categories.

THERAPIST: Right.

CLIENT: It just really didn't work. Like, I asked one year can you get me a cookbook that you have used and liked and what I got is the coffee table cookbook from my brother which we have never used because it's a coffee table book. His girlfriend had suggested it. My mom bought me a remainder cookbook that someone else said they had liked. That's not what I asked for. So, figuring out what to ask them for is really, I really want them to just get me something that I would find meaningful. Like a plane ticket. A variety of things. There's nothing I can do. [00:39:00]

THERAPIST: I think a lot of this is I feel like you're telling this a little bit so I will be the one who's really angry on your behalf at all these people are being so unreasonable and making demands on you, unfair demands, generally. Or generally being pains in the ass. You're just having a lot of that I think and none of your own sort of frustrations. I mean there's some worry about how it will affect you or how it could ruin things for you, but not anger or frustration which is sort of I imagine is in there somewhere.

CLIENT: Yeah.

THERAPIST: I'm mean I'm not saying, it's partly, sorry, go ahead. [00:40:35]

CLIENT: Part of it is that I am really tired. I'm just really exhausted from dealing with my mom the past couple of weeks that I have kind of progressed to the numb stage where I'm like okay. It's happening. Blah. Today, in general, has been kind of a numb day for whatever reason. Yeah. I mean I guess the thing was that I was having, I was really scared to talk to Molly about paying her back. She said I could pay her back, not the 31st, which is that payday. Unless I couldn't. So, I felt just horrible. (pause) [00:42:00]

It's just one of those things where I felt horrible asking her for money. The entire time I was worried that she was going to end up very angry and hurt that I borrowed money. It also makes me feel very out of control, because a lot of how I feel is because I don't know where that money went. One of the things that my mom is always one me is if I, I don't know, if I go to the store and say like I need an order so I spent \$150. To my mom, to her she's like you're being panicked. You're having these, you're sort of shopping so you feel better and this whole sort of thing. So, we went back and forth. No, I just bought some stuff versus well, what if I am having like manic money spending? Yeah. I feel very childish that I don't, didn't have it together enough to correctly know how much money I have.

THERAPIST: We should stop for now. I'll see you tomorrow.

CLIENT: Okay. I will see you tomorrow.

THERAPIST: Okay. See you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: You had mentioned yesterday that I was describing what was happening more than how I was feeling about it with my mom and various people.

THERAPIST: I kind of get the feeling that you thought I'm supposed to have the reaction? Do you know what I mean?

CLIENT: Yeah. Yeah.

THERAPIST: I mean you aren't, but that's sort of how it feels.

CLIENT: I don't know. When I think about it, maybe. I think it's not exactly that I want you to be angry on my behalf so much as I want, I think affirmation or confirmation that how I feel is reasonable.

THERAPIST: That is more the sense that I get. I mean there are people who are kind of like can you believe this? They kind of want you on their side. That's not so much the feel it has to me, but more so what you're saying is like yeah, okay, he's annoyed. So it makes sense that I'm annoyed. [00:01:40]

CLIENT: Yeah.

THERAPIST: You have to trust that reaction.

CLIENT: Like when I first realized that Chet had off for the week. I based my assertions on that you were going to be here for a while and then went up to the librarian and was like did that make sense? Was that crazy? What?

THERAPIST: That's annoying, right?

CLIENT: Yeah. I'm like don't your managers tell you things?

THERAPIST: It's not like I'm completely furious and you need to be on my side on this. It's more like this isn't me, right? He's being whatever.

CLIENT: Yeah. Exactly. I was really furious.

THERAPIST: Yeah.

CLIENT: (inaudible) I guess, so one of the things I was thinking about was, we did a, the panel that I was on was called moderating 201.

THERAPIST: Moderating? [00:03:00]

CLIENT: Yeah. The 101 is the basics. This was like what do you do when your panel goes rogue? What do you do if someone heckles? We talked about horrible examples and things that we have done. While I was sitting there people started listing things and I was thinking well, usually as a moderator I try to sit in the middle of like say five people. I watch people's body language and the audience's body language. If someone's like how can you tell if a question is going really wrong? I said usually the whole room kind of goes and I know more than once on a panel I've like grabbed and punched my hands and had someone say don't worry, it will be okay. That's the reaction. It's how people react. I was thinking about it. Oh right, I'm surrounded by a lot of nerds who are crap at that which leads to a lot of situations where I'm just sort of like I'm pretty sure that normally we don't do it that way. [00:04:20]

THERAPIST: I see.

CLIENT: The person is really insistent they are right which is also very (inaudible). Then I have people who say I'm pretty sure I am the more normally socialized one here, but this is very confusing. Not just the gamer. I don't know. I do spend a lot of time, I spend time in the workplace or if I'm talking to. I hate that on the phone I can't see the other person and I really want to see their body language and it drives me pretty bat shit. I'm having a very hard time communicating with people who are autistic because they are not giving me any signs and I find it very disconcerting and confusing and just difficult in general. [00:05:40]

Of course, being involved in a liberal gay politics whatever stuff, I have done a lot of, I have facilitated discussions with multiple facilitators. So you don't have lines of power or checking in how they feel about what is going on. I guess to me a big part of just normal communication involves watching the other person and picking up on not just the words they say. So, with Chet it's, I mean there's a lot of things with Chet. One of them is I feel like I'm doing all these things. Then I'm trying all the ways to communicate the information and he doesn't take it in. Then or his response is to be confused and be like I don't understand what you're saying which is, I don't know. It's very frustrating because for all that everyone says they are excellent at communication, I think I'm pretty good at communication. So I guess it was just that moment of so I think we fundamentally disagree and you're in a position of power, but you won't admit it. [00:07:50]

Yeah. Which is not... I think what a lot of what I was feeling, I felt like things were out of control. I don't generally think of myself as being controlling, but I like, I don't know. I like some things to be controlled. Like dinner or something else I can't think of. I just constantly felt like I was about to lose control of the situation or that I kind of had the feeling of like getting sucked up in something and like I want to go to the right and everyone else is going to the left. The crowd swept me to the left. I also felt like I wasn't doing a very good job of communicating with people or talking to people. Communicating. [00:09:30]

THERAPIST: It's the way that you are very worried about having the experience like being lost. Like being sort of dropped in the crowd and not being able to say or do anything about the way you wanted it to go. Where you're coming from with Chet gets lost for whatever reason. I mean with the panels as well, sort of going off the rails and there's sort of scariness about that. You're worried about that.

CLIENT: Yeah. [00:11:00]

THERAPIST: Part of this starts being body language and being something you can't deal with on the phone. Partly being very attentive to that in order to know best how to speak to the other person so that they will get where you're coming from. I think part of it is the worry that you're going to get tossed.

CLIENT: Yeah. I think it's also, like along with being able to I guess. I want to get across whatever it is that I'm thinking. I feel like part of that is the other person acknowledging that in

some way. So not too extreme like I hear that you said this. Something like oh, yes, I have heard these words you said and I have some kind of response. (pause) [00:12:30]

I don't know. One of my coworkers was saying that she would have preferred the library transition and just said we're a dictatorship. Suck it up. Then to ask for feedback. Oh yeah, totally. If the answer is it doesn't matter what you say it's alright we're just going along.

THERAPIST: Yeah.

CLIENT: I was talking to someone again about the ideas that I have for getting people to use expensive (inaudible) and the person I was talking to today, probably because I just sort of sat down and said hi. We're talking now. [00:14:00]

So, she can like or whatever. (pause) It gets in this weird place where I want to communicate directly and be like yes, but I don't want to use a 2x4 and then there's that moment of okay, I sort of softened the bluntness and I can't tell if the other person is like yes, I hear your subtle bluntness or if they're like nope, nope. Didn't hear anything. Which I find so frustrating. [00:15:00]

I'm just like we're wasting time. Life has social methods which are a fact of life. I guess it feels both rude and inconsiderate not to say my feelings are hurt, but my doing my job is hurt by spending time talking to someone who won't, isn't going to listen to what I say. Or, if they're listening, even going to acknowledge what I said. [00:16:20]

I can never, I'm never really sure if I'm being naive and idealistic and the idea that I could sit down with someone and say so, I noticed these problems with this. I think one of the problems is that people are really upset about how this happened so I think it would be really helpful if you did something to kind of acknowledge that people are upset and then you offer them support by teaching. I was thinking about the (inaudible) because, you know, everyone is pissed about it. I said you should somehow acknowledge that in some way and then be, instead of saying just teach differently, help people teach differently. [00:17:20]

Acknowledge that it doesn't do it, but kind of does. I feel like I'm saying it in a not real complete way, but it doesn't seem so hard to be like yeah, so, we got this thing and it doesn't work very well or it doesn't work the way that you planned. I don't know. I get very caught up in people just refusing to acknowledge that, so it doesn't seem that huge as part of the greater conversation. Well, they first person said it would make ponies and I'm not going to make ponies. You know, we have this, so what else can we do with it? [00:18:20]

It's like that or I don't even know. I don't feel like I'm going for radical honestly, but I feel like I'm going for let's talk about what's really happening in a way that's still polite and not argumental and it doesn't go anywhere. Cambridge is not a place that I've worked, but I've worked in many parts of Cambridge and I feel like that level of clarity has worked sometimes. I don't know. I guess, to me, it doesn't seem that hard. You know? (pause) [00:19:30]

Where I sort of end up at the end of these discussions sometimes is wanting to say something like look, you know, you might need it like why I feel like I'm saying the sky is blue and you're saying the sky is green. She's like no, no, no. I'm like okay, but I said to her I do not understand why you are, we're talking about something and you're just like nope. I don't know. I guess it just never, like to me I'm just like... [00:20:30]

THERAPIST: I wonder if explaining it in sort of this moment is like maybe you're wanting to be sort of reacting very clearly about how frustrating and kind of (inaudible) it can be.

CLIENT: Yeah. I mean at the end of feeling all this self-doubt over things that like an hour later I'm like no, I'm sure I was right or at least I have a valid viewpoint.

THERAPIST: I think it's more than that as well. Also, the intensity of the frustration that you were feeling.

CLIENT: Yeah. [00:21:45]

THERAPIST: It seems to me as you're talking about how it would be helpful. (pause) [00:22:45]

Yeah. I mean I guess it seems a little bit like when talking to me, it seems like you're pretty clear on what it is and sort of pretty confident that this happens a lot and that generally it's not you. But, where you seem to be less sure is in the initial reaction in that you're not so sure if it's reasonable to have that response.

CLIENT: Yeah. I think the big, some of the, like, I think some of the emotional buttons or areas or whatever. I don't know. The more I think about it, the more I think like well, I would really like someone in the library system who is above me to say something critical about (inaudible) and say well, that kind of sucked. I think that would help tremendously. [00:24:30]

I sort of feel like as I've been on things I'm just like yeah, that that's that big thing that was huge and horrible and I can barely get people to say, to prove to me that something happened and for you to put out an apology and I don't know how to get one. Or, if I could. I think though my attempts to have like open discussions or whatever with management is to maybe like walk backwards in to so while we're having an open and honest discussion and you're actually listening to me, this thing happened. [00:25:30]

Yeah. I mean I don't know if it's like I can't move forward until someone other than me addresses that or what, but I feel like kind of childish saying Michael Henry really hurt my feelings. I'm like, you know, made things really horrible and I really just want to apologize or I would like someone to make me feel bad about that. (pause) [00:26:35]

I mean part of it that well, Karl as fuck is not ever going to come out with that. Chet. I doubt will anything and so it right now I mean like how I can jump, but the further up it gets the more I feel

like why does this person, why would this person care about how this one employee feels? (pause) I mean part of it is I guess like if I can't get it from my direct supervisor or the person above that person to say yeah, it sucked. Why would anyone else care? (pause) [00:28:00]

I mean one of the other things that I'm worried about is I'm worried about if they asked or was like hey, can we talk about this? I'm super scared of crying. Like I think this loss of control would be, I think it under minds whatever you're saying to the other person. I don't know what I would do with a direct, right now there is a very clear, implicit we don't like, and we don't like really care how you feel about anything. Go do your job. But, no one has actually said I don't care about your feelings. Go do your job. So, I've worried that bringing it up is going to lead to why are you being so miserable? No one cares or like you should be over this. Why are you talking to me about this? (pause) [00:29:45]

Also, I guess I worry that I will be told why are you holding on to this thing that happened so long ago? He left the library. Why do you still care? Why are you still upset? You know, like, move forward and don't cling to the past. (pause) [00:31:00]

I think I want acknowledgement of my worth as an employee and as a person because I am a person. I don't know. I don't trust, I really don't trust HR to talk about that. I don't really trust Chet very much. I don't trust Karl at all who is the guy in communications. I guess I feel like well, I don't know. Like, I've been an employee long enough where I am at an age where why am I still asking someone else for affirmation? Also, I'd really like some affirmation. (pause) [00:32:30]

I was thinking today I want to talk to Chet about the time totaling. I was thinking I'm going to talk to my dad. He's in HR and what my dad will say is that you should do what your manager says. Wait him out. I don't think that's it. What I wanted my dad to say would be I'm not actually even sure if that's good HR advice. (pause) [00:34:00]

THERAPIST: What I'm wondering about is whether you, putting it rashly is, I think you know you know you're probably never going to get this. I mean you've talked to a lot of people about this. In HR, Chet, Karl, other people you work with. You've talked to the, I forget what her name was. She was the diversity something.

CLIENT: The diversity recruiter.

THERAPIST: Yeah. Like there's somebody. I don't know. I wonder if in holding out this hope is a way of warding off or trying to protect yourself from some of the more negatives in the ways you actually see where you work and how you feel about that.

CLIENT: Yeah. [00:36:00]

THERAPIST: In other words, the focus is on who can you find and where is the next person going to be more so than on how much they let you down and how horrible that has been and how horribly it reflects on where you work.

CLIENT: Yeah. I mean I think it just, it seems to me so obviously like not fair, not just and not sensible. To me I'm like wow, this is a lot of crappy things. I am a skilled employee.

THERAPIST: I'm sorry, I'm a what?

CLIENT: I am a skilled employee. These are things I know about.

THERAPIST: Yeah.

CLIENT: I don't want my workplace to be that level of toxic, but I think it is that level of toxic. I mean sometimes it feels like the frustration of (inaudible) that they'll believe, like oh, that would be really exciting if we weren't doing it here.

THERAPIST: Oh, oh. I see. [00:37:30]

CLIENT: Yeah. I'm like oh, yes. You're on that committee (inaudible) library and I don't know. (pause) I guess I get in to this so well, then why am I staying which is a lot. [00:38:30]

I guess part of what makes it difficult is that I feel like periodically someone saying something nice I'm like awesome, that's great. That's what I want, but it's going to be horrible and of course softening it. It's like no, you don't know. This time it could be great or contextually different.

THERAPIST: Is there a name for the person telling you that story?

CLIENT: Yeah. To the point where it's totally different. Yeah. It's a mix.

THERAPIST: Or at least, go ahead.

CLIENT: I was talking to someone today about, she's like oh, if you are interested in blah, blah, you should get your, or in this committee that Karl wants to do. I was telling them, I'm like so, here's the problem. This sounds really exciting, but I don't want to do it if it's going to go nowhere and I don't see and I don't know that Karl is the person who is going to go forward with it. [00:40:00]

I don't know. I guess it put her in a very difficult position. So, I was an asshole, but her response was kind of like oh, no but like we're planning it better. You should really, if you're interested, do it. I know better than to do that again, but it's also so tempting because yeah, like, while this coworker, we talked about it and she said you talk for like five minutes about it and like oh, it would be awesome. I'm the one that's repeating in my head like what it would be awesome, but not with whatever.

THERAPIST: Is there any actual chance it would be awesome? I mean we talked about it. I don't think you ever described to me in sort of the people at your workplace that did anything you feel good about. I'm not saying that's never happened, but you haven't described it to me. [00:41:20]

CLIENT: Yeah. I mean my favorite is the measure of reading collection. I get a lot of joy of that because some rich people donated a shit ton of money to the library that can only be used non curricular, fun reading and that was a big pot of money, so I got to be like I think we should buy 20 books by lesbian Latinos and they're like sure. So, I love that.

THERAPIST: Okay.

CLIENT: I really was ridiculously excited to read books out of the collection, but that's completely not my job. That's just a committee that I'm on that I happen to like.

THERAPIST: Okay.

CLIENT: I made up a project for myself that I like. Yeah. I mean the IT work that I have done is satisfying sometimes.

THERAPIST: I'm not saying that your job isn't satisfying. There are some things you enjoy doing there. [00:42:30]

CLIENT: What I was going to say is that I'm essentially cut out of the IT because they're re-organizing and they're making it done and now my actual department has been a cluster fuck. So, yeah. I like people who are in other departments, but not mine and like, you know, and crash the (inaudible). Those kinds of things and I don't think they mind, but it is kind of weird that, like, I don't know. That I don't think, in my most immediate department that I'm just like lazy and incompetent. Incompetent. Leave.

THERAPIST: Yeah. [00:43:30]

CLIENT: Lazy, incompetent and going nowhere. Chet has the competencies to say when I get a raise at some point, so yeah. I think part of the desire to go on to other communities is to just get out of my department because I feel like other departments do work on some things and are less sucky except I guess the grass is always greener. [00:44:20]

I mean I take your point that it's not like every single thing I do at work is horrible, but you know. There's a lot. Most of the structural things, that like, just like whatever, they don't go well. They don't fill us in too and I often feel like I'm losing people in my department talking about we really need some magic person to do x, y and z and I'm like hey, I can do xy and z and they're like yeah, we really need this magic person. That it's not that, usually it's more like they don't even say anything because I am not the magic person. [00:45:30]

THERAPIST: I think, I just thought about I guess I'm hearing a lot of the shady things you feel about that which I think your interest is in sort of getting something more positive from someone is kind of an effort to look at. I mean it would be great if somebody responded well, but I think you're sort of putting that to a particular use, mainly to put the focus away from how shitty you have been describing feel in the sense that in a variety of ways but that happens consistently and it sucks.

CLIENT: Yeah.

THERAPIST: Monday, not Tuesday. And you said Friday was not good, right?

CLIENT: Yeah.

THERAPIST: So, I'll let you know if I have anything. Okay?

CLIENT: Yeah. I don't know. Today and yesterday I'm having a hard time getting out of chairs.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I mean it will be right around the fourth.

CLIENT: Right. Yeah. Oh. On July 2nd, I have to cancel because I have a dental appointment.

THERAPIST: Okay. I will make a note.

CLIENT: That's the 2nd.

THERAPIST: Okay. Do you know if it's a Monday or a Tuesday?

CLIENT: It's a Tuesday.

THERAPIST: Okay.

CLIENT: Yeah. So, happily, I had a major call back this morning, so I didn't have to talk to him about how I wasn't going to go to his (inaudible) meeting. My parents came and it was a lot. I don't know. I was, I guess I would say I was fairly zoned out from like Friday through Sunday and yesterday and some of today still. [00:01:30]

So, Ashby and I had, we plans and back up plans to sort of like to keep the peace and keep people occupied. I don't know. It was just, I just felt very stressed and awkward the entire time my parents were right there. I mean Ashby was sort of, basically accompanied me with my family for the whole visit, so I was like yeah. A good distraction. My mom was just very odd. It

can be hard to read her sometimes, but I'm pretty used to it, but I really wasn't sure what was going on. Usually, when she visits, it's not uncommon for her to ask do you want to go to the grocery store to get like whatever things and once or twice I've been like can you just bring me, you know, like a big pack of paper towels or whatever. [00:03:00]

So, we went to the grocery store and it was extremely, and she always pays. She always will be like oh, should I pay? I'm like okay. So, that's and she didn't. She just seemed very like out of it and vaguely annoyed that she was paying, which I sort of felt bad, but I was also like fuck you. Pay for the groceries. We went to two stores. We went to one to buy toilet paper. I didn't want to buy the toilet paper, but at the store she was also kind of, I don't know. She just seemed kind of out of it. It does turn out that apparently she has a hearing problem in one of her ears.

THERAPIST: Oh. [00:04:00]

CLIENT: Which makes it harder for her to hear and when she talks, she hears an echo. This is mostly because she doesn't like to admit being sick and had some kind of vertigo signs for at least four months and never really got it treated.

THERAPIST: I see.

CLIENT: I think that was contributing to it because sometimes I would talk to her and she didn't notice or react. So, maybe some of that was her not hearing right. Not helpful and weird. I don't know. My dad was sort of like being extra jovial, which I also found weird. Like, I don't know. I guess I felt like we were sort of, I felt like I was stuck in a bad television show or play of the family gets together and does a few things and goes out to dinner. It just felt very weird. [00:05:30]

I mean thankfully, my parents did not really, did not to attempt to engage me in anything emotionally, which was great. Also, it's weird. Like, it's my birthday. You should, I would like to do something, but I guess with probably \$200 worth of groceries and taking me out to dinner is also something, so I shouldn't complain too much. I asked my mom to pay for, to pay for some of my therapy. I figured she will. She had offered before and also you are the cause of it. I didn't say it to her. So, that was sort of good. [00:06:30]

Again, I said mom, I would like some money for my therapy and a sewing class here and if you could give me, if you could me out to visit one of my friends it would be really great and her reply was like oh, I already thought of giving you plane tickets to visit Jamie. Of course I'll pay for part of your therapy. Blah, blah, blah. Then, when we were leaving, she again just got very really like she was reluctant to write the check. Which she does tend to get weirdly reluctant to write a check to me in front of my dad. I don't know why because obviously they have a shared banking account. My mom is the one who handles the finances, but still, it's like I assume she tells him. [00:07:30]

THERAPIST: Right.

CLIENT: I don't know. Yeah. It was just like a really miserable day. I wasn't really feeling much of anything most of the day. It was just like I want to get through this day. I don't think it hurts to leave. The next day I had been invited to go to a friend's house to watch Scandal and have lunch. I ended up declining because I was just like sitting and drinking a cup of coffee and realized I was just starting to cry. So, I thought I would try to lie down and lay in bed and I cried off and on. [00:08:30]

That was my Sunday. I laid in bed a lot. I cried a little bit, but didn't really feel sad as much as I was just crying. I felt really, I don't know, like, out of it and one of my friends had invited me to go get something for dinner this weekend and I was like I can't. I really need to be busy. I'm very occupied being depressed and stressed about my parents, so I can't do anything else right now. [00:09:30]

It still half feels like it didn't really happen to me or just it didn't really happen. It's sad. (pause) I don't know how to describe how I feel about a lot of things. Except that also my parents did do, Ashby had an experience with my parents. Basically, she just sort of dropped a huge information bomb in the middle of dinner over a casual conversation. So, we're having dinner and I asked my mom something and she's like oh, yeah, did you know your cousin Daniel now has twins? So, one of my cousins, he has a daughter that I knew about who is like 15. He just discovered that he also has one year old twin boys. The mother had never told him until now and hadn't been asking him for child support, but wants him to have more custodial. Some things she thinks that the boys need a man in their life. [00:11:00]

So, he was surprised he has been getting custody and his long term girlfriend has stomach cancer, which I didn't know. I was like yeah, but apparently it's very caught early and very treatable or something. So, that was really weird. I was like okay. That's a lot of information that maybe you could have mentioned earlier. They also mentioned that not related to me, but when Will's mother died a year ago. I mean she was in her 90s, but I'm still kind of (inaudible). [00:12:00]

I mean my parents do this a lot, where they just don't mention major events until like six months or a year later or more. This is sort of an accumulation of the things that have happened to my father's family in the last year that they haven't mentioned. Also, adding that one of my cousins is getting my other cousin in to paying him rent on property he doesn't own, so that was also a thing. I don't know. My mom was also telling me this in kind of a like oh, you know, so that happened. Ashby was just kind of staring at my mom like what's happening and afterwards said it was incredibly surreal to her, eating fish and casually discussing. My mom's thing about why the mother of my cousin's twin sons had never told him that she had kids was because he was in jail and there was just no point.

THERAPIST: Oh, I see. [00:13:30]

CLIENT: I was like well, but, he hasn't been in jail for a while and there was just no point in trying to get child support while he was in jail. It just didn't seem like the most, I don't know, like it didn't make sense to me, but it made sense to her. (pause) I noticed also having to like so the results are like some story that my mom is telling me about how one of my uncles had like, most of my uncles will help a family member out which they do periodically and one of them wanted some money, so he gave two thousand dollars to my cousin Daniel. I'm like because he needed it. He didn't have any money. It was this sort of problem that they ended up in. Actually, it was a joke that my uncle had given Daniel the money because my uncle is super cheap and would never hand someone over two thousand dollars. [00:15:00]

Which also then made me feeling really awkward about being like so, do you think you could give me some money?

THERAPIST: Right.

CLIENT: In approximately an hour.

THERAPIST: Right. So, your mother was the one making joke?

CLIENT: Well, she was describing how she hadn't realized it was a joke at first. She was like oh, at first she was had this whole thing where like she thought it was weird that it had happened and then she thought oh, maybe he was just giving Daniel money and said that he wanted it because Daniel is too proud to take money, except that sometimes he's not. So, she had this whole thing and then she's like oh, it was a joke about someone else being cheap.

THERAPIST: Right. [00:16:00]

CLIENT: I'm still not quite sure how it was a joke exactly, but I'm just accepting it.

THERAPIST: Yeah.

CLIENT: I don't know. My parents and not just my parents, but also like some of my other, my father's, relatives will sit there and make comments about how my cousin Daniel like doesn't want to take money, except that sometimes he does. He's very weird about asking for help. My father and his siblings have been known to get in to serious grabbing the bill intensity to pay. I'm always like okay. That's cool, but I think you are getting a little excessive at times. One time there was a sort of grabbing the bill and then it turns out one of my uncles had told the host at the beginning of the meal, put it on my card and that's subverting everyone. I was just like guys, chill out. Just let someone pay or don't pay.

THERAPIST: Right.

CLIENT: Don't get crazy about it. They were like oh, well, you know, you just don't understand that sometimes you really want to treat someone. I'm like yeah, but I said well, okay, but I don't

need to get in to a fight about it. The sort of joke was that I am willing to let people pay for me.
[00:17:40]

THERAPIST: Oh, I see.

CLIENT: And I should maybe argue about it more or that you're supposed to argue about it more.

THERAPIST: I see.

CLIENT: Which I'm kind of uncomfortable with. Yes, I am willing to let people buy me dinner, but I'm also willing to pay for my dinner. If someone has more money than me, I'm totally willing to let them buy me dinner. I don't know. (pause) (silence from 00:18:20 through 21:00:00)

I think one thing I do wonder is what my parents, did my parents enjoy their visit? I do worry if they got that I was, knew that I was upset. If that was the thing that they thought about. I didn't want to talk to them about it.

THERAPIST: Right.

CLIENT: I don't know. The whole, I guess I just also have a lot of, I feel weird about them having driven down here and then like they said they drove four hours to have dinner and then drive back. [00:22:00]

I didn't want them to, but there was no way it wasn't going to happen. So, I don't know. The whole experience just felt so false. Part of it for me the falseness is not really knowing if that was apparent to anyone else kind of mainly because I told her.

THERAPIST: Right. What I, I got the impression as well that really your mother is entirely in control of the situation and what happens.

CLIENT: Is or is not?

THERAPIST: Is, actually. I don't mean she's like sort of consciously being manipulative, but the way she keeps you off balance is really remarkable and I think maybe it's the way she kind of completely paralyzes you in that you can't, like, there's something about how she makes plans and says things, does things to you that leaves you sort of unable to kind of resist or negotiate apart from just keeping her out and at arm's length when you can. Although, sometimes you can't. [00:24:30]

CLIENT: Yeah. Like this weekend.

THERAPIST: You can't really think about what's going on while it's going on or some of what is being done to you and you can only kind of, almost like indirectly or very harshly feel what it's

like. What she is doing to you. Meaning that you were crying the next day. Meaning you wanted to get through it and you didn't want them to come. You know, you feel out of it. Those are sort of, they seem to me kind of more indications that you're having very strong feelings than they are sort of are clearly articulated strong feelings in a way. [00:25:45]

CLIENT: Yeah.

THERAPIST: I mean there are specific experiences, but they are also sort of have been removed.

CLIENT: Yeah. I have the symptoms of being really fucking upset, but I don't actually.

THERAPIST: You're not in touch with it.

CLIENT: Yeah.

THERAPIST: With being really upset. It seems to me that has something to do with the sort of control that she exerts or that from your side that you feel hurt. Over you in a way she keeps you off balance. I think you're sort of, you react to that by becoming really quite passive and as part of that like losing your capacities to think and have more contact with what you feel and take action. I mean I know when it's things like making plans with them before they come. There's negotiation there and you can push and you can avoid and you can get out of time spent. I mean like once they're here. Yeah. [00:27:25]

CLIENT: Yeah.

THERAPIST: I don't know about her words, but those are some thoughts that I have. Sorry.

CLIENT: One of the things I was thinking that was one of the things I thought about this trip is sort of, I mean my parents didn't really tell me when they were going to come, like what time. So, I spent the week trying to be like so, how about we do this or this? What do you think? It was just like a series of my mom was like oh, I thought we could go to this garden. I'm not really interested. We could go to the sculptural museum on Saturday and she's like, nope. The weather's too bad to go to that. I was like okay. How about the museum or a movie? She's like no, your dad doesn't like those movies. So, it was this very like, not so much negotiation as no, like, both of us are saying no a lot. [00:28:40]

THERAPIST: Yeah. There's really not any. The only communication you described actually through the whole visit is the (inaudible), really.

CLIENT: Yeah. Part of that also is that my mom makes me feel that she is like conveying facts that are unrelated to feelings. I can be kind of surprised that Daniel has surprise twins, but it happened and you have to just accept it. Does it happen, you just, it, I don't know. It's this kind of weird like. I mean I had kind of a strong reaction.

THERAPIST: Oh?

CLIENT: I just said like. I was feeling anxious. Yeah.

THERAPIST: You often have very strong emotional reactions to things. I don't mean, not in a bad way.

CLIENT: Yeah. [00:30:00]

THERAPIST: Not at all. You just, you seem sort of, you feel things strongly sometimes which people do.

CLIENT: Yeah. My mom was very much like nope. Similarly, when they told us his girlfriend had stomach cancer.

THERAPIST: Right.

CLIENT: So, they called my parents about it and he really loves her and relies on her a lot to be mutually supportive and my mom was kind of weirdly judgmental that he was very upset. She's like, he was like falling apart and sort of it was like why was he doing it that way? I'm like I don't know, because his long term girlfriend has cancer and he's worried she's going to die and he has been convinced for years that he was going to die before he was 35. He turned 35 this year. [00:31:00]

Yeah. It didn't feel okay even sort of, I don't know, it didn't feel okay to say anything about it because I was worried that that would then lead up to my mom to start discussing how I'm feeling. How I was overreacting. (pause) [00:32:00]

I mean I would also expect my dad to have a lot of feelings about (inaudible), but he tends to just not say anything about it unless I ask him really directly. Even then, it's still kind of like weirdly veiled. (pause) Also, even though I really didn't want to talk to them about us having a fight and me being upset, it was also weird to have my parents act like nothing happened. [00:33:00]

THERAPIST: Yeah. I think in a sort of a like, maybe in kind of a subtle and sort of an unusual way, your mom is incredibly aggressive.

CLIENT: Yeah. She really is. Yeah.

THERAPIST: I mean sort of pushing all the time and drops these bombs and goes after you if you have a reaction to them is very aggressive. It's very intrusive and really I think feels quite disturbing. (pause) [00:34:20]

CLIENT: Yeah. Part of what's difficult for me about her when she's very aggressive is the way that she insists that she's not and also there's no, she doesn't acknowledge what she's doing or what's happening, so it's very hard to say can you stop doing that?

THERAPIST: Yeah. That seems to me to be part of it.

CLIENT: Yeah.

THERAPIST: Is that she just sort of. Yeah. I don't think she sort of consciously means to do it. I really don't think she does. The fact that it obliterates any point of view you might have that's different from hers.

CLIENT: Yeah.

THERAPIST: I mean it's sort of like that sort of thing cannot exist.

CLIENT: Yeah. It's also, it's so tough. It also becomes very alienating.

THERAPIST: Yeah. [00:35:45]

CLIENT: Especially when she decides there is something that I like or enjoy that I don't particularly. Like, she's decided in the last couple of years that because I access my actual cats, that I must want lots of like cat type things.

THERAPIST: Right.

CLIENT: I'm like no. I don't have any in my house.

THERAPIST: Right.

CLIENT: I don't express an interest in them.

THERAPIST: Right.

CLIENT: But, she'll give them to me and be like look, I got what you wanted.

THERAPIST: Right.

CLIENT: I'll say okay.

THERAPIST: Yeah.

CLIENT: That's not what I wanted. I don't know. I feel like I've had her daughter for a really long time.

THERAPIST: Pretty much your whole life as far that goes. [00:36:45]

CLIENT: Yeah. Pretty much and I've pretty much been the same like, overall same person as a daughter.

THERAPIST: Yeah.

CLIENT: So, I just, it's just pretty mind blowing she gets like really focused on this version of me that doesn't really exist.

THERAPIST: Right.

CLIENT: Or like I get upset over the same things that I have been getting upset for and she's still surprised.

THERAPIST: Yeah. When you described to me that, today for example, really aside from her paying for things, you haven't really described any instances of her like acknowledging you. Who you are and how you're different to her. Her reaction to things. Rather, what you describe is an effort to really obliterate this thing. [00:38:20]

CLIENT: Yeah. This always makes me like, I don't know. Not always, but I guess because I was having a lot of has she always been like this? Is this new? You know? Are we having more conflicts because I'm older and have a more established personality or like whatever? I don't know. I guess what I think is in terms of is this new? Well, if I knew me the last decade or so, sure, but it's not exactly new. (pause) [00:39:40]

I also find it really frustrating the ways in which, I mean I'm sure I'm enabling her too, but in which my brother and my dad will try to act as if she's being totally normal or reasonable. Basically, why should I be upset? Which I, for many reasons, but also it makes me feel more isolated and like I guess I just go on really there being like yeah, that was really crappy. That was weird. (pause) My brother has somewhat learned how to talk more about how he feels about things which is nice, but I guess both of us have this around my mom doing crazy things. [00:41:30]

We have a hard time shaking loose from it. I don't know. Some of it seems like he feels like it's inevitable. Like, that's just what going to happen, but also kind of excuses it, her behavior. Like, you know, well, she just can't do this or she can't do that. I don't agree with him and also even if that's true, it sucks. [00:42:45]

It's just such a weird, I just feel so uncomfortable being around my parents right now. It feels like when I'm visiting distant relatives that I don't know very well, except that they're my parents. I'm like I don't want to really get my father anything for Father's Day or for his birthday, but I'm going to because it would hurt his feelings and long term my brother's wouldn't do that.

THERAPIST: Yeah. [00:43:30]

CLIENT: The other thing is I also feel like super confident that they're, my mom is not being entirely truthful about how my dad is doing particularly or how she is doing physically. My dad basically stopped reading books. Period.

THERAPIST: Oh?

CLIENT: Yeah.

THERAPIST: Do you know why or what that relates to with his health?

CLIENT: Nope. I have no idea. I asked him. At first he said that he was feeling tired and he wanted to read like short fiction or nonfiction. This is the day he said he just isn't reading. In retirement he has discovered wiki holes and Wikipedia.

THERAPIST: Oh, the wiki hole?

CLIENT: Yeah. He follows the wiki hole and two hours later he was like I was just looking up the capital of Luxemburg. What happened? So, he has been doing that and that's about and he's watching more television than he used to. I don't know. Is he just like I'm retired I can do what I want? Is he having a hard time maintain his attention span? Is there something wrong with his eyes? I just sort of like can't get anything. He just lost it all and my mom sounds vaguely concerned, but won't say anything which is pretty par for the course for them. So, I don't think I have a way to find out and also if I sound too worried, I think my parents would put more effort in to lying about it.

THERAPIST: We should stop.

CLIENT: Okay.

THERAPIST: I will see you next week.

CLIENT: Okay. Thanks.

THERAPIST: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I was just super busy, but I will look through it tomorrow night and figure out what the bill would be from May and let you know. And then, if it's still okay, I'll charge [...] (inaudible at 00:00:20).

CLIENT: Okay. That sounds great. (sighs) I don't know if I mentioned it but I've been feeling really disconnected/out of my body lately, which I don't like for many reasons.

THERAPIST: Sure.

CLIENT: At first I was like, "Okay, it's because of my parents visiting or whatever," but I still feel that way. [00:01:09] On Thursday, my birthday, I went to visit one of my friends – my friend, Jersey, who is recovering from surgery. We cooked together, which we have done a bazillion times and I ran into her three times. It's really bad to run into her. I ran into, I think, her leg that had been operated on twice. Jersey was like, "How about you stand over there for a while?" and I'm like "Yes. Sure." She was mentioning how it was really hard for some people to do this and I said, "No. I've done this a bazillion times. The problem is I don't really feel like I have a sense of where I am in space. [00:02:03] I was doing things and I knew that she was there, but I didn't really get a sense of – I don't know – like the two of us together. I just didn't feel fully attentive to what I was physically doing, which was... I don't know. Like when I realized that that was the issue, it was both disturbing and upsetting because I accidentally hurt her a couple of times. Whatever. It was an accident, but I didn't mean to and I don't want to. Also it just felt so weird to not being able to do something simple like sharing a kitchen with someone without whacking into them. [00:03:08] It just didn't feel like me. I'm usually pretty aware of where people are in relationship to me and I wasn't. (pause) [...] (inaudible at 00:03:47) I was feeling both really anxious and, I guess, not really settled. [00:04:06] Part of the thing was that someone is really pressuring me to let him use his connections to be helpful. It was like we had a talk before at the end of the week and I told him, "Don't be ridiculous." We were phone-tagging.

THERAPIST: In regard to?

CLIENT: Like work, being at a craft show.

THERAPIST: Was this the guy with who connected you...

CLIENT: Yeah, he hasn't, but he's the guy that knows a guy who knows the dean's scheduler. I don't quite understand how, but – whatever. [00:05:01] He sent me an e-mail like, "I'm really frustrated that you want everyone to help you but I feel like you're not letting me. Blah, blah blah." [00:05:10] I was like, "I've been really depressed, but okay, let's do it." That was also really stressful and we ended up phone-tagging and not managing to get together on the weekend. That was kind of looming over me the whole time. I was also hanging out with one of my friends, just one-on-one on Saturday. I actually have a hard time concentrating and staying with our conversation. [00:06:04] In part, it was also she is a very reserved person and just had some very stressful thing happen, so when she came out to meet me she had tears in her eyes and was like, "Can you just let me sit for a minute." I'm like, "Okay." Basically like "don't look at me for ten minutes while I – whatever. I enjoyed it, but it was still kind of... We had a nice conversation, I had nice food, we were chatting, but I also sort of felt like – I don't know – not totally a part of it.

Then there was a barbeque for my [...] (inaudible at 00:06:57) group and I debated over going but it was five minutes from my house and I was like, "I should really go." [00:07:07] That was similar. I felt sort of like I feel when I get really dehydrated. I felt a little dizzy; I felt a little out of it; I sort of felt like if someone would ask me a question it would take a while for it to get through to my brain. Or if someone was like, "Are you hungry?" I was like, "I don't know." I was not really sure how I was feeling about things. That's still going on. I don't know. (pause) [00:08:03] I'm not really sure why. I mean I guess my parents visiting is sort of what kicked this off, but (sighs) I guess it's hard for me to really think about. Like when I try to think about work – okay... Everyone asked me what it was like for my parents visiting. I pretty much would answer that it kind of sucked a lot. Ashby was there. The end; but I don't know how to talk about how I felt about it or how it was alienating and weird and all of that. [00:09:04] (long pause) [00:10:05]

I don't know. Summer is usually such a good time for me emotionally. I'm used to summer being a time when I feel good, like I want to go out and see people or do things and sit outside and – I don't even know. This whole week I just didn't really want to go out and do anything. Sunday I just had a horrible time getting out of bed. I just really wanted to sleep. I was like, "Okay, whatever." Just going over to my friend's barbeque seemed hard. Leaving it also felt kind of like she wanted people to help clean up, which, you know, you do. [00:11:07] I don't know. I just felt like everyone was like, "Can you carry this and this?" And I just felt like, "I really don't know. I think I can but..." It was just a platter. (pause) It wasn't like it was physically difficult, I felt like I was going to drop them or put them in the wrong place because I'm not really paying attention or – I don't know. I just felt like I wasn't going to be able to do it right. [00:12:01]

THERAPIST: Well, I have a few thoughts.

CLIENT: The other thing that has been going on that is not really relevant but happened also and I'm trying to not deal with it, is a friend of mine – her boyfriend that lives with her raped her. He assaulted her and she wouldn't call the police to get him out of the house or get a restraining order. The thing that she decided to do during this is just Tweet a ton about being raped and what happened. And then posting long things to Facebook with graphic descriptions and to her blog and to everywhere. [00:13:08] She's been doing it for about two weeks straight so far. It's really horrible and she also is completely unstoppable on it. She worked for a rape crisis center for years. I'm like, "Jesus Christ. You know better. What are you doing?" I e-mailed her and was like, "Hey, I can't look at your online presence anymore because – Jesus Christ." Her response was like, "Oh, I hope you feel better." That isn't what's really going on, but okay.

THERAPIST: Yeah, my experience – and I'm being a little light about this – but working in any sort of counseling or mental health field does not, in any way, necessarily mean that you know better. [00:14:08] I know you know that.

CLIENT: Yeah.

THERAPIST: It sounds like it's pretty relevant here.

CLIENT: Yeah. Yeah. The other thing that was just horrible about her particular situation, which I felt horrible about, is that (sighs) she's someone who constantly – she's kind of a constant drama queen and is sort of always having these horrible things constantly happen to her. It's one of those cases where I really hesitate to say, "You weren't assaulted, but you have a tendency to revise history a lot." I'm sort of like – she's really crazy and has a tendency to sort of manipulate and stage the emotional tableau to get all of it to work for her. I think a part of it is [...] (inaudible at 00:15:34) but I'm also like wow, I don't want to read all the specifics and be some of what she's complaining about and part of this is where there are things that I'm like, "Did that happen like that? Were you just being crazy? What?" [00:16:02] I feel really horrible having this "yes, you're crazy." (pause)

THERAPIST: Maybe you're feeling assaulted? Happily you're not necessarily being assaulted, but I'm thinking about also your parents' visit felt like at times. I can actually imagine that's what talking about it at times felt like last week. [00:17:01] That's what it sounds like you're telling me; you felt kind of bombarded by your friend's social media presence.

CLIENT: Yeah.

THERAPIST: And that the dissociativeness that you're having or the dissociative symptom, those sorts of things tend to go along with [the job.] (ph?)

CLIENT: Yeah. (pause)

THERAPIST: I wonder if part of why you forgot and [what I thought of in the first place is that it felt like you'd been assaulted.] (ph?) [00:18:05]

CLIENT: It really has.

THERAPIST: I think you're also worried that what I said about it would feel so [...] (inaudible at 00:18:13) reasonable or on target, in some sense, that it would kind of feel like a hit.

CLIENT: Yeah. I think part of the bazillion things that are difficult is that... (sighs)

THERAPIST: I'm sorry. What?

CLIENT: My friend's name is Maeve (ph?). That's just the name she uses. Some of the things she describes and talks about remind me of my relationship. I get sort of mixed together my own [...] (inaudible at 00:19:22) I think about it, but also with Maeve and some of what she experienced. Also if she went to court, called the police, filed an assault report, got a restraining order, the whole shebang, which I never did, which I did do with crazy partner from college.

THERAPIST: Right. I remember that. [00:20:06]

CLIENT: There's also something for me about how (pause) publicly and graphically Maeve is sort of describing and rehashing what happened. The idea of doing that is horrifying to me. [00:21:02] (pause) I think there's also an aspect of I [...] (inaudible at 00:21:28) and I don't think I will. Not many sexual assaults, as far as I know, have ever dumped it all out there. It kind of reminds me of [...] (inaudible at 00:22:00) [00:22:03] Maeve one time spent four days live-tweeting her feelings about discovering that a friend of hers had been abusing his girlfriend; and so she had known and was close to the abuser and was having all these feelings about it. I was also going like "Why? You should not just dump this across the Internet where I'm trying to look for cat pictures." [00:22:59] Also, afterwards he kind of said, "Oh, sorry for that, everyone," but Maeve was just barreling ahead. We have all these mutual friends and I feel like right now it's really hard to avoid hearing about it or people asking about it. I really don't want to. [00:24:01] Also I've been thinking a month or so ago I think I only saw her, you know, twice in the course two weeks, like in the subway station, basically.

THERAPIST: Recently?

CLIENT: Yeah. I actually saw her today when I was in the subway. When I saw her I wasn't feeling that (sighs) I wish we were still dating. I didn't feel an emotional pull towards her and that felt really great. Like, "Yes!" not feeling that. I feel like I've tumbled backwards. Seeing her this morning I just didn't feel anything about it, which I would have rather felt something about it. I also saw one of her exes at the barbeque. An ex, Kris, had e-mailed me saying she wanted to talk to me about...

THERAPIST: This was a few months ago?

CLIENT: Yeah, and I just didn't respond. Seeing her at the barbeque was also... [00:26:01] The other part is that neither of us really acknowledged that she sent me this e-mail and I ignored it, not that either of us necessarily would have brought it up, but it just also felt weird being at a 20-person barbecue and being like "hey." Also these sort of (sighs)... There is a [...] (inaudible at 00:26:46) of why I blame myself so much when Josie and I broke up. [00:27:01] There are similar routes you both take. There are social events that we were both invited to. I'm just like, "I don't want to see you there." I was thinking about it again today – or recently – not just today. Is it not pouring rain?

THERAPIST: I think so.

CLIENT: (pause) I also don't know or remember how I stop feeling quite so dissociated and out of it after Josie. I just felt that way for a really long time. [00:28:11] (long pause) [00:29:10]

THERAPIST: I think it is. (long pause) [00:30:15] I think this is where [...] (inaudible at 00:30:28) what happened with Josie sort of fits together with – not traumatic but [...] (inaudible at 00:30:43) bad stuff that's happened at the hands of friends or your parents, in that I think that sort of [...] (inaudible at 00:31:04) described to me of going to try to get help with stuff that's upsetting you or trying to address it with people, which so often leads to your being ignored and

feeling worse. [00:31:27] It makes you part of what's so terrifying is that someone is actually traumatized. I'm not saying that's what's not bad, but it's traumatizing, I think. I think you anticipate trauma and it's so terrifying, in part, because I don't think you anticipate being listened to, but rather that the person is going to shut you down or override what's happened. I'm not saying that couldn't happen, I'm just saying I think (pause) maybe it's so scary because part of why [...] (inaudible at 00:32:29) trauma. [00:32:32]

CLIENT: Yeah. I think that's part of why I've been so weird about work. Like I'm consciously [...] (inaudible at 00:32:45) talking to this friend of mine because (sighs)... It's hard because he had said, "This is unacceptable. You need to talk to this person and they need to hear this" and et cetera. I'm just like, "Well, I think that you think that will do something. I don't know that I think it will do anything." [00:33:26]

THERAPIST: Positive. And, moreover, I imagine you anticipate it could make things worse for you. I'm not saying it's going to make it worse at work, but just to put yourself out there again and to talk to somebody and get shut down, which is a lot of what's happened.

CLIENT: Yeah. It means also the intense lack of [...] (inaudible at 00:34:04) that comes from [...] or [...] is kind of like...

THERAPIST: Sorry – your what group?

CLIENT: My [...] (inaudible at 00:34:17) group. We put together a calendar, a photograph. [00:34:23] I'm the only woman of color in there . Guess which photo is me? Part of my face is in it, but also there's kind of no one else it could be. Not really, but yeah. (sighs) (pause) I went to Cambridge because I wanted anonymity. I wanted to be in an anonymous student.

THERAPIST: Right. In contrast to where you grew up.

CLIENT: Yeah. What it feels about Cambridge is that no one would know who I was. While that's true globally on the scale of Cambridge, it's like okay, so there is the ten black employees in the library or whatever. I wonder which one complained about something? It's not anonymous. It's not in any way. It's just... (pause) [00:36:00] I guess I feel anything I say, if I get someone to listen to me, it feels very much like a nuclear option, in that it's going to be really obvious who complained. If one of the reference librarians complains about [sex with them after work] {ph?} – there's a bunch of them; but there are not a bunch of librarians doing IT, nor are there many people of color doing IT or being in the library, so it's just like "hey." I really don't want to be the focus like that. [00:36:58] (long pause) [00:37:53] I've also been thinking that I also don't really want to run down my work problems [...] (inaudible at 00:38:06).

THERAPIST: Is that what you mean by "run down?"

CLIENT: I don't like the idea of sort of sitting down and being like, "This is a timeline of events that were problematic," or "Here are a list of things that have happened that were

discriminatory" or whatever. I just don't want to go through remembering it all, writing it down again. It's like you should be keeping a record of whatever is happening. [00:39:03] Yeah, I understand that generally speaking, but I don't really feel like being like "today I was ignored at work" two days later. It's a lot. It's mostly going on about that stuff; there's just so much of it. When I try to talk about it to other people it's like, "Well, did you talk to your manager? Did you talk to HR?" "Yes, that went nowhere." And then they're like, "But surely if you explain it to HR, they would have done something." [00:40:04] Then they'll be like, "Well, you should be able to sue for racial discrimination." I'm like, "No. How would I prove that?" Also I have zero interest in that.

THERAPIST: The way you're describing it is (pause) [...] (inaudible at 00:40:41).

CLIENT: Yeah. I guess it's really just not that easy just wandering to whatever until I make an appointment to talk to someone about what's going on. [00:41:10] (pause)

THERAPIST: Except for you feeling better. Is it actually going to make you feel safer and better about stuff that happened rather than more exposed and probably more under attack?

CLIENT: Yeah. (pause) It also frustrates me that sometimes I think, "Okay, what would improve this? What would be something that would make me feel better?" [00:42:08] On the one hand, what I want is kind of tiny, like for someone to be like "that really sucks," and then go on from there but... (pause) I guess the amount of time and effort I would put into trying to approach that is insane and, at this point, those people are aware that I have a lot of things to say and have a lot of opinions on [...] (inaudible at 00:43:08) technology. [00:43:08] They don't understand why I'm uninterested in getting on a task force or a committee. I get very defensive. It's kind of like, "Well, this is totally different." Uh-huh. I guess I don't see any reason why someone would go to any effort to sort of be like, "No, it's going to be different because you would actually say 'this is going to be different because we're doing X, Y and Z.'" [00:44:00] Or even like, "Oh, yeah. I agree with what you were saying about that."

THERAPIST: Yeah, the way you describe it, people acting sort of – not everybody, but nearly everybody – puts you on the defensive, almost immediately in a way from what you're upset about to [...] (inaudible at 00:44:24).

CLIENT: And also I feel there is just why there is somehow...

THERAPIST: The system is [...] (inaudible at 00:44:37) than that because you haven't been well treated. You haven't tried something or haven't done something correctly.

CLIENT: They're like, "Well, if you just try harder." No. I don't know what the trying harder would be that people are expecting. [00:45:00] I feel like I've done a lot and I'm also like, "Look, I would like to just sit on my butt in this office and just do the bare minimum and finish." I feel like if other people just do nothing all day, why can't I? [...] (inaudible at 00:45:39) Seriously, I don't see why I should expend more or ostentatiously show that I am expending more effort.

THERAPIST: We should stop for now. I will see you tomorrow.

CLIENT: Okay.

THERAPIST: Take care. Bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: From heavy rain?

CLIENT: Yeah. I'm in the middle of having lunch with a friend and he was like, "Oh, flash flood warnings for tonight." I'm like, "Okay. Whatever." We leave and we're like, "Or now," because it's starting to pour. I think we both made it inside before it totally started.

THERAPIST: I'm sorry I'm so late.

CLIENT: That's okay. (pause) (laughs)

THERAPIST: What's on your mind?

CLIENT: I don't know. There are two things. What popped into my mind when I first sat down was that Zoe called me on Sunday. [00:01:05] She was like, "I know this is late, but it was your birthday weekend." I was like, "Oh, I was just happy that you called." We chatted a little bit and discussed this movie that was set where we grew up, made by someone that we know. There is a character in the movie who is also based on a student. The student's name is [Luddie Grima.] (ph?)

THERAPIST: Luddie Grima?

CLIENT: He's from Africa and the character's name is Luddie Grima.

THERAPIST: Oh.

CLIENT: Yeah. The character is also African, the one I'm talking about. [00:02:03] I think he moved into my school district in middle school and then his family moved away. What was really weird is that his family moved and then the next school year another black male student moved in who was our year, so it was like this weird one-to-one relation. That was weird in many ways. Everyone always used to talk about Luddie's name. It was unusual. We were talking about it a little bit and I was thinking about it. I remember him as being popular, charismatic and funny. [00:03:11] I was trying to figure out when he moved away. I think it was maybe freshman or sophomore year of high school. It was also always awkward because his friends still made jokes

about his name and I don't know if he was okay about that. That was never clear to me. He was really distraught about moving because I think he was stressing about moving to the Midwest. Weirdly, when I came to Cambridge as a freshman, he was here. [00:03:58] I walked over to see a friend of mine from high school, a girlfriend. I walked over to her dorm and then someone else yelled out the window at us and we look and we're like, "What the fuck?" The other thing that was kind of clear in this weird way was that he had a really shitty time in high school, being probably the only black kid in the school.

THERAPIST: [...] (inaudible at 00:04:27)

CLIENT: Yeah. It was weird, sort of undiscussed, but a thing. Now he's a super-successful consultant. It's also always weird – I often find it weird when I see... [00:05:01] When I was an undergrad I was not very involved with any of the black student groups, so I knew once I, despite Cambridge being big and the whole point of me going to Cambridge was to be anonymous, but it is weird. I think, especially a lot of Cambridge students, but it's just kind of weird to keep seeing this sort of – I don't know black digerati or lawyer MBA. The Black Association keeps being full of Cambridge students because – sure. It's weird when I kind of know them. That's not what I want to do with my life, but it's still like you seem to be really successful and have a big pot of money and I don't [00:06:10] But I didn't want to get an MBA, so I don't know. Most of the non-white students at Cambridge had very serious drive. I would say more drive because of people saying like "you only got in because you're black or Latino." It's like being underestimated and getting into Cambridge is kind of like a stamp of approval, like you are officially smart or you have officially made it or whatever. [00:07:12] And they got degrees like [...] (inaudible at 00:07:16) and then you go to wherever you go. I know this is not unique to people of color at Cambridge. A lot of Cambridge students do this. Yes, they're all very driven and creepy – I mean not all, but whatever. We were talking and then we were talking about Luther, the kid who replaced Luddie.

THERAPIST: You and Zoe?

CLIENT: Me and Zoe. We were just chit-chatting like, "I wonder what became of him?" and she's like, "Oh, he became a pro football player." I was like "No." [00:08:01] It was weird because I couldn't find his picture in our list of senior pictures and he wasn't listed as someone who wasn't photographed. I'm flipping through my yearbook and I found photos of him and he was, I'm pretty sure, a senior. It was her yearbook, but I was just like "what?" Zoe was like, "No, no, no. It's Luther Graham." I was like, "No, there is another Luther Graham who is black, but I think that's another person." There was Luther Martin, who was our year, and then there was someone younger named Luther Graham, who eventually became a professional football player and played for the Patriots. Then in high school, he had actually done track and field. It was weird. [00:09:04] It was just like this weird little back and forth. She was like, "No, I think Luther Martin was a year below us. I don't remember him in our classes." I was like, "No, no, no. I'm pretty sure he was our year," and we went back and forth. The reason why I'm pretty sure he was our year is because I remember vividly people trying to set us up together to go to the prom and both of us were like "no," we have nothing in common. Zoe said, "No. That's ridiculous.

Blah, blah, blah. Do you remember anything talked about?" I dropped it and was like whatever. [00:10:02]

THERAPIST: It's not surprising, right?

CLIENT: No. She had been defensive when I asked her about it directly and was then kind of like, "Well, you know..." but no. A few minutes later she was like, "Oh, I have to go. Dinner reservations. Blah, blah, blah. Bye." It was just very – I don't know. I was really happy when she called at the beginning of the call, and then I was just thinking "why did you call?" the conversation about Luther was frustrating, the "No, no, no. People were trying to set us up." And she was like, "Well, who?" Well, my friends and his friends; and my friends were her friends. [00:11:03] I rattled off a few people that were Luther's friends because I didn't feel like rattling off our friends. Also, I just was frustrated that she called me 15 minutes before her dinner reservation or a half-hour before her dinner reservation. To me, that's what I pull when I don't want to talk to my parents. (laughs) It's a classic "I gotta go." I don't know what she was thinking or doing, but I mentioned race and she was like, "Gotta go. Bye." [00:12:05] Then I sent her a little while later a text being like, "Oh, yeah. It was Luther Graham was a freshman and played football." There was this weird response. Her response was sort of like I just don't know anymore.

THERAPIST: [...] (inaudible at 00:12:30)

CLIENT: Yeah. What it felt like is when someone says "I guess you people will never be satisfied;" like "I try to be sensitive, but you people are always angry." Yeah, [...] (inaudible at 00:12:58) none of your business. Whatever happened happened and I have to go. [00:13:04] I guess part of the awfulness, the beginning part of the phone call is always good and then it's really not. I had decided that I wouldn't initiate a phone call to her – like after I got off the phone with her I was like, "You get to make the next phone call." (pause) [00:13:59] So, yeah, I guess I feel like I really am stringing myself along on that, like it's not going to get better and I've already been direct, so either she wants to work on that or she doesn't. The answer seems to be that she doesn't, which sucks.

THERAPIST: Sorry about that.

CLIENT: The other thing that also adds to it is that one of our friends is Latino and he also passes as white pretty easily. Actually, he probably passes as Jewish or Italian. [00:15:06] I was thinking and I was like, 'Yeah, if your hair was just a little curlier,' but most people would probably not pick Latino. And so I'm like, "Wow, your boyfriend doesn't look... I don't know if you know that." Obviously she does, but then also I'm kind of like, "What are you doing? Where are you going? Why?" The other thing I was thinking about was that I was having lunch with my ex-boyfriend, Elliott, which is always weird. [00:16:03] (pause) He has dated several people since we broke up, as have I. I'm not holding any feelings towards him and I don't think he does towards me, although (sighs) we had this awkward point in our relationship, which was part of what initiated me breaking up with him. It was that his parents wanted him to marry someone

who is Jewish. He has three brothers, two younger, and that wasn't their thing. The three brothers are already going nowhere and so, out of the blue, his dad said to Elliott... [00:16:56]

THERAPIST: Sorry – like "going nowhere" like not going to get married or...?

CLIENT: Yeah. One of them, he didn't have a job and his parents were paying the rent. The other one was a proto-musician who, I think at the time, he sort of got a band together and then the deal had kind of fallen through and he was deejaying. There was no long-term anything going there. I think Elliott just turned 35 or something like that or was nearing 40. They were on vacation and his dad, out of the blue when they were getting on the tour bus...

THERAPIST: I'm sorry. Is this around the time you broke up or...?

CLIENT: Before we broke up, but it was a thing that made me be like "we're breaking up." Previously they had also been like, "If she's not Jewish, she has to convert," like if you're a potential bride. [00:18:01] His dad said, "You know, if you married someone who didn't convert but you raised the kids Jewish, that would be okay." And then got on the tour bus – referring to me. (laughs) Elliott told me this and he was also kind of a little shell-shocked but also a little like, "S-o-o-o." It was this very weird interaction. We were both like, "That was fucked up." And then his parents [never brought it up again.] (ph?)

THERAPIST: But was he on board with them?

CLIENT: With him wanting to marry someone who is Jewish?

THERAPIST: Or raise his kids Jewish or just do what his father said? I assume so, in that you were like, "Okay. We're done." [00:18:59]

CLIENT: It was almost like he wanted to raise his kids Jewish like [...] (inaudible at 00:19:08). He wasn't particularly religious. His family is not particularly religious, but we dated when I was in college and I could get tickets to High Holiday services for free as a student, so we went to High Holiday services together because he asked me to go and I said, "Sure. It's free. Whatever." I think I probably just did it to stay there with him the whole time and do things together, but he's not really religious.

THERAPIST: Like it mattered, but he had to think about it.

CLIENT: Yeah, it mattered to him. I don't think he cared about marrying someone who is Jewish; I think he cared more that his kids would be Jewish. [00:20:05] Also I don't think he is a particularly – we had never talked about marriage.

THERAPIST: Right. What was awkward about that moment was that his dad said the same. He was telling you about it, but that was like 12 steps ahead of where you were.

CLIENT: Right.

THERAPIST: Not 12, but – I don't know – more than one.

CLIENT: He is 12 years older than I am, so part of the awkwardness is that, "I see how your compatriots, your friends, are getting married and some of them are having babies or thinking about it. I am not going to get married and have a baby, too." (laughs) And, yeah, it was this weird, "So-o-o," but not direct. [00:21:00] We had talked, at one point, about me moving into his condo, but he is a horrible, horrible, horrible slob, which drove me crazy and also I had said to him, "I don't want to live with you if I don't have a room with a door that I can close." His condo is open. The bedroom has a door and the bathroom has a door and then the rest is kind of open. So we kind of discussed that and he was a little bit hurt by it. I was like, "I don't know what to tell you."

THERAPIST: Is that important? Why was that important?

CLIENT: Why was it important for me to have a room that...? I wanted to have a space that wasn't covered with his crap. [00:22:02]

THERAPIST: I see.

CLIENT: He has high piles of newspapers and everything.

THERAPIST: I see. But really it is as much about his sloppiness as anything else?

CLIENT: Yeah, it was a question of sloppiness and also I just wanted to be able to, because it was so open, there was no good way I could just be quiet or be alone and have some privacy. Now, at this point, I'm positive that if I was living with somebody I would want my own bedroom or my own room with a door. Also, it's a very nice condo, but it's also kind of a single person's condo in a way. [00:23:03] There's one bedroom and the rest of it is all open so, if you had kids, once they were past toddlers you would need to (laughs) – you would have to leave because there's nowhere to put them. I initiated the break-up and part of it – I have a lot of feelings – but part of it is also that I knew I didn't want to marry him. I knew I didn't want to marry him and I also was feeling like half the reason we were dating was just because we were dating – like there was inertia.

THERAPIST: How long were you together?

CLIENT: We were together for like seven years, I think. A while. [00:24:03] Maybe eight. Oh, well.

THERAPIST: I'm sure you mentioned that to me. It's just been a while.

CLIENT: I'm always hazy on how long we dated, but I also felt like the process of me dating him was also preventing him from forming a relationship with someone who was at his stage in life. There were other things, but those were two of them. Now for some reason when I hang out with him I feel very frustrated. [00:25:08] He's, you know, [...] (inaudible at 00:25:13) guy to have in Cambridge or whatever, but he knew this one couple and one of them decided to transition. She was becoming a man and he was like, "That's really weird." I was like, "What?" He was like, "It's really weird. Why would you want to become straight? You're lesbians. Why are you becoming straight?" He kind of thought it was a joke or that it was obviously weird or that describes a lot of my friends. He was just like, "No, no, no. [00:26:03] If they start out trans..." It was this awful kind of bizarre... "I couldn't even date someone who did that and it's kind of weird that you said that." It was also offensive and upsetting. And then when we go to places or events when we're both there, like the IT summit.

THERAPIST: The what?

CLIENT: There's an IT summit and he's part of it.

THERAPIST: Is that what he does?

CLIENT: He's a systems administrator, so it was like IT people from all over (inaudible at 00:26:58). [00:27:02] He clearly wanted my attention and was kind of like, "Why don't you come over here and chat?" I talked to him for a while and went away and he was like, "Where did you go?" He kept on wanting to do thing with me where I'm like, "Okay, but there is this whole room of people. Why are you kind of following me around?" There was some book event we were at that we were both interested in. I saw a friend and started chatting with them and he just started following me – not really entering the conversation, but just like – I don't know. [00:27:57] It was something that used to frustrate me when we dated because I was like, "Just because they're my friends, they're not your friends. Also it's weird when you just stand next to a conversation and don't interact. Stop it." I find it weird that he still does it and when it happened I had this trapped moment of, "I don't want to be rude, but can you go find your own friends or something? I worry that you're going to do something really offensive like that in front of my friends and it makes me really anxious." [00:29:04] We're not dating anymore. I'm not his girlfriend and I feel like he's acting kind of like my needy boyfriend who is lonely –but we're not dating. (laughs)

When we broke up I said that I didn't want to see him or talk to him for either three to six months, not because I hated him, but because I said and I felt that we had all these established ruts and patterns and I wanted to break them. I thought it was successful on my part. [00:30:03] I'm just sort of waiting, like I don't know what to do. I don't want to hurt him because he's not really doing – he's not being malicious. He's just awkward or he feels lonely or he's like there's no one here to hang out with. Or he's like, "You know all these cool people." I'm like, "I do know cool people." But "stop following me around" is what I end up feeling like. Every time this happens, I feel like "I'm not your girlfriend. [00:31:00] I'm not the person who does – whatever emotional – I'm not supposed to fill your emotional needs. Also, you didn't ask. But mostly, I just

feel like you're not my boyfriend and I'm not your girlfriend. Stop." I don't think he's aware enough of what he's doing to stop, which is also probably part of why he remains unmarried.

He was dating for quite a while a woman who – they always seemed very close. [00:32:02] She wanted to have kids. She was just like, "I just want to have kids. Fuck waiting for my husband. I want a sperm donor." He was kind of hurt about it. I was like, "But, Elliott, do you want to be a father right now?" He was like, "No." Also, legally you could get custody of her kids that aren't – anonymous sperm donor is the way to go for a variety of reasons. She moved and they still see each other. He still sees the kids and whatever, but – I don't know. (pause) [00:33:00] I feel like I also end up falling into this weird acting-like-his-girlfriend pattern, wanting to make sure he's okay or (pause)...

THERAPIST: Looking after him?

CLIENT: Yeah, because he clearly wants attention and emotional support and all these other things. I find myself falling into feeling like I should provide them – or not even thinking about it that much, just knee-jerk doing it and then I'm like "what am I doing?" (sighs) [00:34:03] (pause) But then I also feel like "what are you doing that you're still..." We've been broken-off for a very long time. (pause) He used to always offer me a ride someplace, like to get groceries. I took him up on it for a while. And then I thought you probably should stop doing that, so I stopped. I stopped my part but he didn't stop his part. I'm confident that if I called him right now and asked him for a ride to the airport or whatever he would say "yes." [00:35:04] (long pause) [00:36:24] I'm also thinking about it because there's this science fiction convention.

THERAPIST: [...] (inaudible at 00:36:38)

CLIENT: Yeah. Basically, you need a ride to it. There is a bus that runs once an hour that drops you off at the side of the highway – sort of. He has given me a ride there a bazillion times. But when he does, he's also like now we're going to the convention together as "con" buddies, but intensely so. [00:37:09] He wants to have every meal with me. He wants to [...] (inaudible at 00:37:12). What are you doing? This year I was like, "All right. Fuck it. I'm arranging rides with someone else. This is getting ridiculous." I guess I kind of dread going (sighs) and having him pulling at me and wanting a lot more from me than I would give to a friend that I haven't talked to that much. [00:37:59]

THERAPIST: I wonder (pause) if you're also worrying a bit about being alone. (pause)

CLIENT: Sort of. I guess Elliott represents the bad way of being alone – or a bad way of being alone. I don't know. I guess I don't really see the connection about it because I want him to leave me alone?

THERAPIST: Yes. [00:39:01] (pause) There are a lot of aspects to what you're talking about with the core being Elliott. I guess, in a way, I felt like it might have been easier to talk about the way it is sort of disappointing you or the way you feel like [it sucks that you're pushing him away]

(ph?) and those things, I think, are probably there, but I wonder if there is something more disturbing where it's more like a crutch or a tail, in a way, or there is something about sort of wanting to be less close to these two people that goes along... [00:40:10] I guess I was thinking as well about your worries about being alone. It's not for me to say. I'm not pulling that directly from something that you say. I guess there are a few things that made me think about it and I'm also kind of playing a hunch.

CLIENT: I don't know. (pause) I guess I don't feel worried about being romantically alone, if that makes sense, and that something that Zoe and Elliott are desperately afraid of. [00:41:03]

THERAPIST: Yeah, maybe that was the other thing with Zoe was the way that she's with somebody but you have not spoken highly of him with that relationship.

CLIENT: I hate him so much. (pause) I think Elliott is also feeling like he would be married by now or in a long-term relationship. I did think I would probably be in a long-term relationship by now, but it doesn't really – like I used to think that, but I don't feel badly. I'm not upset. [00:41:58] I'm not [...] (inaudible at 00:41:59). I'm not going to do the "God damn, I'm getting married before I turn 40," which a couple of people I know have done, and I think that would be terrifying. I think that what Elliott does make me think of is my chronic fear that I'm doing that to people that I think are my friends, like I'm hanging on them; I'm annoying them. (pause) I don't know. [00:43:01] I do understand a lot of where Elliott is coming from. I was with him for so long. He does not notice body language, social cues or anything. You have to hit him with a two-by-four. I don't know. That's part of what makes me feel less neurotic.

THERAPIST: You just don't feel similar to him socially?

CLIENT: Yeah. I'm scared of it, but I also know that that's an irrational fear. [00:44:03] (pause) I guess I don't want to be Elliott. (pause) I don't know. The other thing is that, in some ways, I remember when I was dating him I think we had this conversation at some point where we were talking about parents and I was like, "Is there ever a point where your parents stop treating you like you're their kid, like you're a little kid?" He was like, "Nope." Great. (laughs) He was like, "You're their kid for life." I'm like, "That's probably true." Obviously, your relationship changes, but you're still their kid. I'm just like, "Oh, my God." [00:44:58] Elliott was also horrible someone who made me realize very strongly that with age does not come maturity because we would have these fights or arguments and I would feel all the frustrations I would feel talking to a 23-year-old guy, but I'm talking to a 33-year-old guy; and it drove me crazy. (pause) His comments about this trans person just really – I don't know – brought it home and also he asked me, "What do you think about this?" but wasn't really asking. He was like – it's weird. [00:46:20] Then he persisted with it and I was like, "I think it's fine. I would like you to not." I guess it's also like the relationship I'm really glad I'm not having. It's also a relationship where, when friends of mine run into each other they're like, "You dated him for a lot of years?" And I'm like, "Yep. Don't know what to tell you. It started when I was 18." (laughs) That's also just a little awkward.

THERAPIST: We should stop for now. I think we're still on for next week, and then the following week I think you're out.

CLIENT: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I don't know if I talked about this earlier, but I had seen Josie on Monday. I was walking to work, in a bad mood because I was walking to work, and my resting face is, apparently, really bitchy looking. I've had many people tell me that I look mad. So, whatever. I was just walking, not paying attention, and I see someone cut across the street right in front of me. I look up and it's her. [00:00:59] I do cross the street to avoid her. I've never seen her do that to me.

THERAPIST: Which is what she did? So she crossed?

CLIENT: Yeah. There were two things: One, I saw her doing it and I was like, "Huh, you crossed to avoid me." Also, I just didn't feel any longing for our relationship or thinking like, "Oh, it was so nice when things were going well." I wasn't thinking about that.

THERAPIST: I remember you saying something like that lately, but I don't remember anything about crossing the street, so I don't think you told me about that. I'm just trying to ferret out... [00:02:05]

CLIENT: Yeah. It also might have happened on Wednesday. So that happened and I was like "humph." I had seen her twice recently, like in the last three months, clearly on a date with a guy. One of the times I was kind of like "hmmm" and this time I was like "I don't want to be around you and I will cross the street. I no longer feel any [...] (inaudible at 00:02:34) feelings for you. Great." I ended up speaking, after therapy on Tuesday, I hopped on the bus and happened to be the same bus that Karl was on. He was socially raised by wolves and I have never, ever said why I have not wanted to talk to him or hang out at his house. [00:03:10] Eventually someone like Kate maybe sat him down and explained it.

THERAPIST: Okay, so this is Karl of Karl and Kate. Kate used to be involved with Josie; not Karl from work?

CLIENT: Yes. There are a lot of Karls, I guess, which is weird. Karl, for a year or two was like, "You should come over."

THERAPIST: Yeah, I remember this.

CLIENT: Yeah, and so we talked about his dog, which he loves. And that was completely fine. That was a nice interaction. I also was thinking of seeing Kate. [00:04:00] Kate works across the

street so she's just around. She's just there. I probably see her like once or twice a month when I'm coming and going; and it always feels very uncomfortable to me in ways I don't totally... I guess what it is, is that I don't want to talk with her and I don't want to interact with her – and she still tries to make small talk sometimes and I don't want to. I recently remember about a month and a half ago I was standing and waiting for a friend to pick me up. Kate was walking and I was like, "Oh, I'm just going to turn the corner of this street abruptly for five minutes." [00:05:02] It was like a little um-hmm. It was annoying, but it wasn't horrible. I didn't feel [anything, like kind of good about that.] (ph?) Wednesday I wanted to go see a movie with some friends. We went and saw Fast and Furious, which is stupid and delightful. We had dinner. It was really great. I was having a good evening. We were getting out of the bus and the bus stop is right there. We were kind of talking and I see that Josie is there with a guy. She's on a date. [00:06:01] She has her arm in his and I just completely froze up and was just like, "I don't want to wait at the bus stop with you. I don't want to be on the bus with you because it's a long ride." I was like, "I can't; I can't; I can't," and I was with Ashby and I was with another friend of mine and Ashby knows what Josie looks like, but my other friend doesn't. So I was kind of like, "We have to walk over here now." She was like, "No, but the bus..." "We have to go." I kind of drive them across the street and then I manage to flail out, "I can't get on the bus. I don't know what else to do, but I can't get on the bus." Thankfully, my friends and I walked to another bus stop and took a totally different bus and checked to make sure that Josie wasn't on that bus before we got on it; and then kind of flailed home. [00:07:11] It was just (sighs) (pause)... I just felt really terrified of being on the bus with her. It wasn't anything about the bus – not the bus, but I would be in a close space. There was going to be no one on this bus really because it was about 10:00 PM or whatever. I don't want to wait for the bus.

THERAPIST: You can't leave when you want.

CLIENT: Yeah. And also I felt panicked like, "But how else will I get home?" And I'm dragging other people into this, but mostly I'm just like, "I can't get on the bus. I cannot get on the bus. I can't get on that bus." [00:08:10] That was super-stressful and upsetting. I got home, took Valium, sat on the sofa and was freaked out for a few hours and then managed to sleep. When I woke up on Thursday I was kind of like, "Yeah, I'm going to go to work. [...]" (inaudible at 00:08:35) "I'm sure I'll be fine," and I really wasn't and left at noon because I felt myself almost crying several times. [00:09:02] Mostly it was kind of like I'm typing an e-mail and suddenly I'm going to cry in four seconds. Once or twice someone said something that was the mildest of irritation and I just felt like I was going to fly off the handle and scream and cry.

THERAPIST: Sorry. Someone said something to you and they exhibited the mildest irritation?

CLIENT: Like they would say something that was mildly irritating to me.

THERAPIST: Okay. Got it. You felt like you were going to lose it.

CLIENT: Right, so I went off. It was just like, "I have to go. I have to get away."

THERAPIST: [...] (inaudible at 00:09:37)

CLIENT: Yeah. Also, as it turns out, I was running a fever, which I found out after I got home; so that didn't really help. I canceled my dinner plans. I canceled for Friday and was just like, "I'm out. I'm done. I can't." I ended up taking Friday off because Thursday I just felt so horrible. [00:10:04] The first thing I did was I actually tried to go to this craft studio and do some really simple, mindless sewing. It was kind of like, "Oh, I'm just sewing. I'm relaxing." It was okay-ish when I was doing it. [...] (inaudible at 00:10:33) as I should. That's good. When I left and I was actually getting home, I just felt more and more stressed and upset and not wanting to be around anyone and feeling very fragile. I also got home and was lying down in bed and just crying periodically. [00:11:06] After lying down for a while, I was like, "I can't go to work on Friday." I have sick time and I decided to use it. I can take a day off. I was still very upset and feeling freaked out. I had a hard time falling asleep and Saturday morning I woke up basically with night terrors, which I haven't had happen since I was a teenager.

THERAPIST: Wow. What did they involve?

CLIENT: What it involves for me is suddenly waking up terrified and I don't know why, so I don't remember. [00:12:10] I never remember the dream or what was scary at all. I just wake up really scared and feeling like someone jumped across me or is about to – usually it's kind of the feeling that someone just jumped at me and I [...] (inaudible at 00:12:38). It's a feeling that I just dodged something really scary and dangerous and woke up; but I don't remember it. I just wake up feeling terrified. [00:12:59] When I was a teenager I used to sometimes wake up sitting up in bed. I used to scream sometimes and just wake up screaming. It was very weird. That happened sometimes very frequently and sometimes not for about two years and then it stopped. There was nothing that...

THERAPIST: That obviously [...] (inaudible at 00:13:35)

CLIENT: Yeah. Nope.

THERAPIST: Did you go to the doctor at the time?

CLIENT: Weirdly, no. (chuckles)

THERAPIST: That's not really unusual for someone that is...

CLIENT: No, I have no idea why I didn't, actually, because I used to have a bedroom. At my parents' house the second floor had all the bedrooms – [my parents'] (ph?) bedroom, [...]s bedroom, my bedroom. [00:14:05] [This was also my first] (ph?) attic and I decided at some point when I was 14 or 15 that I wanted to sleep in the attic because I was a teenager, clearly, and wanted more privacy. That was also convenient when I was waking up freaked out, in that I didn't always wake up anyone else. I just woke up really, really scared and my parents would be like, "What's wrong? What happened?"

THERAPIST: They knew about it?

CLIENT: They knew about it. Yeah, yeah, because I did wake them up a few times. If they came and were really worried I could never tell them what it was because I don't... [00:15:02]

THERAPIST: Yeah, you didn't know.

CLIENT: Yeah. I think my parents would be [...] (inaudible at 00:15:06) night terrors or someone and I would be like uhh. It was also a time in my life when I was having panic attacks for no reason. I had panic attacks for a while when I was working at [15 or something like that.] Not a lot. I think it didn't happen frequently enough that I really wanted to do anything and I couldn't really describe it. It wasn't until I was in my twenties that I was like, "Oh, I was having a panic attack," but they had already stopped. (chuckles) [00:16:02]

THERAPIST: It's possible – I don't remember a lot about night terrors – but it may be possible that the night terrors didn't have a psycho-social precipitant. [...] (inaudible at 00:16:18)

CLIENT: Yeah. In your teens it can just be that's the thing that happens.

THERAPIST: Or when you're little, too, I think.

CLIENT: Yeah. I've had sleeping problems since I was a kid. Some of them were just things like I used to crawl under my covers at the bottom of the bed or the bottom of the sleeping bag. My mom would sometimes be like, "Where is she? Oh, she's..." You know. Sometimes I was scared of the dark or whatever and I would have a hard time falling asleep. But it was kind of like, "Kid..." [00:17:02]

THERAPIST: Panic attacks, though, I associate them with precipitants; although unlike many other forms of anxiety, it's also very difficult to trace the connection between the trigger and the panic. Sometimes it's not.

CLIENT: What I think it was, and this is looking back, at the time it was just like I had no idea what was going on. It started when I was at an academic camp. [...] (inaudible at 00:17:48) with the youth and they did summer camp, like nerd programs.

THERAPIST: Did you say "nerd?"

CLIENT: Nerd. We called it nerd camp because you sat at the camp learning shit. [00:18:01] I did it once. Most people boarded, but you could do it as a day student. One summer I did it as a day student. A friend's mother would drive us. It was very stressful socially because I didn't know anyone and we were the only two day students. Everyone else knew people and I didn't. I didn't know where I was supposed to go on campus. One time I went to the wrong dining hall – they were right next to each other – and it was very, very stressful and miserable for me

because I felt like I didn't know what I was doing the whole time. [00:19:06] A couple of times there were situations like one of them where I was trying to figure out where I was supposed to have lunch and they got really scared – pulse racing, sweating, dizzy, disoriented. I went and sat down for a while and they went away. That happened a couple of times. The next year I was able to convince my parents to let me board at the same camp and it was much better, but I still had one or two... I had a couple of incidents where I was stressed and I didn't know what I was supposed to do. I felt like it was that teenager like "what's this [band](ph?) supposed to do?" [00:20:02] It was like there was one thing you were supposed to do and everyone knows it but me. (pause)

THERAPIST: I'm struck by the confluence of three things you said to that. It was a sense of disorientation, particularly relative – like it is as though the people around help a lot to orient you. I don't mean by explicitly telling you stuff, but just what they're doing or how they're looking at things or what they know about the routine or something like that – being part of the social events – grounds and orients you. With what you just described, I'm thinking of Josie and the bus because you had this panic that moment that was partly, "Oh, my God. What am I going to do? [00:21:08] I can't get on this bus because she's getting on the bus and I have to get home – and that's the bus home." It sounds like the panic was related to those things.

CLIENT: That's the way to get home and I can't do it and I don't know what to do next.

THERAPIST: Right. And, in a much milder and more benign way, with me at the beginning of the hour – and I participated. We were trying to figure out what you had told me and what you hadn't and when this happened and when this happened and when that happened. I was sort of struck at the time about "why are we trying to...?" It's not a problem, you know? But it seemed like – and I was getting caught up in it, too. [00:21:58] We were both fussing a little bit over when stuff had happened, in a way that felt more like it was about orientation and grounding than it felt about conveying important information.

CLIENT: I guess I felt like it was more about avoidance, which was that I didn't want to talk about [Josie] (ph?) or any of that, in part because I have had these series of "yay." Especially Tuesday after therapy having this long bus ride with Karl. It was totally cool and I was completely not stressed. Then learning the next day that... And Saturday morning it was just so awful. I don't super-well remember the night terrors that I had as a teenager because they were a while ago. [00:23:11] I kept on trying to fall back asleep and there was that weird – you don't have a sense of time, but I felt like I would close my eyes and be filled with terror and then open them again and be like, "Okay, now I'm going to go back to sleep." I would try to and maybe I did; and then I was terrified again. So after a couple of rounds of that, I just got out of bed and watched cartoons because I couldn't do anything else and was really upset – both feeling them and super-upset and also just really (sighs) frustrated and angry that (pause) – I don't know. One of my friends, when I was first being like "we have to leave this spot," I was like "ex-girlfriend, blah, blah." The girl wasn't really coherent and one of my friends said, "But surely you see your ex everywhere," because we had been talking earlier about how there is this bubble where I just know everyone. I just see my friends there. [...] (inaudible at 00:25:00) why

it's annoying. I couldn't convey that, no, no, no, this is not like my regular "Oh, yeah. I dated her." This is something more. (sighs) I didn't want it to be something more. I just wanted to see a movie and go home and have us mutually ignore each other and have that be okay. (sighs) I think what [...] (inaudible at 00:25:54) at the time is it's horrible. At some point I was just like, "Okay, but I'm really exhausted. I want to lie down." [00:26:04] I would be like that again and I was lying down and crying off and on and not really – like I knew I was crying, but I wasn't really super-aware of that, I guess. I was petting my cat and whatever, but I was mostly just lying in bed and I was really scared to close my eyes and try to sleep. I did manage to nap a little bit and woke up feeling disoriented and super-anxious, but not terrified. [00:27:03] (pause) And then was dragging myself to [...] (inaudible at 00:27:14).

THERAPIST: Sorry, then you...?

CLIENT: Taking Ambien and Valium.

THERAPIST: Did you say "dragging yourself to the [pills?]" (ph?)

CLIENT: Yeah. I was trying to take all the drugs because I can't.

THERAPIST: [I guess I'm more interested in hearing a little bit more again.] (ph?) When was that?

CLIENT: That was Saturday night. Saturday night I was just like...

THERAPIST: Right. You had the night terrors for the first time.

CLIENT: Saturday morning was the night terrors.

THERAPIST: Oh. I got it.

CLIENT: Right, Saturday morning. Although Friday night I took Ambien like I always do and the difference in what I was taking was that I take Ambien every night to sleep. I don't take Valium with Ambien because I feel like it's a gun to a knife fight. It's a lot (chuckles) of [...] (inaudible at 00:28:25). Occasionally I'll take Ativan a half-hour – like at 9:00, and Ambien at 9:30 – and then get into bed so I don't wander around aimlessly. [...] (inaudible at 00:28:49) it said you can do that occasionally. Okay, I try not to because it feels really weird and also I feel like I should just be in bed the entire time. Then I just woke up early and didn't have the night-terror freak-out, but I wasn't rested at all. I didn't sleep well last night either and maybe didn't fall asleep until after 2:00. I was trying to fall asleep starting at about 10:30 and as part of good sleep, I get up at a certain point and get out of bed, blah, blah. I did that twice. [...] (inaudible at 00:29:40) sleep something-something (sighs). [00:30:01] (pause) I guess I really, really don't want to have more night terrors and I don't feel like it's under my control at all – and that's really scary. I feel like somehow like three years of therapy was just undone and now... I don't know. I just feel like,

"But I was doing all this stuff in therapy so that this wouldn't be my reaction. I thought it wasn't going to be my reaction anymore. I felt like I was doing good and then, holy shit, no." [00:31:07]

THERAPIST: Um. (pause) Maybe this is wrong, but my hunch is that you thought that more of the affect that went along with that thought was anxiety, like you felt anxious thinking about that – more so than angry and disappointed. Is that true?

CLIENT: Yes.

THERAPIST: Okay. So I wonder if a lot of that anxiety that you're referring to comes from feeling essentially separated from people or from home– like if, in a way, it's like a sort of separation anxiety that, at this point, isn't more – you see it in kids, usually. A major component is actual physical separation. But I wonder if what you're referring to is more feeling a psychological distance from home. [00:33:07]

CLIENT: Like from my sense of home.

THERAPIST: Yeah. Literally you were worried about being able to get home. That was part of it. Also, I think, in a way, from me, inasmuch as "there goes three years of therapy." I think part of that sense of increased solidity, I guess, I imagine is sort of bound up with that sense of relationship with me.

CLIENT: Yeah. I just... (pause) [00:34:03] Also it makes me think of – I don't know. Sometime in May both Ashby and I were having a lot of fun – a mental health stress extravaganza – and I was really freaked out and...

THERAPIST: I have more, but I'll let you...

CLIENT: It was like, "Ashby, here's the thing. I'm having a nervous breakdown." She was like, "Yeah, okay." I'm like, "No, no, no. But Ashby, for real. I think I'm having a nervous breakdown." She was like, "Well, okay. I'm having one, too." I was like, "Okay, but I just wanted to let you know that that's what I'm doing right now." What I sort of meant by it was – I mean, there were a lot of things – but I felt like (sighs) we have both talked about this. [00:35:13] Both of us have the ability to leave the house, get to work, feed ourselves, basically pay the bills, et cetera. We can make it seem to a lot of people that we're both okay when that's not true. I think I was feeling very intense and was like, "I am not feeling okay and I don't know how to convey this because having a nervous breakdown is not a [living] (ph?) thing; it's a Victorian novel thing." [00:35:58] [...] (inaudible at 00:36:00) That wasn't really what I was saying. What I was mostly saying was that I'm not feeling super-good right now and I'm really sorry, but I am not, at this moment, totally up to all my adult responsibilities, as it were. Part of that was a lead-up to, basically what I was kind of stressed-out about was my parents, kind of like all of that. I haven't really lost that feeling since my parents visited. [...] (inaudible at 00:36:57) [00:37:06] I guess I feel like the other shoe hasn't dropped. I feel like something else is going to happen or something worse is going to happen or something. I don't know what it is. (long pause) [00:38:52]

THERAPIST: I feel like you're saying that you feel in terrible danger.

CLIENT: Yeah. (pause) Yep.

THERAPIST: And I think [it often escapes you] (ph?) what from. (pause) [00:40:08] Maybe I can back up on some of the other things. I feel like I'm having this sort of an epiphany about you and separation. I think it's so much about that for you, something that I completely haven't seen before – like with work. The part you do talk about a lot is the many, many, awful, terrible things that happen. And we talk some about leaving, but that usually crashes and burns pretty quickly, usually around how unfit you are for any other job. [00:41:02] But maybe what it is, is that you're terrified to think of leaving. Maybe that is a lot of what it is when you were with Josie, it was so hard to see at the time how badly you were being treated in certain ways. I mean some of it I know she was manipulative and all of that. I'm not trying to take that off her and put it on you, [but things we have wondered about and want to know why,] (ph?) is what made it hard for you to see some of that. Maybe it was because you were really scared to leave her. Night terrors in adolescence may be that a lot of it had to do with [tearing away from your parents] (ph?). [00:42:11] It seems to me like it all went along with what was going on around that time.

CLIENT: Being a teenager.

THERAPIST: Yeah. And you felt it in terms of being separate from the other kids at this camp, which I know was literally true; but what was mysterious was why feeling more disconnected from them would have had such a strong effect. I mean, it sucks, but why so anxious? And maybe it was displacement of feeling more separate from your parents or it was kind of related in that this is who you were supposed to be hanging with now because clearly you were not going to hang with your parents. [00:43:00]

CLIENT: Yeah. And the other thing which was sort of also related to the boarding movement – day-camping versus boarding – is that, not surprisingly, parents who can afford to send their kids to nerd camp or whatever it was at the time, usually have some money. Being a boarding student rather than not boarding, people were kind of like "what's wrong with you?" almost. I lived 25 minutes away. It seemed kind of dumb, but it felt like that barrier of money and class I didn't really get yet, but I was kind of like... [00:44:06] I don't know. It was like an early understanding of like people I knew would do things like go to Club Med on vacation and my family did not. We usually went camping. It took me a while to get that it wasn't just that we liked camping, although that's still also true, but we could not afford to go to Club Med. (pause) It's weird because when I think about how I felt grew up, I feel like I was average. I didn't particularly feel like my parents didn't [...] (inaudible at 00:45:15) the summer and did stuff. It is true that we didn't do some because they were expensive, but mostly my parents didn't want to talk about that. "We're just going camping." I'm like, "Okay." That camp, in particular that program, you get in, I think, based on your P-SATs so suddenly all the people I knew, like in my Honors classes or whatever, were talking about it and going, which meant you could go to different places. I'm like, "Where are you going?" [00:46:07] You come back with nerd-camp friends and all these things.

It felt like the year that I day-camped I just felt very separate from everyone. I felt like I was, not the weirdo, but like...

THERAPIST: Alienated.

CLIENT: Yeah.

THERAPIST: We should stop. I do think this is sort of probably ties back around to incidents from the past, which seems less immediate, but I think it probably ties back to why you're so anxious now. I'm not sure if it's feeling that another slide and shift with your parents after what happened around the bombings or in some other things as well, but [we can talk about that tomorrow.] (ph?)

CLIENT: Okay.

THERAPIST: [...] (inaudible at 00:47:43)

CLIENT: Thank you. Have a good weekend.

THERAPIST: Yeah.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Part of why I was late is part of what(sighs) I was talking about. They threw out my craptastic concept [...] (inaudible at 00:00:23) libraries. A friend of mine, whose name is Morgan – he's like a guy who knows a guy.

THERAPIST: He's been trying to get you to talk with somebody.

CLIENT: Yeah. And so a week and a half ago he sent me this e-mail that was basically, "What the fuck? This is appalling. I need your answer." I talked to him last night. What was funny was that I was saying how I was really frustrated and he said, "The problem is that you've been talking to people without power. [00:01:02] I don't do that. I only talk to people with the power to make change." Okay! He asked me if I could print out the last three years of relevant blog posts contact list.

[...] (inaudible at 00:01:31)

CLIENT: Yeah. So I printed all those blog posts..."and also if could you print any relevant e-mails..."

THERAPIST: These are posts that you've written?

CLIENT: Yeah. [...] (inaudible at 00:01:54) it's a lot easier to say. [00:02:05] I had made [friends locked] (ph?) to my blog post about work periodically. The one about asking me to log my time in 15-minute blocks and me finally being like "fuck you – no" is what actually got him to send an e-mail saying "Jesus Christ. Contact me." I was just kind of doing it and then I realized I was feeling a lot of feelings about that and I had to get through the last chunk. [00:02:59] I felt like if I stopped I would not – because I had like ten e-mails left or whatever. I was like, "If I stopped doing it I will never do it again." I printed it all out, three inches thick, not all of which is relevant, but whatever. Right now I feel mostly super-emotionally exhausted, but also headachy and really upset and just – there's something about going – especially through the old e-mails – and being like, "Yeah, that really happened that way." My own blog entry I might use hyperbole or I might – actually I do use hyperbole, but whatever. [00:04:04] The actual e-mails are just "that happened, that happened, that happened, that happened."

There is actually one more thing, which I don't know if I can get myself together to look at, which is when someone from Operations tried to put in a complaint about my work into my performance review and I flipped my shit. The head of Operations does not like me because when the students were doing Occupy [...] (inaudible at 00:04:49) I gave them computer support and told them the [...] (inaudible at 00:04:59) head of Operations [...] refused to give them his name, so I said, "that's his name; that's his phone number; this is the assistant's name and phone number." So I told them that stuff. [00:05:11] He saw me helping them and also he's a big union buster. He actually sold his consortium company because he didn't want to have to hire union workers. I'm like "huh." So we don't get along always. He had done this weird complaint about how he was shocked at how messy my desk was and it was causing pest problems. I was kind of like, "Okay. Whatever."

THERAPIST: Oh, I remember that. That was actually not that long ago.

CLIENT: Yeah, it was a year ago. [00:06:02] I cleaned it up. When I got that year's performance review there was a paragraph about that and I asked Chet, who said other Chet (sp?) in Operations told someone to tell Chet to put it in my performance evaluation, so I went to HR and a meeting and refused to sign it until it was removed, which upset a variety of people – including me. I feel kind of mad at myself for having (sighs) (pause) – I don't even know. [00:07:09] And when Drake said, which I think is both true and funny, "I only talk to people who have power and you haven't been, which is why you're so frustrated." Yes, that's true, I guess, except sort of not. I guess with HR it depends on whether or not you think they have authority, but some of them totally have the authority to say yes or no to that – or that violated all our procedures for doing things and you don't get to just yell at me about it. [00:08:05] I think [I'm also a mild heaping of semi-self-loathing] (ph?) for – I don't know. I guess there's something about seeing me spending six months trying to get [...] (inaudible at 00:08:36) project to do something and going through all this effort to this, that and the other thing; and then having it get shit-canned. I'm just like, "That was a lot of effort I went through and nothing happened, except me being miserable and having [...] (inaudible at 00:09:03)" (sighs) [00:09:07] (pause)

Part of me is still like, "Maybe I should have..." something-something-something, like I should have done something different. I was going through the e-mails where [...] (inaudible at 00:09:41). I was looking at it and was like, "No, that's still fucked up." Especially [...] no, never mentioned that before. [00:10:01] I got this e-mail justification for why. I'm like, "Nope. That's still bullshit. Okay." (pause) I was just sort of like, "Why did all that happen or, rather, why was everyone around me?" All right, there were six or eight people involved in this. Why/ how did Chet let that happen? Why/how did Gary let that happen? (sighs) [00:11:01] It's kind of like when a company puts out an ad or something, like a commercial, that's super offensive and you're like, "How the hell did this get made considering all the people that it has to go through? What the fuck?" That's kind of like how I feel. There are all these people involved in various ways and I talked to all of them and e-mailed many of them and – nothing. It's also actually why I hate the book, *Lean In*.

THERAPIST: About the woman tech mucky-muck? [00:11:59]

CLIENT: Yeah. I didn't make it past the intro. I thought I should at least skim it and the intro has the story where she's like, "I'm pregnant and I didn't want to waddle so far through the parking lot." She went to visit someone at Google, I think, and they had pregnant people parking at the front and she goes off in this whole, "This is so ridiculous. Why don't we have this? There are all these people at this company. Why didn't any of them ask for this?" It was this weird, long "I don't understand why somebody else didn't request pregnant parking." Then she goes to the CEO's office and they were like, "Yeah, sure." I'm like, "Well, the receptionist cannot walk into the CEO's office, first of all. Second of all if she was like, "I really would like pregnant parking, no one would give a shit." [00:13:03] She didn't have a sense of that or she didn't have a sense of "you have no idea what people have been asking for." I don't think it's nice to blame the people who couldn't walk into the CEO's office, even if she seems to feel that she's not going to do that. So I guess I feel like I'm [not for pregnant people parking.] (ph?) I was also talking to a co-worker. We were brainstorming something and she's been at a very frustrating meeting. She was complaining about how she had been throwing out ideas and had gotten shot down really hard. She felt, in a way, that it was excessive. [00:14:03] The deal was that the group didn't want to make any real change and one of the group members is incredibly resistant to change. It's really intense. Somehow it came up that I was like, "Yeah, the person who was racist and sexually harassed me at work is still an instructor at Harvard. Blah, blah, blah. They're all still working here." And she was really shocked. I was like, "I don't know what to tell you. They're all still here." The Harvard police actively discourages students from contacting the Cambridge police in cases of rape and assault. [00:14:58] Yeah.

THERAPIST: [...] (inaudible at 00:15:00)

CLIENT: Yeah. The rationality is that the Cambridge police will be antagonistic because of town versus [gown] (ph?) and will be mad at you for being a student; and that the campus police will be more understanding in that situation and they can be a liaison to help you deal with the Cambridge police. One of the big outcomes of that is that crime doesn't get reported to the police, or to the campus police, who may or may not do anything about it. And if you go to the

Cambridge police, the school is really pissy to you about it institutionally. And yeah, we were discussing why everyone that is [...] (inaudible at 00:15:58) at work really closeted. [00:16:02] She was like, "I don't understand. Blah-blah is gay." I'm like, "Yep. And so is that guy and that guy, but none of them ever talk about it so I don't know what to tell you. They're gay as Christmas but won't really say it." I get that some of it is generational, but I don't think that's the only reason. I also don't want to go through this stack of paper. I don't want to write up a who-is-who cast of characters. (pause) (sigh)

THERAPIST: Drake was a little bit like [...] (inaudible at 00:16:57) and you were feeling like wanting to talk to the CEO and he sort of was being a little dismissive and is also a bit ignorant, I think, about what you tried, who you've talked to and what is going on. [00:17:23]

CLIENT: Yeah. He is aware of what I've tried and part of why he said "I want to talk to people who can do things," he's saving all that emotional energy and people who can't make any changes, it's a waste of energy because I put all this effort in and got nothing. I guess that's true, but also "You're fancy and I'm just some chick."

THERAPIST: [...] (inaudible at 00:17:52) the whole story. You're telling me that many of the people you talked to could have done something, but they weren't sympathetic, which reiterates the problem. [00:18:05] They may not have been sympathetic because they were involved in the same [...] (inaudible at 00:18:12) context, but... (pause)

CLIENT: They still had power and chose not to use it?

THERAPIST: Yeah. I don't think you went to talk to people who you didn't think could have done something, in most cases.

CLIENT: Yeah, which is also part of the depressing part.

THERAPIST: Yeah. That's what makes it worse. You're not going to the president's office, but you haven't just been complaining to co-workers who can't do anything or a manager whose hands are tied in some fashion and can't do anything. [00:19:11] [It isn't clear the politics,] (ph?) but I guess it seems to me what you've done and how thought about it to date, you haven't talked to anybody who had done anything and wasted your time on people who didn't have the power to do anything about the things you were complaining about.

CLIENT: I was going to say it was, to me, the most frustrating part I was like, "Drake, I hear you. You've been trying to help me and I've been really busy being depressed and that's been taking up a lot of my time." He was like, "No, I get that you have a down day." "No, no, no. I've been really occupied with trying to stay sane. (sigh) [00:20:04] I'm like, "You've never experienced major depression," was all I could think because some days I feel like, "That's what I did today all day." There is only so much extra... In theory, my highest priority is my own emotional health and that totally means sometimes not doing things because I'm done.

THERAPIST: I just want to be clear. I don't mean to be critical of Drake or say anything that won't be helpful.

CLIENT: I understand. It's just like, to me, my bigger frustration – like I was frustrated the instance he said that he understood I had down days. [00:21:11]

THERAPIST: Yes, which totally feels characterized, from what you've told me.

CLIENT: To me that was more upsetting than the other things, which I agree are totally valid criticisms. It's just that in my head that's not what I'm thinking about. (pause) At work the Library Association Conference is coming up in two weeks or something and there is something about that, a little part of me is, "I should have gone/should go. I could stay with a friend." Then I'm also like, "I don't think I'm in any mood to schmooze." I'm not sure that I can schmooze without raging out against Cambridge a lot. I don't actually want to do that. When I went to the workshop that Cambridge wouldn't pay for I had this moment where I was bitching about something and was like, "Oh, this person knows him and knows to call people at Cambridge and this could get back to him in approximately three minutes." [00:22:58] Also, someone was talking about how they were hiring and I was like, "Oh, I wouldn't hire me right now." I wouldn't necessarily hire someone who was bitching hard about their current workplace and naming names.

THERAPIST: I would imagine how well you knew them and trusted them.

CLIENT: Oh, yeah. There are definitely people I would trust who I would just be like, "Here's the deal."

THERAPIST: No, I meant like, "Oh, my God. I've heard from three other people all of these things about Cambridge. I can definitely see why you want to get the hell out of there."

CLIENT: Yeah. (pause) [00:24:03]

THERAPIST: I think you're pretty quick to assume, in a variety of ways, that you lack credibility about things like that or that when you say things like that they'll have the worst possible repercussions – that they will get back to the people who you're talking about and that would make a difference in that would cause you harm and also that you would lose credibility with people who might hire you.

CLIENT: Yeah. For Will (sp?) part of it was that people were saying his name as if it were this awesome... [00:25:01] No one had heard anything negative or gave back, be like, "Yeah, I heard it's been kind of crazy." (sighs) (pause) I was actually kind of shocked that no one said, "Yes, I've heard that the Harvard Library [...] (inaudible at 00:25:26)." I guess, in part I feel like instead of the Harvard Library reputation being notoriously bad, part of me thinks that if I talk about it being bad everyone will be like, "Yeah, I heard it's horrible." And having no one being like that made all those worries feel more real. [00:26:08] (sighs) (pause) And that Will still works at Cambridge and he got a promotion. Ugh. (pause) [...] (inaudible at 0:26:39) sexually harassing

me at work. [I now am, I guess, higher ranking than he is, in some theoretical way.] (ph?) So I'm like ehh. You've done nothing with yourself since then, which is you have the exact same job and I don't, so that's kind of awesome. [00:27:08] I think you succeeded at that and... (pause) In many ways I feel like sometimes people don't take me seriously for a variety of reasons. Like today I was [in the store] (ph?) and I was talking to some students and they thought I was a [...] grad student. I'm like, "I get it. I'm wearing a maxi dress and sandals and not looking very librarian-y at this moment." [00:28:03] But things like that, using informal language at times or using the language these kids today use or whatever is the feeling of being in a meeting and a woman says something and everyone is like, "Arghh." The guy says the exact same thing and they're like, "Oh – it's brilliant!" and to me, Will (sp?) is sort of the epitome of that for everything.

THERAPIST: Yeah. We should stop.

CLIENT: Okay. And we're not meeting on...?

THERAPIST: Right. We're on for Monday.

CLIENT: We're on for Monday/Tuesday.

THERAPIST: Do you want to try to meet again this week?

CLIENT: I think I can't do it emotionally.

THERAPIST: I understand.

CLIENT: Thank you.

THERAPIST: Yeah, sure. The reason you can't do it are probably the reasons I suggested it.

CLIENT: Exactly. (both laugh)

THERAPIST: I'll see you on Monday.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: About what?

CLIENT: Serotonin Syndrome.

THERAPIST: No what's that?

CLIENT: So, it's a drug interaction between [inaudible at 00:00:14] and a painkiller.

THERAPIST: Oh.

CLIENT: Yes, and so I've been taking this painkiller, tramadol, very rarely. My doctor got just said there's an interaction with Lexapro but you take it pretty infrequently; I think it's okay. And then I ended up taking, needing to take several over a short period of time because I injured myself shoving [inaudible at 00:00:52] fracturing [inaudible] when I fell down the stairs.

THERAPIST: Fracturing what on the stairs?

CLIENT: I was dragging a coffee table up two flights of stairs. And then the next morning I slid down my front stairs. And so well serotonin syndrome I guess basically it's instead of encouraging the serotonin to hang out for a while, it's like a serotonin party in your head, yes, and potentially fatal.

THERAPIST: Oh my God.

CLIENT: Yes, and it took me a while to figure out that's what was going on because I'd also be in such altered mental states, mental confusion, problems with motor control, problems with memory.

THERAPIST: Wow.

CLIENT: Yes, so that happened and having your roommate [inaudible at 00:01:54] hospital because they said well if you start seizing or if you're driving and seizure your fever goes up more she would notice. I said yes. Then at one point they thought I was, the nurse on-call thought I was talking to a hallucination. I talked to my roommate but I didn't say one minute I'm going to go talk to my roommate, and she said I sounded really panicked. I said I'm talking to my roommate and she said oh. Oh great, I guess. [00:02:30]

So, yes, I spent I don't know a good four days feeling really crazy. Yes, it was not it's actually [inaudible at 00:02:50] the worst psychiatric medication things that I've ever had happen. And also there's been the lingering effect of all last week my eyes really hurt [inaudible at 00:03:13], it was giving me headaches. And then I was also super irritable. I talked to my psychiatrist who was super concerned that I could've died. And I said sorry, just. And she said you're probably going to feel like crap for another week or two. So -

THERAPIST: Yea.

CLIENT: Yes, so this is the fourth, fifth, sixth, seventh. I got home on my sofa with the AC because I said I just can't be around people because everyone's making me really irritable.

THERAPIST: Oh, it's horrible.

CLIENT: Yes, so the worst part of it was that for all of Friday and half of Saturday I didn't really know what was going on except for that I felt crazy. I guess for a better word -

THERAPIST: So this is -

CLIENT: During the -

THERAPIST: ten days ago?

CLIENT: Yes. So I had super racy thoughts and just feeling really panicked and then not.

THERAPIST: That must have really scared you I mean because I, we haven't talked in a while, but I know you worry about things like that.

CLIENT: Yes. Yes, it was pretty terrifying because I mean it was just terrifying because I just felt flat out crazy and I also, I don't think this is I don't know. I couldn't really think very well but I was pretty sure this might be the you-go-away-to-the-hospital-for-a-day-or-two crazy because I just felt so confused and reality felt furry and it just was I don't know. But then I also really couldn't make decisions very well for quite a while because -

THERAPIST: That was part of the whole thing?

CLIENT: Yes. And I was talking to my roommate Ashby because I called the pharmacist and the nurse said you should go to ER. I didn't want to. So I decided to call my brother who's on vacation with his wife and ask him what it was like being in a psych ward. As it turns out my mental psych ward that when I think, when I get really sort of like irrationally terrified of being forcibly institutionalized, it's basically the hospital in my head is what's being played (ph), which that when I was an undergrad with a few friends of mine who had to

THERAPIST: break [inaudible at 00:06:44].

CLIENT: [inaudible at 00:06:44]

THERAPIST: Yes.

CLIENT: So, I actually never visited the [Walter Reed] (ph) but that's basically what I imagine. That sort of look. And it was good; I managed to hold up easy. I thought it was really scary that if I checked in they wouldn't let me leave. And it would be forcible psych hold or something just I was scared that I wouldn't leave. And also I fear weekends, like that's not fun, Saturday night wasn't any fun, and I didn't want to bleed. Also the process of waiting for hours and then being in a hospital room and just also I'm going to get bored and I was just thinking this. My thought

with this was I think I'm going to be more freaked out and anxious if I go in than if I stay home and my other treatment is thallium, which I have, so [00:08:14]

THERAPIST: Which is for -

CLIENT: [inaudible] surgery on [inaudible at 00:08:15].

THERAPIST: Which by that point you need a hat or?

CLIENT: Yes, I figured out. I figured that out by Saturday afternoon.

THERAPIST: So you're concerned about having to go to a psych ward for the serotonin syndrome?

CLIENT: Yes because, well two reasons. A, I'd essentially be alone. And B, I said I'm not seeing right now so I don't know how I would it probably is in a way. I don't know, I don't know. Like basically her existing in the apartment made staying in my apartment a little less or slightly more of the thing that seems reasonable on the grounds that I said well she would notice if I got worse and would call 911.

THERAPIST: Are you feeling that I thought you should have gone in or something?

CLIENT: No.

THERAPIST: Okay.

CLIENT: No, no, no. I was, I -

THERAPIST: You were really unsure of what to do -

CLIENT: I didn't know what to do.

THERAPIST: and probably were confused.

CLIENT: Yes.

THERAPIST: And also unsure where to, who to ask.

CLIENT: Yes. It was also one of those things where I said well I picked nurse hotline so I had to call said you might want to go to the ER or call the pharmacy.

THERAPIST: Could you call I mean, you could have called me although once we got out what it was I probably wouldn't been that, I mean I could've Googled it too but I wouldn't have known other than that any more than you. I guess could you have called Izzy (ph)?

CLIENT: I could have; I didn't think of it until Sunday.

THERAPIST: Why?

CLIENT: Because I didn't want to go in.

THERAPIST: To see her you mean? [00:10:15]

CLIENT: I didn't want I just didn't want to go to the hospital.

THERAPIST: No but I guess -

CLIENT: I wasn't thinking very well.

THERAPIST: Okay. I got that. Your thought was that if you called her she would tell you to go in.

CLIENT: And then I would feel like I had to go in.

THERAPIST: And you had to go in. Well I get the part about how by not calling her you can avoid feeling like you have to go in. It's just all the time you were trying to figure out what to do.

CLIENT: Yes.

THERAPIST: Okay. It was just muddled.

CLIENT: Yes, and -

THERAPIST: You didn't want to go in.

CLIENT: I said I don't want to go but the problem was that some of the symptoms were that's just every day. Are you nauseous, are you sweaty, are you...? So what? I'm nauseous half the week, I'm always sweaty, I don't know where to -

THERAPIST: Right.

CLIENT: Yes.

THERAPIST: And now you're [inaudible at 00:11:17] and I assume you didn't call your PCP's office for the same reason you didn't call Izzy (ph).

CLIENT: I did call them and they said well when did you last take the tramadol, which I wasn't entirely sure because I couldn't remember.

THERAPIST: And this is the doctor calling you back?

CLIENT: Yes. And [inaudible at 00:11:40] calls back well it should be out of your system. TSL review okay, take your temperature. If you start running a fever or have a seizure call 911. Okay, I'll do that. But I think I still, I don't know. When I was talking to my brother about the times that he's been in psych wards I realized that I never visited him ever. Yes, we were talking about it and when he was I think we were in Finland when I was just 19, he was I must have been 16, he was 18 or 19 my parents wouldn't let me, they told me they would not let me go because it would be too scary and disturbing. And [00:12:51]

THERAPIST: I was in another country.

CLIENT: So -

THERAPIST: That part hasn't -

CLIENT: Yes, and it was, it was very -

THERAPIST: Difficult?

CLIENT: I wanted to but I think the way -

THERAPIST: What things you think makes it scary, the other people or your brother?

CLIENT: My brother. They were worried, they felt that -

THERAPIST: He was psychotic?

CLIENT: Yes. Even though we I already had because we were trying, myself, I think my dad and I, were trying to talk to Seth because he wasn't okay it was clear clear, and he was really sad and rambling and then open (ph) for a while. So I already knew that he wasn't okay but they would not let me go but they visited every day. And then I guess my [inaudible at 00:14:17] at Dartmouth basically a student, whatever [00:14:18]

THERAPIST: Stolen.

CLIENT: Yes, basically. And it was something like [he used to] (ph) come on the bus and it wouldn't have been hard but I didn't and my parents were actually saying no, no, no you don't need to go; he's fine, don't need to go. And then he's been more than one, what's that word, what's that word in program, whatever. Yes, and they and Barry said you shouldn't come, there's no point, he's I don't know it was just dismissive like there's no point in -

THERAPIST: That's unusual.

CLIENT: Yes, it was really somebody said that is fucked up midway through. And it's like they were we both said yes that is because one of the hospitals he was in, and he was in it for a couple weeks, I could walk to from my parents' house. It's a [low-ball] (ph) place you go to, and actually in the hospital they ran there from his high school, the [inaudible] society. So, I feel really weird that I never -

THERAPIST: [inaudible at 00:16:03]?

CLIENT: Yes, yes I mean it's nothing but yes, actually as we were talking about it and I never visited him, I felt very uncomfortable about it that I haven't. [00:16:22]

THERAPIST: Yes, I wonder if you are afraid it would make you crazy.

CLIENT: I don't know. I don't, I don't know. Yes, it's I guess I'm prone to that. My parents were both very dismissive of it and said it would be too upsetting for me to handle, which [is fair] (ph). So I guess in that sense yes, I felt like well it's that bad and they go then what if, I don't know, I lose my entire mind and then what happens next?

THERAPIST: It [inaudible at 00:17:28] around you I guess.

CLIENT: Yes. And -

THERAPIST: That's all part of it. Well it sounds like your parents, I mean in that I'm sure it really disturbed them for their son to be having that kind of trouble.

CLIENT: Especially the first time. [00:18:03]

THERAPIST: Yes. And I would imagine they didn't talk a lot about that or probably from what I know of them, what you said, acknowledge a whole lot how insane it was for them. They just put all of that disturbance into you. In other words, yes it's upsetting and it's very difficult and everything but it was basically something really thrown into a loop that you got to not go anywhere near that place because that was a squeaky route. Do you know what I mean?

CLIENT: Yes, and I was also thinking I get to, I also worked for the [inaudible at 00:18:48] ward, both times I visited Fred in the hospital because I know him. It was rhetorical theoretically disturbing. And oops, sorry, it's still weird. And so my brother actually we talked and it was kind of like, well his main comment was the thing about being in the psych ward is that they try to make you feel better. So that's really nice. I said yes, that does sound very nice. I actually said all right I'm going to do this. And then the on-call doctor said no, stay home. All this emotional work to feel okay about it and now you just want me to stay home. And I was also being neurotic about Ashby asked do you want me to go with you? I said no, yes, maybe.

THERAPIST: Where were you going to go? [00:20:03]

CLIENT: That was the thing, the reason why I called, the one reason I called which was do I say, do I go to Sinai or do I go to [inaudible at 00:20:20], where do I go? And the answer was, ended up being to stay home. That was part of my fear I don't know where I'm going. And from when I was in school and right after, it always if you were going to Walter Reed (ph) or somewhere you kind of were okay, it's usually like oh, okay they have a thing, [an installment] (ph) for a day or two, and then they came home. But Walter Reed always seemed like this mysterious and suddenly they're gone and you don't see this person for a week. And you're alone and it just felt that it was all very scary and weird because you weren't [inaudible at 00:21:20] and it was something new for college me it was difficult to get to and I was just like what the fuck. And it was always unclear -

THERAPIST: Man, it was associated with big stress and memory L, which I mean which is early HDL or which is especially created with some great fears.

CLIENT: Yes, and it also always felt like maybe they don't want the [inaudible at 00:21:55] because or maybe I shouldn't go because I don't visit my brother so maybe I shouldn't so yes, it was [inaudible at 00:22:23]. It's definitely been a not good two weeks, this whole time, really -

THERAPIST: I imagine it's been kind of disturbing for you. I mean this is like, I don't know, really teaches you how it was like to be a little psychotic, something that's been terrifying you for a long time. And it's got nothing whatsoever to do with mental health in a way program (ph) action but I guess it was a relief [inaudible] didn't know that. And even afterwards, like later kind of matters in a way but in other ways kind of done.

CLIENT: Yes, I was well the first thing I was considering once I was, once I said serotonin syndrome, okay this is happening, okay, wait I can process what that means. I said why did Lauren tell me this is the worst thing in the world because [inaudible at 00:23:41] oh, I'm stressing, it's just [inaudible at 00:23:46]. It didn't even happened very much, I felt like people have described it I said oh, so you feel really depressed or panicky or gross or whatever for a day or two. I did not think it would be like I don't feel sane for several days. And yes I guess I feel like yes, this is probably a tiny taste of something [Jim recycled] (ph) in his head and that was really also super scary and that it was so horrible. I also thought really well that I never [inaudible at 00:24:53] myself or others because I really want it to stop and really just wondered -

THERAPIST: Because you want to know what was actually going on?

CLIENT: My point is I don't remember half of it.

THERAPIST: I mean being psychotic is you usually find it really awful and horrible. It can be terrifying, it can be very confusing, very disturbing. Unless it's mania, hypomanias can feel pretty nice for a while. But other than that it's awful, awful, awful, awful.

CLIENT: Yes, but one of the things that I found funny and horrible was, was all those the nurse. And she said I'm just want to ask you a series of questions, [something we're going to cover] (ph). I said yes, great, determining coverage. I think I am, whatever. And so she's asking the standard do you feel like killing yourself [when you walk] (ph) into your house, do you want to harm other people, blah, blah, blah, and also asking me other questions. And I always want to say I know you're going to ask the standard-type questions. The answer is I'm not going to kill myself, I'm not going to hurt someone else, I'm not listening to [inaudible at 00:26:39]. But I'm pretty sure that's not actually going to be helpful if I've just said that but I always want to. I just kind of [inaudible at 00:26:55] because she was trying to be very casual about it in feeling and I was just can we get to the part where you tell me what I should be doing? And she asked if any of your part of your body not work and I just didn't, I said I don't know what you're asking me. And she just repeated it verbatim and that's when I went to my roommate's room and asked her do you think any part of my body isn't working and the nurse thought I was talking to myself. [00:27:28]

The other thing about being yes, yes, I know what you're asking, is to think wow, I guess I have been spending a lot of time. I've made that phone call or had that interaction a lot which I don't know. I guess I always find it a little frustrating because I guess my answers are pretty much boys and things. I don't want to hurt myself, I don't want to harm others, I'm not hearing voices, I'm not hallucinating anything. And so I don't know, for some reason why the fact that I always say get a hold of that makes me feel like oh obviously not that. I'm not mentally involved because I said no to those questions and I do every time. And then I think yes, but that's not that's more of the do you need to leave your space right now, sort of question. [00:29:16]

THERAPIST: Right it's more like sort of the immediacy, kind of how to what extent are you immediately in danger kind of question.

CLIENT: Right and do you feel safe in your home question. But as of [inaudible at 00:29:48] I said yes, I spend a lot of time dealing with all the issues. I guess that it feels in a certain way old hand like I know what you're going to ask me. I know she can find my pill bottles, et cetera.

THERAPIST: When have you had to answer those questions? I mean I don't think you have since I've known you, maybe yes. [00:30:30]

CLIENT: When, let's see, [inaudible at 00:30:36] that recently. Every time I see a new therapist, yes. When I when I call in [inaudible] Ashley or whatever [inaudible at 00:30:49] purpose -

THERAPIST: Oh they ask you that?

CLIENT: They ask you that and then a couple places also asked me that if it's an emergency and I say no, I just want to see a therapist.

THERAPIST: That's kind of different. I mean I'm not saying how they've had to deal with mental health issues but [inaudible at 00:31:12] you've got to frame it as though you have sort of often

had to deal with mental health issues that are serious enough that it really makes sense for people to be asking those questions.

CLIENT: What, so I guess part of it is I don't think I also get asked those questions when someone says is anyone in your immediate family have mental health problems? And then I say yes [I'm going deaf] (ph), my father and brother are [inaudible at 00:31:41] and psychotic. And they say whoa, I'll ask you some questions. And seeing who's a scrubber, I don't know, I just been asked it a lot.

THERAPIST: Okay.

CLIENT: Also if you [inaudible] and care on every 10 days I think [inaudible at 00:32:06]. I think it's primarily an item that my brother, my brother [inaudible at 00:32:17] father.

THERAPIST: I mean you're not even close to any of those things except for this incident really as I understand it. [00:32:31]

CLIENT: Yes.

THERAPIST: If it refers to the anxiousness that's all in the past but I mean it was horrible, I'm not trying to minimize that but it's different.

CLIENT: Yes, I guess that's part of why I'm always blocking the discussion because that's not my mental health problem and I don't know, or but it's I kind of wonder could we just cut to the chase of whatever I want to do?

THERAPIST: I see. Like with the nurse on the phone just skip it and get to the part where [inaudible at 00:33:18].

CLIENT: And I understand why they're asking. I get all of that. I guess part of the frustration is I get really frustrated when they try to pretend that they're not asking these questions and it's like just ask; it's easier. I guess I feel like in this weird way I may have to justify myself, which is what's happening. I don't know I guess part of why I [live with this] (ph) is one of the reasons why I didn't want to go to the hospital is I'm well I'm not going to die in the next hour probably. So I don't know, it felt like I was calling urgent care for an infected hangnail or something. [00:34:40]

THERAPIST: It sounds to me like you have a sense that somebody is going to find you to be crazier than you are. [inaudible at 00:34:56] for the wrong idea, or they're asking these questions because maybe that's really what's going on or they'll think so. And you're going to wind up in the hospital and they'll keep you for longer than [they do there] (ph) because they're going to think too, -

CLIENT: Yes, I don't, I guess I don't fully trust that whatever doctor I'm seeing is going to listen to me or listen to me, believe what I have to say and I have found that and also let me know what's going on or let me make some kind of decision on my own.

THERAPIST: Like the [inaudible at 00:36:11]? Like the judgment about that and what should be done? [inaudible at 00:36:21]. It's tricky. I know that happens. I mean the I think you mean to be hospitalized you don't want to be [inaudible at 00:36:43] haven't that much anymore. If anything people, at least what I'm hearing more often is that people not getting admitted or being released too early.

CLIENT: Yes. My brother's comment was there's no way they were keeping me more than 48 hours.

THERAPIST: Yes, if they would have admitted you.

CLIENT: Yes, he says even if worse they would admit you, you would be out in two days. I said yes.

THERAPIST: I mean the only thing that would happen is if there was some study done by grad student, traffic (ph) grad students when they said they told us that they were hearing voices but endorse no other symptoms and the person who told them to do this was in ethical studies.

CLIENT: Excellent group [inaudible at 00:37:41], where no room ever -

THERAPIST: I don't think they do that anymore. They'd be kept for three weeks. Nowadays they wouldn't be admitted. Maybe not because this was so much more insightful but because the vibe was -

CLIENT: [inaudible at 00:38:02]?

THERAPIST: Yes. But any way, that is all true but yes I get aware how much [inaudible at 00:38:10] too you're being treated that way a lot through your mom and that contributes to fear of joining. It's not just the kind of perception that happened, you have, but you had. But that she doesn't listen to you about what your symptoms actually are and what's going on and has this diagnosis, determination about your mental health.

CLIENT: Yes, I mean that's the big private I mean the other two things are for a while the CS, the pharmacist would argue with me about getting prescribed both valium and Ativan and then [inaudible at 00:39:06] my psychiatrist go away. And we argued, I think we argued at one point three different times.

THERAPIST: Oh my God.

CLIENT: Yes. I said the doctor prescribed them. You're not telling me that I'm having a drug interaction, so and I've never seen her do that with anyone else except when one time someone wanted, did not want the [inaudible 00:39:34] package the generic version and the pharmacist said no it's the same. And the woman said I don't want the generic [inaudible at 00:39:44] specifically on the directions [inaudible]. So that experience is super stressful. And yes, the thing my mom's saying of being I know what's really going on with you. The other thing that I run into I was talking, I talked to Ashby about it, my roommate Ashby, [inaudible at 00:40:29], how in this weird way that I guess that every morning I get dressed and feed myself and go to work and feed myself and shower and whatever. But and leave by myself and do, function, but I'm not always taken very seriously. I'll talk to friends and they say well but you know. And I still believe never -

THERAPIST: You get out of bed every morning.

CLIENT: Yes, yes, they say but you get out of bed every morning. I say well yes but that sometimes takes an hour. I think part of it is that well [inaudible at 00:41:36] suicidal, I said I don't know what to tell you. I haven't but it's very broken. And it's usually people who haven't had mental psych inter mental problems or very focused on whatever theirs is. And so one of my friends was saying how she gets really angry sometimes and frustrated; she feels like some people, every place was they sit down like they have their own problems and at some point they're just like they don't get [in the bed with it] (ph), they're just and she says I feel I can never do that. [00:42:31]

And I do feel like I have a [inaudible at 00:42:38] in this weird way sometimes I feel like if I actually did that, couldn't get other opportunities or whatever, that would somehow make people take me more seriously.

THERAPIST: I see.

CLIENT: But I don't actually want to do that. And it's just I guess it's like when I told Ashby, I said Ashby I'm kind of having a nervous breakdown, she said yes, yes. I said no, no, I'm feeling woozy right now and she said oh, okay. And I also said that to Molly. And I guess in a way they do, in a weird way, kind of envy Josie just being I'm going to fuck off from all responsibilities for two or three years. She felt horrible but I would also like to fuck off for two years or whatever. [00:44:25]

I guess I had a little I guess I would like to I guess the other thing is I tell someone so the deal is I'm feeling very depressed right now and their response is well everyone has rough times. I say no, I'm really depressed right now and I would like you to pretend that I'm recovering from major surgery. And it just gets so frustrating that sort of, I'm trying to communicate we're not doing very well and [inaudible at 00:45:29]. I say nope, nope seriously, and there's no real just pick them up. That's not what I mean but it's just not my game. I just know -

THERAPIST: Graduation (ph) or?

CLIENT: Yes, I guess I feel like, sometimes I feel like well I don't think I can get this person to get what I need and then you let yourself go and you do that [inaudible at 00:46:09] you don't want to [inaudible at 00:46:09].

THERAPIST: Right, you're feeling however you're feeling [inaudible at 00:46:15] contemplating?

CLIENT: Yes.

THERAPIST: We can stop for now but I'm so sorry to hear about what happened.

CLIENT: Thank you. Yes, I -

THERAPIST: Awful. [00:46:25]

CLIENT: Yes, I'm also I never I never want to I asked my doctor for a new painkiller. I said do you [inaudible at 00:46:40]? I'm the most important thing to me is that it not interactive with anything. I don't care if it makes me drowsy or fall on my face. I just never want to do this again. So, [inaudible at 00:46:51] and I will see you tomorrow.

THERAPIST: See you tomorrow, yes. [00:46:58]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: This sounds odd, but I'm kind of feeling over therapized. I don't know if that makes sense. But I'm not actually sure.

THERAPIST: Meaning like?

CLIENT: I don't know. I'm finding myself with a...I'm finding myself really emotionally exhausted.

THERAPIST: A lot? Considerably?

CLIENT: Well, [inaudible – 00:46] sometimes. But sometimes self-therapy helps and I don't know. Like I don't know like if I don't want to like talk about dealing with some things or if I want to meet less frequently for a while or what.

THERAPIST: I get it.

CLIENT: With the, you know, of course always, or I just want to avoid dealing with myself.

THERAPIST: Right.

CLIENT: Which is always an option. I don't know. Like I was thinking about this a little bit. Like you know [inaudible – 01:34] go and then I use the...I sort of say like no, I think; like I like meeting frequently, but right now I don't know. And it's not like meeting frequently for some of that, but I don't know. I guess it's because...I think what I want is some relief from...I just don't want to have to deal with or think about like difficult stuff, like...like one of the things I hated about [inaudible – 03:00] out was feeling like but I don't want to do this again. Like I don't know. I felt like but I've already talked about that a lot and it's really hard and I don't want to like go back to square one of that. But then I saw her again and [inaudible – 03:30]. I think that was more circumstantial.

[03:35]

THERAPIST: This was when you were on the bus with her.

CLIENT: This was when I was at the bus stop.

THERAPIST: Yeah, it was at the movie theater.

CLIENT: Yeah.

THERAPIST: Okay.

CLIENT: And then like last week I was at a coffee shop with a friend and right outside the window a car pulled up and she got out and started, you know, fussing with her stuff and got out and left. Or I don't know. But I was facing directly out in to the window and what sort of give that is I mostly was just like hmm, I don't really feel stressed about like, I don't think I'm going to feel stressed unless she walks in to this where I am, like the shop that I'm in. But like seeing her doing whatever wasn't feeling stressful which was good because I just...I guess seeing her [inaudible – 04:45] just brought back so many negative like just really bad and made it like doing [inaudible – 05:00] and just...I don't think I don't to be...like I just don't know. I don't want to do it. Like I do but I don't. If that makes sense. Because I didn't feel any like anything good about not being upset or scared of her or having like longing for her and then the situation with the bus, I felt like I don't know. Like I rebooted almost. But that's what it felt like that; like on the moment, I just mostly just [inaudible – 05:56], but once I got home and the next day, a few days I just got in the game. Oh God. Like do I have to do this all over again? If that makes sense.

[06:15]

And then I'm always, I'm frequently reluctant to say about myself that I have PTSD and extremely...I find it extremely difficult to say that I was in an abusive relationship in which I can kind of say that [inaudible – 07:05].

And like with the Boston bombings and just all of that, and my parents I don't know; they kind of just don't...I don't know. I don't...

THERAPIST: [inaudible – 07:35].

CLIENT: Yeah, I'm just having this like...but I don't like...I guess it's not like when I went okay but I think we should talk about this even though I don't want to.

THERAPIST: Right.

CLIENT: It's more like I just don't want to.

THERAPIST: Right.

CLIENT: But I don't want to stop meeting entirely because I'm confident about it. And yeah, like there's that [inaudible – 08:21] therapy is kind of [inaudible – 08:23] hard. [Silence.]

I think what the other thing with that...one of the things that I find helpful, sort of comforting, but something like that like when I'm feeling [inaudible – 10:13] is, I make myself do routines of like okay you have to get up by this time, you have to be out the door, you have to buy your coffee, your thing. And like when you get home you have to do like these things. And I'm doing that, but it's still like...I guess it's not that it's not helpful because it is, but it's not being as, I guess, helpful as it usually feel like. I feel like I'm still missing things and dropping things and not remembering. And like yesterday at work, I just had...I was having one of those work days that was super disrupted which was like, I was so tired when I got in at 9:30. Someone came up, my coworkers, and was like, "There's nobody at the reference desk and someone needs help with microphone." I'm just like, "Okay, I guess I'll help them." And I asked them to like find a reference librarian from the office and have them come down because.

[11:58]

After they did that and then like I was up and down checking like something else for the [inaudible – 12:03] so like I didn't like really sit at my desk for my 15 minutes [inaudible – 12:10] –ish, which I just felt like I couldn't carry a thought. If that makes sense. Like I thought I couldn't sit at my desk long enough to sort of like I guess start like a thought and then finish it.

And then like I don't know. Like I just, I'm so tired. And like I don't know; part of it, I'm sleeping well. But also I just feel so like I feel really ambushed and overwhelmed.

THERAPIST: Yeah.

[13:10]

CLIENT: And...I really don't like...I think partially part of one of the things that was [inaudible – 13:22] part of it was I was just like I can't go through this. Like I just felt like I don't like...I kind of was coping with it, but I do...I really feel like I was. It was kind of like I'm making a series of fly by night decisions that aren't exactly decisions; more like reactions. And like, I don't know; it's just so...I'm feeling so out of control and not able to like take care of me. And just like; yeah like, it's like does it get better? I was like could they like take care of me. I thought I was have a hard time telling anyone else what was the problem and then also, which always stresses me out, like I ran out of the cat food. The one my cat likes. Cats like. And they both are meowing cats. So I was stressed about that. I'm like I'm sorry you're meowing, but I can't do anything about this right now.

I don't know; just like all of that together just...I guess it does like; it does make me feel crazy in a way, like...like sometimes I'm flatting and feel like, well, you know, maybe it's comic like a [inaudible – 15:54] you're experiencing for longer time side effects. Or whatever. But I don't know. I feel so frustrated in the end that like reading fiction and watching like TV or movies, which I do a lot, I don't know; I really don't want to or can't watch anything that like is difficult, I guess.

[16:44]

My roommate's obsessed with Breaking Bad, which I don't watch. And usually if she's watching it, like sometimes I'll sit myself next to her and like [inaudible – 16:55] or do whatever. But right now I'm like I can't be in the room if that's on.

THERAPIST: I see. It's too disturbing.

CLIENT: Yes, way too disturbing. And like I always find it disturbing, but right now I'm just like I can just tee'd off or for me to be in the other room. Which I actually feel bad about because through [inaudible – 17:24] feeling bad. Like she feels bad that I am the...I'm exiling myself to my bedroom and I feel bad that she feels bad about that. And...

THERAPIST: Yeah. Like [inaudible – 17:43]

CLIENT: Yeah. And she look and says I'm being ridiculous about not wanting to watch it. Or not...if I'm watching TV she's able to concentrate on anything at all, and I can't. I [inaudible – 17:59] on the TV. It almost always distracts me, except for sports because there's no like [inaudible – 18:08]. But I'm also super stressed and I don't know [inaudible – 18:21] who wants to help me with work stuff.

THERAPIST: Right.

CLIENT: I also find me super stressful and I don't know; like part of me is like yes. I do want to; like if you really can't get any [inaudible – 19:01] also. That probably is like and what would they do? Like what would happen next? And also like and then really occupy here, like, maintaining

my own mental health. So if I were to choose, I would choose working and keeping me sane rather than dealing with sexual discrimination and [inaudible – 19:26]. And sitting in that group office, I think you almost fall on everyone. It's really like...I feel I can't relax and concentrate, relax or concentrate or I don't know. Like it's different than being in like a cute farm and behind like there's a penis or whatever. Because like people are just students. They're just kind of like wandering in and out all the time. And I can't say no. Like because we're an open service area. We're supposed to help anybody that comes up. But I like...

[20:58]

The other like; other open service areas, like the library opens their own reference desk for like an hour or two and they go and sit in their office and it's so cute. It's like [inaudible – 21:15] whatever. The circ staff are like [inaudible – 21:21] in the back and the different people like on duty. And say someone comes up [inaudible – 21:27] person for like that [inaudible – 21:29] anyone has to deal with it. And [silence]...I tried to [inaudible – 21:44] and have not been successful and also the process in doing that is just so exhausting. Like [inaudible – 22:08] and I guess you say what do you want me to do about that? I have to work here too. And [inaudible – 22:22] A; I don't care and B; I think it's a crappy set up. And it should be reconsidered.

It's like somebody being open kitchen at work. Everyone can stare at you cooking. And you can make mistakes and someone is staring at you. [Silence.]

THERAPIST: Wow. There's a lot to understand, but one of the things I [inaudible – 24:54] I think I heard you say about therapy is that it makes you feel a lot of ways and you're describing it like very sort of exposed and washed and like I've been kind of say or wander in to whatever party you like. You know, or I know what you were talking about in whatever way that gives you crowding or intrusive or out of your control, which you did.

[25:35]

And you know there may be all this stuff I think you should work on but that doesn't mean you are for it or...

CLIENT: Actually it's more like this stuff that I think I should work on.

THERAPIST: I see.

CLIENT: That I don't feel anymore.

THERAPIST: Okay gotcha.

CLIENT: Like I don't think that...I do not feel like you have the [inaudible – 26:06] should be...it's totally [inaudible – 26:13].

THERAPIST: Yeah. Gotcha.

CLIENT: Sure. [Silence.] I guess as a feeling sometimes, I...some of this happened yesterday, [inaudible – 26:38] to that. It feels [inaudible – 26:45] like I'm kind of jumping in to the sort of feelings or associations to what you're talking about kind of like both feet.

[26:59]

Like yesterday; I about had, you know, something that you know was disturbing or that you weren't really upset about having had gone last week or was really shaken up by it. But I guess I had the impression that you know, well it's already going to be helpful to like [inaudible – 27:23] mother and to [inaudible – 27:25] your family. Maybe you probably already did, but to kind of be talking about that. Can also be pretty overwhelming.

THERAPIST: Yeah, I guess.

CLIENT: I mean it feels like something you sort of lose control over a bit. Like I've got to see what I'm going to say about it. Yeah, which is what I want, but then sometimes also I'm like I would just like, I don't know [inaudible – 28:01].

But it's like sometimes I feel like, okay, I thought I was dealing with this thing and then it's like, oh; but actually it's like this thing. You know, which is good to...I'm kind of like, I do want to know that; I just maybe don't want to know that right now.

THERAPIST: Yeah.

CLIENT: Or you don't know what to...I guess sometimes I don't know what to do with it. It's that like, okay, so I think about all these things but I'm too tired to...it's too much to think about it. Like to continue processing after.

THERAPIST: You are your own like this. And then it becomes this.

CLIENT: Yeah.

THERAPIST: Or does it seem to be this? I think.

CLIENT: Yeah.

THERAPIST: And that adds to the [inaudible – 29:21].

CLIENT: Yeah. And I think also a [inaudible – 29:25].

THERAPIST: Just the sort of control with what you're actually dealing with or a [inaudible – 29:36] really.

Another thing I want to say is, look, I know that at one level this is clearly what you expect and in some cases what you [inaudible – 29:43] what you want or sort of what you want.

CLIENT: Yeah.

THERAPIST: So I'm not, I'm not saying that I'm unaware of that. I'm talking more; I'm referring more to like what can feel much better in the moment or what can make it difficult. That kind of thing. If that makes sense.

CLIENT: Yeah. Yeah, it does. And that sort of like; I mean [inaudible – 30:19] conflicts or whatever in the moment is freaking really hard. Like...I do anything talking about my mom is super hard in the moment because; part because like I, well, I know what it is. Like it's called; it's like, my brother's [inaudible – 30:51] psychiatrist saying like the reason you're bipolar is because you're mixed race. And then sort of a few of like...that was the thing that both my brother and I have heard. Like [inaudible – 31:10] is well, you know, like I know [inaudible – 31:14] failed marriages, but what about the children? We get so mixed up and confused. Like we...

THERAPIST: That would be you and him.

[31:24]

CLIENT: Yeah, so it's like...I mean we both say that to like me or him or my parents, which we both have. It's like, it's incredibly [inaudible – 31:39]. It's incredibly weird. And so like my first reaction is generally like "Fuck you, I'm fine." Like actually, I'm also [inaudible – 31:51]. What are you talking about? And so then it becomes difficult to be like, well, actually, mistakes are made but not because my parents are different races, but for other reasons.

And so sometimes it feels really hard to kind of like be like, nope, we're not, we're like this is not actually a discussion about whether or not my parents made a mistake in having children.

THERAPIST: Right.

CLIENT: But like I guess like it's hard to...that's my knee jerk reaction is to sort of defend the concept of having mixed race kids.

THERAPIST: I see.

CLIENT: And that like I have emotional problems not because of like racial [inaudible – 33:06]. And that's also one of those things where I feel like people...like people like to use the existence of interracial families and mixed raced people as like a metaphor. I was like, look; racism isn't over because of law or like I am the embodiment of the end of racism and racial unity and...that's a lot for a person. And I also don't mix [inaudible – 34:10] combination. And so I

don't know. I feel like I've had a lot of conversations in which I thought because I felt like, oh we're talking about me, but we're not actually; we were talking about like [inaudible – 34:41]. Like they're trashing a mixed race person. The symbolic [inaudible – 34:49] person. And so it's like I have this like, you know, a set of like things that [inaudible – 35:13] getting out of that can be hard.

But I'm unwittingly trampling all this stuff. [Silence.] Yeah, I mean...even if that is true, I just don't; I don't know. I don't think about that a lot. Probably because [inaudible – 36:07] met the incredibly high standard of not [inaudible – 36:10]. So good job. Okay.

Or like over being, because over being can be like, yeah okay. High standards. But I mean it's more than I'm like used to getting [inaudible – 36:44]. I think like it doesn't always register.

THERAPIST: Yeah, yeah. I would imagine that if it registered as such before now you would have said so.

[37:03]

CLIENT: Yeah, coming from them, you have said things that I disagreed with.

THERAPIST: I did? Yeah, absolutely. This isn't coming across to me as something that you said if like knowing, had trouble saying so much as something that was unclear was kind of in the way that it was and making you feel bad in the way that it would.

CLIENT: Yeah. The other thing is that I've been thinking is I...when we talked at one point about doing like, I was surprised as to how strong of a reaction I had. The idea of not being able to see you. Like...

THERAPIST: Yeah, okay.

CLIENT: Yeah it was two; one was lie down and two; lying down and not being able to see you sort of come by and I just like...which...it's not the money...has been an issue for me before and like I've had male gynecologists and was like don't care, you know. Like the gender of like whoever is treating me doesn't...has never been an issue for me. And suddenly I'll say, oh, this actually feels like a huge thing.

[38:38]

I got a [inaudible – 38:40] massage recently and a friend of mine was like, oh, my male partner does massage and he might [inaudible – 38:46] for barter. And I thought I'm not sure if I can let a guy massage me right now. Like I have in the past, like a lot. Not a lot but like it's not been something that I've cared about and I just had this like very strong sort of like nope; like nope, nope, nope, nope. And then had this week why is this; why is this so troubling to me right now? Like I guess [inaudible – 39:38]. And it's still kind of percolating or something.

Things, I guess, like your [inaudible – 40:18] is like the environment in some way.

THERAPIST: Yeah.

CLIENT: I guess it's the fear of not being able to tell that it might happen.

THERAPIST: I see.

CLIENT: And then not being able to do anything about it. But if after the first fear, it is not being able to see [inaudible – 41:00]. And that...it's not something that's been like...I don't; I don't like living like you're hanging, but I mean that's like [inaudible – 41:28]. But just to me it's sort of like but I know who this person is and yet I still feel scared about it. And it feels like intensity like...I guess I feel like I'm like; I'm even [inaudible – 41:57] an irrational fear of like that's not actually going to happen. You are not going to leap out like an action move. But like it's just like irrational crazy feeling like in my head. [inaudible – 42:12] feel like I guess it's really like not getting a warning; not being able to read somebody else's body language or see that there is something. I guess not...like not getting a warning.

THERAPIST: Uh huh.

[42:36]

CLIENT: [inaudible – 42:46] and all of a sudden just being [inaudible – 42:49] with a monster. [Silence.] I think it's kind of...it's a [inaudible – 43:45] a lot of how I feel [inaudible – 43:54]. I just be sort of what happened here? And I also sort of realized this but I was thinking recently how in doing like public speaking or [inaudible – 44:23] meeting. I spend a lot of time looking at people's body language and like trying to...I guess trying to read where; like reading is going, where people are going. Like I can get really caught up in like am I sitting pissed off? Am I sitting whatever.

THERAPIST: Yeah. We can stop for now.

CLIENT: Okay.

THERAPIST: Do you have any idea what you want to do or talk about some more next week and then try to make a decision?

CLIENT: I think I want to talk about it more next week.

THERAPIST: Sure.

CLIENT: Except I may be really exhausted on Monday. I'm going to be out of town all weekend.

THERAPIST: I see. [inaudible – 45:25].

CLIENT: Stick with Tuesday and talk about it.

THERAPIST: Okay. I think I probably will have the mid-day appointments during the rest of the week. Do you want to look at those now or do you want to just go...just meet Tuesday and go from there?

CLIENT: I want to talk to you on Tuesday and go from there.

THERAPIST: Okay, let's do that.

CLIENT: The 16th.

THERAPIST: See it's next Monday, so that's...

CLIENT: Monday's the 15th.

THERAPIST: Alright, then, I'll see you on Tuesday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Hey.

THERAPIST: Hi.

CLIENT: I'm not sure if I'm losing my voice or getting sick or what's up, but my body...like I have a hard time speaking.

THERAPIST: Okay.

CLIENT: I worked Thursday. We had an all staff meeting and I was trying to talk about something. I was...my voice was cutting out and it was super frustrating. I mean to me it was really frustrating, but also that was.

THERAPIST: Sorry. Sorry to hear about that.

CLIENT: Yeah. Weird.

THERAPIST: Yeah.

[1:01]

CLIENT: I think I do want to do therapy once a week for...like try that for a month or two.

THERAPIST: Okay.

CLIENT: I guess...I just feel so exhausted. Like I was thinking about it, virtually, like ways in which therapy can be like not [inaudible – 01:25] but like difficult and I was just like, oh yes. That's the thing I feel. I don't know like, we keeping Tuesdays be okay?

THERAPIST: Yeah. We can do it any which way you want.

CLIENT: Okay. I think I'd like to do it that way.

THERAPIST: Okay. Think about it.

CLIENT: Yeah, I was kind of...I was...this weekend I was at; when they started switching...this one's called Reader [inaudible – 02:12]. It's actually entirely booked based. So they're like do not acknowledge the existence of...

THERAPIST: Kind of like a movie?

CLIENT: Movies, TV. Comics are barely acknowledged, which is weird.

THERAPIST: [inaudible – 02:28] printed words here.

CLIENT: Yes. Or e-books. But actually mostly are [inaudible – 02:35]. I never write...you know, things happen, like I mentioned, or something and...so you see the requirement that you had to have published something within the Sci-Fi Fantasy genre in order to speak on a panel which, you know, artificially limits the pool to only, to a certain number of people. And it had to be a proper location like this whole thing had to be... for this year they changed that, and so it was speaking on two panels. And one of them I was pretty much terrified of. And it wasn't the...the topic of discussion was sort of like I get a statement which was someone wrote a blog post saying if you write a story and the world is entirely populated by white straight men, that's not neutral; that is a political statement in and of itself. And I'm just like yeah, that's true.

[04:03]

THERAPIST: Yep.

CLIENT: Yeah, and one of the people on the panel is this older Sci-Fi author. He's like probably in his 70's at this point. And he's just known to be kind of a curmudgeon. And he's famous and I'm not. And like the other panelists were like that's a professor who also has two books published and someone who publishes a magazine, and this other guy who has like co-edited

like in Anthology. I'm just like hey; I have opinions and thoughts. And I was really...I was really scared that James Morrow, who was the older author...

THERAPIST: Anybody ever heard of him?

CLIENT: You might have. He published this book that was, he [inaudible – 04:57], but one of them is God's Only Begotten Daughter in which like [inaudible – 05:05]. So there's like this Jewish guy, like I'll have a baby and so like diversion birth is like artificial insemination and like she's the second coming. And so it's kind of interesting in that you just like alright, so how would that progress? And you just...you know like theologically what people think about like what would happen when Christ is reborn or whatever. He's just like do do do. I'm doing that but it's a girl. And it was controversial. [inaudible – 05:47].

[05:50]

But he's like okay, let's do, and he's like yeah. How's gravitas? Or like people care about his events a lot and I was just really scared that he was...and he's known for being a curmudgeon and doing the like devil's advocate thing. And I was really worried he was going to do that. [Silence.]

I was even more worried about it than I realized because after the panel and like my adrenaline crashed. Like I lay in bed for hours and was like what even happened. The moderator of the panel was a black woman named Ariana who is a [inaudible – 06:32] professor and wrote energy books and is professor today. And so I sort of leaned over to her and I was like Ariana, I'm worried that I might kill someone on this panel. She was like, yeah, I have that concern too. So we'll just try to [inaudible – 06:59]. I'm like okay. And actually, he didn't really say anything. He did not pretty much...he...it was weird. It was like he's seeing us and we can see what he's doing.

At first I thought he was like taking notes for like [inaudible – 07:12] later. He didn't seem to be. At one point I looked over and he was filling in like the reader, the convention customer satisfaction survey. I was like you douche. And I even started out my intro by saying I really liked your book, God's Only Forgotten Daughter. I thought it was amazing. And he's going, but mostly I was like...like I was really scared of him. I was really feeling like there's a lot, the curmudgeon gets a lot of authors who are at this point kind of cranky or white guys in their 70s who have like some entrenched opinions that like I hate. Like I strongly support. And like, you know, we were in the biggest conference hall and it was packed and I was just kind of like oh my God, what the fuck. We really don't want to be attacked from the audience and like I can see; it's kind of like I can see who might. Like I see you, I think, and...

[08:43]

Also, I come well prepared. I take some notes. And what was frustrated is we didn't; like I was ready to like throw down, but we never really got a chance to. So I was kind of like, but I have a lot; I have some things to, you know.

THERAPIST: On the panel?

CLIENT: Yeah, like I had read; I had this [inaudible – 09:10]. It was a book about the straight...he's not [inaudible – 09:15] history of heterosexuality, which was heterosexuality was kind of invented as a word. And then I had like another thing; a quote from this author. I was like totally ready and I don't know. Like we talked about some things, but like I felt we didn't really...like I talked about how I was so frustrated with that people were like, oh yeah. That TV show has a magic talking dragon, but it's totally unrealistic; that [inaudible – 09:52].

There's this crappy BBC show called Merlin which has a magic talking dragon and Merlin, at age of 16, and one of his friends is a very light skinned; is a light skinned [inaudible – 10:07].

THERAPIST: Right.

CLIENT: And people are...

THERAPIST: Is someone [inaudible – 10:10]

CLIENT: Right, the people are constantly complaining about it. There's a magic talking dragon under Camelot. It's like guys. I know we need to slow down. And also there are like 40 other gazillion acronyms and most of them are dragons.

And so what also kind of ended up happening is from the panel, I ended up being like a very [inaudible – 10:45] by accident. Like I wasn't really; that's not really where I was thinking I was going. Because the first panel was more, I thought, of definitely race and gender. And another panel I was on, it was talking about books that use super natural features like ware wolves and vampires as a metaphor for characters. I'm like coming out as a vampire.

THERAPIST: Right.

[11:15]

CLIENT: So at the end of the first panel, those kind of came out like race and gender. Someone did this thing which I both hate and it said to be in the panel that you shouldn't do which is I was like look, here's the deal. None of us can tell you that book is wrong. That book is right. Like people...like someone brought up Aaliyah. You know it's funny because he's this guy and he's like, you know, the book with Aaliyah is really good. But for some strange reason, a lot of my female acquaintances don't want to read it. And he said I don't understand why because it's like really good and it gives you insight in the mind of this monster, blah, blah, blah.

Someone else was like, yeah, and you like, you know; it's an amazing view in to this warlock. And I'm like I think they don't want to read it because they already know. That like a seemingly nice person, a seemingly nice guy can molest girls. Like...

THERAPIST: Yeah.

CLIENT: This is true. But also like I was trying to say, like I think that, but certainly I cannot, as a black person or as a woman, say well, Alida has an exception from its misogyny or whatever because I had said so. People always stand up and say, well there is this book, there is this thing and people say it's really racist, but I don't think it is. What do you think? Like is it?

THERAPIST: Exactly.

[13:00]

CLIENT: They don't really ask what you think.

THERAPIST: There is a definitive as though there is a different opinion and your point is there is a second point.

CLIENT: Right.

THERAPIST: Like if they [inaudible – 13:11] you, you can make an argument for why you think it's, you know, certain [inaudible – 13:16].

CLIENT: Yeah, but I can't say.

THERAPIST: It's not like, you're a black person, so is this racist or what?

CLIENT: I kind of say, you know, on behalf of the black community, I declare this book...

THERAPIST: Officially.

CLIENT: Yeah. People always want that. And so at the end, after the question, an interesting, the water is boarding towards the [inaudible – 13:42] and the white guy and [inaudible – 13:44] to the question; the last question of the panel [inaudible – 13:50]. Whatever. And so he was talking about a book I have not read and he said this author gets criticized because in his far future there is no homophobia and there really because it's just not an issue and like no one mentions that they're gay or lesbian or whatever because it's in the far future. And just like, you know, homophobia and all problems; they don't care. It's just this thing and he gets criticized for that. And I think that is wrong because he is not writing homophobic things.

[14:32]

And then he was like, “And do you not agree that this author should be forgiven for whatever?” Right. And I grabbed the mic and was really angry about it for a variety of reasons. I’m just like “No. My opinion is that if you, whenever you write a book in which you eliminate a certain type of character, you eliminated that like you’re saying that in the future we’ve eliminated; basically by not having any queer characters, you’re essentially saying that you’ve eliminated them. Like we made them disappear somehow magically.”

THERAPIST: Uh huh.

CLIENT: And like if the straight people have a sexual orientation because they have romances, but mysterically no one would ever has the same gender romance, then you actually have [inaudible – 15:29]. And if there are ways to write about that that could be interesting, but that’s not it and I find it really offensive. And I find it even more offensive when people are like but I didn’t say anything homophobic. But in the future everything will be awesome and besides, you’ve eliminated homophobia anyway. The takeaway is part of the narrative and it’s always someone straight saying this.

And so I was like really angry about it. I was like you moron. And we ended on my angry rant about like why did you just eliminate people. I think this is horrible and [inaudible – 16:15]

[16:15]

And I just...you can say that about like people of color, which wasn’t ready to be like, fuck you, I’m a really angry queer. Because usually I’m like I’m not that politically radical among queer people I know. So I’m like, oh, please I’m just...in my head I know angry lesbian separatists. I know people who do all these things and are crazy radicals, and [inaudible – 16:48]. But I’m like boring. And I’m like, okay, it’s actually radical for you to think of having gay characters.

THERAPIST: Okay.

CLIENT: There’s another panel; the panel about [inaudible – 17:06] features, one person who is straight had suggested it and one of the things he had said was like...

THERAPIST: Had suggested?

CLIENT: A panel talking about how...

THERAPIST: Suggested a panel. Okay.

CLIENT: Yeah, to help out like career people or coded.

THERAPIST: Yeah.

CLIENT: And I asked him like where are you going with this? And like what happened? And he was like kind of talking and then he ends with oh, and here's the obvious like diamonds, rituals that happened during dating and sex. I was like what? No.

THERAPIST: Like in queer people in particular?

CLIENT: Queer people. He was like well were wolves in fantasy books often engage just like that the alpha wolves and the beta wolves.

THERAPIST: I see.

[17:59]

CLIENT: And so obviously gay and lesbian people also do that.

THERAPIST: Oh, got you.

CLIENT: And I was just like, no they don't. I mean they might.

THERAPIST: Right.

CLIENT: But what? Like they can do [inaudible – 18:13] and straight people can do that. And I'm just like hopefully you're really straight. And I did a whole bunch of background reading for it and then no one else really had, so that was awkward. I'm like I have all these notes. I read; I skimmed five horrible books for this panel. I hate all of you. And so this person had jumped on the panel, whatever.

THERAPIST: A different person?

CLIENT: The guy who suggested it...

THERAPIST: Oh okay.

CLIENT: ...was asked to be on the panel. He said yes.

THERAPIST: Gotcha. What's his first name?

CLIENT: Jude. Sorry; his name is Jude. It's really weird. [inaudible – 18:51] Jones which is his full name. So it'll be less weird for me. Jude Jones was like yeah; so he's a straight guy. He's [inaudible – 19:06] and two of his partners are queer people. So he has transitively like; he feels like he is transitively queer.

THERAPIST: I see.

CLIENT: I'm like you're not though. You're straight. And so we're doing intros and he was like blah, blah, blah. I spent over 15 years doing queer community activism. I'm like, no. You've gone to Pride with your girlfriend and your other girlfriend for 15 years. That's not the same.

THERAPIST: Right.

[19:40]

CLIENT: I'm like I know...if you were [inaudible – 19:45] so like there's a lesbian who turned out to be an assimilation lesbian, what are you going to do? Like if gay people are just nice and normal, then straight people would hear us right as long as we don't look weird and crazy and freaky.

THERAPIST: I see.

CLIENT: And so like every year at Pride, someone wanted to say drag queens can't march, kinky people can't march.

THERAPIST: Yeah.

CLIENT: She's like interesting.

THERAPIST: HRC?

CLIENT: HRC is even [inaudible – 20:21] and they're very much like we will present a very nice anti...

THERAPIST: An anti [inaudible – 20:30]

CLIENT: Yeah, they're very...I noticed at one point when they were doing like a piece of legislation, they dropped transgender from the legislation to try to get it through and I...and this woman who I think – no, she never said her sexual orientation – based on what she was saying, I think she's straight, which is not necessarily a problem. But like the theory I had which I want to talk about which was is that when straight writers are talking about like where our roles as vampires as coded queer people, they don't know what they're talking about, but they're not definitely here with gay people.

THERAPIST: I see.

CLIENT: Or gay and gayness, or gay culture, or...

[21:19]

THERAPIST: A straight panelist talking about straight writers talking about coded story or writing coded stories about, yeah.

CLIENT: Yeah, and I'm like it's like you're talking about a metaphor you ever heard someone talking about. Or if you're writing a metaphor using like...and like in particular there's the [inaudible – 21:40]; the vampire was kind of out and like the language they use is like they came out.

THERAPIST: Pretty referential.

CLIENT: Yeah, it's like you get out of the coffin. Really. And there's this whole thing where like they're presenting a sanitized version of vampirism and that's when people don't want to.

THERAPIST: You invented that kind of show.

CLIENT: Yeah, in the show. And I was like the thing with that show is the vampires came out as being vampires. Most of the vampires have awesome lives because they're rich and powerful and some are immortal. They don't really suffer repercussions for being vampires. And they gain acceptance within like a year. And I'm like so that does not happen in actuality to people who come out except for like [inaudible – 22:36]. And also like there's a long history of work and like you know, like it took a while to get discoded. And like even then, you know, and but the other panelists didn't...again, I don't know. I don't know if they didn't know what I was talking about, or if they were...I was just kind of like talking and I mean like why don't you know these things?

[23:08]

Are you both...? Are you Jude Jones and you, other lady, are you both straight? Because I think you both are. When you were over here, she didn't want to talk about these books that no one has ever heard of or read, which I thought was not very helpful. And one of them, the vampires and were wolves, there two groups, especially of the HRC groups want to be assimilation. And in the series as the villain who says no we shouldn't assimilate; we shouldn't hide who we are. And she was like, yes; this horrible person is trying to destroy.

THERAPIST: I see.

CLIENT: And I'm just kind of like, oh; well that's...I'm uncomfortable with that.

THERAPIST: Yeah.

CLIENT: And it was very...that was like in the audience are friends of mine who are, you know, gay and lesbian and trans, and like other things. And people I don't know. And I'm just looking at them and I'm like, I'm sorry; I don't know what's happening. Like what?

And I mean it's like, on the panel, on the [inaudible – 24:23] it's like. And I think I ended with an angry rant about gay people again.

I just never am the angry gay person. It was really weird to be like the angry gay person. Not all weekend, but like for a chunk of it.

THERAPIST: I wonder if focusing on being the angry gay person and this sort of, I guess, uneasiness and peculiarity of that role for you, is it easier than moving on from stuff that was pissing you off. Like on the panel, on the last panel that you mentioned.

CLIENT: Yeah. I mean I knew that I really wasn't interested or up for like having a discussion about...and end up about racism. And after Saturday night, I'm really really really not interested in having this discussion doing it for like [inaudible – 26:31]. And yeah, like it kind of was a way to kind of I don't know; I guess express [inaudible – 26:47]. I thought well, I guess, I felt safer. Yeah [inaudible – 27:03].

[27:12]

I mean the other thing that it did which I don't think I almost did, but I don't know; I did was I erased myself on my original panel. I was like you know, you're a [inaudible – 27:28] and all of them, I find, like I am a [inaudible – 27:34] and that's part of why I was interested in this panel. And which I wanted to say, in part, because people very rarely greet me as a queer person. Like I [inaudible – 27:52] this whole time which is annoying; whatever. And I was feeling like; I don't know. It was kind of one of those days of like if I was a baby; if I was like an 18-year old...if I was 18-year old me that said that, one of the things I would like to know is that I would like to know that there is someone on the panel who is...who looks like me and is telling me that she's not straight; that she's queer. That would be awesome.

THERAPIST: Yeah. Yeah, I guess that like it was a nice moment on the first panel when you could whisper to the professor, I might tell somebody on this panel and she said yeah, maybe, yeah; we're sorry about that too, or something like that.

CLIENT: Yeah, like [inaudible – 28:46] same sex person.

THERAPIST: Yeah.

CLIENT: And definitely [inaudible – 28:51] to not do that.

THERAPIST: Yeah, you feel like if it was someone there you could loop it that way or you could, you know, help.

CLIENT: Yeah, very much so.

THERAPIST: And you were missing that on the other...

[29:10]

CLIENT: Yeah, and I thought it would be the other way. Like I had anticipated if y'all or queer people being like goddamn it, it's annoying when this happens. Or I may have talked about it with Ashby and others from my mind about like when authors code characters as being gay.

THERAPIST: [inaudible – 29:40] horrible after another creepy [inaudible – 29:47].

CLIENT: It's an awkward question to ask someone, but I'm like one person might have been a lesbian who was very [inaudible – 29:58] maybe. Or she works for a lesbian [inaudible – 30:02] like I'm clear because she didn't say.

And like I was kind of like Googling and I'm like you don't actually say like; you say that you study some gay things or has some interest in them, but yeah like I was expecting a lot of like, yeah; let's talk about this. Let's talk about like a [inaudible – 30:33] yesterday and like, and [inaudible – 30:35] was like totally. It was funny because county was like Karen, if you don't talk about this; [inaudible – 30:41] do this for 20 minutes because I hate nasty bugs.

So like we had already had a very quick conversation about it. So I'm like yes, mark that. And I was like straight people. Dammit! Yeah, this must be like...it wasn't; it was kind of like I see some of my people in the audience, but they're not up here with me. I was the moderator; if I was the moderator, I would just grab some people.

THERAPIST: Oh really?

CLIENT: Yeah, because I've done that before. You said this woman, I was like Jude Jones, I would not pull you out of the audience to be on this panel because I know you proposed it but you're a straight white dude and I don't care and I would like to pick that like south Asian hot lesbian or this like baby little gender queer person who is just like; like unformed queer person. I'm like look at you. You can talk about what your...he mentioned writing a story that was basically a commune; a [inaudible – 32:05] you didn't want engage in hierarchical pack order etc. I'm like your writing is great. You're writing about gender queer. It was great [inaudible – 32:20].

[32:26]

There's something about baby queers. That's always like, aww. Look at you; you just discovered that. Oh okay.

THERAPIST: Like? I'm sorry. I missed again.

CLIENT: It's hard to explain. So it's like...I guess what it is, is sometimes like I'll be on campus or I'll see someone and I'm like I think he just figured out that you're a lesbian.

THERAPIST: That part, I can imagine this sort of like baby queer thing where it's like, oh.

CLIENT: Like to me, I'm always like...I always just want to give them a hug and then be like, let's talk about gay stuff more.

THERAPIST: Right.

CLIENT: I know that you just figured this out, but I've been doing this for a while. Let's not reinvent the wheel again.

THERAPIST: That part, I think I sort of got. That commune.

CLIENT: Oh, it's just like like lesbians in their early 20's come like to do...

THERAPIST: That commune thing?

CLIENT: They just like, yeah; [inaudible – 33:45]. They really do. And like anarchists and like little; they're like little severe about politics. You have the Occupy people. They love the [inaudible – 34:02]. A commune or a co-op. Like they're on it.

THERAPIST: Okay. I can see why you'd get that.

CLIENT: And it just killed me that you're basically like, hey, you know what? I'm going to write about this fantasy that, you know, about commune and like...

THERAPIST: Hierarchal relationships and I get [inaudible – 34:24] having a proto interest in all that stuff.

CLIENT: Like, because like she just discovered it and it was so amazing. And also when she was talking about it, I could tell none of the panelists had no idea where she was coming from. And I'm like, oh honey. She was like I exchanged information with her, or tried to, so that I [inaudible – 34:47] later.

THERAPIST: They're like me. They don't get it either. [inaudible – 34:53]

CLIENT: Yeah, and like, you know, you really...you might feel a little isolated; or maybe not. Maybe like me being protective, but like, I don't know. I'll buy you some for a drink off or something.

[35:18]

So yeah, I mean I guess I've already experienced many times people perceiving me as a very angry black woman and I'm like I'm really not. And [inaudible – 35:29] I'm actually not an angry

radical queer. I'm really quaint. I'm not just that. You have not [inaudible – 35:42] which part of the thing was the conventional [inaudible – 35:49] he's trying to change is to increase the participation and anger people and put people [inaudible – 35:57]. So in my head I'm also thinking look out old dude. The kids are going to come on your lawn. And he can't stop that. I don't know.

It was just like; it was a...because specially...

THERAPIST: That sounds pretty stressful.

CLIENT: It was and it was like...

THERAPIST: And like you say; not in the way you affected really at all. Not at all, but not in the way you [inaudible – 36:31].

CLIENT: Yeah. And I don't know. Like yeah; it was weird. And also, yeah, it was just one moment I didn't expect and I was just having this moment of like [inaudible – 36:52] I'm queer from the panel. Is I've had the experience of like being at queer events; having people [inaudible – 37:01] straight friend and it's really frustrating.

So I was kind of feeling a load of that too at times where I'm like, you know. I don't know. I think it was this like a load of like...I want to go hang out with the gay mafia. But the gay mafia doesn't know because I'm not like flash gay obvious. I didn't feel like it. Like I could have just [inaudible – 37:44] interesting point of view. Then again I was like I don't care. I just want to wear dresses and [inaudible – 37:49] and...

[37:54]

And also I ran in to like someone who really really is like [inaudible – 38:07]. So he's like a vice...he's a lawyer and a vice president at Siemens'. And he met his husband at like something like Manchester Law School gay something. They have a lot of like [inaudible – 38:25]. And we were talking – he was a very nice guy – but the guys I was talking and I had dinner with him and another friend. I was just like wow; your life is really different from mine and you're really buffered from stuff. And he was mentioning how I [inaudible – 38:50] ever gave like; like no one ever like...he didn't act like he'd ever been like negatively; had negative experiences for being a gay man. That was kind of like you're also high up in the...

THERAPIST: Yeah, like power and money will do that for you kind of thing.

CLIENT: Yeah, power, money, Manchester Law School, like...and then he also mentioned a thing which I thought was really creepy which was [inaudible – 39:21] DNA. It is his personal belief that in like X years they will find the gay gene in women and all gay people.

THERAPIST: This is what Watsons believe?

CLIENT: Yeah.

THERAPIST: Whoa.

CLIENT: And I'm just going that is terrifying and yet you, sir, don't seem to totally get that. Like you find it offensive, but you don't totally seem to get that you would never [inaudible – 40:01]. I'm a big gay homosexual.

THERAPIST: I'm sorry. I'm a little confused.

CLIENT: So the lawyer never said to Watson...

THERAPIST: So he knew Watson.

CLIENT: Hew knew Watson.

THERAPIST: Oh, I thought that was something you heard about.

CLIENT: No, no, no.

THERAPIST: Okay.

CLIENT: They met at some fancy like Siemens' thing.

THERAPIST: Okay, got it. Siemens' is like a life science company. It's like a tech company or something.

[40:21]

CLIENT: Yeah. They have a lot of money.

THERAPIST: Okay, whatever. Alright, so what if he met Watson?

CLIENT: And this had come out in some conversation.

THERAPIST: Okay, now I'm clear on the why it would have...yeah.

CLIENT: And I was like that actually is a pretty...

THERAPIST: Yeah.

CLIENT: They said well he didn't know and he just went...I'm like, but dude, like he wants to eliminate gay people. He thinks you're a medical...like...

THERAPIST: Right. A gay disorder.

CLIENT: Yeah. He wants to [inaudible – 40:59].

THERAPIST: Yeah.

CLIENT: And he's going to think that would never happen, but like old guy like whatever, whatever. And I'm thinking no; like that's a thing, and that's really serious. And also I'm telling you that like everyone's cool with you being gay, but apparently...

THERAPIST: Not so much.

CLIENT: Everyone left out the gay role, that's what. I'm like you think [inaudible – 41:30]. She's like he doesn't like say publicly, but like if you know him...if you speak to him privately this is a thing he would say.

THERAPIST: Yeah, I mean it was not [inaudible – 41:41]. You thought it was a little private intimate setting.

CLIENT: Yeah, it was like...

THERAPIST: That's what she said.

CLIENT: Yeah. [inaudible – 41:51].

THERAPIST: Right.

CLIENT: And like Ashby and I pay a certain amount of money in rent and above over a month [inaudible – 42:06].

THERAPIST: [inaudible – 42:07] what?

CLIENT: In a bubble.

THERAPIST: Oh, a bubble.

CLIENT: Like one of the reasons that I lived in a square for so long is I'm like gay people; yeah. And then like I...I'm pretty sure that conversation went you avoid thinking about like...and then there are always people who would like to not be me. And with Roger; I really don't like...and a part of like this...a part of the two panels was the like right...you think that gay people are like really different. Like they difference between being gay and straight and the difference between a vampire and a person. And we're all a person. And that's really intense and fucked up and I'm never really sure where to go with that because there isn't really anywhere to go with that.

[43:14]

If you ask someone to look at that, [inaudible – 43:16]. But...[silence.].

THERAPIST: Yeah, but a point that [inaudible – 43:36] to mention.

CLIENT: Yeah, and then today I went to an all staff meeting where [inaudible – 43:49].

THERAPIST: [inaudible – 43:49].

CLIENT: Yeah. And also I'm like [inaudible – 43:54] don't exist. Gay people do. Yeah. And like that's one of the [inaudible – 44:04] things that I like, but you don't know.

And then at work, all staff [inaudible – 44:14] with like a 12 page like list of mission statements of goals and everything. And so we were talking about it. And it was boring. And I have like, you know, a question. And you know one of the things was that all of these concepts and missions and visions of what they wanted to do and like nowhere in here do you mention diversity. And I was like you know like that could be a thing and also last year the Manchester Gay and Lesbian Alumni raise funding to endow, whichever, [inaudible – 44:57] so that...

THERAPIST: [inaudible – 44:58].

CLIENT: They endowed a chair for someone to do gay and lesbian things.

THERAPIST: Okay.

CLIENT: And that person might have some special [inaudible – 45:10] and I also was like [inaudible – 45:14] get what I said or are you just being defensive? Because there's a lot of no...why are you doing that? I can walk you over to the gay and lesbian section. I'm like well, but. There's a lot of like but. Well I mean within our, you know, kind of like; like this whole thing. I'm like seriously guys. You literally don't. And I don't know. As I was walking over here, that was really another kind of thing in my head. And like I'm the crazy agitator in the room and I'm not actually saying anything like...

THERAPIST: Alright. We'll stop there.

CLIENT: Yeah. And also I feel like people are just putting diversity in their mission statements. Again, our own mission statement is like we have a diverse [inaudible – 46:37]. And...

THERAPIST: We'll stop. I'll see you next Tuesday.

CLIENT: Okay. Next Tuesday.

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Hi. It's been a while.

THERAPIST: It has been a while.

CLIENT: So...

THERAPIST: Sorry.

CLIENT: That's okay.

THERAPIST: (inaudible).

CLIENT: Like I don't know, maybe a couple weeks ago oh, that's what it was. A couple weeks ago, Ashby was she's been kind of irritable off and on, and I've just been like, "doo doo-doo doo." You stopped seeing your she stopped individual therapy.

THERAPIST: Right. [00:01:04]

CLIENT: And stopped most of your drugs, and you hate group therapy. Okay! And she mentioned... I just, I don't know, I didn't really want to say, I think you're being a little extra crazy, but she brought it up, because she'd seen her prescriber and was like, "I think I'm fine, I don't have any side effects. Have you noticed any, like change in my mood?" I was like, "Well, now that you mention it..."

THERAPIST: Ah-huh.

CLIENT: And the night before, she had pretty much literally had a temper tantrum because I didn't want to watch episodes of "Breaking Bad," that like appeared on Netflix, and I don't like watching the show, and I was like Ashby, you're going to fall you're like practically falling asleep, why don't you just watch them tomorrow? And she said like, No! and I was just like what are you doing? And then, like a half hour later she's like right in the middle, she's like, I know you're right that I'm going to fall asleep, but I still why won't you let me watch them? So, and the next day she was like that was an aberration. I'm like okay, that's not true but whatever. So, and we ended talking about how we our house had collectively made some poor overlapping mental health choices (sounds excited) this summer!

THERAPIST: Yeah. [00:02:39]

CLIENT: Like, they made a lot of sense for, you know, it's your choice individually. It's just that, you know, combined is not the best thing overhead. But, so I just conveyed it to her that maybe she'd had a little bit of a change and she I don't know, I think she'll dismiss me but (sighs) whatever. I was partially thinking about it because I so, I guess like a year and a half ago, the doctor increased my Wellbutrin dosage and I know that periodically, it makes me more irritable. Like, I can just feel myself being like wow, I'm really cranky right now. And you need to turn that off, but it's very... like it feels I don't know. I guess I end up voicing the irritation that's usually just in my head a bit more than like -

THERAPIST: Yeah. [00:03:51]

CLIENT: I need to. And I've also been having a hard time, like I don't know, I think this year in general, just with free floating anxiety. Actually, not free floating anxiety. It's more like something will come up that makes me anxious, and then part time, like reminding myself that it will be okay, or that's just something that I'm most anxious about but it's okay. Or, -

THERAPIST: So you can get your footing. There's a fair amount of like anchored anxiety, I mean things that have just come up.

CLIENT: Yeah, it's this it's like the combo. Its, I think particularly frustrating, because I'm like, I have some good reasons to be really anxious, but I feel like that's just the moment, I'm like but wait, is this one of the like this moment, I'll be like this is one of the things that's valid to be anxious about, and I'm like no, actually that's not a thing to be anxious about. Like, a lot of my, my fear that like some of my social anxiety and fear of that like I don't know, that my friends secretly don't find me very interesting.

THERAPIST: Mm-hmm. [00:05:33]

CLIENT: Has just been like, I guess very up the top, which is... I don't know, it's really frustrating and also, so a lot of my friends are over-scheduled, I overbooked. So, if I'm like hey, do you want to get together sometime next week, the response is usually like, "Um, how about in three weeks?" And then, on the one hand I'm like, I'm glad that you responded, and then I'm like wow, I have to stop worrying that I have nothing planned, like I don't have any free time that week. You know, and then I, I don't know, I feel like I should have more planned, or like maybe then like see this friend or I don't know. And I know that the issue is that they're they do a lot of things when they're fucked up, and so not me it's just life and blah-blah-blah. But I don't know, it's just been very like... Or like hearing about a party that I wasn't invited to, and I'm like yeah, whatever, there are a lot of parties.

THERAPIST: Mm-hmm. [00:07:24]

CLIENT: And it's just been feeling kind of, I mean oh well, does that person still like me, am I off their guest list? What's happening? And I don't like, I'm pretty sure it's nothing.

THERAPIST: Right.

CLIENT: But I end up thinking about it a lot. The other thing is, so someone I know, like I know her two friends, so she's a friend of a friend, named Edith, who I've talked to briefly but never had a chance to really hang out with, and she just got a job, as a basically, I think her job is like progressive librarian, or librarian of progressive, liberal stuff, and sort of like that's an amazing job. So, she's moving in and sort of (inaudible). And when she was talking about her job, I just had this like overwhelming like oh my God, that's such a cool thing, I want to do that, but I can't, because I'm not actually a librarian yet, and then feeling like I'm never going to be able to do this, and like freak out. And then she e-mailed me and was like, "Oh, by the way, do you want my job at Smith?" I'm like, "What?! Fuck, I mean like yes, but I can't get commute to Smith." And I found it really overwhelming, like in a good way, but I was also like I don't know what to say because it's amazing that you would even think to say that. It's sort of like yes, I think, but I'm not done with school, but and I can't commute or whatever, but I don't know. On the one hand, I was very happy and excited about it. On the other hand, I started worrying about the logistics of why, of like could I commute Smith, I don't know, and like all these... (sighs) like all these little reasons why it would be impossible or difficult. I mean the commuting, I still stand by it, but it kind went from being really excited to really like oh, but I can't, it would never... [00:10:50]

And when my coworkers had said to me, asked to me about my Cambridge exit plan, like a couple days before, and she was like oh, I think you could totally write your ticket, and I was just like what? What? I don't... like... it's some very intense cognitive dissidence.

THERAPIST: Yes, I can imagine, based on the conversation you had.

CLIENT: Yeah, and I'm finding it really hard to deal with, like just I guess period. I'm finding it really hard to deal with, like I guess my immediate workspace, Chet and Elizabeth and my immediate little structure, not thinking like thinking like, like not thinking anything of what I do or my skills or whatever, and having people outside of that be like oh, actually, you're extremely awesome and yeah, like unfortunately, the day-to-day reinforcement of non-awesomeness, is mostly... Like it's hard, I find it hard to hold on to that feeling of like yay, I can do something, when it feels like everyone around me is just going, mm. Yeah. (pause) [00:13:43]

I think the other thing good thing is that I created a work on my persona, but I haven't backfilled it. And I don't know, like the official me still liked the idea of having a, this is the real me page, still feels very weird and uncomfortable, since when I got online in '95, that was what we were told not to do. I mean, yes and no, like I feel like I'm using that, that I've spent the last 20 years not doing. You know, like maintain your privacy, don't use your real name, blah-blah-blah. And now I'm like hey, this is my legal government name on a website, Twitter page, and that feels really uncomfortable and also duplicating social contacts fields is weird. I don't know, I want

some way to, I guess take my, I don't know, whatever, hundred Twitter followers, and kind of dump their attention onto my library-ness in some way that isn't actually possible. [00:15:27]

And I mean, the other thing is also, I still worry about stalking and harassment, and I don't know, I guess I also remain worried about like, I don't have to talk about my workplace in a professional blog, except that I don't know, like I could not talk about my workplace. But then I'm like well, it's my duty for work, so it feels kind of... (sighs) I guess my professional persona feels way more artificial and constructed than normal online me. And even in a way more so than like even workplace me. (pause)

THERAPIST: Something this made me think of is maybe it feels like separation and protection, has to do with like our not meeting as much over the summer, you're in, the sort of possibility has come up, of leaving Cambridge, and then not kind of shielded by screen names and whatever, as you generally have been. [00:17:56]

CLIENT: Yeah. I mean, even my professional account is not... I gave it a screen name, because I'm just like I can't, I feel really guilty having like (A) my handles were taken everywhere, like trying to use my middle name, but (B) it just feels so weird. For me, only the dorkiest of the dork, or the noobiest of the noob, has their legal name, like, their name, name, as their like Twitter handle or blog name or whatever. So, there's also that. Like, it feels more something, to have that name or to have two names I guess. [00:19:05]

But yeah, like I also have been thinking about how to incorporate like I guess how to put like back to the things I do into my resume, if I want to, or how to re-frame things I've been doing in ways that I could put on a resume or a list of the things that I do, which is, I don't know... I don't know if I'm just sort of also reluctant to self-promote or talk myself up. I mean, I know I am, but I guess part of me, on the one hand wants to be like fuck you, I have 20 years of experience talking about crap on the Internet, and then part of me is like eh, like it's just me talking on the Internet, it's not that exciting. Most of that was, 80 percent of that was completely not interesting or not like worthy of comment, and maybe 20 percent of it was like oh yeah, that was something good I wrote. [00:21:03]

THERAPIST: I imagine you were much worried about the 20 percent that was really good or worthy of comment.

CLIENT: Yeah, I -

THERAPIST: And being recognized for it.

CLIENT: That's the thing, is I really want credit for it.

THERAPIST: You do?

CLIENT: I do.

THERAPIST: I guess to me, I had the impression that you were scared of getting credit for it.

CLIENT: I guess what it is -

THERAPIST: Recognized for it.

CLIENT: I guess it's both.

THERAPIST: Mm-hmm. [00:22:05]

CLIENT: I find the attention kind of intimidating and scary, in part because I'm like oh, shit, I didn't think that that many people were going to read this thing, oh fuck, someone's going to start stalking me or I should lock various things. Part of me is also like I should get credit for that, that was a thing, and if it for either credit attached to my longstanding personal screen name or credit attached to my professional name. I mean, there are things I look back on that I'm like wow, I actually am kind of proud of that, and I don't have a great way to I don't know if I want to incorporate it, like I don't have a way to incorporate it into I don't think I want to formally incorporate it into my professional life, but it's a thing, so like I don't know, I guess actually have like forty zillion thoughts about -

THERAPIST: Yeah. [00:23:41]

CLIENT: I guess the answer is I have a whole lot of feelings about it. Because some of the things that I'm proud of writing, I also don't think are they're not, like I guess this wasn't some of the things I'm proud of writing, I'm also like yes, I think this is hashed out ten times in the last... This is not a new thing that I'm discussing, this has like been hashed out before and I've done this for the last 30 years and I'm like, you know, someone at a party is like well, I am part of that discussion but I feel uncomfortable if someone is giving me credit for sort of starting a discussion and I'm like no, actually there's like 20, 30, 40 years behind me that started that and I'm just this iteration. But then there's things where but there are some things where I'm like well, as far as I can tell, I'm the first or one of the few people to write about that in this context, and I would like credit for that work.

THERAPIST: Mm-hmm. [00:25:15]

CLIENT: That's super frustrating, especially when I see other people take credit for it. I also discovered that something I wrote online, and signed my full name, which I was fine with, was cited in a book, which is pretty cool but the way I found out was someone else was reading the book and was just like that's us, and e-mailed the ten of us and we're all like oh, that's kind of weird, like no one has to contact me before republishing work, referencing an open letter that I wrote, but it just still feels lovely. What? No warning? Like I don't even know what I wanted. Yeah. (pause) I also think part of the one of the things that's making me think about a lot this summer, is trying to work on and discuss this project about privacy online with the caveat that

I'm like, I don't want anyone in this room to Google me, thanks. I want to talk to my coworkers about stuff, but I'm also like in addition, I have a private life on the Internet that I would like you to not get up on, because it's my private life. But if I say that? That's an invitation to... yeah.

PAUSE: [00:27:28 to 0:28:51.6]

THERAPIST: I guess I'm not figuring out what to say, except that clearly, this is quite fraught.

CLIENT: Yeah. I don't know, I feel like yeah, like I keep on mentally just jumping around about kind of all of it. I don't know, I guess and the other thing, which a friend of mine brought up, that I know from the Internet and from local, she's like well, if you put something online about yourself, aren't you basically telling people, (inaudible) popped it on Facebook, a valid disability to have, and I didn't want my manager to read that information. And she's like well, you've already disclosed it so effectively, you have told him. I'm like ehhhhh, like I guess there are things that there are a lot of things that I would never bring up in a professional context, but on the other hand, I don't really I'm not trying to hide, I guess? [00:30:24]

THERAPIST: Mm-hmm.

CLIENT: If someone at work was like oh yeah, I'm going to this burlesque show, I would be like oh, you know, like it indicated I'm like oh, I don't know if you know, like we've sort of established some kind of mutual interest in a topic.

THERAPIST: Right.

CLIENT: And they'll be like yeah, sure, I'll tell you about, whatever. Or, like I had mentioned that I know circus people sometimes, for various things, but (claps hands) I guess there's a part of me that's like well you know, if I'm okay telling some people about it, I shouldn't freak out this much, except... So one of the things I was sort of thinking about, interestingly, talking at work, is people who have been accidentally outed to their family or friends or whatever, via things like Twitter and on Facebook, but someone adds as an interest or whatever, like a gay and lesbian choir, and they don't really think that's a fact that's posted to their timeline and then it's almost like wait. And that random uncle is like, you're in the gay and lesbian choir and everyone knows?

THERAPIST: Ah-huh. [00:32:04]

CLIENT: So, I'm certainly not trying to hide that I'm queer or hide that I'm into (inaudible) and [sacralism?]. On the other hand, I don't I'm not really interested in having that be a topic of discussion in more places, or just like... I don't know, it's this weird I guess being out of the closet isn't really the metaphor, but it's sort of like I know that while my coworkers would find it to be weird, like why does she do that, that's really weird, and they might change their opinions of me, for better or for worse. And... I don't know. There's certain things, like I don't give a fuck if someone feels negatively towards me, because they find out that I'm queer, but I do feel a little

weird about someone feeling negatively about me because they found a picture of me in a bikini online. I don't know, I guess there are some things I actually am vaguely concerned about being judged about professionally, and things that I'm not. What I mean professionally, just sort of like topic of office or profession chitchat. I was so under the microscope in and through high school, because -

THERAPIST: I had thought of that too. [00:34:23]

CLIENT: Yeah. And I got used to it and I've often thought like well, whatever, I've had that experience, fine, I'm used to being microscoped. But I think actually, I've now gotten really used to being able to be in a city and not anonymous but I guess not as watched, if that makes sense.

THERAPIST: But, you didn't really like it in high school.

CLIENT: No, I didn't.

THERAPIST: And you get really worried about what people are going to do with what they see, and that will be completely out of your hands and out of your control.

CLIENT: Yeah. I mean, also that (sighs). It's not just that it's out of my hands and beyond my control. I really don't like thinking of people I know, like they start getting sore. So, like (inaudible), one of the things we used to say is -

THERAPIST: Electro. [00:36:11]

CLIENT: (inaudible).

THERAPIST: [Pachinista?]?

CLIENT: [Pachinista?].

THERAPIST: Okay.

CLIENT: And we'd tell you look, here's the thing, if you put a picture of yourself up in this community, someone will probably snag it and write terrible things about it, and reuse it in a way you don't like. Like as an example, like oh my God, pro-anorexia people would steal pictures from the community and be like this is so disgusting, or et cetera, et cetera. And so I was like well, I know that's happening, I accept that there are polls on the Internet making fun of me, whatever, but the idea of jerks in my hometown or whatever, -

THERAPIST: Yeah.

CLIENT: Doing that, is much more, like rating a person hiding on the Internet or on the Internet, they're only a person on the Internet, I don't really care. But actual person I know, that would suck. (pause) [00:37:44]

And it's not even that I'm putting out something like in my house or something. It's, I guess like it's taking away a certain level of protection or not anonymity. I guess it feels, in a way, more scary as someone who is in my area, because some of them are like well, you're, you know, guy 22, and I get freaked out with online harassment, being moral harassment and vice versa, so there's that, but I guess this is more like how do I feel about other people judging my life, which I don't know.

PAUSE: [00:38:53 to 00:39:31]

THERAPIST: Well, I mean I guess you mean the other... I kind of realize that we're not really mentioning but it's a big part of this, is that a lot of the communities that you're part of have been sort of suppressed or marginalized or criticized or discriminated against by the large subcultures, which I imagine has a lot to do with the kind of vulnerability that you feel.

CLIENT: Yeah. [00:40:35]

THERAPIST: Not that you didn't know that, I guess it's something important that I commented on.

CLIENT: Yeah, because I mean the virtual spaces and your life spaces, there's a certain level of marginalize you all, so (inaudible) helping each other out, that just doesn't or can't really transfer more globally or more widely, which I'm aware of conceptually, but it can be really jarring to have those moments of like oh, right. I guess like all of these moments where I'm like oh, I forgot that a lot of people think I'm disgusting because I'm fat, whoops. Not even whoops. It's just sort of like, right? I have constructed my life in a way to be in a bubble that I enjoy and then periodically, someone will say something and I'm like right. The reason why I made this bubble that I'm enjoying is because I really don't like being attacked and, you know, or safety discomfort, there's all these other things. And, you know, like I don't... I mean I guess there's no way to avoid it, but (sighs) I don't know. I guess it depends what I'm making myself confront. A lot of things that I've dealt with in various ways, that include not directly confronting it. I don't know. [00:43:09]

It's like stumbling across that's right, I said something online recently about racism in feminist communities, and a whole bunch of really racist, obnoxious responses, and really thinly about racism, and I was like right, that's why I don't do that or that's why I'm not involved in this thing or that thing. (chuckles) And I did not enjoy that reminder.

THERAPIST: Yeah.

CLIENT: You know? And I'm not really enjoying the idea of being myself, up to attack.

THERAPIST: Yeah.

CLIENT: I'll see you next week. Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: This is not exactly about feelings, but there's this thing that I've been thinking about.

THERAPIST: Sure.

CLIENT: Which does, I guess anyway.

THERAPIST: Whatever's on your mind.

CLIENT: Yeah, so as you know, at work, there's this whole technology play, you must use it, and um, I guess, so three different employees, one of whom is like a very senior employee, presented the results of this series of focus groups they had done with students, to design the room, that ended up being the room of tables. And so it was interesting, because it talked about what the students about the process some of the students wanted and da-da-da, and then it kind of alighted any reasoning why that didn't happen. They were just like yeah, so students wanted these things, these 20 things, and so we didn't and then they're just like so, you know, there's something and... next slide. I'm like, all right, whatever. And when the employee had said, that she was the students were going on about how she had been walking a donor and the donor's freshman daughter, through Grinnell, and then was like well actually, the freshmen are going to spend more time in Aurora, the standardized office, they work in. And so she goes to show off the main room, which people are always impressed by. It does look impressive.

THERAPIST: Mm-hmm. [00:02:22]

CLIENT: And so the student was like oh, wow, this looks really cool, and said, I can totally see studying here. And the employee was like you know, it was so me, because the first thing she said, I'm like because she's on tour, likely with her mom, so what is she going to say? And, I was like, you know, and it's amazing because unlike us, she was just able to look at technology and just intuit how to use it, what does she do it for. And I think I was making a face by accident, because she suddenly sort of backtracked. She's like, I mean, I don't I'm not really able to instantly intuit, as opposed as saying all of us, and I'm like that's right, because I think what she saw was nice big tables to spread out on, that have outlets in them, which is completely separate from using the various hardware that are in that room. So, I don't know, and she's kind of going on. And so, for some reason, I got really struck by this particular person repeating that

and I was thinking that the narrative that is being repeated is that, you know, office management office managers are saying that we, meaning everyone who works in the office as staff, are unable to interact with technology the way that students do, and that students just walk up to technology and they just know what to do with it instantly, and staff just are unable to do that, fundamentally aren't able to do that. So, in addition to being stupid and incorrect, since one time I helped a freshman create an e-mail account, (chuckle) he hadn't used e-mail.

THERAPIST: Wow. [00:04:47]

CLIENT: I was impressed. As an incoming freshman, you have to have an e-mail account.

THERAPIST: Right.

CLIENT: And I just stared at him and he's like, "I know it's weird, but I just never..."

THERAPIST: Yeah.

CLIENT: He's like, I texted people.

THERAPIST: Yeah, texting and Facebook.

CLIENT: I'm like, yeah, sure. Yeah, or Snapchat or whatever, sure, sounds good. But, I feel like students are used to their being computers, and they are used to computer menus being kind of the same thing. There's probably a dropdown menu somewhere.

THERAPIST: Mm-hmm.

CLIENT: You know? I have to there's probably program files or a list of programs, which to me, that's just pattern recognition, like that's not unique to students or younger people, like anyone can do pattern recognition, blah, blah, blah. And so I was thinking more about this and what I was thinking about is that it like why is this so... like why are people holding on to it so hard? Because this is getting repeated in the face of everything, they're just like no, students just... So, the managers, employee heads, whatever, when they say that, they're relieving themselves of responsibility, to having to be technologically competent, because it's just impossible.

THERAPIST: Right. [00:06:49]

CLIENT: You know, it's okay that someone can't really use PowerPoint or someone else has a hard time with whatever, because it's just not possible for them to do it. It's not that they're ignorant or that they're behind the times or they need training; it's just impossible. So, it kind of -

THERAPIST: They've passed the sensitive developmental period during which one can learn about that.

CLIENT: Yes, they're just, pfff.

THERAPIST: Right.

CLIENT: Yeah. It's weird because they generally don't talk about it.

THERAPIST: They're technologically feral.

CLIENT: Hmm?

THERAPIST: They're technologically feral.

CLIENT: It's not even that, because if they were like feral, they would just kind of like poke at things, I feel like.

THERAPIST: Yeah.

CLIENT: And just be like whatever. But it's more like... I don't even know, that they've decided technology is another language, as opposed to an accent.

THERAPIST: I see. [00:07:52]

CLIENT: I think they're talking like thick, cockney, rhyming slang and my God, how could you even understand this, when really, the person just has a mild British accent.

THERAPIST: Right.

CLIENT: But they're like no, it's impossible.

THERAPIST: Yeah. I was thinking like, it would be like learning language in the first place or something, if you don't do it by a certain point, or like a sort of cultural norms, then you just can't -

CLIENT: Yeah.

THERAPIST: Which seems less likely. But anyway, yeah.

CLIENT: I agree. It seems like they feel that they just but it's weird, because they're not exactly saying it's age, because they're including people, like they're saying everyone, just everyone. So, sometimes, if there's a younger staff person in the room, we'll be like, except maybe you, maybe, but like... [00:09:00]

THERAPIST: Yeah, but after 21 or whatever.

CLIENT: Yeah, it's 25, you have a loss. So after that like, you just can't.

THERAPIST: Yeah.

CLIENT: It also makes at any rate.

THERAPIST: It evades responsibility.

CLIENT: Yeah. I feel like they're so, they don't, they're not like, no one has to say, I don't know about that or I don't know how that works or I wasn't aware of. I feel like the point of that narrative is so that they can say, we're not ignorant, it's not our fault, like we've done everything we can, it's just that it's impossible.

THERAPIST: Mm-hmm. [00:10:06]

CLIENT: I was thinking about it and I feel like that's what's being really held onto, and not just by this is what they were sort of managerially being told, like it's just crazy, it's madness. And then, the kind of secondary narrative of staff need to stop being so resistant to using technology. So, frontline stuff are magically not excused. So, on the one hand, no office staff member can possibly understand technology. On the other hand, all office staff must start using technology a lot.

THERAPIST: Right.

CLIENT: It's not really that they're not coherent.

THERAPIST: Isn't that contradictory?

CLIENT: Yeah.

THERAPIST: It's just mutually exclusive.

CLIENT: Yes. And more to the point, they're like, well you just need to understand the technology. Office staff should just learn to understand technology on their own time, and they shouldn't expect a training or whatever. You're just supposed to... I don't know. People, I don't know, what I was thinking about is if those are the narratives you're holding onto, you will never have penetration of interest for youth, because it's impossible and also, you're bad to resist it, and also, you won't get training. It's kind an obvious recipe for disaster, et cetera, and it also puts any tech savvy office staff in this really awkward position. You're just some techie, you're young, you're whatever, basically, you don't count or your opinion doesn't matter, because we just can't learn this. [00:12:57]

I was talking to one of my friends about this last night and how... (sighs) it has been a fairly unchanging narrative, like that is what they said and that is what is being stuck to and clung to. I

guess what I was thinking about is that really can't be bucked. Like even if I, like say were to individually talk to five random staffers, five research employees and two senior managers, and they were all like yeah, technology is awesome, it doesn't matter because it's not going to change the narrative, the narrative still is... Especially since one of the senior managers I know wants to install a web server on his computer and do all these crazy things. I mean, obviously he can. He's older than me and he's the new manager, and other people are able to use it. I don't know, I guess part of what I'm really stuck on this one work presentation idea I have, which is on privacy, and one of the reasons why I'm stuck is that it's like I'm trying to talk to staff about yeah, so when you're using these Facebook or Twitter or whatever, their response is well, we don't use those things, like maybe use Facebook but like, there's this weird, like I'm going against an area, because I'm saying yeah, you're just going to use these, it's cool, it's fine, even them saying you can or cannot, your choice, I feel like the default response is no.

THERAPIST: Mm-hmm. [00:15:36]

CLIENT: And so someone asked me, she said well, I would really like a hands-on, whatever, that showed me how to sign up for Twitter, and I'm like, "You go to Twitter's website and you sign up, and then you follow the directions." I don't know, I've had several people say things like that to me and I always find it baffling, but if they're in that narrative of well, obviously, it's impossible for me to use Twitter, then it's impossible for me to try or to use a really obvious sign up process. Or even like research Twitter, and you could Google, you're a research employee, I don't know, research. And that's one of the things I was also thinking about. So I'm thinking, these are all a bunch of research employees. Surely they can research things, but there's like, I don't know, a black hole, Bermuda Triangle thing. So, it's hard for me to let go of wanting to talk to people about it or wanting to have every time someone repeats that narrative, it makes me really crazy, and I just it makes me crazy and my impulse is to be like no, or to say well, but I can or this person can. Now I'm thinking more, trying to think more about, I mean it's obviously not factual, I already knew that, but that narrative serves a certain function that people like and I feel like I'm saying no, you can totally use technology, it would be awesome, and I think what people are hearing is you are ignorant but I can teach you. You're ignorant, but this person, who doesn't even ask, who's stronger than you, who's like way down the food chain, says that she knows enough about the subject to teach the high up on the food chain person. Well that, what's the hierarchy? And, also, it's sort of putting some people in the position of saying, yeah, I do need to learn something, or that I can learn from my colleagues. [00:19:07]

THERAPIST: It means both that you can effectively question the narrative they're espousing and that they may be responsible for learning about technology.

CLIENT: Yeah.

THERAPIST: And making becoming conversive and taking responsibility for the decisions they have to make related to it?

CLIENT: Yeah. And also sort of I guess, letting someone lower down be more knowledgeable. One of the ways this came up is that one of the new employees was asked by Karl to research some of the electronic reserves processes. He wanted her to research and give him review articles and a summary, so he could write some kind of thing, and her response is but I'm new here, I don't work with reserves, there are people who work in reserves, why don't you ask them. And suppose they're not employees and need the employee, whatever, but the people who do reserves both have degrees, they both have office degrees; they just don't have the job title employee. So she felt very frustrated and confused and was like, but they know, why can't they just write it for you and hand it to you? We started talking about it and she found it weird and I found it weird, and I think it's kind of the same. It's important to, like job title, the title of employee is really important and only employees could understand. It's weird, on the one hand he's saying only employees can really understand how technology affects offices, but he's also kind of saying, P.S., employees can't understand technology. It's this weird... [00:22:07]

THERAPIST: It's sort of a double standard.

CLIENT: Yeah. And also, she was feeling kind of set up to fail and I'm like yeah, you kind of are. Or not fail but you're just an unnecessary filter from the people that you're going to have, the people who actually do it, and they'll tell you stuff, and then you'll write it down, hope they understood it correctly, and then pass them off. So it's like why is there a person in here?

THERAPIST: Yeah.

CLIENT: I guess part of me, I've been thinking well, talking about this or saying what kind of challenge it is, talking to individuals or speaking up in a meeting is maybe effective or not, or at least a thing, but I'm thinking now, more about how I don't think that they actually there isn't actually a desire to let go. The narrative of it's not my fault is the most important one and not having to say I don't know, like those are the actual highest priorities. Also, nothing can be said to be a failure or a mistake, because that would imply, it was wrong, that you didn't do enough research or whatever. [00:24:19]

THERAPIST: I didn't follow the last part?

CLIENT: So, let's say a senior employee is like we're going to start using screen computers for everything. So, that project will never get no one will ever do a survey to say hey, was that helpful or not helpful or whatever, because that would result in information that might say it wasn't great.

THERAPIST: I see.

CLIENT: And therefore, that's your manager was wrong.

THERAPIST: I see.

CLIENT: So, I guess if I'm thinking the most important thing ever is that no one has to say they're wrong or don't know. It's kind of, I don't know, a different way of thinking about it for me. I don't know, it just makes me think a little bit differently about the frustration of being asked for feedback and then having it ignored, because I know they don't really want the feedback, but it's more than that they don't want the feedback, because they don't want to conceive of making a mistake and sort of being like Cambridge can't make mistakes because it's Cambridge. But, it also makes me feel really concerned for like, if I want to talk, if I want to give a presentation or talk to the employees in general about I don't know, online privacy or how I use Final Cut or whatever, my concern is now that people will hear, you know, Karen used Final Cut, I don't know what that is, la-la-la-la-la, and just like drop out of the conversation. I don't know, I want to talk to people about them, like (A) I'm curious to talk to another employee about it, (B) these are things that I'm like, I know about them and I would like to share my knowledge. Some of the media stuff, I'm like, I'm kind of proud of this thing that I made. [00:27:25]

THERAPIST: It's a part of your role.

CLIENT: Yeah, it's supposed to be.

THERAPIST: Yeah.

CLIENT: And I just... I feel like, in giving a presentation about whatever, that the sort of real problem is how do I make people not feel ignorant or not have a knee-jerk, that's impossible, because, reasons, which has nothing to do with the information that I'm telling them. So it's not really like oh, you tell her the information exactly, and I'm not even sure what the answer is, except that it's not really about the content, which -

THERAPIST: It's not as though you have to decide to make your presentation on technology simpler, because these are people who aren't very familiar with technology to the point where they're eyes are going to glaze over when they hear something about technology, and sort of drop out.

CLIENT: Yeah. [00:28:52]

THERAPIST: Irrespective of how straightforward the material is.

CLIENT: Yeah, because they already know that it won't make any sense and it will be gibberish and they won't be able to use it or understand it, so why bother even attempting.

THERAPIST: Well, I guess like they're actually invested in it not making any sense.

CLIENT: Yeah. I am invested in the idea that I can explain technology in non-confusing ways. So, which I feel is like an important job skill and blah-blah-blah, for a good job. I guess it doesn't really matter how well I explain it because that's not what we're talking about, which is basically it's kind of ground me to a halt on a couple of things I wanted to do, because now I'm like well

wait, does it really matter if I do this well or if I pull together what I really want? Does the title matter, does the description matter, does any of it matter, because I'm saying technology, therefore, everyone knows what the answer is.

THERAPIST: Mm-hmm. [00:30:32]

CLIENT: Yeah. And I've also been thinking oh, should I try to be informal, dig up something vaguely professional and employee-y, and I'm thinking, it probably won't matter because regardless of what I'm doing or how I look or how I'm presenting it, I am some techie person who's speaking techno babble. It's just, it's really weird. It kind of makes you want to blog a little bit about work, just to have someone to talk to about it or to be like hey, I have this blog. But it also makes sort of (sighs)... I guess it makes me feel more stress about sort of sticking it out for a year and a half, until my degree is finished, because if I were successful at my job, that would counter the prevailing area that people like.

THERAPIST: Mm-hmm. [00:32:20]

CLIENT: So, regardless of what people say, what they feel or want, is for me to not be able to explain it.

THERAPIST: Right.

CLIENT: I just started thinking about more in-depth last night and I'm stuck, because I'm like well, that is shitty and I don't know what to do now, and I don't know that I don't think I would be able to usefully talk about this with Chet or other people, and in some ways, I feel like I don't know how much I can talk about it with most of my colleagues, because... I don't know. I know everyone isn't invested in this narrative but it feels that way sometimes, or I feel like I don't know who the people are that are willing to, I guess, try something different or say, I don't know how to use that, can you show me. [00:33:55]

And it's also alienating, because it makes me I mean, people say, well you're not really a employee, which I hate, and I feel like this is sort of reinforcing that well, but you know, you're not really a employee, you're not really like the rest of us, you're not really like office staff. You're this weird outlier who doesn't count.

THERAPIST: Mm-hmm.

CLIENT: On the other hand, it does make me feel better about stop and giving feedback. (laughs) So that's something good I guess. And along with that, I've also noticed that I've been feeling very, I guess resentful and upset that, not like I haven't really gotten encouragement or mentorship from the research employees that I work with. I think it's good that I'm in office school, like oh yeah, you should have a degree, but I don't feel like they're kind of like yeah, you should totally become a employee, for these reasons, and you would be good at being a employee or if you thought of just being a employee. I don't know, I mean I've been thinking of it

in terms of, can I please have a mentor, that would be nice, but I think also, when they were applying for the research employee job, that it went too far and no one encouraged me to apply, which I hadn't really thought about until recently. I didn't apply for other reasons, but...

THERAPIST: Right. [00:36:49]

CLIENT: It is kind of surprising that given my job and blah-blah, that I'm in office school and everyone was like hey!

THERAPIST: Right.

CLIENT: You have to try. It turns out one of the people who got the job, they decided that her PhD, not in office science, in a related field, counted as an acceptable substitute for a office degree, which doesn't make sense to me but happened, even though the job description didn't she shouldn't have been able to. I mean, it may have said MA or equivalent and I assumed they meant MA or equivalent, like masters in information science or whatever, some other office thing. [00:38:26]

And the other thing was I talked to Dr. [Tynes?] last week, about had this meeting with her and I feel like, I felt for a little while, the extra Wellbutrin is making me irritable and I have just been feeling really irritable. And her response was well, maybe your coworkers should know that you're upset or unhappy, like maybe it's okay to be to express your irritation or anger at not at people but, you know, in an acceptable, non-screaming way, which I don't know, I feel like I'm used to my job being, I'll just scoot over this technology part for you, that it feels weird to... I don't know, express that I'm really annoyed by X thing or Y thing, like I don't want to be the person who's always criticizing, but on the other hand, maybe I'm only that person in my head and that in actuality, I could just do that. [00:40:37]

THERAPIST: This is kind of a different narrative, but it hasn't tended to work out well with speaking up and speaking critically.

CLIENT: Yeah. I was thinking speaking up or critically to people who are at my level.

THERAPIST: I see.

CLIENT: Directing that up, because directing it up really doesn't go anywhere. But I was like, I don't know how it is for... I guess needed to show my coworkers about stuff.

PAUSE: [00:42:07 to 00:43:17]

CLIENT: I guess basically, I don't know how to be in my job or my office or whatever. I feel like I know what my job is but doing that, like I can't just be like whatever, I'm just going to do my job and block out these other things, because, I mean this cubicle, and people are asking questions or saying he doesn't work and blah-blah-blah. I know how to be a help desk worker, I know how

to do IT service, I know how to explain thing to people, but I don't really feel like those are necessarily helping me right now and I'm not sure, I guess I don't know what I should be doing or what I could do that would make it easier to deal with, because the reference employee is going to be like fuck it, I'm just going to focus on history questions.

THERAPIST: Right. [00:44:59]

CLIENT: Or access, we're just doing reserves, we're just doing this.

THERAPIST: You're not sort of posing a strategic question exactly, so much as expressing some despair.

CLIENT: Yeah. Yeah, I guess I just (sighs) I mean yeah, like I just, it feels like there's not it's unclear to me, like why aren't I doing any aspect of what I think my job is? I end up bring frustrated or someone argues with me about it or like Chet is like, I want you to do the redo work that students do, or whatever, and it doesn't feel like I'm able to use my brain or use my skills or really do the things I'm good at. So, I guess part of me kind of wants to switch to a office job where I don't see the public and I'm like in the back processing government documents forever, or something. (pause) [00:47:09]

THERAPIST: I guess, I'm not really sure what to say. I can understand certainly, with your kind of, sort of theory about the narrative and play, or sort of invested, you know, getting invested in it, and how that and then the other aspects of your job that you're describing now, function to alienate you. I guess that's how it sounds to me, is that having the sort of area that you describe almost gives you a comfortable place to sit with things. Not a happy place, but in explaining why you get nowhere with certain things, you can be more okay with getting nowhere with things. But then there are these other aspects of your job that you're describing now, where like you can't shield yourself from or protect yourself from or do anything about, where you're sort of inevitable, you're kind of fed up or inevitably frustrated or undermined.

CLIENT: Yeah. [00:49:06]

THERAPIST: With sort of your core job, some of your core job functions. We need to stop.

CLIENT: Okay. See you next week.

THERAPIST: Yeah.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hello.

CLIENT: I'm feeling a lot better than [last time] (ph).

THERAPIST: Oh good.

CLIENT: Yes. I guess the last two weeks.

THERAPIST: Good. Yes, I don't know much about last week but I do seem to remember how you were feeling two weeks ago and -

CLIENT: Yes. Just that was the whole week plus. Yes, basically [inaudible at 00:00:32] that whole week just really upset and on edge and just freaking out all day, which, yes was really hard. I just I mean it was very frustrating. And so the actual tour went off pretty well. There were some minor glitches, which was mostly that I hadn't talked with the people who were presenting I hadn't talked to at all about what I was showing. So I was trying to kind of think all right let me make this sort of be like what you're talking about. So it was okay. And what no one had realized until the tour group showed up is that most of the tour group didn't speak English and they had a translator, which was good except it made the experience very odd because you would talk about something and they would sort of stare at you. And we'd just pause because they would translate after; it wouldn't sound [inaudible at 00:01:51] translated. So that was weird. [00:01:54]

I had also thrown together [inaudible at 00:02:03] to hand out, which, because they didn't speak English I think there was no way I could have explained [laughs] quite less confusing to everyone two steps removed. So that was it happened. And then going to Philadelphia was kind of one of my friends ended up describing it as just in time, vacation, like when you when you do just in time production and I said yes. I was having a hard time just planning a day, much less being able to tell someone okay so the two days I'm going to do this or [have you] (ph) for dinner or blah, blah, blah. Which I also was really anxious about and felt stressed about but, anyway I tried to [ease up] (ph) from their room, just sorry, I can't tell you any better than this. So, I don't know. I guess, by the time I left on Tuesday I had finally was not super I just spent the whole weekend not being upset so much as just feeling shaky and having a hard time. I don't know I just had a hard time making decisions or planning or even really figuring out what do I want to do. But if I do say it was kind of like okay, whew, I can do things like sleep. [00:04:00]

And then the rest of the week was, well, the first day I got back it was all so I mean it was not like coming right back. I came back to work on because I took on Monday, Tuesday, Wednesday, and I came to work on Thursday and there had been an early time deadline and at the time I didn't report it, and there was all these e-mails saying that I wasn't going to get paid and I was real frustrated because Chet knew about this but didn't tell me. He knew before I left but just didn't tell me. And when I came in and was freaking out, he said oh, I don't know. He wasn't very responsive to my being really concerned about not getting paid. [00:05:04]

And lo and behold the supts (ph) paycheck is \$500 short. Yes, which I've called and it will get resolved in a week but I don't know. But I also ended up I think it took until Thursday or Friday, this last Thursday or Friday, for me to kind of fully get how much of a bad time I've been having. In retrospect I was possibly way more worked up about this room (ph) not working very well and the tour than I normally would or then made any offense. But I was. And Dr. Gerrard (ph) said I should call her and I've been feeling really weepy or upset for more than a day or two. So it's seems like all week; that's more than a day. [00:06:24]

But it was hard to call her and weirdly in my head I A) felt like I've done something wrong, like I don't know what but I felt like it was somehow my fault or I was at fault for, I don't know, for getting so upset through connected chain and also weirdly I was convinced that this meant I was taking too much. It was sort of a combo. Clearly their response is that she should reduce all [inaudible at 00:07:13] edition in my head. That's not actually what she did. [00:07:18]

THERAPIST: Right.

CLIENT: [Laughs] It was that climate in which is definitely a nice, a good choice. You did not forget at work today so that's great. But yes, I don't know, I just felt weirdly guilty. [Pause] Yes, I don't know. It was weird. It took me a while to call her, to return her call, and it just, I don't know. I guess I felt like she was going to, I guess chastise me or say don't you think [inaudible at 00:08:33]? Like that was I don't know. I just really felt like I had screwed up somehow. I mean also when I was visiting I stayed with my brother for one night and I was really neurotic about, I was just super worried that I was imposing because I didn't even a week's notice and just said I'm showing up. [00:09:04]

So I tried to, I decided to let Mike know for one day to kind of give me and Tricia more privacy once in the motel. And for better or for worse also Tricia and my brother were having, ended up having kind of an argument about having children. So Tricia had been trying to get pregnant for a couple of years and she mis she got pregnant and miscarried once [00:09:43]

THERAPIST: Right, and it was why not take a trip or something.

CLIENT: Yes, and I remembered I talk to her when they first got married and she said oh yes, I wouldn't do I'm not going to spend a lot of money for fertility treatments. That's kind of crazy. I think I would pay for whatever insurance would pay for. And then I talked to her again and I remember my brother said yes, she's gotten pregnant again but we're not sure whether it's going to go, and she miscarried again. Yes. [00:10:13]

THERAPIST: Just recently?

CLIENT: Yes, in the last six months. And they had to do fertility treatments. So what reaching (ph) out in this argument was that Tricia said I gave you two pregnancies in a year or in 18 months, and I said all right, that's a lot, good job. Just kind of overwhelming and Michael was, I don't know, he just felt bad that he's 41 or 42 and doesn't have kids and doesn't, you know he

does not have he wasn't really bothered by not owning a house but he was feeling like he'd missed out, like he'd done something wrong by not having kids already. [00:11:03]

He and Tricia are trying to adopt, which is also a time-consuming, crazy process and they're trying to decide what kind of adoption, how old of a baby do we want, et cetera, et cetera. But yes, he, I mean she never said to me before that he felt like he is, he sort of he felt like the reason, one of the reasons he didn't have kids is because he and Tricia didn't have kids when they were first together and first got married and that was for a variety of reasons. But one of them was Michael also felt like, he had this job that he really hated for a couple years and he was saying I wish I was [inaudible at 00:12:01] and that's why we didn't have kids. And because of the stress of the fertility and there's this sort of whole and he said also I'm older and that affects fertility and [00:12:20]

THERAPIST: How old is she?

CLIENT: She looks like she's my age, so she's late 30s, which is a geriatric conception. It's weird but -

THERAPIST: That's not usual these days, but yes.

CLIENT: Yes, so she's in [inaudible at 00:12:42] which is probably why she's been [dammit I need success] (ph). But it was also weird to have part of the discussion include them arguing about their sex life a little bit, which I wasn't quite ready for. And then in the middle they said sorry Karen, this is just happening. I said okay, because we have a hard time being romantic when Michael's really stressed and blah, blah, blah. But I don't know. He was very down on himself about having spent time in a job he didn't like, having spent a chunk of time dealing with mental health problems, a couple years on that, and I don't know. He's never really, Michael doesn't really talk about his feelings a lot and he rarely has talked about, he's almost never talked to me about how he felt having to live with my parents for two years or other things. [00:13:59]

So that was, it was odd. Also I tried talking to him a little bit about how I sort of feel like well, okay there are things that I haven't done that maybe would want to have done by now but in addition to the full-time job I also have this full-time job of trying to stay mentally well. And, that's two jobs so really I should be glad that I'm doing I guess it's the equivalent of, not really but I have a kid, except the kid is it's like working two, I don't know it would be two full-time jobs or having to take care of a kid while you're also working full-time, except not, but having that way of I'm doing a lot of things. That made me feel worse, which surprised me because it, the idea actually makes me feel better. It's not that I'm lazy, it's that I'm doing a lot of things. [00:15:20]
[Pause]

THERAPIST: I [inaudible at 00:15:46] what you're talking about of people coming together in a way that is not as productive as it could be and leaves one person very much let down. I'm

thinking of what you just said about talking to Michael and the two of them don't have kids and the tendency (ph) about you and Dad. [00:16:19].

CLIENT: Yes. [Pause] I mean, I remember really situations where they've let me down on that and [pause] -

THERAPIST: Yes, I could imagine Michael thinking Tricia let him down or -

CLIENT: No, he was, I mean -

THERAPIST: really Dad wasn't feeling let down, although that does give her ideas.

CLIENT: Yes -

THERAPIST: In a way.

CLIENT: No it was. It was very, it was such a I'm still kind of thinking about it was very [inaudible at 00:17:10] both weirdly guilt-ridden. I mean usually I'm always telling the doctor the reason I don't, I don't want to discuss, I don't want to explain this problem that I'm having again or I don't want to deal with scheduling an appointment. But he leaned on me to just listen to the phone call and that we'd already talked about it, I still was just completely just stressed about it. Although it probably doesn't help that in the midst of all of this I've been trying to call Dad and failing to do so. I'm really worried about it. I went into my doctor because -

THERAPIST: Your PCP? [00:17:58]

CLIENT: Yes. I actually, yes, PCP, Urgent Care, because of first the bump on my eye. I woke up and my eye was horribly red, like [bean poles] (ph). I said okay let's make sure this is just fine. So I didn't see my regular PCP I saw whoever was there and unfortunately it ended up being a nurse practitioner and a doctor who I had seen before that I really dislike because they're both really fixated on my weight as being everything. So that's basically all they want to talk about during the appointment, none of them were very I said well my eye really hurts and it's gross. And -

THERAPIST: And it's why I'm here.

CLIENT: Yes, and no, they wanted to discuss my blood pressure, birth control pills, how I should exercise more, I was [inaudible at 00:18:56] too many processed foods and it's just ugh. It was basically like not quite but like my nightmare or memory of doctor's appointment is always that it's going to be that appointment and it really was. [00:19:25] [Pause]

THERAPIST: Yes. That's another one. Like it could be, it was supposed to be a constructive conversation where you're in with a doctor and they say you're fine, or you're mostly fine, take these eye drops, or whatever they would say.

CLIENT: Yes, I was expecting a discussion about my eyes and yes, not -

THERAPIST: Probably [inaudible at 00:20:07] things.

CLIENT: Yes, and I'm still not sure that what they said was right but -

THERAPIST: About your eyes you think?

CLIENT: Yes. I actually woke up the other day with pus in my eye and it was beyond crusty, and I said oh, maybe they were wrong. Who knows? But that was the only one that really, where my worries came to pass. And it also reminded me why I really don't go to urgent care; I just try to make an appointment because my regular PCP doesn't do that. And yes, you guys know what's happening. I also was thinking ugh, this is what comes of not being married to a doctor. But with my brother and Dad I'm just, I don't know. Even when I was talking to my Dad I was still kind of, I was feeling just I don't know. I felt worried and anxious for the first chunk of the conversation, like I felt like almost like I was admitting to that behavior or having done something wrong as opposed to telling her how I felt. [00:21:40] [Pause]

THERAPIST: All right?

CLIENT: Yes.

THERAPIST: It reminds you a little of your mom too, doesn't it? It's like mostly an infraction for her?

CLIENT: Yes. And, yes. I mean, yes, and basically sickness is an infraction and also you probably shouldn't be taking my mom both won't take, often won't take whatever she's prescribed but everyone else should take what they're prescribed. That's been my problem [inaudible at 00:22:33]. Anyhow, I'm not looking forward to Thanksgiving. I was trying to reward them for not losing their mind last year when I didn't go home, which, I mean it keeps happening. Hopefully the weather will be okay and everything. But it's definitely not something I'm looking forward to. [00:23:08]

And then also I'm worried that she's, well I'm pretty sure that she's going to quiz me about my moods and how I'm feeling and what I'm taking. And I don't want to have that. I basically can't, the pressure and conversation feels whatever I say doesn't, it's all wrong and upsetting and brazen to her. And I just get frustrated really frequently lying to her about it all or lying and then two months later being like oh right, the reason why I started things happening is because I didn't tell you two months ago I was [inaudible at 00:23:55]. [Pause]

When Michael and Tricia were arguing I mean it wasn't like a heated conversation, so they weren't angry at each other as much as it was they were out of [inaudible at 00:24:53]. But the other thing I was thinking during it was how upset my mom would be if she knew they were -

THERAPIST: Yes.

CLIENT: I guess not really arguing exactly but discussing having kids as opposed to unilaterally just either having kids or adopting. The fact that they disagree at all as a married couple is worrisome to her. But I know for me I felt like my brother's a human being and so is Tricia and that's kind of going to happen. And if she's had three miscarriages, that's a lot and I can understand why she's feeling frustrated. Although oddly that he was saying that I should if I want to have a kid I should try to have one soon because my eggs are getting old. [Laughs] Which is, she seemed pretty concerned about it and I feel like I'm not definitely done with [my productive] (ph) system, I don't know what I would do with a kid right now. There's no one I want to have it with and I [inaudible at 00:26:33] that's just not what I want to do right now is having a kid. It's pretty odd for him to be concerned about it. [00:26:45]

THERAPIST: Yes. Kind of out of left field.

CLIENT: Yes. Yes. This would actually [inaudible at 00:26:54] an e-mail, which again I think you know I'm not dating anyone and I'm not baby crazy; I like them but I'm not going to just single-mom it out. [Pause] I'm also wishing there's a way around having Chet just be frustrating, disappointing at work. It's kind of, he's hard to avoid because he's sitting across from me and his main manager, so there's that but [00:28:12]

THERAPIST: Sorry, can you back that up a little bit? I was stuck by [inaudible at 00:28:20]. You said it's hard to wait. What was Chet? I'm sorry.

CLIENT: So no, no that's fine. The back-up is, so when I try to ask Chet for sense or support, he pretty much always no. I've been trying to think of ways to not, just sort of being at work and not just be continually frustrated by him but there's also sharing the same office and having him be my manager makes it tough to avoid the person that's right there. [00:29:04]

THERAPIST: Oh yes. I think depending on how much is being promised I think I mean because of having [inaudible at 00:29:24] query, I think you generally or at least you so often have the experience of people especially people who have some authority but also friends, sometimes where they have absolutely no room for what is going on with you and then are totally intrusive and controlling, I think. I mean, the doctor visit you did have I think is a good example and pretty much everything Chet does is probably at least with you, I think is an example of that. It's hard to imagine that otherwise I'm sure [inaudible at 00:30:17] is you anticipate she's going to be the same way; that she's going to have no room for your kind of hard time; that's startling, and worried and upset and overwhelmed and there was going to be all about how you shouldn't have been doing X, Y or Z differently or you should be calling her or you should be bucking up or [00:30:42]

CLIENT: Yes and they, I really -

THERAPIST: Stuff that sort of really gets frightening [inaudible at 00:30:46] telling you how you should be.

CLIENT: Yes, and I don't want to approach, I don't want to start I don't like just having that feeling of oh they're going to, this person's going to fail me again. I want to turn that off at the depot but [pause] I guess it's harder to me, it harder to turn it off at the depot when like I'm at work every day and the majority of my time, conscious time, is spent working; it's not supportive and frustrating and school's really disappointing and frustrating. So it's hard, it feels really hard not to. But I also don't want to just, I don't want to ever think of blame and I don't want to, if I'm talking to someone, instantly shoot down everything they say. But on the other hand a lot of my work problems people give me suggestions and I say I've already did that, I've already did that or that's not going to work for this reason. And I will, I will feel kind of odd because they're just trying to be helpful and all I'm saying is no, no, no. [00:32:39]

THERAPIST: Well it seems it seems a little different to me in that my sense of your, how it feels to you when that happens in situations like that that you've told me about is that the other person is really not kind of seriously taking you into account. I mean for example if it's a technical problem or another work problem they come up with things that are, at least the way you related to me, not so far from what you've tried plugging and plugging it in again, which yes I can see how in a way that's trying to be helpful and you'd like to not be so frustrated with them for that. But in another way it seems to me he really doesn't take you seriously. I don't mean they're just being patronizing I mean they're forgetting that you do that for a living, that you bring that to your work or other things are going on at work. [00:33:52]

CLIENT: Yes, I mean I think of all the horrifically crappy situations that I'm sort of patient with them with, all right, let's talk it out, whatever, and yes I think those situations are a lot of those situations you are suggesting well I don't know if you've met me but I don't really want to try all that.

THERAPIST: Yes, but I would expect it would make a difference, I think it would make probably a huge difference, if the response you got even if the person didn't have suggestions for you was to appreciate what's actually going on. I don't mean they have to be super-empathic but at least communicative and willing to take seriously what haven't we tried. [00:34:57]

CLIENT: Yes. I feel like what ends up happening is extra points on me well surely that can't happen. Why would someone tell you to do the opposite of what makes sense? I don't know but they did. Or they say oh I'm sure if you just talk to them, yes, I already did. And they say well, no, but I mean really if you just and at that point I start feeling like is there a reason why you don't believe what I'm saying? [Pause] Yes, I mean, I'd say yes I've tried all the things you are supposed to try. For a while people were asking when Chet was complaining about me saying which [inaudible at 00:36:04] to put the desk or his assistant said well what is that based on? Nothing. Well why is he complaining? I said yes, exactly. [Laughs] What do you want me to add except that yes, that's ridiculous. But I didn't have any word. That's not really that hard; there's nothing, there's basically nothing more I can do with that but yes, okay. [00:36:40] [Pause]

It's also leading into what I think about. I've started feeling very frustrated about conceptually getting another job. I guess I feel like it's not going to get better. I'll get my degree and it's still going to suck and I'll take another job and I'll still be, no one taking me seriously. [Pause] To be somewhere where I feel like I want a chunk of time off for, a week, I don't know. A month break great; just something. But I can't afford to just not work for a month. But mostly it feels it's I actually have a hard time sort of thinking positively about things that I want to do when my days are spent not doing that. And since Chet I've had sort of discussions or discussions about my curve rolls I actually haven't worked really on any of them because I was just so mad about it, which is not helpful, and I do need to finish those or something. But I do know that I'm having a very hard time with it being mental to do something, to sort of do these, to complete tasks that I think they're useful or worthwhile but I don't I would like someone else to say oh good job or something. [00:41:05]

And it feels, I feel a little bit weird sort of flailing around him, while I'm back from work, then they're going to [inaudible at 00:41:21] take the job, make the workers, input [inaudible] is not, it's just not the same. They're not involved in whatever review, review, whatever else I think. [Pause]

THERAPIST: We should finish up. [inaudible at 00:43:29]

CLIENT: Okay. I guess basically I know we're gone for Thanksgiving and I really would like his compliments or help at work but I'm just not getting it [inaudible at 00:44:02].

THERAPIST: And to me, again, the feel of it is nothing kind of constructive or good or productive happening. It's more just kind of sort of flat, kind of there's-nobody-out-there-to-really-reach kind of feeling.

CLIENT: Yes.

THERAPIST: Good luck over Thanksgiving.

CLIENT: Thank you.

THERAPIST: I mean certainly I cannot prescribe [inaudible at 00:44:49] or things like that but if you have enough time and need to talk with me give me a call.

CLIENT: Thank you. I appreciate that. [00:45:05]

END TRANSCRIPT

BEGIN TRANSCRIPT:

(pause 00:00:00 – 00:00:18)

CLIENT: So, a party this weekend. And I don't know. I ran into old friends that—I feel like I had seen them recently. Yeah. Like actually, I hadn't really in two or three years which felt very weird. Because I'm like, "No. It's more like one year." But it was probably three. And one of them was this guy, Kevin, who was had been trying to hook me up with someone in the diversity office which I had kind of dropped just because I'm really tired. It just seemed—

THERAPIST: He was like the operator guy?

CLIENT: Yeah. And so I was talking to him and I mentioned that (pause 00:01:17 00:01:21)—so, I wasn't drinking at all. He offered me—he said, "Do you want anything?" I said, "No," because the level of (inaudible) I'm on makes me—like I can have one drink maybe. And come on it's either okay or horrible, horrible mistake. So, I was just like let's just not. And also I feel I don't know about how this feels with switching (inaudible). And so, I sort of said, "Yeah. Switch your medications has been really difficult." And, you know, also (inaudible) do with school.

THERAPIST: Also what was the last one?

CLIENT: And also like finishing off school. And he just made this sort of positive comment that—it's really stuck with me which was, "So, like, you're saying that you're dealing with some major mental health stuff and your job is really stressful and you're going to school. So, how are you doing all of that?" I'm like, "Yeah. That's a fair point." Plus I have a mentoring program. (pause 00:02:37 – 00:02:44) I don't know. When he said that I just kept thinking like, "I think I made a mistake somewhere." Like this is a lot. (pause 00:02:51 00:02:57) And maybe I should be a little less hard on myself about like—I didn't do any of my school work last week. I didn't do the readings. Didn't go (inaudible). Nothing.

And I was just feeling terrible about it. And then I thought, "Well, yes. But, you know, also I was busy with a lot of other things." (pause 00:03:19 00:03:31) But like also I was kind of thinking—I've been kind of thinking also (inaudible) like how have I been doing? How have I been doing all of this for several years? (pause 00:03:40 00:03:44) Like so Ashby and I have been living in our new apartment for almost a year. And recently, we were both like, "Huh. The last probably like six months or so our old apartment was really horrible." Like more horrible than we—either of us was sort of prepared to acknowledge at the time. (pause 00:04:07 00:04:15) And I think—oh, right. So, Dana was saying that—she's like, "You know, both of us being a little stoners for six months probably helped her not be an alcoholic and me not become a prescription pill addict.

THERAPIST: Are you being poetic? Oh, you guys were stoners?

CLIENT: We just decided. Decided. I mean there's smoking pot like every day for six months. (laughter) Because yeah. It's very stressful. I guess not every day, but I quite a bit. And Ashby's sort of (inaudible), but that doesn't mean I—no one became an alcoholic or a pain pill addict. True. Very true. All we did was order a lot of take out. (laughter) Which we really didn't. It's kind

of weird. But the more that I look back on that I'm just like, "What?" Like that was (pause 00:05:11 00:05:22)—in terms of like that like—just dealing with the like—crazy landlord and trying to move and being worried about him and doing like anything because I felt like everything—like I mean weird things kind of on the table.

THERAPIST: Yeah. I remember.

CLIENT: (pause 00:05:41 00:05:46) And so both of us were looking back. We're, "Yeah. That was,"—like (pause 00:05:51 00:05:55) even though like—I definitely talked about it being horrible. It was really horrible.

THERAPIST: Yeah. You were really frightened and creeped out.

CLIENT: Yeah.

THERAPIST: It was really creepy stuff.

CLIENT: It was. And I still (pause 00:06:13 00:06:18)—I don't know. Like when I—the friends that I mentioned some things he did—like I'll say, "Fuck. That was bizarre." Like I don't know. Just or someone else will just look at me like, "Oh, you're making that up." No. That really, totally happened. (pause 00:06:37 00:06:45) So, getting through that, you know, relatively intact and it probably didn't actually impact of ever (inaudible) items without losing it was good. (pause 00:06:58 00:07:02) Both Ashby and I like discovered various things disappeared. We're like, "Well, like,"—(laughter) we're rather just rebuy it. I mean you always lose some things in moving, but this was very much a like—

THERAPIST: It's gone. Yeah.

CLIENT: Salt and burn the house (ph). (laughter) Like if we could have, we would have. (pause 00:07:21 00:07:28) But (pause 00:07:28 00:07:34) I'm getting glad I'm finishing school without debt, but I think this is one of those times when I'm like I would actually—I mean this isn't really true. But like right now I would just like some debt. Like I'd rather work half time and have debt than I have to work full time. (pause 00:07:56 00:08:04) And, you know, part of it is just—part of what's frustrating is that part of the stress is just the stupid office set up. Which is like my cube and Chet's cube to space each other. Like they're (cross talk). And it stresses me out. I don't like starting at him all day. I find it weird.

THERAPIST: (inaudible) him starting at you all day either.

CLIENT: Yeah. And like I don't like—I get over here. Like (pause 00:08:41 00:08:45) I get over him having conversations. Like I have having a conversation with one of my coworkers and talking about her performance. And I was just like, "I don't want to be here for this conversation. Then Karl will just come into the cubes and like sort of stand directly in front of me talking to Chet. As if like a, I'm not there which is like weird. Like he'll just start talking to Chet about

something and I'm just like, "Okay. But why didn't you get Chet—buzz Chet to your office?" Like why? Why are we discussing this really loudly? Why are you surprised when I respond? Why is this happening? (pause 00:09:26 00:09:40)

I don't know. It just really struck me. The other thing that also struck me was (pause 00:09:47 00:09:53) I still have a fear of public speaking. Like even though I have done that a lot, I find it really scary. And usually, I mean—actually, always I'm super anxious leading up to the actual talking part. (00:10:15 00:10:21) And someone had mentioned that (pause 00:10:25 00:10:32) they thought that like doing (pause 00:10:33 00:10:37) professional—like certain kinds of—certain home bloggers like (inaudible) if I was blogging a lot about something in my field that that's kind of like talking in public as well. (pause 00:10:52 00:10:58) Except like asynchronous, but it has like a lot of the same stressors of shit. Everybody's going to read it? What if everyone hates it? You know, just sort of spread out a little differently.

THERAPIST: (pause 00:11:11 00:11:19) That reminds me of what you mentioned last week. The comment that got picked up.

CLIENT: Yes. That was—

THERAPIST: That was sort of—turned out to be a kind of unwitting public speaking. But—

CLIENT: Yeah. No. A lot of me freaking out about that was—I mean some of the meetings I felt like what I don't want—when I don't want to do public speaking. Or talk about something. And then like a couple of people I know were also talking about (pause 00:11:53 00:11:57) bloggers who kind of try to monetize and turn their blogging or tweeting or whatever into a job or like try to get a job at a magazine or book deal or whatever. Or as people were like, "Meh. This is just—this is the thing that I'm doing." (pause 00:12:12 00:12:18) And particularly a friend of mine, Marshall, had (pause 00:12:20 00:12:24)—it's really weird. So, there's an article that was talking about like online city. And the reporter—I mean interviewed her, but also kind of weirdly laid the blame for all of (inaudible) Texas City at the feet of this friend of mine. And I was like, "That's what?" Which was like bizarre for many, many (inaudible). For many, many, many reasons. And like—

THERAPIST: And it is not to be all your friend's fault?

CLIENT: Yeah. It's weird. It's weird. It's especially not all her fault. I know strangely. And I mean she can be a total asshole, but she usually—she's not usually mean for no reason. Like by being an asshole, I mean she's not very—if she isn't being diplomatic, you will really just hear it straight from her and like she's very fiercely protective of her children. (pause 00:13:41 00:13:45) And stuff. So, when it became really clear that she wanted to talk about this article is that several feminist bloggers, who had sort of tried to, leverage their blogging into paid gigs like had resentment and fear with Marshall (ph). Which is weird because that's not what she's trying to do.

So, there was this weird thing of her being like, “I’m just trying to (inaudible) about stuff.” And sometimes there are things I talked about that (inaudible). They’re not. And what it made me think is like, you know, after dealing with a lot of stress and weirdness from like blogging, like—well, a, I’ve never wanted to monetize my wording because I don’t want to. And I don’t want to be famous for it. And I don’t like (pause 00:15:02 00:15:07)—I mean in the end I’m kind of like I am talking to my friends on the Internet. Like and sometimes it is better, but like mostly I’m like—I feel like the reason why I’m blogging is because I’m talking to my friends on the Internet. Not because of whatever.

THERAPIST: You’re not (inaudible) your audience.

CLIENT: Yeah. Not particularly. Yeah. Friends are friends for like—but it’s not something I’m actively doing. And (pause 00:15:38 00:15:42) I’ve had like strangers or people that know me very well either assume that I want a book deal or criticize me for not trying to like get a magazine column or something or something out of it. Which I always find like—I find it very disconcerting because (pause 00:16:03 00:16:07) I don’t know—I just sort am like, “But why would I want to do that? What is it that I’m doing that makes you think that I’m trying to monetize some conversations I’m having?”

But it also makes me feel like, “Are you,”—like do you think you’re interacting with Julia Starkey (ph) the brand because I’m not a brand. (laughter) And it seems that some people do think that like—I don’t know. That I come up with positions or think things—like I don’t—like I’m not sincere in my beliefs. But I’m sincere in maintaining a brand like—like which also is very creepy to me. (pause 00:16:59 00:17:03) And part of the thing with this blog comment which kind of blew up is that in the end I would be totally happy if like—I don’t know. Only my friends and friends of friends ever read what I wrote online. Like I don’t, you know, I don’t want to be a library burner and shaker blogger. Like I just want to go to a library and have a job and to be nice and not be stressed.

THERAPIST: (pause 00:17:40 00:18:02) I mean my sense is like (pause 00:18:03 00:18:09) you actively don’t want that sort of exposure.

CLIENT: Yeah.

THERAPIST: And it makes you very anxious.

CLIENT: Yeah. I mean the other thing that—

THERAPIST: Kind of vulnerable.

CLIENT: Yes. Like in that blog comment where I was like, “I don’t,”—I don’t tell personal stories to make a point anymore.” I don’t want to. (pause 00:18:45 00:18:49) A lot of how I sort of conceived of like, I guess, political blogging or when I am writing about something that’s political. Or is that—I don’t think that I’m anyone special. Like I’m just a person and some opinions. And

there are many people who like are much more qualified than I am to talk about like racial discrimination in libraries or gender discrimination or whatever. (pause 00:19:27 00:19:31) And so, mostly I end up feeling like (pause 00:19:34 00:19:39) I don't want someone to listen to what I have to say on the same level as someone who like—I'm like, "He has really thought about this for like ten years." I'm like ding, ding. Like me, this other person. And I'm not interested in making myself like that person. Like I don't want to be that person. (pause 00:20:00 00:20:18) Sorry. There's a good (inaudible) I lost which was I guess talking to someone about this.

THERAPIST: Is this someone who is sort of pushing you to—

CLIENT: No. This is actually someone who was (pause 00:20:38 00:20:41) talking about how one of the—she's (inaudible) like not telling stories and like not making it like super personal. And the problem of this woman is a, was lesbian. And she's like, "I have—I'm very happy to talk about being lesbian or to be one." But I don't want to be like forcing the position of talking for all (inaudible) lesbians and giving you the solution to like 60 years of gender (inaudible). Like I would actually like to do the work that I—my job. And also talk about that a little bit.

THERAPIST: I see. It seems to me there's a (pause 00:21:45 00:21:49) important distinction there. (pause 00:21:50 00:21:55) Or maybe it's just something I didn't understand. She's not just sort of not wanting the exposure. (pause 00:22:09 00:22:14) She's sort of not wanting to deal with the (pause 00:22:16 00:22:20)—I don't know how to say it. Like role of spokesperson. (pause 00:22:25 00:22:29) Into which she—

CLIENT: (pause 00:22:31 00:22:36) Is being thrust?

THERAPIST: Something like that. Yeah. Like there's something that's being done to her here. It's not just that—I mean when you were talking about it I sort of had the sense in my head that you didn't want the exposure because you don't like that. But what she's talking about isn't quite that. It's something a little bit different. More like people do something to her. They thrust her into the role of spokesperson or something which is making me wonder how much that is also part of it for you. You know, how much is just about sort of closure and (inaudible) and not wanting that and how much that's in part because of the kind of things she's referring to. And maybe it's not separate, but I don't know.

CLIENT: I don't know. So, she was also talking about, like, there are a lot of things that she's interested in talking about but that she's not like necessarily qualified to being the speaker on all these topics, for example. So, she's like, "You know, I do have a lot to say about gender and (inaudible) and all this stuff, but that's because I've also like thought about it and whatever. I also really like interlibrary loan, but no one—I don't really know much about it. I'm just like that's an interesting topic." And—

THERAPIST: Is this the person from the conference that you had mentioned? (inaudible)

CLIENT: Yeah. Yeah. And then that's kind of how I felt. I was like, "Yes." Like there are a lot of topics I'm really interested in. (pause 00:24:18 00:24:22) And I don't (pause 00:24:24 00:24:28) like (pause 00:24:29 00:24:35) I just—part of what makes me uncomfortable—it's something that was like, "Wow. This was such a good thought," is that half the time I'm like, "But it's like—that was not an original thought I had there." Like (inaudible), "Well, you know, I think I agree with what I said and blah, blah, blah, blah." I said it for a reason. But it's not actually life changing. Like it's not actually life changing (inaudible) brilliant or insightful. Like other people have said similar things, I guess.

And so, I see myself as being like, I guess, part of a conversation people are having about this topic. And I'm also sees me as like the one person talking. And I also dislike that. Because it feels like—it feels a lot like (inaudible) and like I am the person that happened to come across their radar and wasn't mean. Or speaks in a way that they find familiar, so they're like, "Oh, okay. Clearly, she's the reasonable respondent." (pause 00:25:53 00:26:00) And I also really dislike (pause 00:26:00 00:26:02 00:26:06)—it's (inaudible). So, Marshall, who can be an asshole, sometimes I think to myself like, "Marshall, do you really need to be that abrasive? Like is that strictly necessary?" But (pause 00:26:21 00:26:27), you know, I'm also like, "Well, what you're saying is—like I totally agree with what you're saying."

So, I don't know like if what you are saying is true or important. Like it doesn't necessarily matter. It doesn't necessarily matter that you're not using the—you're not couching it in any of those diplomatic whatever terms. And I think a lot of it comes down to like I'm totally capable of very carefully couching like diplomatic like mistakes were made message. And I often do. And Marshall never does. And I actually—like I do admire her sometimes for being like, "(inaudible), no. This is just what I think and if you disagree with me you're an asshole." I'm like (inaudible) true. Like you're defending Woody Allen and I don't want to talk to you ever. So, might as well say it that way. (pause 00:27:30 00:27:34) But then like I don't like being credited as being less reasonable because it took me a while to figure—to kind of get like—it's not that I'm more reasonable and it's that like—it's not that what I'm saying is—

THERAPIST: I'm imagine you don't like—you find that confrontation really uncomfortable and frightening. I get the sense that you probably often respond diplomatically without necessarily planning to. And it would be hard to respond by the right even if 00:28:00 that's how you feel? Yeah.

CLIENT: Yeah. And I think some people respond positively to that because it's not challenging or threatening or (pause 00:28:31 00:28:36) like I'm so—I appeared on television like that's scary to me. (pause 00:28:41 00:28:47) And yeah. Like I guess I just sometimes wish I could—yeah. Like sort of say it plainly instead of spending all this time like trying to think of the perfect way. Or worrying like, "What if I didn't say it quite right? Or what if,"—I don't know. Yeah. (pause 00:29:15 00:29:28) And, of course there's much higher stakes that like when we're talking about, you know, like race and gender and sexual orientation and like (inaudible) or something. (pause 00:29:40 00:29:51) So, yeah. You know, I kind of was just thinking that, you know, in a lot of ways like right now what I want is like—I want to sort of magically already be in

the (inaudible). Living in a little house working like at a library. Not work on the diversity committee. Not working on like community outreach.

It's just like (inaudible). Like I don't know. Being an employee and not being like stuck with a job of thinking, "I'm talking about diversity," but having it as an option if I wanted to. (pause 00:30:34 00:30:42) When, I mean right now especially at work (pause 00:30:44 00:30:47) I feel like if I don't—like (pause 00:30:49 00:30:51) I mean 00:31:00 (inaudible) library, it's really stressful and I sort of get like stopped talking about a lot of—in the (inaudible) work. It's stressful and it doesn't go anywhere. But then I also get frustrated because no one else will talk about it. (pause 00:31:09 00:31:14) And I dislike both options. (pause 00:31:17 00:32:21) This is probably also this week's assignment for classes to think of our dream library job. (laughter) Which really got me (cross talk). (pause 00:32:33 00:32:38)

Because a big part of my dream job would be like using the—doing the things that I know how to do well and being able to do those things. Whereas right now, I feel like (pause 00:32:54 00:32:59) I can't or (pause 00:33:01 00:33:05)—either it's not possible for me to use a lot of like skills and knowledge I have at work. (pause 00:33:14 00:33:22) And then sort of like sit around watching someone else get handed that and then have asking it and just being like, "Well, I could have—oh well." (pause 00:33:32 00:33:44) And then (inaudible) is like (pause 00:33:46 00:33:49) tall, (inaudible). Like Karl completely incoherently trying to talk myself up in digital media. And Chet getting handed things or offered things where I'm like, "I think I know a lot about that." But I, you know—but I don't get—I can't offer you—like you won't accept help from me or suggestions. And I can't do it because I don't know. Like because I'm not an employee and I like (inaudible) reasons. And (pause 00:34:38 00:34:43) it's super frustrating. Like much more frustrating then when I've had like—I've had these jobs that do not like engage my brain cells very much because that was the point of the job. I didn't get the work. But yeah.

THERAPIST: Yeah. The point of this one is to spend as much time as possible doing cool library stuff.

CLIENT: Yeah. And I just keep on vacillating between like I guess basically it's really hard to not want to do cool library things in the end. (pause 00:35:22 00:35:26) So, while I try to not because it's going to be frustrating, it's also frustrating to sort of sitting there thinking of like we could do this or this or this. But it won't happen.

THERAPIST: (pause 00:35:40 00:36:31) It almost seems like you're describing is being put in these kind of passive (pause 00:36:42 00:36:45) position rather. People whether by, you know, becoming them as a token spokesperson. Or person who had race or race or gender (inaudible). (pause 00:37:02 00:37:06) Or in a way like by your own sense of—any sense of our (inaudible) has potentially the same effect of like (pause 00:37:20 00:37:24) putting you in a relative more passive and less sort of (inaudible) even when you're feeling those ways. And also, (pause 00:37:32 00:37:36) in different ways. It sounds like the same kind of thing with what you're talking about now how (pause 00:37:41 00:37:47) what you want to do and what you're good at, totally ignore it. And you're helpless.

CLIENT: Yeah.

THERAPIST: (pause 00:37:55 00:38:00) And (pause 00:38:00 00:38:06) and this is (inaudible) to themselves. I gather like more or less (inaudible).

CLIENT: (pause 00:38:09 00:38:16) I mean the thing that's part of the stress of me having this like quote become public is I worry about (pause 00:38:35 00:38:39)—retribution isn't the word, but—

THERAPIST: (pause 00:38:40 00:38:46) Aggression?

CLIENT: Hmm?

THERAPIST: Aggression?

CLIENT: (pause 00:38:48 00:38:55) I feel like if like—I don't know. Like if someone was a creepy stalker and like combed through my tweets or comments or whatever you could easily—you could put together like a picture of the Cambridge system. That's not very kind. And I worry that—about getting punished for that. Like I don't mention Cambridge, you know, blah, blah, blah. But (pause 00:39:33 00:39:45) it just—it's (pause 00:39:45 00:39:53)—it's frustrating how—like how nervous or so concerned I get about (pause 00:40:00 00:40:04) negative consequences. Of saying like, "Yes. It's kind of sucky over here."

Or even just I have some information that I would like to share (inaudible) share that. Like this all seems so fraught. (pause 00:40:20 00:40:27) It feels like, you know, (inaudible) of Cambridge. (inaudible) (pause 00:40:33 00:40:44) I know—I mean I know there is a lot of that is (pause 00:40:47 00:40:53) I don't (pause 00:40:53 00:40:58)—I don't think that like my white coworkers or my (inaudible) like up. I think they all believe quite firmly that there are not discriminatory hiring—like there's no discrimination in hiring. And like no one discriminates hiring or assigning work or just like all of those—that just is not happening. And so the reaction to someone saying, "Well, I feel this way," would be to really—just like a very intense, "No. You're crazy. You're lying. You're disruptive. You're (inaudible) is up."

THERAPIST: (pause 00:41:50 00:41:57) That is the response you have consistently gotten when you have sort of more and less directly (inaudible) stuff like that as far as I know.

CLIENT: Yeah. (pause 00:42:07 00:42:17) So, I guess this—this getting noticed online—in a fashion makes me feel just very paranoid about like—

THERAPIST: I see.

CLIENT: I guess I feel—it make some feel kind of like I'm having a conversation with friends some place and someone is over hearing. And I get that in a conversation you have in public people can see or hear it.

THERAPIST: (pause 00:42:43 00:42:48) Right. But it's really hard to, you know, go around whenever you're out with your friends at a restaurant or something and imagine that our boss might happen to be at that table.

CLIENT: Right. Like it's one thing if I was eating at the public faculty club versus—I don't know. It's like at some crappy diner in (inaudible). Like I think just (pause 00:43:06 00:43:11)—yeah.

THERAPIST: We need to stop.

CLIENT: Yeah. Okay. So, next week, Wednesday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

(pause 00:00:00 00:00:11)

THERAPIST: Hi.

CLIENT: Hi. (pause 00:00:12 00:00:17) (inaudible)—I'm having a not great week. I guess I'm continuing to have a not great week and weekend. (pause 00:00:27 00:00:31) This weekend I was feeling like very—I just feeling like isolated from my friends. So I called Jamie to see how she was doing. (pause 00:00:45 00:00:50) Which turned into—it was like half a good conversation and half super frustrating. So Jamie is now the doctor and doing her residency. And so—

THERAPIST: Is she up here or is she—

CLIENT: She's in Utah.

THERAPIST: Okay. That's right. You mentioned that I think.

CLIENT: Yeah. And I've had to tell her before like, "You're not my doctor." So I like if I call and talk to you about medical stuff—or just like I feel (inaudible) like I don't, you know. (pause 00:01:27 00:01:32) And so I was just (inaudible) just kind of like anything that she'd be like, "Oh." Like, again, I'd say like, "I fell and had to get stitches." "How many? What kind? Did they use a suture?" I'm like, "I don't know. They doctor did things." But I was—she had been feeling really depressed and overwhelmed during her residency and was really worried that she wouldn't be able to finish.

THERAPIST: Yes. Now I remember we talked about her once I think.

CLIENT: Yeah. And so—

THERAPIST: (cross talk) was pretty overwhelming for her.

CLIENT: Yeah. So, you know, I wanted to see how that was going. She got a dog. Or adopted a dog to kind of help with feeling depressed. So, like first we just talked about like pets in a nice, you know, crazy pet owner way. (pause 00:02:26 00:02:32) So then I tried—it was—I was trying to talk to her about how I felt and that I just like that—I really wasn't feeling good and I haven't been feeling very good mentally. In that like I'm getting super frustrated because I'm just like I feel horrible and felt horrible for a very long time. And I would like it to stop or get better. (pause 00:02:56 00:03:02) And even though I tried Cymbalta and was off Cymbalta.

And her first response is, "Why Cymbalta instead of something something?" And I was like, "I don't—like a, I don't what that other drug is and b, my psychiatrist and I talked about it." (pause 00:03:18 – 00:03:24) And that was just like not—it was kind of the opposite of how I wanted her to respond. (pause 00:03:31 00:03:36) And she really wanted to talk about (pause 00:03:41 00:03:47) my medication which I didn't want to. Like that wasn't why I called. And she's like, "Oh, yeah. You need two weeks to be feeling (inaudible)."

THERAPIST: A consult?

CLIENT: Yeah. And I was like, "No. It's not really going to be that way." But like I know that I will not feel better in two weeks of increased (inaudible) her, but not if I increase Lexapro. But it was really frustrating. And so I ended the conversation by saying, "I had to cook dinner." And it was part of why I was so frustrated. Like not only is she not my doctor and I wasn't calling for a consult, I had been taking psychiatric medicine longer than she's been in medical school. (laughter) Like yeah. And I think right now is the first time she's I think probably (inaudible) voluntarily. So like, you know, like one of us has more experience and also she's not my doctor.

THERAPIST: I see. But I guess there's two things though. Like one of them is not her role. And the other is it's really presumptuous. [00:05:15]

CLIENT: Yeah.

THERAPIST: I mean like it would have been different I guess if you had been—new medication. She had been—you know she's a 55-year-old psychiatrist who had been practicing for 20 years or something. And like you had been complaining about a side effect and she made a comment. Like that still might not be what you wanted from her, but it wouldn't be presumptuous.

CLIENT: Right. Yes. I talked to her I think about Lexapro and (inaudible) interaction. And she's like, "Oh, yeah. That,"—I'm like, "Yep. I found out about that the crappy way." And so we talked about that briefly. But yeah. It was just sort of like I—this is really like I don't want to insult you

but like you just started this. And I get that medical school is a lot of things and blah, blah, blah, but you just started and you're not my doctor. And you don't know everything I'm taking. And still not my doctor. And then she lectured me on drinking and smoking pot. Which was weird in a lot of ways because I'm not really drinking. [00:06:35]

I didn't ask about it and I have zero interest in discussing like THC and cannabinoids. I just don't care. (laughter) Yeah. And I could not get her off that. So, that didn't really help. Like I felt less isolated, but I didn't feel any better which sucked. And also Ashby commented that—like we were sitting (inaudible) and she asked me several times. Like, "Are you doing okay?" And I finally said like, "Do I seem worse?" She's like, "Yes. You seem extra crazy."

THERAPIST: This is after talking to Jamie?

CLIENT: Before talking to her. Like one of the reasons why I decided to call her is I was like, "Well, if I'm being extra, extra crazy, this would be an even better good time to call." (pause 00:07:39 – 00:07:43) And I also hate to feel like I'm imposing on Ashby. (pause 00:07:53 00:07:59) But on the other hand, I'd like—I have a hard time. Like we were—I mean I was having a hard time following PD, having a hard time breathing, or just like concentrating on following anything which is super like not normal. (pause 00:08:19 00:08:23) And she wanted to marathon a TV show and I was just like, "I can't concentrate," but I'll just lie here on the sofa for awhile.

THERAPIST: Just so I'm clear that—that I'm not yet sure what to say about it. I get it. (inaudible) thinking of it about you are like feeling worse. Or (inaudible). (pause 00:09:06 00:09:11) Without, I mean, you know, some of it was related to trying the Cymbalta. (pause 00:09:18 00:09:28) I mean we haven't talked much as that. There are other bad things that are going on, but (pause 00:09:33 – 00:09:37) like this other work doesn't (inaudible) bad. But it's not necessarily worse than some other things that have happened at work.

CLIENT: Yeah. Like I think that's part of why I'm just sort of sitting here feeling frustrated is that I feel like the Cymbalta didn't work. I'm like, "Okay. Well, that's like whatever time." And I feel like—so now I'm up to the amount of Lexapro that she wants me to be taking. And I think it's like one last week of Cymbalta to taper off it. And—

THERAPIST: Is Lexapro what you were on before?

CLIENT: Mm-hmm. Lexapro and Wellbutrin. And I've stayed on Wellbutrin the whole time. [00:10:30]

THERAPIST: And I'm sorry. Why did you switch? I forget whether it was you were feeling worse or was it a side effect that led her to (cross talk) you switch to Cymbalta.

CLIENT: I was feeling worse and I was crying periodically. Just like suddenly weepy. (pause 00:10:54 – 00:10:59) Although no one when (inaudible), so I don't know.

THERAPIST: You mean like as you had on Cymbalta. That week after we met.

CLIENT: Yeah.

THERAPIST: Week beginning after we met. Yeah.

CLIENT: Yeah. It's very like I'm seeing Dr. Gerrard (ph) in I think a week or so. Beginning of April. And I talked to her about this. I was like, "I just feel really crappy." And she was of the opinion that it's sort of in between anything working. Like the Cymbalta is down. (inaudible) up enough to kick in. Which like I'm willing to go with that for a little bit. But not much longer. Like I really am done. Or like not (inaudible) but like I just feel miserable and I don't feel like there's anything that is helping right now. (pause 00:12:13 – 00:12:19) And for me at least to add to the frustration is the things that I normally do to distract myself I'm just having a really hard time doing. (pause 00:12:31 – 00:12:38) Like I was at a (inaudible) yesterday. Which was like (inaudible). And I was like, "Yeah. Okay." But it was weird.

I had a really hard time following the directions. Like, you know, I'd have to ask her to repeat. And I'm just like, "Oh." And I just felt like just—I don't know. Like clumsy and slow and like just sort of like I know I know how to do this. Like why can't I do this? And I felt the same way like when I was trying to sew—I was trying to like sew quilt squares or something. And I was just like, "Ugh." This is a straight seam. I know how to sew that. This shouldn't be hard. It should be nice little doh, doh, doh, doh, doh. And then with having like TV and books aren't really working either. I'm just like, "Okay. Well, what do I do?" Like, you know? [00:14:00]

And the other thing which was—is super frustrating work thing but not actually about work. So, Chet's gone for two weeks which is great. It's Cambridge spring break right now which is nice. So, I decide to get myself set up with (inaudible) and do some brainstorming for a couple things. And like Monday I just really barely made it through the day. I just kind of sat at my desk and like, "I feel really upset. I can't concentrate. I cannot go home right now." But I also probably can sit here and not like waste vacation time. And I want to go to this class anyway. And I just could not—like I couldn't do the simple thing of like, "Okay. Let's try running some words on a white board." And I tried to do that again today. And it really didn't work.

And (pause 00:15:03 – 00:15:07) I ended up getting really frustrated—it would be at work. A, because we had this—another horrible staff meeting. And Karl was explaining how—one of his new visions for whatever. And he was just—and I had asked what staff space was (inaudible) there going to be any—an expansion of that?" And so he kind of muttered various things and he's like, "Well,"—he started making commenting. He's like, "Well, there's really nowhere else to go." I'm like, "Oh, I could go back to my old office space." He's like, "Oh, no. No. We can't do that. I mean when people were just crammed in there. I don't know if you—if you were aware then." I was like, "Yeah. I sat there for like four to five years." I was aware of it. And he said, "This is just so terrible," and blah, blah. I'm like, "Ugh."

Like it was weird because he was telling me how horrible it was. And how they wanted to use it for something else, but they couldn't. And finally I was like, "I really liked it. I had more work space. I could think. It was great." And he—like just kept on talking like I hadn't said anything. Which that did almost send me—made me burst in tears. But I managed not to. (pause 00:16:34 – 00:16:38) Mostly because these changes probably aren't going to happen for another year or so. So, hey. I may not be here which (pause 00:16:45 00:16:50) is also like (pause 00:16:51 00:17:00)—so (inaudible) headed the concept of Cambridge. I would have kind of liked my—

THERAPIST: You're head of the concept?

CLIENT: Yes. The concept is it's not a Cambridge system or Cambridge. There's Cambridge. So conceptually all of the schools are actually just one school. Yeah. As I said, it's conceptual. (laughter) It's very conceptual. It's (inaudible) they talk about Cambridge. I'm just like, "What?" So she's doing that. So she's part of that.

THERAPIST: The head of that is something you liked?

CLIENT: Yeah. Like they hired (inaudible) first. And I was like, "Oh, she didn't seem to be an idiot." I kind of tended to (inaudible) her. I don't want to throw up with stress when I talk to her. And they're hiring for new positions. And everyone they're interviewing for (inaudible) is white again. And she kind of set up this like—her office sent out an e-mail about like, you know, what are some things that you think about the new Cambridge that would be helpful? And also sent out e-mail about you can nominate coworkers or other people for an award. Like people who did really—and so they listed like six things. And one of them was promoted diversity in the work place. And I was just like mm-mmm. Like (pause 00:18:47 00:18:51) that line just made me really (pause 00:18:54 00:19:00)—I don't know. Like it kind of crystallized like all my frustrations at that moment when I was at my e-mail.

And so I really just wanted to write to the new head of the Cambridge school and say like, "The thing that the most difficult at work is that you just keep on hiring white people. Could you please stop that? Thanks." (pause 00:19:22 00:19:26) But I don't think I actually want to do that. Like for—like, you know, I do and I don't. (pause 00:19:31 00:19:38) And trying to write was—made me want to cry. Not writing it made me want to cry. (pause 00:19:42 00:19:47) And I kind of thought today was going to be a great week because Chet's not here. But as it turned out staring at his desk is also—is just irritating or stressful or something. And I just feel so mentally crappy that, you know, like I guess I can't really enjoy the benefits of not having him around. Whatever that might be.

THERAPIST: (pause 00:20:15 00:21:39) And that sort of was approximately because (inaudible) was stressful?

CLIENT: (pause 00:21:44 – 00:21:48) It's a couple of things like (pause 00:21:51 00:21:58) on Monday no one is in the office except for me and a student worker. And I realized that like I actually also just hate the office space. Like it's cramped. I feel like I never (inaudible) anything.

And I also dislike—just like—I don't know. Like there's not enough room for anything, so in order for me to try to use the (inaudible) into this cube. Which also reminds me like I can't get in—I can't wheel a chair—my own chair in and out of my cube. I have to lift it because the passageway is so narrow. Yeah. And I also can't use my white board because walking in and out of my cube erases it because it's so narrow. And I hate it. So (pause 00:23:05 00:23:10) yeah.

I just trying to sort of (pause 00:23:14 00:23:19)—it's like setting up the white board in his cube just made me among other things hate my space even more. (pause 00:23:26 00:23:31) And I think I am going to just say fuck it and like go work among the student spaces. Get away from everyone. (pause 00:23:41 00:23:49) But also like I feel like I'm still (pause 00:23:51 00:24:05)—I guess it's like one of the things is also just Chet's lack of—I don't know. Like common courtesy, politeness, whatever. Somebody told me about is to (inaudible) vacation the day before he left. And I was like, "Oh. Okay."

THERAPIST: Oh. You mean not that he described where he was going, but that he let you know he was going to be gone. Not having let you know before.

CLIENT: Yeah. Also he didn't—I didn't know it was for two weeks. And (inaudible) he's in Australia. And when he said it, I was kind of like, "Oh, so I'll see you Friday, tomorrow." And he's like, "Oh, nope. I'm going (inaudible)." And I was just sort of like, "But how do you disappear for two weeks and not tell me?" Like I work right here. Allegedly, you supervise me in some weird way. And then he also hadn't told his—any of his student works. So, after telling me, I was just sort of staring at him frankly. He's like, "Oh, I have to remember to e-mail the students that they shouldn't try to text me or e-mail me because I'll be out of the country."

And I was like, "What the fuck?" Like I hope they have something to do. I guess I mean I don't super care because I'm (inaudible) getting paid to do nothing, I guess. But it's just (pause 00:25:40 00:25:46)—it's just really weird. Like I've—I don't know. Like everywhere I've worked, I've kind of let people know. Even if like they're not—they don't have to clear your vacation. You're just like, "Oh, yeah. I'm going to Australia in two weeks. So, if there's anything you need from me," (pause 00:26:07 00:26:17) and it's just like—he's so weirdly blasé about it. Like this is totally normal. And one I've like—

THERAPIST: Like (inaudible) in that way?

CLIENT: Yeah. Because I'm like I'm pretty sure this is not normal. And then also like (inaudible) for me—students whatever. And he acts like I'm a crazy person for asking. I don't have access to anyone's schedule, so I don't know when—I don't when students are going to be here. But yeah. Like I (inaudible) feeling like I'm the crazy person for (00:27:09 00:27:13) finding his unusual behavior unusual.

THERAPIST: With Karl too? (pause 00:27:17 00:27:21) Because clearly you don't know about the work space you sat in for four or five years.

CLIENT: With Karl, a lot of it is that the talks about things as if I wasn't there for them when I was. Or like they directly involved me. (pause 00:27:43 00:27:47) It doesn't really feel like (inaudible) so much as (00:27:50 – 00:27:54) it just like sort of further, "Are you really that incapable of listening, remembering?" Like if he's a certain—if you've heard what he's asserting like that he has this like grand sort of overview of what happened and part of that overview is that I hated my office space. And I'm like, "Well, I really can't trust you in your great, overview plans when you can't even remember that you made me move into my current space that I hate. That I liked being in that other office space." And, you know, like it just makes—(pause 00:28:42 – 00:28:46) it makes him like—I just—it makes me feel like he's even more incompetent than usual. And it's also (pause 00:28:57 00:29:05)—it's also just super depressing that he is in charge of anything.

THERAPIST: (pause 00:29:12 00:29:20) Like in the sort of (pause 00:29:22 00:29:26)—

CLIENT: (cross talk)

THERAPIST: demoralizing.

CLIENT: Yeah. It's demoralizing.

THERAPIST: (cross talk) world sort of way? I can't think of the right—the word that I (inaudible). Like demoralized about the world and the way it works sort of way.

CLIENT: Yeah. Very much so. And it's—and part of that also is like I don't know what—like I don't know how he does this, but people outside of (inaudible) meeting with him are like, "Oh, he's so friendly and whatever." And I'm just like, "He's the worst manager I've had. He's horrible." (pause 00:30:08 00:30:14) And (pause 00:30:14 00:30:19) like I made a sort of veiled comment about that to someone I know at work who's also a conceptual senior manager. And he sort of made this like, "Well, you know,"—like it (inaudible) the mark of, "Well, I'm sure he's trying really hard and blah, blah, blah." I (inaudible) like, "Yeah. I guess—oh, right. You're not actually going to trash the head of the department to me or with me because that's not really appropriate." On the other hand, you could just maybe just shrug like I'd prefer a shrug right now. (pause 00:31:03 00:31:19) And yeah.

THERAPIST: Yeah. Some kind of acknowledgement however tacit.

CLIENT: Yes. (pause 00:31:28 00:31:35) And partly we both said like—a couple of people have asked if like Karl or someone in IT has given me more power. And I'm like, "No."

THERAPIST: Wait. Sorry. If someone—if Karl or someone in IT had given you more power?

CLIENT: Yes. Isaac asked me that. If like, "You see to be—have more authority or control over—or have you been promoted?" I'm like, "No." Like what happened is that there's been a

bunch of things that if—that no one wanted to deal with because like—is it a local service? Is it a shared service? It's too small for IT to really care about. And there's like weird departmental fighting. So, I've just been like, "Okay. I'm just going to talk to you about it. Let's do it." And I've done a couple of those lately. (pause 00:32:39 00:32:48) I just—it's very weird for—I don't know. Like it felt weird to—like to be asked if I had been promoted. I'm like, "No. Not at all." I'm actually doing this because it's a huge vacuum. But whatever.

THERAPIST: (pause 00:33:02 00:33:17) Gosh. It does sound a little like 1984.

CLIENT: Yeah. Like I just—

THERAPIST: I mean it's so the opposite of how you're feeling. The idea that—and in fact the opposite of what actually happened that like you're sort of being treated—well, respected for what you're doing, given more responsibility. I mean the opposite of what's happening is—especially the opposite of like how people are making you feel.

CLIENT: Right.

THERAPIST: My point there isn't (inaudible) how you feel. It's to say like not that this is not happening, but people are making you feel—yeah. Anyway.

CLIENT: No. Like yeah. Yeah. Like in the last two weeks, there was a change and now I can't—if someone calls the main IT desk, there's no way for me to find out. Like it used to be I could look in the (inaudible) system. And they changed and I don't have access to it. And I'm just like—it's I'm like, "Okay. I'm not sure how I can do IT work if I can't see anything." And like one of the people who answers the phone (inaudible) is really rude and abrasive and can't remember my name or what I do. Yeah.

THERAPIST: That answers the help desk phone? [00:34:55]

CLIENT: Yeah. But he's a new hire at the help desk. And yeah. Like every time I call, he doesn't get my name right. He's basically like, "What the fuck are you calling for?" And won't be helpful. Yeah. But and so yeah. And I can't get around it. Like I can't get around him by looking into system myself. I can't like, you know? I'm just sort of like—and I get—I also—like I just don't understand how anyone could think that I have any more authority or any anything.

THERAPIST: Yeah. I mean you really have an IT I think.

CLIENT: Yeah. I mean completely sort of like—I don't know. Like (00:36:01 00:36:06) we keep on getting these like weird like party line slogans like the single Cambridge. Everyone goes, "What?" And it's not really explained. And you're just like, "Okay. I guess that's what we're doing now." We're doing modalities which Karl couldn't explain what he meant by that. (pause 00:36:29 00:36:44) And I think—I mean the other thing is (pause 00:36:46 00:36:52) part of like

my frustration and feeling like I don't have any power is that Chet isn't backing up on anything. And I'm not part of the IT department.

So they don't like—they don't care about what I'm doing. So like a big part of me feels like if I'm really miserable at my job someone should care. But (pause 00:37:27 00:37:32) I feel like I tried to find someone to care. And that's not working. And like I don't know if we're—like I guess recently also I've just been more and more being like I would really like to go and sit down with someone. And like say like, "I'm really miserable about these things." (pause 00:38:00 00:38:04) And (pause 00:38:05 00:38:15) like at this point, I'm sort of like, "Who?" (pause 00:38:17 00:38:26) And that's really like—it's super demoralizing. (pause 00:38:31 00:38:37) Like I guess I just want—

THERAPIST: What do you mean to be (inaudible) position you've been at for years and years and (inaudible) that you've worked—or excuse me. A place that you've worked sort of hard and faithfully at for years and the people you've worked with for years. And who (pause 00:38:58 00:39:04) (inaudible) to be able to find (inaudible) care.

CLIENT: Yeah. And like (pause 00:39:16 00:39:21) I mean sort of along it like—along with not caring is also not being able to convince people that I know things I know. Like about online safety or security or whatever. So, one of the new employees got tasked with helping—leading a workshop on online safety and like what you get tracked by online, blah, blah, blah. Turns out she doesn't really do anything online. Like she doesn't have a Facebook account, hadn't really seen it. And I just like, "Wow." Like why are you doing this? Like who assigned this to you? What is happening? So I ended up helping her and giving her a bunch of information on the topic. And during which she's like, "Oh, I really, really don't understand this topic." I'm like, "Yep. That's true." Here are some more, you know, (inaudible) questions I guess.

THERAPIST: (pause 00:40:50 00:41:03) Yeah. It's mind bending.

CLIENT: Yeah. (pause 00:41:05 00:41:11) It's also like in addition to that (pause 00:41:16 00:41:25) there's sort of another layer of (pause 00:41:27 00:41:32) it's sometimes the (inaudible) has been there for awhile or like, "Oh, just ignore that." Or, "Well, why don't you just do what you want anyway?" I'm like, "Well, you have a (inaudible) job than I do." And I can ignore some things, but like, you know, the (inaudible) employees have more of an ability to say no than I do. (pause 00:42:08 00:42:18) Just because what they do is—and their time is considered like a lot more valuable than mine because of what I'm doing. So (pause 00:42:30 00:42:42) I don't know. I just like (pause 00:42:43 00:42:47) I don't want to constantly complain about work at work. But I also would really like supportiveness at work. And (pause 00:42:59 00:43:04) I'm not getting it and I just sort of am like—more and more I'm just like, "Well," (pause 00:43:10 00:43:14)—like I guess I just feel like I don't know what to do.

THERAPIST: I see. I was wondering or concerned that the way we're talking about this is becoming overwhelming. And I don't know if you're feeling (background noise) or—

CLIENT: (pause 00:43:35 00:43:40) Sort of. Right before this (pause 00:43:44 00:43:52), you know, I just had this—it's kind of dumb, but it was also upsetting. I (inaudible) using the elevator. And I took it. Like I got in and someone's like, "I'm going to the fourth floor." I was like, "I'll just wait until,"—I'll just stand in the elevator because I want to go down a floor. And she then chastised me for taking the elevator because where I wanted to go was only one floor down. I could have just taken a few steps. And I was just like, "Well, why do you care? You're going where you're going." And like what the fuck? And I was like—I just said, "Well, you know, I don't want to—I don't want the steps. It's uncomfortable. I have an injury."

And she was just like clearly didn't believe me and was just very like—I mean like (inaudible) just kind of like, "Mm-hmm. Right, buddy. Whatever." (pause 00:44:59 00:45:11) Which then like I—my plan was to go to the (inaudible) and do some searching for (inaudible) books. And I was like—I mean I just spent the next half hour like trying to not cry, trying to think about what I was doing, and thinking, "Well, it's almost 5:00." (pause 00:45:34 00:45:43) So yes. I am feeling kind of overwhelmed, but it's also like—like I don't know. Circumstances and also I've just been feeling like the end of the day is just kind of like—I feel like I am done with my capacity to deal with a day at like 2:00 or 3:00. And then there's more day.

THERAPIST: (pause 00:46:13 00:46:22) We should stop for now.

CLIENT: Okay. (pause 00:46:24 00:46:28) Okay. (inaudible) (pause 00:46:30 – 00:46:40)

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'm glad that this will work. (inaudible at [00:00:07]).

CLIENT: So I don't think I mentioned this last week. Did I talk at all about one of my cousins?

THERAPIST: No, okay.

CLIENT: So one of my cousins, on my dad's side, my cousin Daniel (sp)—

THERAPIST: Yeah, I know. He was in the hospital with like (inaudible at [00:00:33]).

CLIENT: He had an enlarged heart, he had pneumonia, he had like everything. Yeah, and he like, they kept him for like a couple weeks, which, given that he's poor and getting on Medicare, is pretty impressive. So that was like, yeah, you actually need to manage your diabetes as opposed to ignoring it, et cetera, et cetera. [00:00:57]

His kidneys have now failed, or are failing, so he's starting dialysis and needs a kidney (inaudible at [00:01:06]).

THERAPIST: Is that also a consequence of diabetes that's not well managed?

CLIENT: So he also did a lot of drugs and alcohol and other things, but I think in actuality, not managing his diabetes at all was the problem that is making his kidneys fail. He's always felt, he's been convinced for a long time that he's going to die by the time he's forty. He's thirty-nine, so he's been like, well there's no point, because I'm just going back and forth, (inaudible at [00:01:46]). So he hasn't been taking good care of himself, and like I thought that any other hospital was going to do, get him to manage his diabetes, but not really, or damage done. [00:02:04]

THERAPIST: Does he have a trauma history?

CLIENT: Hm?

THERAPIST: Does he have a trauma history?

CLIENT: Like a traumatic event happening to him?

THERAPIST: Sort of. I did ask because of like a (inaudible at [00:02:22]) T-shirt thing? Did you hear about that?

CLIENT: No.

THERAPIST: A ton of people who have advanced trauma, not always, but sometimes have a like foreshortened sense of their future. They just don't, it can sort of manifest a few different ways, but they say that, like I'm going to die young, would be consistent with that. Not that there aren't many of us that think that.

CLIENT: Yeah, so his parents fought a lot and like in and out of being married, and so for awhile he went to live with my, with our grandmother. [00:03:09]

I think he lived with her for about a year or so, and we now know he had ADHD, but at the time, you know, whatever. And I think he was five, but didn't know his like ABCs, and couldn't really read very well, so my grandmother was like all about budget, and she'd retired at that point, so she'd like sat him down at the table and was like you're going to learn things. And then she died kind of suddenly. I mean, you know, she was in her sixties, so it's not completely crazy, but I think she had just retired I think two years before that. [00:04:00]

And had like a lot of plans that she wanted to do too. And when it happened, Daniel wasn't there, but he remembers coming in and like his mother and my aunt were just sobbing hysterically and freaking out. My grandmother refused to go to the hospital in an ambulance because she was scared of them, yeah, she got driven, and she died. And I mean, Daniel definitely feels like his life would be completely changed in a better way if grandmother had lived, which is kind of true, in a way. When he was a teenager, he, his father's, it wasn't my

father's, but his uncle on my cousin's father's side of the family introduced him to cocaine and drinking a lot and doing a lot of dumb shit. [00:05:06]

And so he used to fight with his mother to the point of like he, he and his friends would like hide by her house and try to scare her when she walked in. He punched out her car window one time. Yes, and then I mean, he was in jail I think twice. So his mom died young. His mom died, actually I don't know. I don't know how old she was. Like I remember when it happened, but she was probably in her forties. And then he saw some things, and then he did a variety of things, including going to jail. [00:05:57]

So yes, his dad is also really fatalistic. Like, because if you ask him, yeah, he never really explains why he knows that he's going to die. He just kind of knows it. And I think he also feels like having done a shit ton of drugs, and like a serious alcoholic and a bunch of other things that I don't know, it's kind of like well it's too late now. So yeah, I was looking at my phone, because like I, for some reason I, (inaudible at [00:06:51]), I've been kind of sucking it down, like talking about it, because it's very stressful. And then having two good friends with, you know, mothers with cancer is kind of like at least it's not cancer, I guess. [00:07:14]

So what, but like Saturday or something I was like oh, I think the reason I've been incredibly stressed and unable to sleep and just feel really horrible might be that. In fact, it's almost definitely that. So yeah.

THERAPIST: You seem kind of (inaudible at [00:07:48]).

CLIENT: Yeah, it's so, it's really frustrating that I really thought that last year he was going to, it seemed like he was going to like do things. [00:08:10]

His girlfriend Marianne (sp), who's really amazing, they've been together for quite awhile, she's really helped him like, I don't know, stay away from bad influences and try to, he has horrible anger management problems, just horrible. And she's been helping him like with that, and some other things, and so she actually got him into the hospital by saying, I will break up with you and leave the house right now if you don't go. But it's definitely the week of back and forth thing. So I don't know, like I didn't realize that he hadn't whatever gotten off or done anything. [00:09:00]

And yeah, I mean it's like there's so many things like he has kind of trashed his body in various ways, but I do find it kind of overwhelming that not taking care, like not, the diabetes is probably, the cocaine does hurt, but the diabetes is probably the rest of him. And like I don't know. Like all the, like out of all the ridiculous things he's done in his life, I'm kind of like diabetes? Wow. And—

THERAPIST: Like there's something about his activity around managing the diabetes that is like matters more than anything else? [00:10:14]

CLIENT: Yeah, because he's very, he's really hot-tempered, and he like tends to pursue things, I guess, vigorously for lack of a better word, like, so it's weird that he's just not doing anything. I mean, he, when he was in prison the last time, he got his GED, which, you know, is impressive. And apparently he was the person that other prisoners went to if they were having math problems, which was, I had no idea. [00:11:02]

I hate math. But I mean, (inaudible at [00:11:09]) used to think about how, when one of his, one of his big regrets is that his mother died before he stopped being a horrible person towards her, so he never really got a chance to apologize. I mean, he did, like he apologized to other family members, like he had like, been horrible to. And not surprisingly, so I guess it was whatever it is for drugs. He had done the, you know, step of asking for, or trying to make amends, asking for forgiveness, and (inaudible at [00:11:59]) for my Aunt Sam. [00:11:59]

And he was really angry because she said, you know, I forgive you, like I forgive you, but I'm not going to forget that. And he could not, I don't, I mean, I think A, he didn't understand, like he didn't really seem to get what she was saying, and also, not surprising, he's like, "But I apologized." I'm like yeah. And also like a lot of my dad's family is, so my grandmother and, my grandfather died, like at like sixty. He, I think he had a heart attack, and then my grandmother died. Aunt Vivienne died really young. [00:13:01]

Like I don't think she even hit forty. And then my Uncle Jim was the youngest of all of them, and he, you know, got cancer recently, and then my Aunt Sam was in the middle. But—

THERAPIST: (inaudible at [00:13:17])

CLIENT: Yeah. I guess I, kind of like, with the other, I don't know, like cancers have like, well it's out of the blue, like there's nothing that they could have done, really. And then my grandmother and grandfather, you know, they had bad health, but again, like a heart attack. Especially if you're scared to be in an ambulance, like nothing's going to happen. [00:13:58]

And actually, I don't really know why Vivienne died so young. We didn't really talk about it. Maybe my parents told me, but they just, so sometimes I wonder, like I know she had diabetes, I know she had high blood pressure like everyone in the family, and I don't like, I'm like, did she have heart disease? Did she, was it diabetes-related? But I don't know. And like one of the things that's gotten me very stressed is so I offered to get tested to see about donating a kidney because I just totally would do that. [00:15:02]

But weight cutoffs are really common. And technically I'm too fat to donate bone marrow, but I lied on the bone marrow registry because I was annoyed.

THERAPIST: Lied about your weight, you mean? Or—

CLIENT: Well, I called and asked about the policy, and they're like well, they actually said if you're over this BMI, you're obviously not healthy enough to donate. And I was like well, but can

I write you a doctor's note? They're like, "No." Like okay. I'm like, so that concerns me. Having one kidney's not great either. [00:15:56]

But also, I don't know, like I'm worried that when I talked to him, you know, it's hard. Like I talked to him the day after he found out about the dialysis, and I talked to him again. Actually, I talked to his girlfriend like a week later.

THERAPIST: How often do you generally talk to him?

CLIENT: I don't, like I talk to him a couple times a year. I just don't, I hate talking with him. And he's funny in that both he and his mother would, they love to ask questions, but never want to answer questions, so he's always asking questions about what I'm doing, and my life, but if I ask and he's like, "That's really personal." I'm like oh, like including things like just everything, just like Daniel, if you're going to ask me twenty questions, I get to ask you twenty questions. [00:17:03]

THERAPIST: And did you hear back about donating a kidney, or you still haven't heard?

CLIENT: So they're not at that, they're not at that stage yet.

THERAPIST: I see.

CLIENT: For a second, I'm like, it sounds like probably mid-April, end of April the doctor will be able to say something useful about like how to get tested, where, I'm assuming living in Manchester I could find someplace to do something, I don't know.

THERAPIST: Is he in Columbus?

CLIENT: He's in Cincinnati.

THERAPIST: Cincinnati, okay. Somewhere, conceptually.

CLIENT: And also, I'm just like, yeah, he hasn't like use for, he doesn't have a lot of money, his girlfriend makes some money, but like he's going to have to go on disability. [00:18:05]

And he's frustrated that's not enough. He's going to have to deal with all the Medicare paperwork, Medicaid or whatever, which the hospital, fortunately, has some people on staff to help.

THERAPIST: Oh good.

CLIENT: Which is good, because that stuff is hellacious. But it's one of those things where I'm like being a black male in Cincinnati, or in Indiana is like, let's knock thirty years off your life expectancy, or put you in jail.

THERAPIST: Or both.

CLIENT: Or both, yeah. And it's just, and like that's just, like there's nothing I can do about that. He doesn't want to move, and not like it would help, but like it's hard to just try thinking, like school to prison pipeline. [00:19:13]

Environmental reasons, everything, which aren't really, they don't know how I feel about it.

THERAPIST: No, I'm sure they don't. (inaudible at [00:19:33])

CLIENT: Yeah, because that makes me feel fatalistic, just like well, you were kind of screwed from the start, but and also like, I don't know, I got caught up for a little while thinking about the logistics of how that would work, like would I have to go to Cincinnati for a month, do you know what I mean? [00:20:00]

And I hate Cincinnati. It's kind of horrible in many ways. And my, so my dad and my Aunt Frances (sp) are the two siblings who like made it the most, I guess. And my brother and I have probably, (inaudible at [00:20:48]), one of my, one of my cousins Layla, she, I think she got a PhD. She may have just got a Masters. But it's always awkward being the like, why can't you be like Karen and Will? [00:21:08]

Because they know that, I confirm that like they're hard to (inaudible at [00:21:13]). I'm just like, and for a long time, like Daniel, he's definitely expressed resentment. I don't know, kind of like, like towards my parents, towards that, I don't know. He's like, "Well you had it so easy." I mean, so his thing is sort of, he feels like my brother and I, and then also my dad to an extent, like we had it easy, like our parents handed it to us, like you know, handed us whatever. [00:22:03]

And it's not there because his parents weren't supportive, and at times he very much, he very much seems to feel like I don't know, like he was cheated out of something. I, like a better life, or something. I mean, he also like, he also blames his uncles and cousins who introduced him to like drugs and alcohol. And then he also blames his mom, blames his dad sometimes. [00:23:03]

THERAPIST: So it's a pattern of blame?

CLIENT: A lot of blaming.

THERAPIST: I think I'd have grievances, but (inaudible at [00:23:08]).

CLIENT: Yeah. And he, it's one of those things where I'm like, "Well, I don't think, yeah your parents had some problems." But so when we were kids, his parents had a nicer house than my parents did, and his, I think his dad actually made possibly as much as, like a, salary

comparable to my dad. He worked for Pepsi, a regional sales manager, whatever, whatever. And his mom worked too, so like they had money, and various things happened. '[00:23:08]

You know, like I know that he was encouraged to go to school, but when he started terrorizing his mom, she didn't any more. I think like yeah, at some point she threw him out of the house because he was terrifying her. And so he went to live with his father. But it's also this weird thing where he's like, he'll sometimes say like, "Well you know, Karen, you and Will never had, like you've never had any problems or any difficulties." And I'm like, "Well, it's true I've never been in jail. I do not have three children accidentally, but certainly other horrible things have happened." And, like, you know like— [00:25:05]

THERAPIST: Sure, yeah, I can recall some of them.

CLIENT: Yeah, and it's also sort of like an argument that I can't win.

THERAPIST: Right. But it actually feels like he's sort of working pretty hard there to defend himself.

CLIENT: Yeah.

THERAPIST: And you need a way of sort of externalizing it.

CLIENT: Yeah. I mean, part of the thing is like I do feel a certain amount of guilt or discomfort with like, yeah, I have succeeded like better than he has, but, you know, I don't know. It's also a little unfair to me what he thinks are the things that make my parents, gave my brother and I. [00:26:04]

Because sometimes it seems like material goods, and sometimes it seems like he means emotional support or good parenting, and sometimes it just is unclear. Like I guess like sometimes it's kind of like, "Well your parents are classy, and mine weren't," which I don't think is true, but yeah. It's just really, I don't know. [00:27:05]

THERAPIST: Like a lot of his life is incredibly sad, and unfortunate.

CLIENT: Yeah, like he made a series of horrible decisions and for the last like, I don't know, eight, nine years like that, he's been doing a lot better, like the last time he was in prison he was like, "Wait, fuck this."

THERAPIST: Yeah. Is that when he got his GED?

CLIENT: So the second felony, and third felony you're in jail for like—so he's like, "I don't want to be in prison for—"

THERAPIST: Yeah, that's true.

CLIENT: And the last time he was in prison, he also like asked for his family members to pay his child support for his daughter. [00:27:05]

When he was in jail, because he couldn't. So yeah, like he started a sort of small business of like doing like yard, lawn work sort of things because he can't work, like it's really hard for him to work for a person, like.

THERAPIST: Taking (inaudible at [00:28:31]).

CLIENT: Like taking orders, or he just woke up. He's no longer physically, like thankfully, he will no longer punch you, but he's just a really tall, big guy who will yell and get in your face, and might punch the wall. So I kind of see why people get freaked out. [00:28:58]

Like it's scary. And I kind of think that lately, he's been doing things that are really positive, like not doing drugs anymore. And he had a hard time, he was trying to sort of build a better relationship with his daughter. And actually, recently, his daughter's mother claimed that she never got any child support when he was in jail, and sued him for the actual support, and Daniel (sp) was furious about it. And then my relatives said no one had thought to do like documentation of it, of giving her money. So she claims that she never received any of the money that she was given. [00:29:59]

And there was a problem with his daughter because he was so mad at his daughter's mother, and his daughter recently was like, "Look, I know my mom lied. I know that you had people send her money when you were in jail. I get it. But you need to let it go so we can talk to each other." Good job, kid, by kid I mean eighteen. And he's going to go to her high school graduation, and she got straight As, and she's going to go to cosmetology school, which is great. He also has surprise twin sons, which the mother just didn't tell him. And so he's been trying to do something with them. So it's like you know, good things, positive things. [00:30:55]

Not drinking too much, whatever. And now I'm like well, this really sucks. Like this is, I don't know, I guess it feels like now taking a turn towards tragedy again.

THERAPIST: I see, where it had been sort of like a change of trajectory towards more positive stuff, like he was on the way up.

CLIENT: Yeah, like it really was like we had a (inaudible at [00:31:37]) long conversations about one of my other cousins had said that (inaudible at [00:31:44]), you know, it was like a waste, like he just wasted his life, whatever. And I was talking to Daniel, like I was actually proud of him for making all these changes, and that he'd gotten his GED was really amazing, because they're hard to get, and you know, so we had this type of long conversation where I was like, "No, like I'm really proud of you. You have done such great things." [00:32:07]

And I don't want to be cheesy about it, but we're proud of you. So like I'm still proud of him, but I'm also like, "Oh my God, why aren't you taking care of your diabetes?" You need a kidney transplant. Like it's a lot.

THERAPIST: Yeah.

CLIENT: And, you know, I don't want to talk about to Jamie (sp) because she'll give me a medical consult and I don't want that. And I don't know. I'm just finding it hard to talk about.

THERAPIST: It's really upsetting.

CLIENT: Yeah. [00:32:59]

THERAPIST: It's really bothering you a lot.

CLIENT: Yeah, and it's just like—

THERAPIST: My sense is like is it something because of what's happening to him? Sort of reflect in a depressing way about the world he lived in?

CLIENT: Yeah, and my other fear is that I won't be able to donate a kidney because of my weight, and—

THERAPIST: It probably doesn't make you feel any better about any of that.

CLIENT: Right, it's infuriating, and it's one of those things where I'm like, would I attempt to voluntarily lose weight which I don't think would work for that purpose, and then like, like I don't know. It just brings up like that spectre of would you try to lose weight for medical reasons? And my basic answer is no. [00:33:56]

THERAPIST: Right. I imagine, maybe I'm wrong, but that might be because you're angry and don't buy into why you have to in the first place, or is it different?

CLIENT: Well, it's sort of a couple things. It's like most of the time what is happening is that for whoever's sake you need to lose weight is assuming that I'm very sedentary, that I eat lots of fast food, that I eat, like I assume gross lean cuisine or I drink diet soda. Like they assume—

THERAPIST: They don't really know.

CLIENT: Yeah, I'm like no—

THERAPIST: Actually, you live quite a healthy way.

CLIENT: Yeah, and also like while these are like medical conditions that like are affected by weight, they're just like, "Lose weight." And also dieting almost always fails. It's one of those big depressing like 80 percent of people who diet gain it back. [00:35:11]

And like to be really sort of blunt, like if I had to lose 50 pounds to donate a kidney, I wouldn't give a shit like if I gained it back.

THERAPIST: Right.

CLIENT: Like I don't care. But I actually don't know that it's, I could.

THERAPIST: Lose it.

CLIENT: Yeah.

THERAPIST: Which might not work.

CLIENT: Yeah, that's the thing. It's like it just might not work, and it's, it's yeah, like I don't know. My father's sister is (inaudible at [00:35:53]), like off and on all their lives.

THERAPIST: Yeah.

CLIENT: And I'm like, and just, you know, it's like weight loss doesn't, like it's really hard to lose weight, it's really hard to keep it off. I don't enjoy the things that you have to do to try to like drop weight. [00:36:17]

Especially since they often don't do anything except make me cranky and miserable, and I don't like, like you know, much harsher things to say to myself than obsess over calorie counts. And, a coworker of mine, I just found out, which I think also ties into this, is, she just had weight loss surgery.

THERAPIST: Bariatric surgery?

CLIENT: Yeah. So, and she didn't really tell anyone, so this is a (inaudible at [00:36:58]) worker but who's overweight. She's fat. [00:37:02]

She's probably fatter than me, like, and so anyway, there was a whole thing where no one told me that she was going out for surgery because everyone in their office space knew but even though I'm not there a lot, no one—

THERAPIST: I see.

CLIENT: It's like pisses me off, which also set me off into a tizzy. But the reason, the reason that she told me was pretty much because I'm also fat. She's like, "Well you know how," she's like,

“You know how it is,” like I went to the doctor, and I don’t want to have diabetes, I don’t want to blah, blah, blah, so I decided to do this. And I’m just like, like I didn’t say anything negative.
[00:37:59]

What the fuck?

THERAPIST: Yeah, she just had it done.

CLIENT: Well, and also, yeah, like she did it, she has control of her own body. It was like a new bariatric procedure was going, but she looks like a wreck because right now she can’t really eat anything. So the way they mostly work, it’s just horrifying, is so—

THERAPIST: Makes a like whole, like pulling the way out of your stomach so small that you can’t eat very much, right?

CLIENT: This particular kind basically kind of smushes half your stomach, or blocks it off or something. So you can only eat a very small amount of food, and you just start eating only a very small amount of very soft food. [00:39:01]

And then it’s like you can start (inaudible at [00:39:01]) with crunches, and you have to be very aware of like nutritional content, because you are eating a half cup of food.

THERAPIST: Right, you could be malnourished, right, very easily.

CLIENT: Yes, and so she looks exhausted, her skin was horrible. I mean, she looked sick and terrible. And that, and like she made that decision not because she’s currently having medical problems, but because she’s sort of bought into if you’re fat, you’re going to die.

THERAPIST: I see.

CLIENT: There’s this like sort of joke. [00:40:00]

I don’t know if that acceptance, people have been trying friends where a lot of times someone will say like, “That woman was so fat, she was like 300 pounds,” and that’s the like 300 or that’s like the sort of like, “Oh my God.”

THERAPIST: I see.

CLIENT: And so—

THERAPIST: Flashing lights, cutoff.

CLIENT: Yeah, so one of my friends who’s like, “Oh yeah, I’m def that size.” He’s over 300 pounds. And so several people were just like, “Yep, I’m def fatty. I’m going to die of that right

now.” And I feel like my coworker kind of believed it. Like she doesn’t, you know, she said, “Well I don’t want to have diabetes.” And I’m like, yes, but.

THERAPIST: Right, so like similarly, really depressing.

CLIENT: Yeah.

THERAPIST: About like the culture with that. [00:41:07]

CLIENT: Yeah, and like my concerns about being too fat to donate an organ combine with her doing like very edgy surgery. It’s just like I don’t know. It makes me not want to eat. Like which is weird, but well also (inaudible at [00:41:38]) makes me not want to eat, but I don’t know. It just makes me stressed thinking about it.

THERAPIST: I’m confused.

CLIENT: So it’s hard to, so the way that one of the ways that dieting plays out (inaudible at [00:42:02]), especially never quits her social groups, is everyone talks about diets. [00:42:07]

And there’s the newest diets and this or that, and everyone assumes you’re on a diet, were just on a diet, or going to be on a diet. And—

THERAPIST: If not all three.

CLIENT: What?

THERAPIST: If not all three of them.

CLIENT: Yeah. At any moment, so that I find horrible and try to sort of cut off, and also (inaudible at [00:42:32]) people who are doing, it’s like dieting thing, they’re talking about, “Oh, I can’t have that full, I can’t have a whole donut, I can’t just pig out on whatever.” And usually I’m like, “Well, fuck you. I’m going to whatever.”

THERAPIST: And create opportunities too, like, you know like so many things, we’re like, “Oh my God, I’m so hungry, I could eat half a sandwich.”

CLIENT: Yeah. And (inaudible at [00:42:58]). Like sometimes my reaction is to be like, “Fuck you. I’m having the biggest salad in the universe.” And sometimes I’m like, “Fuck you, I’m going to have a burger and fries,” like you know. [00:43:08]

And like she’s going to get, it’s just like she looks so sick, she’s going to get all this praise for losing weight, and bariatric surgery isn’t even necessarily, because you, if you want, it is possible to sort of just re-stretch your stomach out.

THERAPIST: I see.

CLIENT: Or just not lose as much weight as you hoped, so you can have bariatric surgery and still be fat.

THERAPIST: I see.

CLIENT: Just not as fat. So there is that. And then I feel like well, but what if my weight was like the only thing keeping me from doing this? Would like, would like, someone, would people like judge me for not trying to diet? Like it's—dieting is so expected and so assumed. Like that's what we want to do, and that it's just a thing you can do, and if you don't, you're lazy. I feel like if that was, if that was the thing, and I'm like building it up, you know, think weight would be the only thing. But it makes me feel like it was a judgment of like why couldn't you lose, you know, like twenty pounds.

THERAPIST: I see. [00:45:00]

CLIENT: To save someone's life, or whatever. And I'm just like, "But it's not like that, and fuck." Like I don't know.

THERAPIST: It's kind of an emotional minefield.

CLIENT: Yeah. Amazingly, my mom did not get on me about being diabetic.

THERAPIST: Good.

CLIENT: I was really shocked. She actually was relatively calm, all things considered, especially considering that she'd also had decided like five or six years ago that my dad was going to need to go on dialysis at any moment, which wasn't true.

THERAPIST: Right.

CLIENT: Yeah.

THERAPIST: We should stop. [00:45:58]

(inaudible at [00:46:01])

CLIENT: Thank you. I think I'll be talking about it for awhile.

THERAPIST: Sorry.

CLIENT: That's okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I had mentioned that (inaudible at [00:00:12]) next week, and I (inaudible at [00:00:13]).

CLIENT: Okay. On the way over I had this, what, this week, next week? And I'm glad that it was next week. So here's the (inaudible at [00:00:33]) we discussed. I feel breathy, and have felt frustrated with my office mentor. [00:00:56]

THERAPIST: That's the best way to put it. Yeah.

CLIENT: So Monday there was like a sort of, they sort of, it was a meeting of mentors, mentees, and people in another program, that's some (inaudible at [00:01:15]). And you know, it was like networking to your advantage, I don't know, something. So it was, so it was like a little four-person breakout group with my mentor Laney, and then two other people, one of whom would not, like, was very narrow to what she had to say, which was frustrating. [00:01:52]

So it was like, Laney doesn't really talk, like doesn't really small talk. In the group, she didn't really talk very much. And because I was feeling frustrated, there was a question like, "What's your biggest barrier to," it was like, "not working, or to getting success?" And I was just like, "Institutionalized oppression."

THERAPIST: Oppression, is that what you said?

CLIENT: Yes, I said institutionalized and structural oppression. And so the leader was like talking about like power dynamics of like who is in the room with [], and she was like, "I really think that table should be somewhere else." And at first you just kind of go hmm, and then you think, "Oh, you're, hmm, yeah, you're the president. I'll just move that table." And I was like, "Yes." [00:03:04]

And then I just sort of followed up, I'm like, "But also." And I don't know, my mentor seemed a little, like seemed a little either off-put or surprised, I'm not really sure which, which is like again, I think, like it's just, it's very weird. You never know what she's thinking. So when I was done, I talked to a few people because we were supposed to, and then went back to work. And pretty quickly got a phone call from her which was super awkward, which was just like, first she just said, "Oh, I missed you, so I wanted to say, 'Have a good day.'" Then there was a pause, and I'm like, "Thank you." [00:04:00]

I sort of babbled something, and (inaudible at [00:04:00]), and then she said, "You know, I'm here to help you." And I thanked her, and got off the phone. And I feel like I don't know what just happened, like okay, like why did that just happen? I don't know. It was just, A, the conversation

felt very weird and stilted, and like it was something she was supposed to do or someone told her to do, because it really wasn't a conversation, or it was one where I was feeling it. [00:04:56]

And she seemed surprised, and she had left work. When I talk about homophobia being experienced at Cambridge, people are always surprised, and so I mentioned that.

THERAPIST: Homophobia or the part of she being surprised?

CLIENT: I mentioned homophobia at work.

THERAPIST: Gotcha.

CLIENT: And whenever I bring that at work, people are like, "At Cambridge?" And then one person took that point in time to talk a lot about how that never happens in her department. Which is Women in Gender Studies, but still I suspect that's not entirely true. So I kind of feel like I'm sort of stuck again at this, well, what I actually wanted a mentor for was not. Actually, what I wanted a mentor for was to help me deal with like racism and sexism in the workplace. [00:06:13]

Also racism, or whatever, and to get some kind of like, you know, "Yes, that sucks, maybe here are some suggestions," or just "That sucks," which I haven't gotten from her. And she hasn't seemed interested in that topic. So I stopped, so I said, "Hmm," and now kind of like well, do you like, I guess I could tell you all about that, but I'm not sure where we would go with that. Like [00:07:03]

THERAPIST: Tell her—

CLIENT: I could tell her like—

THERAPIST: Ways of talking to her about it and the (inaudible at [00:07:07])?

CLIENT: I don't know, I'm sort of like, part of me wants to say like, "Look, what I wanted out of a mentor was this, and while you are a very nice helpful person, that's not what you're giving me." And the other part of me is kind of like, "Well, I didn't talk about that because you seemed completely uninterested, but I just—" I feel very frustrated and I feel like so tired out that I just don't really—The program's almost over, so there's no point in like dropping out of it, whatever that would mean. [00:07:07]

But I'm just really exhausted and don't feel like it any more, as best I can put it. Like yeah, I basically just don't feel like it. And so I had a hard time like completing the mentorship goals I set for myself for a variety of reasons. Probably the biggest would be being depressed and frustrated.

THERAPIST: Both for the mentorship?

CLIENT: So I had three goals, which I didn't think were too bad. One was putting up the sign about where the disabled bathrooms are, which is still in progress, or rather, I wrote the sign, and just had a meeting today about how we still can't put that sign up, nor can we really deal with until after commencement. [00:09:19]

Like until June, but they're going to send someone to take some measurements and see if there actually are problems, and the regular things, and then also someone in the meeting criticized me for language I was explicitly told I had to use, which was "Bathrooms with accessible features." So this person was like, "What does accessible features mean?" I don't know. The office told me to say that. Like help. [00:10:01]

And coincidentally, when I was leaving today I ran into a woman in the ladies room that has accessible features who was, there are double doors, there are two sets of doors that you have to try to get through to get in and out of the bathroom.

THERAPIST: Okay.

CLIENT: And they're just far apart that you can't like, in a wheelchair, reach back or forward, if you had that much mobility to hold one open, and so you, they're really hard to get out. Like—

THERAPIST: Okay.

CLIENT: I helped her get through both of them and then I asked her about it a little bit. And like one of my friends asked if there was like, you know, in a friendship sort of as comedy, I'm like, "Yes, yes I am." I don't know what to tell. I'm sort of like, you know, still working on it. [00:11:01]

And when we have these meetings, I guess it's like a meeting, like I still in the end do not understand why like we can't put it, like—

THERAPIST: You have to put a sign up?

CLIENT: Yeah, like's that sort of like the end result of each meeting. I'm like, "Okay, but can I just put a sign up?"

THERAPIST: Right.

CLIENT: Just something? Anything? You know, just because there will be special like historical issues and how we should measure everything and do you—

THERAPIST: Wait, measure what?

CLIENT: Like measure the door width, the stall width, (inaudible at [00:11:46]).

THERAPIST: Like the bathrooms have accessible features? Or it does?

CLIENT: Yes. And how successful are those features?

THERAPIST: I see.

CLIENT: And I'm just like, "But could we maybe just say we could try?" Like and then today was also well. I mean, we need to plan because if we put descriptive language in for your office, we have to plan to do it for everyone, for all the other offices. I'm just like, "Put, can we just let them pee?" Like I just kept getting really stuck at the why just, like I don't know why we need to have an hour meeting to not, race to the second hour-long meeting if I'm not being (inaudible at [00:12:37]). The other people's, one was to write up some documentation on captioning and the other was to offer a class on Photoshop. [00:12:56]

In feeling so, I've been feeling so frustrated, I'm to the point where I thought it would be easiest just putting up a sign, I'm just, it's really hard to do anything. And also, like it just, like I don't know. Because so many things are frustrating, I just keep on procrastinating, like I don't know, it's, when someone says something critical at work about me at work, which happens regularly, it's really, really hard for me to, like that kind of kills the work for the day in a way. [00:14:03]

Like, or rather like if someone like criticizes a project I'm working on or there's like, "Why aren't you doing forty more things?" It's very hard for me to then sit down and do like, "Okay, let's," so I feel like, so I'll make this Photoshop tutorial and then people will criticize it and I'll get negative feedback or I won't be allowed to do it for new reasons.

THERAPIST: Right.

CLIENT: Same with the couch thing.

THERAPIST: Or you'll do it and it will get, you'll get positive feedback, and then somehow you won't be able to do anything with it? [00:15:01]

CLIENT: Yeah. Like it's honestly hard for me to think of not getting some kind of negative feedback or complaints. I guess complaints. Like that's, yeah, I just can't think of how I won't at someone complaining, someone insisting that I'm the techie, therefore I can do it and they can't because they're not a techie, they're a employee. And yeah, all I can think of is people saying well, like I can't do it because I'm not a techie and not being willing to do like listen to whatever it is I'm presenting, or do the basic like, can you read these ten steps? [00:16:09]

And yeah, like I just can't really think of it, I guess it's just hard for me to think of it being a positive anything. And I guess I haven't finished my, I have another set of overlapping goals that with Chet, that I haven't really progressed on since we had a, you know, crappy fight in the middle of the office. But then again, he hasn't brought them up again since, so I'm just— [00:17:02]

THERAPIST: Yeah.

CLIENT: It's like I feel sort of half abandoned and half micro-managed.

THERAPIST: yeah. I think completely unsupported.

CLIENT: Yes. Very much so.

THERAPIST: Probably (inaudible at [00:17:30])?

CLIENT: Yeah.

THERAPIST: And guess the other thing like (inaudible at [00:17:48]).

CLIENT: Yeah.

THERAPIST: Like it's just making it hard to work on stuff that you kind of only envision going badly. [00:18:06]

I mean, not for no reason, just—

CLIENT: Yeah, like if, like I don't feel like I have a lot of energy and don't feel like, I don't feel like there's anyone being like, "Yeah, you can do it." But, and it also feels kind of pointless in that like let's say I could, let's say I did this Photoshop class. Like I don't feel like, I don't feel like anything's going to really come from doing like. [00:19:08]

With the time and the effort and the whatever is not going to get me anything. I mean, among other things, it's definitely not going to get me out of my cube, I'm not going to be like early in the week someone was in the media lab (inaudible at [00:19:47]), just talking really loudly for about an hour, like doing Skype or something. And I had this horrible headache, and like just couldn't beat it and ended up just going home. [00:20:00]

Because I felt like crap, and part of it, and also what part of it was so horrible and stressful was that I couldn't shut the door.

THERAPIST: Right.

CLIENT: Yeah, and it just seems so like oh. I feel so infantilizing and ridiculous.

THERAPIST: Yeah.

CLIENT: And the other thing is I think as I'm sitting in the office doing whatever and the student workers who are supposed to help people who are using, learn how to use like Filecut (sp?) or

Photoshop or whatever, and Chet and Karl are like, “Yeah, we’re going to,” they have this vision currently of like redoing part of the office and having it be staffed entirely by students who, you know, because they’re students, just know instinctively how to use these programs. [00:21:07]

And I just am like, “Okay, but you know, like right now people come to the lab and ask for help. They get shrugs a lot.” I don’t see how a whole floor of that is going to be great.

THERAPIST: Right.

CLIENT: But—

THERAPIST: Right. Also comes to me that as though they put quite a lot more faith in the student workers to be sort of helpful and to kind of run things themselves.

CLIENT: Yeah.

THERAPIST: Than you.

CLIENT: Oh, yeah.

THERAPIST: You need to be in an office where you’re sitting right across from Chet. You can’t close the door. You can’t like create any sort of private space for yourself. [00:22:06]

You feel micro-managed. You know, we just throw a bunch of students, you know, down there some place and they’ll magically both know how to do what anyone asks them to do and how to explain it.

CLIENT: Yeah.

THERAPIST: And we won’t need to keep an eye on them.

CLIENT: No, that’s very true. I mean, it’s also like I feel like the expectations on student workers, or especially how much technology or software or whatever that they know, and that they could explain, is crazy. [00:22:59]

I think, I mean in part because I guess we’re being cheap, but I don’t know, like a lot of, like some of the people saying this have never touched those programs, and I’m kind of like, “Do you know how complicated that crap is?”

THERAPIST: I see.

CLIENT: Like it’s really difficult. There’s all these weird fiddly things.

THERAPIST: So they think they're just saying, "Oh, that person can basically use Microsoft Word."

CLIENT: Yes.

THERAPIST: Oh, they're just (inaudible at [00:23:38]) paper, they can use Microsoft Word. Oh, they're young, so they can probably use (inaudible at [00:23:42]) Pro, or Photoshop or something.

CLIENT: Yeah, they just know how to use it. They just you know, walked out and know how to use it. And my other thought was yes, they can sit down and bash their way through, but it's not really pleasant or efficient or effective.

THERAPIST: Yeah. [00:24:00]

CLIENT: You know, like—

THERAPIST: Or what you want and somebody teaching somebody else, I would think.

CLIENT: Yeah, like forcing your way through is not fun. And so I went to a reference services staffing to talk to them about Photoshop. And

THERAPIST: About Photoshop?

CLIENT: Yes, about teaching them Photoshop. And images, like people were really kind of (inaudible at [00:24:32]) themselves, but one of the things I realized when I was sitting there, I was like, "Oh, this meeting is not the hell's gate that my staffing," they just have monthly staff meetings for my department are. Like the other department lets people talk. She, you know, asks a question and lets you answer it. [00:25:00]

Crazy things like that, and when I was there, they were going to have, they were doing like a, not a staff leadership, like a building cohesiveness half-day retreat at work followed by a light, you know, beer afterwards. And I was like, "Oh, that would be nice to do."

THERAPIST: Yeah.

CLIENT: But, and I talked to someone who goes to book meetings, my meetings and breakfast meetings. She's like, "Yeah, it's really different. It's so horrible, and it's really hard to describe." Yes, I know.

THERAPIST: Referring to your (inaudible at [00:25:59]).

CLIENT: Like that the, our department, the department meetings that like I have are just so horrible. [00:26:10]

And I don't know. Yeah, I think I just, like I just have such a hard time thinking of this changing in any real way. And yeah, I mean [00:27:07]

It's hard to think of it changing, and it remains, like I remain getting frustrated when other people are doing things that I know how to do, or whether they're failing, they're having a really hard time with it. And I'm like, "I could do that in a minute, or not." Because I'm not an employee, which, when also when I say that—

THERAPIST: Like the technical things, or—

CLIENT: Yeah, like I discovered that the three-employee team that who runs the Tumblr, they don't know how to use Tumblr, they don't know how to use Photoshop, they don't know how to resize images, they don't understand like any of it, and I'm like, "Oh, my God." So like occasionally when I walk by, they'll be like, "Karen, how do you do this? How do you do this?" [00:27:58]

And all I could think of is, "Or, I could do it," but like what's the point of me having this information in my head and watching you do it repeatedly when the answer's no?.

THERAPIST: Yeah.

CLIENT: Which also makes me feel very embittered and also slightly crazy.

THERAPIST: Yeah.

CLIENT: Like—

THERAPIST: It doesn't make any sense.

CLIENT: It doesn't make any sense. And—

THERAPIST: And I guess yet it seems to everybody else. It doesn't make any sense to you and yet it seems to to everybody else, like that's what seems to me to be too crazy making, the ingredients to crazy making.

CLIENT: Yeah. For, and—

THERAPIST: Like there's nobody else saying, "Well, why doesn't Karen just do this?"

CLIENT: Yeah, not that I hear. I mean, maybe they are somewhere, but— [00:29:09]

THERAPIST: Right.

CLIENT: I think that's also yeah, that's like, I kind of feel like okay, if you know, if you are aware that I know all these things, why don't you ask me? Like it's a combination of like I feel like sometimes I could literally no way for me to use like my knowledge of Photoshop at work, which seems so crazy. Or like I got really stalled working on Filecut (sp?), because I also don't think I (inaudible at [00:30:01]) at work. [00:30:04]

And I feel like I have no, no advocacy or support and, but then I also think that I don't know would it even work.

THERAPIST: You say what wouldn't even work?

CLIENT: Like if Chet said to the (inaudible at [00:30:33]), like "Hey, maybe Karen should be involved in that project that she knows everything about." It's unclear to me if that would actually get me involved with projects. Like if, like say if Chet talked to an employee from another group and said, "You know, like have you thought of including Karen on this project?" [00:31:01]

I don't feel like that would lead to me being involved in that project.

THERAPIST: Like because of something from their side?

CLIENT: Yeah.

THERAPIST: Or just something would happen and it would fall through?

CLIENT: I feel like I don't know if they're would be something that would require follow-through and sort of no one would take responsibility for it, or Chet would just be like, "Well, I suggested it." Or I feel like the group would sort of say like—

THERAPIST: It's like a (inaudible at [00:31:46]) signs for the bathroom?

CLIENT: Yeah.

THERAPIST: Like there's really no apparent credible reason why you shouldn't just put them up.

CLIENT: Yes.

THERAPIST: But mumble mumble will handle it, somehow it's not happening. [00:32:02]

CLIENT: Right, like I really couldn't tell you. Like, you know, I could tell you, but I couldn't tell you why this hasn't happened, and that's how I feel about work, I guess, which yeah. Like, and also there is no, if I don't fulfill these goals, nothing really happens. I'm just supposed to be motivated to fulfill them, which I'm not feeling motivated any more.

THERAPIST: Yeah.

CLIENT: And no one's really helping me with that.

THERAPIST: Yeah.

CLIENT: And like I just sort of, like I sort of don't know what to do, like should I sit down with a manager and say, "Look, all these things suck." [00:33:05]

You know, blah. And I also worry, like I feel, I worry about being perceived as someone who's really negative, or who always complains, and there is of course no real way to, that's a hard question to ask someone, though, "Do you think I'm a negative person?" But also, I am feeling sort of low on my positively-phrased constructive criticism urge. [00:34:12]

Like right now, I'm kind of like I either don't want to talk about it, or like, or telling them like, going for the throat and being like, "Look, these are all the problems. These are." Like after this meeting about the bathrooms, a big part of me is like, "I wonder if I should just call the (inaudible at [00:34:32]) disabilities office. I'll call the Pope. I don't know, cute. But I don't think I, like I like having a job. I really do like getting paid, so there is that.

THERAPIST: Right. Yeah, it's something to think about.

CLIENT: It is. [00:35:04]

It's also funny, like the other thing that sort of occasionally cracks me up is when people are discussing something, like someone at work was discussing x amount of students do papers about how different people think about bodies, and I started to be like, "Pluck, pluck," and I'm like, "No, fuck it." Like you know, like part of me is like, "Yes, I have a lot to say about that topic." Did you know I published on that? And then part of me's like, "No, where is that going to get me? Nowhere." And I'm also having a lot of misgivings about talking at this professional conference in May. [00:35:56]

Partially because the class, my office school class professor is going to be there, so I feel a little awkward, because I've done horrible in his class this semester. And also, there's—

THERAPIST: Can you remind me what the conference presentation is, I think you told me about it.

CLIENT: It's about whole person []. It's bringing like, you know, the whole complete you and your skills and whatever, to the job.

THERAPIST: Right, so doing things that may not be sort of obviously in your usual or direct mission of the office, but that sort of make use of some like other skills that (inaudible at [00:36:47]) patrons we have.

CLIENT: Yeah, and also using it to like stick on your performance evaluation, whatever that you did this form of professional development, that like your work doing volunteer work is kind of professional development because of these reasons. [00:37:06]

I think part of it is just being like, "Guess what? I'm not a professional, so I don't know how a professional (inaudible at [00:37:20]) is, so meh.

THERAPIST: That you don't have any professional—

CLIENT: So, yeah, so for me, like I'm giving this talk, but I actually am, don't have professional development funds.

THERAPIST: Right.

CLIENT: So it's kind of slightly moot, because—

THERAPIST: Slightly ironic.

CLIENT: Yeah, and also there's a presentation, like—

THERAPIST: All right. It just seems emblematic of a lot of what you're describing in that you are trying to contribute, and help people. And are getting nothing for it. And I don't just mean like that someone should be paying you, or somebody should be like putting up big posters of you in the office, but you know, I think it's a, not even for you. You don't even want people who could get like support for your professional development, right, the answer is yes.

CLIENT: Yeah, yeah. Like I might just take a vacation day to go to a conference.

THERAPIST: Right, just crazy.

CLIENT: Yes. [00:39:00]

Yeah. I mean, it's just, I don't know. Like for all that I value having a work personal boundary, because especially being in these meetings about the stupid bathroom signs. I'm kind of like, part of me is like, "Well, I know you think I'm some like shmo, but I actually do know a lot about this topic, and I don't know why you're sticking your feet in the like, I could just do this. Like I know a lot about this, which is why I'm bringing it up. Can we work together on this?" Or like, "I actually know a lot about diversity training, or I know a lot about feminism, or just whatever, whatever." [00:40:07]

And I don't know. I feel like it's not, we don't bring up a lot of work because I like having that boundary, but I feel like even if I just sat down and said, "Hey guys. Here are the things that are (inaudible at [00:40:31]), or that I'm willing to share with you or whatever," they're response would be like a non-response. Which is also part of the like, like my, you know, calling the

disabilities office, includes like, and then I talk to all my disability rights friends, and have them blow up the Internet. [00:41:00]

Which would, you know, again, be satisfying in a way, but not a good idea. But it would be really satisfying. And part of me really wants to say to work, like, "Look, I'm not doing that. Like I could set this whole thing on fire, but I'm not, so let's talk about that." Like could I ask my colleagues, like it sounds weird to say like I would like you to notice I'm not setting this building on fire. But that's how I feel. And I don't know. Like—

THERAPIST: Well I think, and in your mind you're pretty desperate for some acknowledgement of something about you. [00:42:01]

CLIENT: Yeah, like that would be awesome.

THERAPIST: Yeah.

CLIENT: Especially since like, like theoretically, like in my, like so only Chet, just three people, and in theory, like my job is the lowest of them. And so my lazy, being in troublemaking, coworker Harry—

THERAPIST: Who used to (inaudible at [00:42:32])

CLIENT: Yes. And—

THERAPIST: (inaudible at [00:42:34]) it again, probably.

CLIENT: Using (inaudible at [00:42:37]), like he, I don't know. Like weirdly is in some way above me in like the department. And I don't know. [00:43:03]

It just, it so, it feels in some ways more, I don't think accumulating's quite right, but sort of. Like one of the secretary (inaudible at [00:43:24]) were shitty at me for being the secretary, but they're just like, "You're just a secretary." That sucked. But I was just like, "Well, that's all I want to do right now, so fuck you, whatever." And also that's kind of part of the job, like, but I feel less like it's part of what my job is, and also I just don't feel like, I don't know. [00:44:08]

So when faculty were shitty, they're faculty, they're like separate from me. And your coworkers were usually supportive, I mean, whatever. In this case, I feel like my coworkers aren't supportive, and faculty (inaudible at [00:44:28]), like there's a sort of like faculty equivalent of important people who just do things. But there's like, I don't think there's actually anyone I can just be like, "Oh my God, this was so annoying."

THERAPIST: Yeah.

CLIENT: And they'd be like, "Oh yeah, I hate my professor too, or it's so obnoxious. My professor also made me do greeting cards."

THERAPIST: Right, like this is all from within your own group.

CLIENT: Yeah. [00:44:59]

You know, like when we were, as secretarial staff, I don't know, like journaling, either stuck up for each other, we'd bitch with each other, but I don't feel like I'm getting that. I'm not really, I don't know how to get it.

THERAPIST: This does all make you pretty miserable.

CLIENT: It really is.

THERAPIST: (inaudible at [00:45:42]), I think.

CLIENT: Yeah. I mean, that's like it's for me one of the other things is that I'm so miserable that I worry that like I'm not going to get to December, which is so close.

THERAPIST: Yeah.

CLIENT: But I need to like get my degree so I don't feel like some kind of, like I kind of want to look for a new job, but I don't want to look for a new job.

THERAPIST: Right. We need to stop.

CLIENT: Yeah. Okay. See you in two weeks.

THERAPIST: Take care, Karen.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi.

CLIENT: Hi. So unfortunately, I have continued doing pretty crazed since last night.

THERAPIST: Why? Talk about it.

CLIENT: Yeah. Like it's a family joke that I always forget birthdays, because I always forget birthdays.

THERAPIST: Right.

CLIENT: And the only person I can remember is my brother, and I don't know why, like it's 4/14, so that's, I don't know. But I forgot this year, and when I remembered, or like had missed it, I just started sobbing, and I was lying in bed, and I was like, "Oh, his birthday." And that's not, it's not really how I react to a lot of things. [00:01:12]

But it was so especially like my parents and my brother, like they always, they'll be like, "You got the right week." And I'm like, "Yes, thank you." And, but I just like, it was weird because I just started sobbing and I didn't really, I wasn't thinking that my brother would be mad.

THERAPIST: Yeah.

CLIENT: I just was crying.

THERAPIST: Did you feel like you were losing it?

CLIENT: Yeah, I felt really overwhelmed and just like everything's happening. [00:01:59]

So and then I had like a, definitely wrote the worst paper that I have ever written for (inaudible at [00:02:13]), which was weird, also. Like I was looking for a (inaudible at [00:02:22]) research, which isn't something I've done a lot, like Morgan, but so there was that. And when I finished the paper, what I was thinking is like I don't think I can make it to December, like working at my job until then.

THERAPIST: Right.

CLIENT: And the thing I thought of doing, and I would, that feeling to, two thoughts on this is thinking like three months of short-term disability through work which would be, that's 100% pay, so there's that. [00:03:12]

And I wouldn't be at work. I guess I feel like so just like overwhelmed and just like not able to keep it together. I feel like being at work is making that so much harder.

THERAPIST: Yeah.

CLIENT: But I also feel kind of weird about it. I mentioned to you I was talking to my brother the other night. [00:04:00]

THERAPIST: Yeah.

CLIENT: And asked him if he had ever taken a planned leave, and he said no, because what he did was end up in the hospital and then you know, called from there and work it out after he was already a patient. He had suggested, like why don't you quit your job and live off savings, which

I don't have, so no, I can't, unfortunately. But yeah, like it's, the way I feel about is it like that (inaudible at [00:04:50]), if someone else is talking to me. I would be like, "You should definitely take that leave, go for it." But I feel uncomfortable. [00:05:01]

Like—

THERAPIST: My sense of you is that you feel guilty and like you should soldier through it, and like it's probably not as bad as you think or are making it out to be, something like that.

CLIENT: Pretty much, along with I really don't feel like my parents want this.

THERAPIST: Sure.

CLIENT: I worry that Ashby's going to be crazy, like resentful. And the other thing, I had thought about this kind of vaguely like January, but then I was thinking if I take this chunk of time off and I'm just like home, like that will make me feel really crazy, like being home and not doing anything, it being winter, et cetera, et cetera. [00:06:05]

But now I'm just like, but I don't think I can, I don't feel like I can get crazier being at home, and also I could leave my own apartment, but—

THERAPIST: Right.

CLIENT: I don't know. It's like I've just been thinking about it the last couple days, and if, even though I feel very like uncomfortable, it also kind of feels like that would be a relief to not have to be at work.

THERAPIST: Yeah.

CLIENT: Especially since it's coming around performance review season, and I just can't imagine that happening. [00:07:08]

THERAPIST: Just mainly think of it of, when you went on leave a couple of times, once before your surgery and once after?

CLIENT: No, once was for like, it started before my surgery, but included surgery.

THERAPIST: Right.

CLIENT: And then once a year later to kind of deal with—

THERAPIST: For pain problem. But so what, you were having surgery, yeah. I know, this is obviously a different thing, sort of cause, but I think I was remembering your other leave.

CLIENT: Yeah, after it happened, like after I, you know, did the paperwork, it was a huge relief.
[00:08:09]

And I think, I think it will be. Like I mean, the other thing I've been thinking about is just like the idea of like burnout, like emotional burnout, being burned out from work. There's something I've thought more about in terms of like doing political activism or like helping run conventions and other things where sometimes it's just like, "No, I'm too exhausted, I have to stop."

THERAPIST: Yeah.

CLIENT: Like I guess I've always, well I've often tried, thought of my job as just being like this is the place I go, you know, five days a week, and you know, it's not, I mean depending, like I always get emotionally invested, but I try to think my job would be this thing I do during the week. [00:09:20]

And not something that I'm like thinking about all the time, or am concerned about, whatever. But I guess since I'm thinking of employeehip as, I've invested time and money in employeehip being a career, there's been a lot more emotional stuff, and I also feel like some of the things that happened with the office transition and (pause) [00:10:13]

It gets hard because all the things that are frustrating, but I think one of the biggest things is that I feel this sort of social contract with whatever you have at work was working, and there's not, well it's hard, because I don't really trust anything that anyone says mostly, but I feel like effort to repair that hasn't really happened, which it's also unclear to me if that's even something like a concern. [00:11:10]

A priority, or like even a thought, like I guess at a management level, is this something you've thought of trying to work on? And I don't really think so.

THERAPIST: I guess I find myself like going back and thinking broadly here, not like, things have been getting worse over the last three years.

CLIENT: Yeah.

THERAPIST: And how you've been feeling. I mean, you've been feeling more anxious, and more down, and more incapacitated by it, and then in the last few months especially, like weepier. [00:11:59]

CLIENT: Yeah.

THERAPIST: And I don't know the reason for any of that, which is bothering me. I mean—

CLIENT: Yeah.

THERAPIST: And I know things at work are really bad, and that you are quite burned out from the way things are bad. They've been bad for a long time, including at some other points, quite bad. I mean, there's all the stuff with Will [], there's all the stuff from the beginning of the transition and the uncertainty about whether you, or anybody else was going to have a job, and what it was going to look like. And lots of other things. You know, there's a sort of, in the last six months or so, I think I've got the timing right, there are like maybe four or five months with changes in the medication, which, you know, have some effect, although you changed back to pretty much what you'd been on. [00:13:04]

CLIENT: I mean, the reason why I made the medication change, or asked for it, is I was feeling really—

THERAPIST: Right.

CLIENT: Bad.

THERAPIST: My sense, although I don't know, is that you're sort of doing less social stuff.

CLIENT: Oh, yes. So it was for my mentors, I was like, so I decided to take Xerox, like (inaudible at [00:13:41]) had published, and that I'd scan into pdfs, and just be like, "Hey, here you go." Because I also decided to just break up with the mentorship basically, because it's not going, it's done nothing for me.

THERAPIST: Yeah. [00:14:03]

CLIENT: I'm not really sure. Like I think like when I think about it, one of the things I think is definitely the, a change, like new physical locations.

THERAPIST: yeah.

CLIENT: From a quiet office with a closed door.

THERAPIST: Oh, you mean at work, yeah.

CLIENT: Yeah, at work, yeah, so like—

THERAPIST: There's also the apartment that I—

CLIENT: Yeah, that was also, wow.

THERAPIST: Yeah.

CLIENT: That was a lot.

THERAPIST: Yeah.

CLIENT: But yeah, so I went from like a pretty, a very quiet office it was either just me or me and one person.

THERAPIST: I remember it, yeah.

CLIENT: To—

THERAPIST: To the pentoctagon.

CLIENT: Yeah. And like I know that's been wearing on me, but I've been thinking like I think it's really, really been wearing on me. [00:15:12]

THERAPIST: Yeah.

CLIENT: And I've also noticed that for whatever reason, maybe it's the pentoctagon, maybe it's not, I don't know. I can feel it. Like I've been having an extra hard time dealing with like racial microaggressions, or just aggressions in school, or like out and about. And this semester having like (inaudible at [00:16:00]) in class being really homophobic over this article. [00:16:07]

And it's definitely something, I mean, that will, that would piss me off regardless, like there is no (inaudible at [00:16:16]) that would not have made me angry.

THERAPIST: We are meaning to talk about that from school, can you remind me? I mean -

CLIENT: Yeah, it was, you were supposed to read and critique an article which was a research article about do people get a different quality of service when they go to a reference desk asking about like, LGBT stuff, and it was, you know, about LGBTU, and was a really depressing, like I felt it was really depressing. They just, they get horrible service. [00:16:58]

And I was also disappointed that my professor didn't say anything. Like she's always been, the classes I've taken from her before, she's been explicitly hands-off in the discussion forums, but I really, like I felt very disappointed and vulnerable that she didn't say anything, and she still doesn't say anything when I post a (inaudible at [00:17:30]), like this is horrible. I feel like this is crap.

THERAPIST: Yeah.

CLIENT: And I haven't posted in the discussion forum since then, because I just went, "Nope." Except this week it was required as part of the grade.

THERAPIST: Yeah.

CLIENT: But I guess part of me, I mean, I also like [00:18:01]

Sort of professionally this year, at work I've been trying to focus on things that are not about me, like if that makes sense, or not too, like, so that if there were problems it would feel less like a personal attack.

THERAPIST: Yeah.

CLIENT: So like I was doing stuff with disability, and disability, and (inaudible at [00:18:36]), and like on my interactions.

THERAPIST: Right.

CLIENT: And so it's not about me, as a person. [00:18:58]

I think I know in a way kind of it was more frustrating because like I think these things. Like this is stuff I know a lot about. It's not stuff that I know about through like, it's not my own personal experience, so like whatever, that will be fine. Except that like my knowledge and work and skill or whatever got like ignored or belittled.

THERAPIST: Yeah.

CLIENT: And I guess like that was definitely difficult in a, like it's not like my feelings are hurt. [00:20:04]

Although they are, but it's also, I guess it's more like but there's this kind of empirical thing. Like I know a lot about, like I ran disability services for three years at a convention, so I know something about it. And just having people say, like just discuss it. Like not even say like well, that was only, that was just volunteer work or whatever, just flat out ignoring it. I guess it's so like, with Will and despite his amazing blatantness -

THERAPIST: His amazing—

CLIENT: Like what I would say, it was just really blatant. [00:21:08]

THERAPIST: Oh, blatantness.

CLIENT: Blatant discrimination and crappiness.

THERAPIST: Yes.

CLIENT: You know, I'm kind of like yes, I guess I can't prove that I know more about this than Chet, fine. You know, it happens. It's weird how your personal preferences is for white people, but like, whatever. Who knows? But with this, I'm just like no, I'm really pretty sure that like I'm

not pulling this out of my ass. These are things I know about. And also I pin more hopes on this mentorship program than I realized. [00:22:09]

And I probably, I really should have said no when the program person was like, "So, we don't know where to find a person of color at FAS." I think that would have, like it would have been a better choice, but I was trying too hard to be like optimistic, I guess, or trying something.

THERAPIST: It doesn't seem to me like you could have predicted that (inaudible at [00:22:53]) from the business school wouldn't work. It didn't seem like, maybe I'm wrong on this, but (inaudible at [00:23:00]) is not that it was her being at the business school that made it not work, (inaudible at [00:23:08]). [00:23:08]

CLIENT: Yeah, I mean—

THERAPIST: (inaudible at [00:23:08]), but—

CLIENT: Well the part about like not being able to find a person of color at [] is just like a sign of deeper problems.

THERAPIST: I see, so it's not that well the person would have to be at [] because nobody else could be helpful. It's more like they can't find somebody at [] it's a sign that things are fucked up enough that you're probably going to want to do this.

CLIENT: Yes, exactly.

THERAPIST: I see.

CLIENT: And because she was kind of like, like she didn't volunteer to do this. I don't think it's something she would personally volunteer to do normally.

THERAPIST: Oh, I didn't realize that.

CLIENT: Oh yeah. No, it was, I mean, so they said to me, like when I said and I gave them a few like descriptions in (inaudible at [00:24:04]), it was like I just want a person of color, just give me one. It's like the, you know, person running it was like I'm not sure, do you know if that person works at FAS? [00:24:20]

And I thought, I hope so, because what I was asking was for a person of color who has a professional level job. And I said I would take basically anyone except for finance, because I hate finance. And that person should exist, like that doesn't, because [] (sp?) was like, (inaudible at [00:24:54]), like my ideal? And I'm like well, I really like an openly gay lesbian person. It would be really awesome if this was a woman of color, or like blah, blah, blah. [00:25:06]

I mean, and when the, she was just kind of like, oh, ah, I was fine, I was just like, just (inaudible at [00:25:13]). And so she said, she's like, "Do you have any suggestions?" So then I had to awesomely ask my coworkers if they knew any, which was really awkward and kind of, and of the like, I don't know, like maybe five people, maybe. She was the best choice, but it was also a case of like some people said, like some people said, "She's kind of like a little socially awkward. I don't know that you'll," so I was like, "Well, I guess like she fits something."
[00:26:09]

And I, I also didn't like, kind of socially awkward is, you know—

THERAPIST: Like not really into it, as I recall. I mean not mean, or exactly standoffish, but it didn't seem like she really wanted to be there a whole lot.

CLIENT: No, and she doesn't really seem great at communication.

THERAPIST: Yeah.

CLIENT: In general, and you know why I don't, I was not expecting like her to be like I don't know. [00:27:10]

Like have an activist point of view, or X, Y, and Z, but I did expect her to respond in some way, to me, document these problems, and she just hasn't. And I don't know why. I mean, it just makes it feel uncomfortable, but I don't actually know. So I was reading all these articles and I'm trying this week to be just like, "I'm sorry, this just hasn't worked out." There's an end of program capstone lunch. And, which is in like, I don't know, the middle of May. [00:27:59]

And I just don't like, I don't want to go. You know, like I was thinking about it. Like I really just don't want to. I mean, partially because some of the (inaudible at [00:28:26]), I've not actually like, I don't know, fulfilled them, all of it. But I don't, like I don't want to constantly explain why it's taken months and months to put up a sign about handicap bathrooms and have to bargain over and over. I'm not interested in that. [00:28:56]

I can't remember which one I was going to do, but like I don't, it's just like I don't feel like trying to defend myself or like what I did or did not do, and I don't think I really got anything out of this. So like I don't want to be in the position of someone, of being asked about my experience with it, and giving a public honest answer because no matter how well I couch it, it's not public.

THERAPIST: Yeah, that was really quite disappointing.

CLIENT: Yeah.

THERAPIST: And it didn't have to be.

CLIENT: Yeah. [00:30:00]

Yeah, I guess that's the thing. I'm like, just like not that I thought this was going to be a life-changing thing, but I thought it would be at least like somewhat positive, distract me from crappy things at work, and it didn't really happen.

THERAPIST: Yeah.

CLIENT: And so also when I was Xeroxing these various articles, I was just like, shit, I haven't like really written or blogged or like been really involved in sort of like, I'm going to say discourse, but that's not really what I mean, like been involved in kind of like sprawling discussions of offices like online friends. [00:31:02]

CLIENT: And like I have—

THERAPIST: (inaudible at [00:31:03])

CLIENT: Sort of, so like what I was Xeroxing in part was, it's called the (inaudible at [00:31:08]).

THERAPIST: Right.

CLIENT: And they're collections of essays, reflections, and poetry and all these things about things that happened at (inaudible at [00:31:18]), and so they're a lot of them to do with politics, but not always. One of them was actually talking about consent. And I remember that the last year, and I think the year before, the editors were very strongly trying to get me to write something, and I was like, I can't write anything, I'm sorry. Like I was trying to see if I could like recycle, or like write. Now like two years ago, I was just like, I can't write, I'm sorry. [00:31:59]

And this last year, I said I couldn't write, but if you wanted to do a like an interview, like a question and answer, I could do that, but it just didn't happen. And that's also very, like it's probably, this is probably the longest stretch that I've gone, like not really, like I'm not cut, like I haven't seen local friends, I haven't seen like my Internet friends. I haven't seen, and I just feel like I guess all the things, like the things that I do are things I think of, like the sort of things I do myself, I just haven't really been doing, and I haven't noticed how long it's been. [00:33:09]

Like one of my friends was like, yeah, I haven't seen you in three years. And he lives here. And mind you, he travels a lot, and blah, blah, blah, but it's just like, I mean, we argue about something that's not possible, like get the surgery. And someone else was like, "I babysat for her." And I was like, I haven't really talked to you since before you had this child who is four, like three or four. And like, we were never good friends, but it's still weird to be like, oh, you have a child. I barely remember, I barely even saw you like the mom being pregnant. I was just whatever. [00:34:00]

THERAPIST: I guess I feel like I've seen this in some ways here. Well the way that I've seen it here is sort of, I don't remember exactly when it was that you decided to come in less often, but

my recollection is that it was a lot because it was overwhelming to be coming here more often, that it was making you look too sad and too upset, most of the time upset as opposed to angry or anxious.

CLIENT: Yeah.

THERAPIST: To be talking about things more often. And you seemed, I mean in recent months, I think, maybe a, I mean there was that one time where you were really upset after we met, and it lasted like a few days. [00:35:11]

And I guess my impression has been, like the feeling I've gotten is that well, happily that hasn't happened in the same way, I think since then. That you're feeling like more recently overwhelmed, and thinner skinned in a way when it comes to talking about it. So I'm not saying you don't or you don't try to, I'm just saying that it's like you feel kind of like it gets to be too much, or it really knocks you over. [00:36:00]

CLIENT: Yeah.

THERAPIST: Much more easily than it used to.

CLIENT: Definitely.

THERAPIST: And yeah, I don't understand all of it. I mean, I think I descriptively, I feel like I have, I hear what you're saying, I think we're pretty much on the same page, I'm sure there are things I don't know, but I don't get it.

CLIENT: Yeah.

THERAPIST: I mean, some of it certainly has got to be burnout and increasingly, like being increasingly worn down. Sometimes it's just kind of, it sort of gets worse, but I don't know.

CLIENT: Yeah. I think that's also part of why the idea of like taking some time, a leave from work seems so appealing. [00:37:13]

THERAPIST: Yeah.

CLIENT: Because like whatever's going on, I just feel so unable to get a handle on what it is like I don't know. Like I don't know what the problem is. Like what's really starting this.

THERAPIST: Yeah.

CLIENT: It's like I can describe like various things, but I couldn't tell you why.

THERAPIST: Right. I mean another sort of descriptive aspect of this, or like aspect of the fact that you described is it seems to me like the other things in your life have grown smaller and work has grown relatively bigger. [00:37:58]

Over the last year or two, and that work has become unbearable in a way that it wasn't before. Like even if it was bad, and kind of upsetting and too much, like I feel like it looms larger in your daily life now. You know, sort of fewer things outside of it.

CLIENT: Yeah, and like I think in, I like tried to do more things outside of work.

THERAPIST: Yeah.

CLIENT: Like just, like I'm okay, should I do whatever, and it's so exhausting and difficult and in ways where I'm like I just don't get where that completely wore me out and I have to go lie down right now. [00:39:09]

THERAPIST: Right.

CLIENT: Which also then like I get frustrated and sort of like a feedback loop.

THERAPIST: Sure.

CLIENT: But yeah, like—

THERAPIST: Have you, have you had a physical recently, like in the last six months?

CLIENT: Yes.

THERAPIST: Okay. I mean, it could be lots of other things that just, you know, just figure that stuff out.

CLIENT: I had a, I did a bunch of stuff like in the last year because of the profuse sweating I've been dealing with, which is a side effect of Wellbutrin, most definitely. And so my doctor was like all right, we're just going to start going through a ton of stuff, so it was like blood tests, urine tests, blah, blah, blah, saw an endocrinologist. [00:40:06]

So there was all of that and then there was my blood pressure has been going up, so and I was kind of like, I think I'm also super anxious at the doctor.

THERAPIST: Right.

CLIENT: So she asked me to like take my blood pressure different times of the day and different days of the week. And the answer is my blood pressure goes up a lot during the work week.

And a lot. And my doctor's like yeah, so if I could prescribe you not being stressed over, and so they checked my thyroid among other silly things. [00:41:09]

And yeah, like I've, it's funny, because I was really concerned about this wedding, but, because it's so frustrating.

THERAPIST: Sorry, could we go back? So did people not know about Wellbutrin being the cause of that? Or do you know that was part of it but weren't sure that it was also something else?

CLIENT: I was hoping it was also something else because it's just so out of control sometimes. Like, like just sweat pouring down my face, and people like commenting on it at the store, or whatever, or having a hard time giving a presentation because I'm like, my face is just streaming with sweat. It's not useful. So yeah, I was hoping it was something else. [00:42:03]

THERAPIST: Yeah. Not so much.

CLIENT: Yeah.

THERAPIST: Right, and so if I, from indicating that your blood pressure goes way up at work, things looked okay.

CLIENT: Yeah.

THERAPIST: Well I'm glad things were okay.

CLIENT: Yeah, it's, I mean it's one of those things where I'm like yeah, my, the thing that freaked me out about the blood pressure is that I've always had like low blood pressure is great. I get my cholesterol and like blah, blah, blah. And so to have it get worse over like a year, or a year and a half maybe, and have it be just work like was very [00:43:03]

THERAPIST: So (inaudible at [00:43:06]), with your cousin, but as your plan would be sometime in the next month or two to go out on leave for about three months, and then like let's say June, July, and August, and then come back and do September through December, at which point you'll be done with office school.

CLIENT: If I took a leave, I'd actually just finish office school during the summer.

THERAPIST: Oh.

CLIENT: I mean, assuming that, let me rephrase that. In theory, like assuming I could cope with taking class in the summer.

THERAPIST: Right. Like taking one class?

CLIENT: It would be yeah, it's one class left. So I could either not take a class or take a class. I could take a class or not during the summer. If I take a class in the summer, I'd be done.
[00:44:03]

THERAPIST: Right, right.

CLIENT: Which is why I'm sort of like, mmm.

THERAPIST: Right. And then would you start looking for other jobs? I mean—

CLIENT: Yeah. The, like—

THERAPIST: My supporting you on this leave isn't contingent on any of this. I'm just sort of asking what you're thinking.

CLIENT: Yeah. Unfortunately -

THERAPIST: Like if a thing like this would help.

CLIENT: What I'm feeling right now is like I would like to apply for a new job right now, except that I don't think that I could actually get through applying for a job right now.

THERAPIST: Right.

CLIENT: Especially, I think I would, for a variety of reasons, it would probably be a horrible interview, so yeah. Like assuming that I can get a new job. [00:45:08]

That's what I want.

THERAPIST: Right. Basically as soon as you go up to—

CLIENT: Yeah, the concept of applying for jobs.

THERAPIST: It seems sensible to me, we do need to stop for now. I don't have the sense that this is something that you're going to like apply for this week.

CLIENT: No, I mean I'm still not hearing from (inaudible at [00:45:41]), so that's still something else.

THERAPIST: Okay.

CLIENT: So no.

THERAPIST: Right. Bye.

CLIENT: Okay, so we'll see you next week then.

THERAPIST: Yeah. [00:46:00]

END TRANSCRIPT