

BEGIN TRANSCRIPT:

CLIENT: I left class early enough to get here on time and also – well – to relatively work with you –

THERAPIST: Well, I'm running late, so – you're totally on time in my book.

CLIENT: Yes. So I left time enough to get coffee and so – but – but yeah, thank you so much for being accommodating. This storm has sort of thrown off –

THERAPIST: Yeah, it threw off everybody, so I'm glad it works for both of us.

CLIENT: Yeah, yeah. So I –

THERAPIST: We're accommodating each other.

CLIENT: Yeah (laughs). But yeah – so many things – I guess things are starting to – like I'm starting to think about things like recently – like I know it was a big deal for Jeremy and I to come to an understanding that I would pack my own lunches, and I would have a half cup of the Cinnamon Toast Crunch at this time and at that time. So you know, he's come to accept the Cinnamon Toast Crunch but you know it's – it's – a lot of times during the day he'll interject, 'Oh, you should drink more water. You shouldn't have Tootsie Pops, it's not good for your teeth.'

THERAPIST: Uh-huh. [00:01:09]

CLIENT: These are all good observations, but you know, for me I found that slightly annoying because –

THERAPIST: Uh-huh.

CLIENT: – what I've come to realize is that I've got – I'm actually quite controlling over my own eating.

THERAPIST: Uh-huh.

CLIENT: Like some people see eating candy as an inability to say no to sweets, in a sense. I mean, I can say, 'No,' and I do have certain weaknesses, but at that point, that's – I've started feeling like this is what my body needed. Or at least this is what I needed – I mean, for some reason – I guess back during my really skinny days like, you know, there were certain rewards that I gave myself, like cereal, because I would eat – be very good, I would eat very low – low calories, not very caloric foods, but this was kind of like a free food for me. But you know, recently, as I started exercising and I just found myself like really hungry. Like today I was – for the past few days like I've been eating salads for lunch and just craving vegetables and not – you know, nothing – craving actual real food. [00:02:18]

THERAPIST: Uh-huh.

CLIENT: And it kind of sort like made sense to me sort of – because last night I couldn't – I have dance class late at night, like 7:30 to 9:00. And it's really hard to fit in like, 'Do I eat dinner before,' but then I'll feel like too full and sleepy to move. But if I don't eat anything then I'll be hungry,' so I try and split it up, but I mean, I was just really hungry last night, and I was like, 'You know, I'm trying to' – I don't want to gain weight and just eat because you know I'm really, really –

THERAPIST: Uh-huh.

CLIENT: – I mean, I didn't know if I was real hungry or not, but I just couldn't get to sleep. So I ate, you know, just some yogurt and cooked up squash in the fridge. And it's just – it was that point – it's funny when these things come to me, but I was just thinking like, you know, 'I could eat cereal, there's chocolate, there's –

THERAPIST: Uh-huh.

CLIENT: – peanut butter in the pantry.' But I'm feeling like I – you know, I'm really hungry.

THERAPIST: Hmm.

CLIENT: And I want – you know, I feel like – but I felt this sort of need, like my body wanted like food –

THERAPIST: Uh-huh.

CLIENT: – not nibbles and – and you know, today for lunch I sort of had this sort of feeling or like, over the past week, I've had this for like an actual lunch, rather than like yogurt and bread, which in many standards is like we eat that for breakfast –

THERAPIST: Uh-huh.

CLIENT: – but having that two times a day like it's kind of – it – it – it's not what my body feels like it needs any more. And I feel like that for the first – for the first like maybe few days, I've been sort of listening to, you know, 'Am I hungry?' [00:03:48]

THERAPIST: Uh-huh.

CLIENT: And kind of try to – trying to connect that to like – I mean, I guess having Jeremy – you know, he's – he is a bit of a control freak. And he's told me that. You know, controlling when I eat, but I – you know, today I told him that I was having a chick pea salad, and he was really happy. And I sort of found like those ways to sort of express myself and have my own control –

THERAPIST: Uh-huh.

CLIENT: – but also sort of be healthy and not just do things to – you know, just sort of really think about, ‘What does my body need?’ And I know sometimes when someone tells me, ‘No,’ I – very often –

THERAPIST: Hmm.

CLIENT: – it’s like that’s – ‘Gosh darn it, I’m going to eat that Tootsie Pop if you tell me no.’

THERAPIST: Hmm.

CLIENT: And for the first time in like – in a – I mean – and a lot of times, my eating was so much interwoven with the magic, the sort of rituals that I had when I was really, really thin. Like a Tootsie Pop would be to prolong the sort of feeling of hunger. [00:04:50]

THERAPIST: Uh-huh.

CLIENT: And – and now like, rather than having a Tootsie Pop, I just, you know, had an apple and –

THERAPIST: Uh-huh.

CLIENT: – and be done with it. There’s no prolonging – it’s pretty much around the same calories and you know, I feel like, ‘Oh, it’ – like it gave – it would give me more energy.

THERAPIST: Hmm.

CLIENT: And so I’m starting to learn also about self-control. Like when you really want to do something, say like shop, like I would love – like I realized last month that my credit card bill was actually better than it had been, and – or you know, pick up another nail polish. I love to do that. And I sort of realized that, you know, maybe I’m starting to feel a little bit guilty about –

THERAPIST: Uh-huh.

CLIENT: – and trying to reign it in a little bit. And realizing, ‘Ok, I spend this much,’ and then I sort of you know really have to monitor. Like allow some freedom –

THERAPIST: Uh-huh.

CLIENT: – but also within that freedom, do what you sort of think is right. And –

THERAPIST: Whose setting up the goals for what's – what's right or what's the right amount of food or right amount of spending? [00:05:54]

CLIENT: Well so – so right now the food now is actually – it's pretty much in my control. Sometimes Jeremy would interject –

THERAPIST: Uh-huh.

CLIENT: – or like make grumbly faces or – but – he's – he's (inaudible) likes that I'm into Cinnamon Toast Crunch, you know? So he thinks they're tasty. But, you know, it's or more less I feel in control of that, and in spending, I'm all in control. We sort of have an understanding of how much I give him every month –

THERAPIST: Uh-huh.

CLIENT: – and so in that sense, I've – I've been in control, but I've also been out of control, and that's – is like – there's things like – I have a moral conscious and I sort of realized that, you know, in the same sense I have to pay taxes and – but we also have to save up as a couple, and I know – like he does a lot of things for me. Like he takes me out and sort of – we don't really split finances like, 'Oh, I ordered this, this, and this.' [00:06:57]

THERAPIST: Uh-huh.

CLIENT: We sort of just, you know, whatever money is left over out of the paycheck, you know, put into a lump sum. And – but you know, in the same sense, I sort of feel like this need – this feeling, this need to contribute, and actually I have also – I mean in this – sort of this divine thinking or learning how to control when I'm eating and control the urges to spend, I also find as I'm getting really into my project, my work, and ballet, it's really hard for me to want to like just – like for me, like I would go to dance like every night if I could. I mean, unless I was tired or being lazy. But then I sort of realized like, 'Oh, I need to spend time with Jeremy.'

THERAPIST: Uh-huh.

CLIENT: And I – I sort of feel like I go on these little – like these spurts where all I want to do is this one thing, and for a big part of our relationship, my big one thing was Jeremy.

THERAPIST: Uh-huh.

CLIENT: And you know, this whole like I want to – we weren't living together, but I was commuting all the way and I couldn't get much work done, I couldn't do dance, and – I mean, but it was all for Jeremy. [00:08:20]

THERAPIST: Uh-huh.

CLIENT: And you know, in one sense, I don't know if it's no, you know, not fair or – for me. I mean, I think he understands, and like last night, when I went to dance, he had dinner at home, and then we met later so we could go to – walk to the corner, which is about a mile away to 16 Handles of Fro-YoPlaits, and got Fro-Yo together and walked home. And so I mean I think we're starting to find a balance, but I think I sort of feel like – and you know, there's other times where I would just let Jeremy do the deciding and I would be very agreeable .

THERAPIST: Hmm.

CLIENT: Of course, I would be passive-aggressive as hell, but I'd be –

THERAPIST: Uh-huh.

CLIENT: – very agreeable. And like there's times, like this weekend when we went to get Vietnamese food and first off, we were going to walk to a sandwich shop but he was like, 'No, let's walk to this Vietnamese food.' And I was like, 'Ok, well, you know you gave me two options, and I got to pick.' And then when we got to the restaurant, he was like, 'You know, maybe I can make soup tonight, so you know, rather than having pho, how about we have this and another non-soup dish.' And so I was like, 'Oh, well this salad looks interesting,' and he was like, 'Yeah, but' – so you know, basically like I – I really wanted the salad.

THERAPIST: Uh-huh.

CLIENT: He really wanted this other dish, but I – and I kept on saying – I was like, 'Well I would' – you know, I was like, 'You know, I think I would be down for this and this.' And – and he was like, 'Oh, well, we could order this and this.' And finally he ordered like not the thing that I wanted – I didn't say I wanted it. [00:10:06]

THERAPIST: Hmm.

CLIENT: I said that, 'You know, this looks really good.'

THERAPIST: Uh-huh.

CLIENT: And I don't know why I didn't – it seems like very logical to say that – 'I want this.'

THERAPIST: Uh-huh.

CLIENT: But I know that he gets very moody – there's been sort of a – sort of an occurrence on weekends where, if it were up to me, I would just like to flop on the weekends.

THERAPIST: Hmm.

CLIENT: Like flop and you know, maybe get out at night, because I love the night and I love like walking during the night. But he gets very upset, because he feels like he's done nothing.

THERAPIST: Hmm.

CLIENT: That the whole day has been wasted, even if we eventually go out by four –

THERAPIST: Uh-huh.

CLIENT: – that's not good enough. There has to be a walk, whether there's rain, snow, sleet –

THERAPIST: Does it need to be together?

CLIENT: Yeah. I mean, it doesn't necessarily have to be together but he says he feels like a weirdo.

THERAPIST: Hmm.

CLIENT: And we've talked about – thinking about getting a dog, but in the same sense, it's sort of – there's a lot of responsibilities.

THERAPIST: Uh-huh.

CLIENT: So I guess, you know, I sort of see – like make the joke that he's a dog, and I have to take him for a walk. And like I felt – yesterday, when he was working from home, because he couldn't get his car out of the snow, you know, he was like, 'Ok, well let's – let's go for a walk around the neighborhood.' And here it's cold, it's raining, it's slushy, like, snow is up to my knees. And I'm just like, 'Do we have to?' Like ahhhh – like – he's like, 'Yes.' And then after lunch, walk, like this what I do on my normal day.

THERAPIST: Uh-huh.

CLIENT: And like, you know, in one sense, because he wants to do what's the right thing and make sure other people do the right thing with him, we had to go on that walk –

THERAPIST: Hmm.

CLIENT: – and I – you know, of course, naturally I – after I had lunch, I just want to sit and I don't want to go for the walk. And – but you know – and the – also I feel it's sort of my duty to, you know, make compromise and do things that make other people happy. So you know, I did go on the walk, but I was complaining. And then I felt guilty about complaining. And then I felt like, 'Oh, well, I probably made this walk miserable' –

THERAPIST: Hmm.

CLIENT: – I mean, I was miserable, but I mean, I wouldn't – like later that night when it stopped raining and it warmed up, I was happy to go for a walk. [00:12:30]

THERAPIST: Hmm.

CLIENT: But it's not just like I have to do this because I need a breath of fresh air – like I guess the thing is, is like I – I'm – as I – I feel like I'm getting better, I'm starting to get my own routines and my own drive to do things. And I sometimes feel that that sort of leaves Jeremy out of it.

THERAPIST: Hmm.

CLIENT: And he feels sad, and then I feel sad because he feels sad.

THERAPIST: It sounds like you guys are struggling with how much interdependence you have and how much independence you have –

CLIENT: Yeah.

THERAPIST: – from one another and how much can your routine – how much can your personal routines –

CLIENT: Uh-huh.

THERAPIST: – be – be different and allow you to be independent from one another. And how – how much time do you guys need – you know, need to be sort of on the same page and doing the same thing.

CLIENT: Yeah.

THERAPIST: And it sounds like he's really wanting a lot more – you know, togetherness and a lot more similarity between your routines and the schedule and flow during the day than what you need.

CLIENT: Yeah.

THERAPIST: You know, with everything from matching your eating behaviors to matching, you know, what – what your – you know, you're going to – your peak work times are.

CLIENT: Yeah.

THERAPIST: And in some ways that's been helpful for you to maintain a little bit more structure, but in other ways, it sounds like you're losing some of your – your voice.

CLIENT: Yeah.

THERAPIST: So – your ability to say, ‘I’d like that – walking in the rain right now is not what I want to do.’

CLIENT: Yeah. (laughs)

THERAPIST: ‘If you want to go take a walk, feel free.’ [00:13:58]

CLIENT: Yeah. (laughs)

THERAPIST: And that’s not not compromising.

CLIENT: Yeah. Yeah, and I guess that’s the – you know, I – I think one thing that – with more to do on the weekends, is that – oh, you know, one thing that I don’t want to do it, but I really like to do once I’ve done it is go to dance in the morning.

THERAPIST: Hmm.

CLIENT: Because I really like dance. I hate – I hate exercising, but I – once I’m in class and I’m there and I’m already sort of sweating and yucky –

THERAPIST: Uh-huh.

CLIENT: – I really like it and I enjoy it. And so I found that, you know, I’ll hop in and he can meet me after dance –

THERAPIST: Hmm.

CLIENT: – because I’ve done something that I want to do and by him walking me to dance or meeting me after dance –

THERAPIST: Uh-huh.

CLIENT: – he is walking –

THERAPIST: Uh-huh. He gets his walk in.

CLIENT: – and we can walk somewhere.

THERAPIST: Yeah.

CLIENT: So I found that, you know, in that sense like –

THERAPIST: Yeah, that's a great compromise.

CLIENT: Yeah. Yeah. And I think that sort of thing as – something I have to work on is like, by nature, I don't like telling people what to do.

THERAPIST: Uh-huh.

CLIENT: Like I wish they would just do as I will it (laughs), you know, but that – which is why I would never be a good leader. But – but in the same sense, like I sort of realized that it's – it's frustrating for me to – because like I'm just not the – the way I've worked has never been sort of a compromise. I've always been sort of like – when I really would get into something, there's like –

THERAPIST: Hmm.

CLIENT: – it's hard for me to slow down and compromise, but I sort of see that maybe I need to sort of work on maybe a sustainable model of something. [00:15:30]

THERAPIST: Well, I think in some ways what I hear happening is – it's – you're – not that you need to tell him what to do, but that you do need to tell him what you are going to do. Like at dinner –

CLIENT: Uh-huh.

THERAPIST: – you know, you pointed out which things sounded really yummy to you. You didn't order for yourself.

CLIENT: Yeah.

THERAPIST: And you don't need to order for him –

CLIENT: Yeah.

THERAPIST: – which would be telling him what to do –

CLIENT: Uh-huh.

THERAPIST: – but you can say, 'That sounds really yummy. I'm going to get that.' He can pick whatever things he wants to have, keeping in mind whatever he's going to have for dinner.

CLIENT: Uh-huh.

THERAPIST: But allowing you to have your independent voice, not necessarily impose it on him –

CLIENT: Uh-huh.

THERAPIST: – but to – you know, that doesn't have to change what he orders for himself or what he has for dinner.

CLIENT: Yeah.

THERAPIST: So I think being able to keep and retain the decisions you make for yourself without having them necessarily be hoisted on him –

CLIENT: Yeah. Yeah, and I think that's – I mean, the sort of – I sort of know – like we like pretty much the same things. And like we share – like when we go out to eat, like we share it like family style.

THERAPIST: Uh-huh.

CLIENT: And I know if I would have requested that salad, even though it was probably a lot like the thing he really wanted, he would have really enjoyed it as well. [00:16:45]

THERAPIST: Uh-huh.

CLIENT: And I think that if he would have – I mean, just sort of like he wants to get cats, just because he knows it will make me happy –

THERAPIST: Hmm.

CLIENT: – and I just – you know, I – you know, like if I ordered something that I really wanted, he would probably enjoy it, because I was really happy, rather than –

THERAPIST: Hmm.

CLIENT: – I mean, I remember when we went to eat at another restaurant a long while ago, and like the menu looked very frightening – it was frightening to the unadventurous. Like it had fried grasshoppers and lots of seafood options, which – like squid, (inaudible) sort of – you know, can deal with. And, you know, that night, I just – I didn't pick anything, I was kind of –

THERAPIST: Hmm.

CLIENT: – he was like, 'Well, what good – what looks good to you? Like, do you want to order this?'

THERAPIST: Hmm.

CLIENT: And I really wasn't – you know, I guess because I wasn't mentally prepared, but like he was really upset that I didn't order anything –

THERAPIST: Hmm.

CLIENT: – or I didn't find anything interesting. [00:17:45]

THERAPIST: Uh-huh.

CLIENT: And it sort of – it makes me sort of think now that, you know, maybe asserting my opinion – maybe it, you know – maybe it's actually a good thing, because then he sort of knows when I'm actually (sic) want something –

THERAPIST: Hmm.

CLIENT: – and I'm also happy and really looking forward to something.

THERAPIST: Hmm.

CLIENT: Like I – I that's kind of – you know like, I guess – and maybe it's not the thing he was looking for, but –

THERAPIST: Hmm.

CLIENT: – you know, the fact that I'm, you know, actively sort of pursuing – you know, and maybe that's – you know, I saw – saw that at lunch when I had maybe not the same lunch as him, but I was actively pursuing something that was, you know, probably healthy for me –

THERAPIST: Uh-huh.

CLIENT: – and he, I guess – yeah. I need to work on –

THERAPIST: Hmm.

CLIENT: – being more assertive and not feeling guilty.

THERAPIST: What – what do you end up feeling when you don't assert your – your choice, your voice? [00:18:45]

CLIENT: Well, when I don't assert my voice, I get like, 'Ugh, do I have to?' And I get sort of bitter, like, 'Oh, we always do what Jeremy wants to do.' And I actually said that on our walk, because like I was like, 'Ugh.' And he was like, 'Oh, why don't we go to this Turkish' – he's like, 'Why don't we go to this Turkish store now?' And I was like, 'Oh, well finally we can' – oh, wait,

where – he's like, 'Where – we can get some baklava for you.' And I was like, 'Finally, he phrases it in terms of my terms.'

THERAPIST: Uh-huh.

CLIENT: And then I said that and he was like, 'Whoa.'

THERAPIST: Hmm.

CLIENT: 'Where did that come from?' And I was just like, 'Where did that come from?'

THERAPIST: Hmm.

CLIENT: And so I was slightly –

THERAPIST: Angry?

CLIENT: Yeah. Just because I sort of felt like, you know, I mean – Sunday I didn't feel like going to dance class, we had to walk through the snow and slush and get dripped on from the awnings. [00:19:54]

THERAPIST: Uh-huh.

CLIENT: I mean, everyone was walking about on Sunday, because it was, you know, kind of like a – after the accident –

THERAPIST: Hmm.

CLIENT: – you always want to get out or – but, you know – so I realized it was good for me, but in the sense like I – because I wasn't asserting my opinion, I was kind of like Eeyore, from Winnie the Pooh. (laughs)

THERAPIST: (laughs)

CLIENT: And I just sort of – you know, and I feel bad and I know it – you know, I went back some, because I mean excitement sort of breeds upon like more excitement –

THERAPIST: Uh-huh.

CLIENT: – as opposed to –

THERAPIST: But when you're feeling like you haven't been able to have a say, you end up feeling, like you said bitter –

CLIENT: Yeah.

THERAPIST: – resentful, angry.

CLIENT: Yeah.

THERAPIST: That's not – that's not – that doesn't feel good for either one of you.

CLIENT: Yeah. Yeah. And I guess – I mean, that's the sort of – and it caused – at night, I'm taking a teaching class right now. It's like the course of the future – designing the course of the future. And you know, it's a real sort of stress on students participating, being engaged and active, and I guess I sort of think about what is that – you know, how is it in the relationship?

THERAPIST: Hmm.

CLIENT: Like being engaged and sort of giving and taking. Like maybe a student doesn't want to do this assignment, but they sort of see, you know, what the teacher – maybe the teacher doesn't want to be interactive with the student –

THERAPIST: Uh-huh.

CLIENT: – but they both sort of compromise and you are engaging and learning from each other.

THERAPIST: Uh-huh. So as the teacher, what do you do to keep the student engaged and participating? This is not a test question.

CLIENT: Yeah (laughs).

THERAPIST: It's a parallel. [00:21:27]

CLIENT: A parallel. Well, with Jeremy it would be like, you know, keeping him – finding a way – like integrating things that he wants to do, like going for walks –

THERAPIST: Hmm.

CLIENT: – and you know, eating lots of vegetables, and you know, finding ways to keep him like connected to those things –

THERAPIST: Hmm.

CLIENT: – while not sacrificing my own sort of – what I want. And like for instance, like on Saturday, the teacher would take their pupil for a walk after –

THERAPIST: Hmm.

CLIENT: – they did what they wanted to do, which was go to dance class.

THERAPIST: Hmm.

CLIENT: And the pupil, you know, was assigned – you know, given the assignment, you have to walk around.

THERAPIST: Hmm.

CLIENT: And that was a good compromise, because I got to do what I wanted and they got to do what they wanted. But in the same sense, it wasn't like walk around first thing in the morning.

THERAPIST: Uh-huh.

CLIENT: And you know, in that sense, I guess, with eating at a restaurant, it would be like picking out what I wanted to eat and the pupil – maybe that wasn't his favorite thing to do –

THERAPIST: Uh-huh.

CLIENT: – but – still enjoy from it and –

THERAPIST: Hmm.

CLIENT: – you know, got to – because he ordered something that they want, you know. I guess – yeah. I mean, I guess – maybe the sort of indefinite – because I'm still trying to develop my course. [00:22:46]

THERAPIST: Uh-huh.

CLIENT: There's no syllabus yet, but I sort of see that – you know, no teacher has full control over their students, and no student has full control over what they're taught. They have even less control. But I guess, you know, in graduate school, like it is sort of a give and – I've noticed it is a give and take sort of learning experience.

THERAPIST: Uh-huh.

CLIENT: Where there's certain content that you need to do, like you need to spend time with this – and – and parallel, you need to spend time with your significant other, you know, because there's no sort of substitute for spending time.

THERAPIST: Hmm.

CLIENT: Like, you can – there's no such thing, I think, as quality time, because I mean a lot of like – I – I think that just spending lots of time, because things sort of come up.

THERAPIST: Hmm.

CLIENT: Like if you just say, you know something – like if he was really upset or some night, I could be like, 'Oh, well this is not the day we hang out' –

THERAPIST: Uh-huh.

CLIENT: – 'so sorry.' You know?

THERAPIST: Uh-huh.

CLIENT: It was just – it's – it's very sort of malleable. But I think it's – yeah, I – yeah, I think I'm definitely still trying to – I think Jeremy is definitely learning and – what to do now that he's not the absolute number one. [00:24:07]

THERAPIST: Hmm.

CLIENT: You know, what to do when – it's not as traditional as it started out to be.

THERAPIST: Hmm.

CLIENT: And you know, in one sense it's – I think he feels lucky that he has someone that's very intellectual and exercises, like has all these things.

THERAPIST: Hmm.

CLIENT: But there's also – I can't be a superwoman. And I've already given up on that. But I think now just sort of learning to speak my voice and – but also learning how to compromise.

THERAPIST: Hmm. Yes, so there's room for both of your voices.

CLIENT: Yeah.

THERAPIST: You hear what he wants, but you also need to be able to hear, and he needs to be able to hear you when you say what you want.

CLIENT: Yeah. And another thing that came up this week was my sister – I sort of like – because she's been calling and like calling a lot. And like she found out that – she's had surgery on both hips. Hip number one like four years ago – or like two – two years ago. The other hip just recently. But the first hip that she had the surgery in, she thinks she has another tear in it.

THERAPIST: Oh no.

CLIENT: And so it's really hard because I know that the way she deals with the pain, it's – I know that her marriage is a little bit in danger –

THERAPIST: Hmm.

CLIENT: – the fact that she's been out of college with large student loans from a pharmacy degree, and she hasn't worked yet. [00:25:49]

THERAPIST: Uh-huh.

CLIENT: And so there's – you know, there's – there's things that I would like to say, like, 'If you had an infinite amount of money, yes, I would want you to have the surgery, I want you to be healthy, and I'm sorry.' But there's also things – real life things, like, 'You have loans that your husband alone can't pay off. And you know, you're not a very good contributor when you're at home and you're not doing anything.'

THERAPIST: Hmm.

CLIENT: I mean, of course, if I said that there would be tears saying that, 'I can't. I'm in so much pain.' And you know, I have – there's – I mean, she's kind of a in her own sort of world sort of person. Like I guess if I –

THERAPIST: Hmm.

CLIENT: – if she calls me up, she – you know, like when the whole blizzard came, she was more upset about what someone had told her on the Internet about the prospects of being a pharmacist what – with chronic pain and using Vicodin.

THERAPIST: Hmm.

CLIENT: Like someone on a pain forum just basically said that – all these things, like she would never be able to have kids, she'll have to change her job –

THERAPIST: Hmm.

CLIENT: – and like all this sort of hateful stuff. I was like – and you know, she was really upset, that she needed a hug –

THERAPIST: Hmm.

CLIENT: – and I was like, 'There's other things going on.'

THERAPIST: Hmm.

CLIENT: Like I was very – I mean, you know, I'm not looking for sympathy, but it's just it's kind of like – I have – my well is dry. [00:27:09]

THERAPIST: Hmm.

CLIENT: And so I just basically wrote a message that like – you know, if you had a professional question, why didn't you ask your own resources –

THERAPIST: Hmm.

CLIENT: – such as your own godmother, who's a pharmacist, or grandma, who's a pharmacist.

THERAPIST: Hmm.

CLIENT: The person that you worked with, if you had a question. And second of all, why are you like holding much stock in what someone on the Internet –

THERAPIST: Uh-huh.

CLIENT: – you've never met, you've never seen them, they're not in the profession – yeah, they said something mean and stupid, but you don't know them. They could just be angry. I mean, if they're someone saying the sky is green, you're not going to take them seriously and cry over it, you know? And you know, so I was slightly yelling and I felt kind of bad, and I obsessed over being –

THERAPIST: Hmm.

CLIENT: – I mean, I – I – I didn't call her stupid.

THERAPIST: Hmm.

CLIENT: I just said, 'You know, why are you' – you know, I – I took it a couple of lines, but it just – it got –

THERAPIST: What were you feeling?

CLIENT: Like – like I was feeling like, 'Good God, haven't like – I can't even' – I was really frustrated and annoyed –

THERAPIST: Uh-huh.

CLIENT: – because part of me feels bad that she feels bad.

THERAPIST: Uh-huh.

CLIENT: I'm another human being, I love my sister, I don't want her to be upset.

THERAPIST: Uh-huh.

CLIENT: And I don't want her – anyone to steer her, because she's now applying for jobs for like a part-time pharmacy job.

THERAPIST: Hmm.

CLIENT: And I think this is really good for her because it will supply income, it will get her going, and –

THERAPIST: Hmm.

CLIENT: – be a distraction from the pain, so I was really excited.

THERAPIST: Uh-huh.

CLIENT: And then when she was like, 'Oh, I don't know if I can do this,' and she talked about switching pain medications, I was like, 'Why do we have to make this drama – dramatic?' See I get – I just –

THERAPIST: Hmm.

CLIENT: – plus, I read the message right when I woke up, so I was kind of like I was already in a –

THERAPIST: Hmm.

CLIENT: – not a mood to be messed with and – or you know, you wake up. It's in the morning. I kind of have like a buffer, noon to 5:00 pm –

THERAPIST: Hmm.

CLIENT: – is when I can take these dramatic phone calls, and – because at least I have dance or you know, maybe wine with dinner, but (laughs) I just – I get upset because – you know, I mean, in one sense, I get upset because it's just – it – it – she's upset. I get upset because it's annoying to have to retell her the same things –

THERAPIST: Hmm. Yeah.

CLIENT: – and it's also annoying because – I get upset because she doesn't care about what I'm feeling, what I'm doing. She's very absorbed in her own little world. And you know, we all have problems and it's good to talk about them, but –

THERAPIST: But you don't want it to be a back and forth, and so you feel like you're putting out – she's not really taking in what you're putting out, and she doesn't – and it doesn't feel like she's giving back? [00:30:00]

CLIENT: Yeah. And I think part of it – like she's like, 'Oh, I – I weighed myself and I was 130. I'm no longer an anorexic weight anymore.' I was like, 'What – what kind of – you know, who says things like – do you think this is a good thing or a bad thing?'

THERAPIST: Hmm.

CLIENT: You know? I – I sort of feel like – I guess, yeah there is – it's kind of like not on the same wavelength.

THERAPIST: Uh-huh. It feels like she's trying to be kind of provocative –

CLIENT: Yeah.

THERAPIST: – to get a response – get a dramatic response.

CLIENT: Yeah.

THERAPIST: Trying.

CLIENT: And I just – I don't want things to be dramatic. I'm –

THERAPIST: Uh-huh.

CLIENT: – I hate to be too much like a man, but I want – or a traditional, stereotypical man, and be like logical and suggest this, and it changes, but –

THERAPIST: Well, there's a big – there's a big area between being, you know, being totally devoid of affect, and being dramatic.

CLIENT: Yeah.

THERAPIST: Like there's room to have genuine emotion in there.

CLIENT: Yeah.

THERAPIST: But to feel like she's maybe kind of putting barbs out there to try to provoke a big response –

CLIENT: Yeah.

THERAPIST: – that's – it feels manipulative.

CLIENT: Yeah. And I guess – I mean, I never told her that she's being manipulative –

THERAPIST: Right.

CLIENT: – or that I don't like her phone calls or – instead I just don't pick up the phone.

THERAPIST: Hmm.

CLIENT: And then I feel bad when there's like three missed calls –

THERAPIST: Hmm.

CLIENT: – and I guess Facebook is where you really do have to look at it –

THERAPIST: Uh-huh.

CLIENT: – I mean, you know, I – I don't want to de-friend her.

THERAPIST: Hmm.

CLIENT: That's stupid, because that's just irrational, but – yeah, I mean, I just – I mean, I don't know. How do you deal with someone that is – and I mean, I know that she could use therapy and I suggest that when she –

THERAPIST: You can't be her therapist. [00:31:55]

CLIENT: That's what I said. I said, that, you know, 'Where's my bill?' (laughs)

THERAPIST: (laughs)

CLIENT: I – yeah, I – and – and I was joking, but I was being passive-aggressive, like – you know, I just can't be talking to someone who's crying every day. And I guess maybe that's something that I should, you know, suggest to her, that – you know, I can offer advice, but you know, but I just can't be listening to – I mean, my mom said that – you know, told my sister that she's not allowed to talk about any pain-related things around her, because my sister –

THERAPIST: Hmm.

CLIENT: – you know, and in a sense – because my mom got annoyed because she has her own – I mean, she's had five back surgeries now and –

THERAPIST: Hmm.

CLIENT: – she's in pain every day, but she doesn't talk about it. You can see it in her face –

THERAPIST: Hmm.

CLIENT: – but you know – and so – it's just interesting to see how two different people deal with the –

THERAPIST: Uh-huh.

CLIENT: – one more matter-of-fact and more like –

THERAPIST: Hmm.

CLIENT: – it's a private sort of burden, and because of that, I feel more sympathy for my mom, and understanding then – I – I flew down into Florida, where my mom had surgery. But with my sister, I wasn't there to really bathe her and watch over her. And of course, I mean, she has a husband and –

THERAPIST: So does your mom. [00:33:22]

CLIENT: Yeah.

THERAPIST: I think, you know, it's – it's interesting because in some ways the same – some of the same strategies work in both your relationship with your boyfriend and with your sister. Coming from different areas, it's not like Jeremy's work – trying to provoke you in the same way, and it's not like – and it doesn't seem like his intent is at all like self-interest, um, in the way that it feels your sister is focusing primarily on her own needs and not –

CLIENT: Yeah.

THERAPIST: – you know, acknowledging that you have your own set of needs. But in some ways, the making space for your voice and your needs to be heard and – and setting some boundaries about where the other person's – you know, setting boundaries, you know with your boyfriend, but where does he get to make decisions? He doesn't really get to make decisions about what you eat for lunch. That's a boundary. With your sister, the boundary of how much time is appropriate for her to get from you?

CLIENT: Uh-huh.

THERAPIST: You know, daily phone calls might be too much. [00:34:29]

CLIENT: Yeah.

THERAPIST: And – and your needs come in there, you know, your need to have space from hearing about how upset she is.

CLIENT: Uh-huh.

THERAPIST: It's really hard to hear about someone who feels badly.

CLIENT: Uh-huh.

THERAPIST: And while you're not unfeeling for her, hearing about it doesn't actually make a difference. It – it doesn't make her feel better for you to hear about it every day.

CLIENT: Yeah.

THERAPIST: So the idea of sort of like what – what's an appropriate amount time that you can give her, and setting that boundary. And you know, it might be by not – not picking up the phone every time she calls, or by setting up a – you know, letting her know what your schedule is and saying like, 'These are good times for me to talk to you.'

CLIENT: Uh-huh.

THERAPIST: You know, calling at other times, she doesn't get you.

CLIENT: Yeah.

THERAPIST: It sounds like you do – you need some limits.

CLIENT: Yeah, and I guess, you know, I sort of know that – I mean, there's times like right off – you know, very often she'll call like right before she – I mean, she'll call any time, like right before she has a doctor appointment, right after. And like, you know –

THERAPIST: Hmm.

CLIENT: – of course, she's emotionally charged. Like she'll just call whenever, and I think by having these times to be like set, and she can actually like process rather than just be –

THERAPIST: Rather than getting the fresh –

CLIENT: – spew –

THERAPIST: Uh-huh.

CLIENT: – and then that way, I mean – you know, that's one thing, after I wrote her the message and like later she called on Sunday night, and like she called during dinner. And I was like, 'Well, I'm not going to answer this.'

THERAPIST: Uh-huh.

CLIENT: But then, you know, later I called her up, and she seemed much – like after I wrote her the message, like, you know, you just got to calm down –

THERAPIST: Hmm.

CLIENT: – and like, you know, we could laugh about it. But in the same sense, like – I sort of realized that by giving her time to process it, there was a –

THERAPIST: It was better for both of you.

CLIENT: Yeah, and I think maybe that's a good thing, is to, you know, like when she gets in a streak of calling a lot, just say, you know, that there are certain days that are good for me and – you know, especially because I'm really busy. [00:36:32]

THERAPIST: Uh-huh. Yeah. And if when – when it comes time to set that boundary, being able to phrase it in a positive way, like, these days are really good days for me to be able to have time to talk to you. So you talk about when it – when you're going to be able to give her what she wants –

CLIENT: Yeah.

THERAPIST: – rather than saying, 'I can't talk to you every day.'

CLIENT: (laughs)

THERAPIST: You know, 'These times are really bad for me,' or what – rather than telling her what she can't have –

CLIENT: (laughs)

THERAPIST: – letting her know what she can have –

CLIENT: Yeah.

THERAPIST: – will be easier probably for her to accept.

CLIENT: Yeah.

THERAPIST: And it makes it a more successful – kind of presentation –

CLIENT: Yeah. No, that – that really makes sense. The, you know, really positive – and just phrasing things in a positive way –

THERAPIST: Uh-huh.

CLIENT: – even though it may not be the most positive news –

THERAPIST: Right, she's not getting everything she wants, but you're focusing on what she is getting. And it just, I think, makes it a little bit easier for her to hear, easier for her to hopefully accept.

CLIENT: Yeah. A lot of this, it's interesting, because right now we're trying to understand the psychology of the student in the classroom, and we were reading through syllabus. And like, you know, there's a lot things that, you know, just that being positive with the students about what they're going to learn and –

THERAPIST: Hmm.

CLIENT: – that – you know, that – 'This course is going to be a lot of work, but from it you will obtain this, this, and this.'

THERAPIST: Uh-huh.

CLIENT: And – rather than like, 'If you're not interested in doing a lot of work, you know, get out of this class.' [00:38:00]

THERAPIST: Hmm.

CLIENT: Or, 'Don't sign up.' And you know, just sort of seeing that that's the way people –

THERAPIST: Uh-huh.

CLIENT: – feel –

THERAPIST: Yeah. Students are people.

CLIENT: Yeah (laughs), I know, I know.

THERAPIST: They remain being people before and after.

CLIENT: Yeah, and I can – I – I – you know, we were starting to, I guess, reflect upon his own teaching course and like ways like –

THERAPIST: Uh-huh.

CLIENT: – you know, maybe I'd have to change the paradigm in my own life.

THERAPIST: Hmm.

CLIENT: And dealing with people.

THERAPIST: Hmm.

CLIENT: Especially the busier I get, the less able – the less –

THERAPIST: Hmm.

CLIENT: – conscious I am over like – the less tolerant I am of people –

THERAPIST: Uh-huh.

CLIENT: – because I go, go, go, get off this T.

THERAPIST: Uh-huh.

CLIENT: Get – and you know, I found myself like getting kind of frustrated with people more frequently –

THERAPIST: Hmm.

CLIENT: – because it's like, 'Well, I need to get this work done.'

THERAPIST: Hmm.

CLIENT: 'Why are you talking to me? Why is this music playing,' and –

THERAPIST: Yeah, those are good signs to yourself when you notice yourself feeling frustrated that you're maybe over-scheduled or –

CLIENT: Yeah.

THERAPIST: – overwhelmed.

CLIENT: Yeah, and – yeah. So I think these are definitely things that I can – I’m going to start trying to work on –

THERAPIST: Uh-huh.

CLIENT: – is setting boundaries, but in a positive way. And like letting people – also like realizing – like working on the guilt factor. [00:39:19]

THERAPIST: Uh-huh.

CLIENT: Because I feel guilty a lot, like when someone’s unhappy, like –

THERAPIST: Hmm.

CLIENT: – it’s kind of like – maybe the analogy of when you tell your child that you know, you’re doing something bad or you’re not doing something right, they’re going to feel upset –

THERAPIST: Uh-huh.

CLIENT: – because no one – but, you know, part of that is realizing that it’s for the greater good –

THERAPIST: Uh-huh.

CLIENT: – and I have that – if it’s not an instant reaction of reflection and, ‘Oh, you’re right.’

THERAPIST: Hmm.

CLIENT: Because I always try and do that, like if someone chastises me, I try and quickly accept and show that, you know, what they told me wasn’t wrong, but ok, I understand. I feel bad.

THERAPIST: Hmm.

CLIENT: I mean, even though, that’s probably kind of annoying –

THERAPIST: Hmm.

CLIENT: – for probably the person, I guess sometimes like – like I don’t know. I sort of – I feel bad – I guess I feel bad when I complain, but in a sense, maybe that’s telling me that there – I should have fixed this situation before there was a reason to complain.

THERAPIST: Hmm. Well, sometimes it’s hard to anticipate –

CLIENT: Yeah, (laughs), yeah.

THERAPIST: I mean, there may be sometimes when you can anticipate, but not all of them.

CLIENT: Yeah.

THERAPIST: So I think being realistic with yourself, what really is under your control –

CLIENT: Yeah.

THERAPIST: – and what's not, doesn't seem fair to hold yourself responsible for things you couldn't control. [00:40:42]

CLIENT: Yeah.

THERAPIST: So you have to do that check with yourself, which things – which things are under your control, what's not, what are you responsible for, and what are you not responsible for.

CLIENT: This turned into – this seems for me like it would be a – like if I start to feel guilty, it's kind of like an impulse feeling, like when I get about like, 'Gross,' and start freaking out.

THERAPIST: Hmm.

CLIENT: Because, you know, occasionally I do do that, but then I'm just – I have to tell myself, 'I have to calm down.'

THERAPIST: Hmm.

CLIENT: 'That was gross, it could have been grosser. And it's not unsafe.' And maybe I have to say when I feel guilty – like I should work on saying that, 'I feel guilty, it's an impulse reaction, but it was out of my control. And I'll do it better next time.' Or I'll sort of, you know, just chalk it up to life sucks sometimes or –

THERAPIST: Hmm.

CLIENT: – you know – and yeah. I like – I like playing the games, I like these little things to tell myself, like –

THERAPIST: Yeah, well the way that you talk to yourself can really impact how you react to something.

CLIENT: Yeah.

THERAPIST: If something toxic goes on in your head, it can be pretty powerful.

CLIENT: Yes, for better or for worse.

THERAPIST: Well, so use it for good. Right? If it's power, use your power for good.

CLIENT: Yeah.

THERAPIST: Why don't we wrap up there for today, and then next time, you're a Monday morning?

CLIENT: Yeah, Monday morning –

THERAPIST: Barring any snowstorms or –

CLIENT: Yeah.

THERAPIST: – illnesses or all these other things that have muffed up the schedule. So I have us for the 25th, so two weeks?

CLIENT: Yeah, that's right. [00:42:21]

THERAPIST: At 9:30.

CLIENT: All right. I know there's a checkbook in here.

THERAPIST: Do you need a pen? I can hear – hear one clicking away.

CLIENT: Yeah (laughs). I sort of found like – I wasn't sure if I was going to work out privately like at a gym or something, do dance, but I sort of know that that – between these two bags, I'm covered with what I need to bring.

THERAPIST: (laughs)

CLIENT: Let's see, what date is it?

THERAPIST: Today is the 12th.

CLIENT: Kind of like if you bring one purse, you're normally missing something, but if you bring everything –

THERAPIST: That's a lot to carry. [00:43:10]

CLIENT: Yeah (laughs). It's my secondary person, next to the T, is my bags.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Thank you.

CLIENT: Mine was actually, it was really good, it was a little bit stressful being around a lot of people but...and another thing is I think I saw I was putting out my stress on say washing my hands which made it kind of a worse problem because then my hands would get dry and cracked and so then I'd have to get a Band-Aid and wash my hand and then it finally got to the point where it was like...I still have a problem like when I'm cooking or around other people like myself or Jeremy, ignoring the nicks, I have a hard time accepting that I'm fine, nothing wrong is going to happen. It's funny cause there's like, you know, it's not a problem that completely, I think it's 80 percent better in terms of now I don't really fear bathrooms (laughs) most of the time I just sort of sit down or squat and I try and diffuse the feelings quickly but I think sometimes still when I'm cooking for people or like...I'm a little bit too precautious in a sort of "Oh, no what happens if I have something or..." I get that...

THERAPIST: How strong is that when it happens? [00:01:40]

CLIENT: It's not as strong as it used to be but it's more, like if I can wash my hands and its better than I don't worry about it but then if I would see "Oh, from the night before, this is where I had kind of a sore from sewing or like a little pin prick, then I was exposed and I put a Band-Aid and then I'm like okay." I have to knead the bread, I'm still kneading this bread with a Band-Aid or kneading the dough, it kind of like got to me like I don't know if the Band-Aid's really going to help me when I'm kneading and so then I was like "Okay, at least I feel better. At least a little piece of paper tape wrapped around my finger..." I would see when I was kneading "Oh my hand has a little knick here, cause it's so dry and cracked" I was like "I have to put lotion, have to put a Band-Aid and then I have to wash" (laughs) then the Band-Aid comes off and kneading the dough. I just...I finally get frustrated so then I just realize that it doesn't matter but I have to get to that point of frustration until I just sort of "You know what, this really isn't doing anything. This is..." so I sort of see like...

THERAPIST: Do you feel like you need the Band-Aid to soothe your anxiety or is that a feeling of obligation to protect? [00:03:22]

CLIENT: Kind of both.

THERAPIST: Anything else that I didn't give you choices for? I didn't want to limit...

CLIENT: Yeah (laughs). No, no, those are both cause I do feel like its protecting and then it does sort of make me not worry about "Oh is this unsafe because there's a Band-Aid?" There's that second sort of tier of logic that says the Band-Aid's probably not doing much because dough is getting everywhere, it's going underneath the Band-Aid, your using your hands and I'm like "you know?" Then I tell myself "Don't worry, at least you try." So I think there's an element in the sort of like habit, maybe I feel like I have to do it because that second tier of logic says "it's really,

ultimately, you don't have to worry about it, your fine, your healthy and ultimately it's really not protecting anything, if you were really worried you'd wear latex gloves while you're kneading which would be horrible cause you need that sort of agility of your hands and the"...there's kind of two tiers. The second tier of my thinking also recognizes that it's kind of something that will at least make me feel better. [00:04:53] So that's sort of something and I've realized that when I'm washing my hands I'm not doing it so consciously and I just, for instance in dance class sometimes I have to use the bathroom in the middle of class so I don't really have the time like I do at my office where I have to count so I go really fast and I'm like "Did I just wash my hands? Yes, no? I was like it just went so quick, there's still a little bit of soap bubbles maybe I didn't fully wash off. Was this effective?" Then...

THERAPIST: What do you need to count to, to feel like its effective?

CLIENT: (pause) Well so I'm devising a new technique (laughs) where I only count I think it's either four or eight, like four seconds where I'm scrubbing and four counts where I'm getting underneath the water. Before what it uses to be was like 8 seconds here and eight seconds underneath the water, something like that or sometimes ten or sometimes, I think I did one where counting to eight...eight is a known number in dance, rather than like most people count to ten but eight just seems like a reasonable number.

THERAPIST: It's a nice measure.

CLIENT: Yeah I know. (laughs) [00:06:37] It's very choreographed well. So I don't know, I mean I know if I was performing surgery I would probably have to do a minute or thirty seconds.

THERAPIST: But you would need to be sterile?

CLIENT: Yeah. (laughs) That's what I realize is that many times like, it's sort of like if I use my second tier of knowledge, if I wash my hands, say I did do it for like thirty seconds and thirty seconds underneath the water and then I have to open the bathroom door and then all your work goes away! So I think I'm starting to get sort of like ways to think about it, like if I do worry, or like...Its just interesting how when I get stressed its particularly bad and it's sort of like negative feedback or a negative loop cause you wash your hands more and they get dry more, they look like they're cracking or maybe bleeding so you have to wash your hands more and so my hands actually I've been lotioning them and being much more careful with washing so...

THERAPIST: Did you happen to keep a chart of how many times you are washing during your day?

CLIENT: No I need to go back and do that.

THERAPIST: Is it time to go back and do that?

CLIENT: Yeah. [00:08:12] Yeah I think so. It's funny how just being stressed, I went back to it and...

THERAPIST: What felt really stressful about Thanksgiving?

CLIENT: Well there was a little...for one thing like, I don't know I guess I just found myself getting...first of all I'm having to converse a lot with Christina who, we're okay now but still it's kind of stressful and (pause) Jeremy's dad is someone else that I don't see very much so I don't feel...going out with him every night and the family every night, which is not my family, it's still slightly stressful, all the things I had to do... it was kind of like sometimes I get frustrated because I would have things to do and Jeremy would just be home goofing around and it was hard to focus, so I feel this sort of tension like "Here I'm trying to do work and you're just goofing around, your singing songs, I really need to finish this before people come over and..." That was one sort of pressure, getting everything done and yet still being a person, I mean, I don't know, sometimes I find that Jeremy is I guess, this sort of brings up maybe wanting kids, I'll have to loosen up a little bit but I'm pretty low-key and like when someone, even if they're joyful, exuberant with some much energy, you know, its work time and I guess he tends to be low-key but when he doesn't have work then he's very full of energy and happy and these are things that I should praise and instead at that time I was just like "I got to work, I got to finish..."

THERAPIST: When you feel like its inhibiting your process?

CLIENT: Yeah... [00:10:26] I think this morning when he was like, he just woke up and was full of energy and I just said "I'm (inaudible)" cause he speaks Spanish and I speak a little bit of Spanish but I just said like "Calm yourself, it's the morning" then he got it. I think I just need to...and of course I gave him a hug when I said "calm yourself" so I think maybe I just need to tell him when I need focus time instead of sounding irritated cause I think that gives him even more energy cause he thinks it's funny (laughs) and I think it's funny too but I mean, funny but I'm also annoyed and it reminded me a lot of my mom when she's trying to get stuff done for the Nutcracker and my dad was like playing music loud and watching a movie and it's like I could see her point but her thing is she wants it every night. She wants her...mine was just, you know? Another thing that upset me over Thanksgiving was the whole sort of Ozzie and Christina like, normally the past two years Christina would always like make Ozzie go to the neighbor's and basically made it a mandatory or an obligation for Jeremy also to go to the neighbor's and rather have a separate Thanksgiving at home. [00:12:00] This year Ozzie and Christina actually had thanksgiving at our place but they left to go to the neighbor's for dessert. There is no drama except that I got upset when Jeremy was like...Jeremy's brother was like "oh wait until your married and you have to deal with this sort of bullshit, three thanksgiving's..." and Jeremy was like "Janet doesn't really care, her family doesn't care." I was like "Well, what are you trying to say? My family, sure they would love to have us but they're not going to yank our arm so does that mean we're always just going to do holidays here?" So that sort of brought up, I told Jeremy that I was upset by it and he got sort of really weird about it, I guess cause I started crying and missed my family and I was like "Oh maybe you could come to Florida for Christmas and..." and he was like saying in sort of like "Oh I'm sorry I'm hurting you but there's these sort of blocks. It's

real expensive to go to Florida but if you really want me to go to Florida for Christmas this year..." I was like "It doesn't have to be this year, maybe we could have more planning. It would be nice to alternate between the families." Then he was bringing it up "Oh well you know the only vacation I ever took was to actually visit your family in Florida, so I'm not trying to say I don't like your family it's just..." I'm like "I'm not trying to say that. I just want to make some sort of formal arrangement that we eventually learn how to split holidays." We never discuss this and normally I go to my families for two or three weeks during the holidays and during the summer to help out with the Nutcracker and also visit family. Once we, eventually we have kids what are we going to do? [00:14:09] I think it would be a shame if we just had holidays with your family and didn't get to see the other family. I mean it was just sort of...

THERAPIST: You just brought up to me you guys hadn't ever really discussed and it sounds like you made different assumptions.

CLIENT: Yeah. It was frustrating because and then I sort of realized I was like "Okay, Thanksgiving is your favorite holiday, how about we pick another holiday, like Christmas or Easter?" Quite frankly I'd like to do Easter at my own place cause that's my favorite holiday but I like to have it with my parents but it's hard to get out there on Easter or Christmas, there's generally more work days available. We do have differences and it was just sort of like, I think Jeremy is used to having control of the situation and the moment he doesn't have absolute control, he gets very sort of like (pause), kind of weird, kind of stressed out, kind of like when I get anxious, he's gets sort of really like, kind of spooked.

THERAPIST: What do you think he was spooked about? [00:15:38]

CLIENT: (pause) Just having to...spooked about not going, doing something that he hasn't done before, like have Christmas with someone else's family. It's crazy cause I have holidays with his family all the time so I just sort of saw that it's something that by giving him a year to plan for, maybe he'll feel more control of the situation. It's funny cause he...I understand the money issue cause I mean it is expensive just to fly out to Florida for a few days.

THERAPIST: You also have the difference of his family is more local.

CLIENT: Yeah, that is true. Yeah. He definitely said he would be okay with spending a few weeks with my family and he's like "I don't want to hold you back." I was like "I don't think your holding me back! I'm just sad that you can't be there too." He understood that but it's just sort of something that (pause) makes me sad that...I guess it further deepened...I talked to my family and my dad made a joke because my sister had hip surgery recently so my parents had to come up and cook the whole Thanksgiving in her kitchen and my dad sort of joked "Well I was homesick too." It made me laugh but then I got sad because I put on Facebook pictures of my table runner that I sewed and the table setting and my apple pie and they didn't even like it! I was sad because I was just...you know?

THERAPIST: You wanted a response from them?

CLIENT: Yeah.

THERAPIST: And for them to acknowledge your Thanksgiving?

CLIENT: Yeah and I was like, even at my sister's, she was like "How was your Thanksgiving?" I was like "Oh, it was good. Did you see the pictures?" She's like "I just saw that there were two." I sent her pictures on Facebook, here's kittens hugging, pictures every day to make her feel better and she'll comment on those pictures but she didn't...

THERAPIST: If she really looked at the ones that were about you? [00:18:12]

CLIENT: Yeah and it just sort of hurt because I was like, I feel bad that my family couldn't be there but then they didn't even acknowledge.

THERAPIST: You didn't feel like they were feeling bad about missing you?

CLIENT: Yeah. And better yet then I start to wonder if they even approve that Jeremy and I had this Thanksgiving together because it's at our place and we are living in sin so that's another tier and they I was just like it makes me to sad.

THERAPIST: Did they say that?

CLIENT: No.

THERAPIST: But you start to wonder? Make these assumptions that they're making these judgments?

CLIENT: Yeah. Then my mom mentions that Marge called up, our Godmother, she was the one she first talked to when my mom found out that we're living together and Marge...

THERAPIST: Was very upset?

CLIENT: Yeah and she would...she was very upset especially because from her experience, her own daughter, was cohabitating for five years and eventually when they broke up she was so distressed, she was like 31, became an alcoholic and now she's getting her life back on track but she associated this all with cohabitating, like "you guys are never going to get married." So this supported my mom's own personal feelings so when I was talking to my mom the day after thanksgiving "Oh did you call up the guy that I found to do your Nutcracker?" I wasn't sure if I could be there and she's like "Yeah don't worry about you coming out, it's really important for you to get your degree and graduate and I was talking to Marge and she told me a little bit about how her daughter was doing" and she stressed how it was really important for me to get my degree and to graduate which was one of the conditions for me and Jeremy to get married or...Jeremy said "Honestly I don't want you to worry yourself with stuff, wedding stuff when you

have school to do." [00:20:24] She said that, she didn't say anything about like...I told her the pictures were up on Facebook of thanksgiving, she's like "Oh, okay, I'll have to look at them." She never liked them or said anything or like. I called her and I call home and it's sort of like, I sort of see there's these situations that kind of bring, could bring frustration for instance last night, rather than going to dance which I've already paid for, it's a semester thing, pay every semester, instead I went to another ballet studio cause I just couldn't deal with the frustration and it's funny cause I go to a separate studio right in the Square and two of the girls that are in the Ballet Company were in class and I just found like my whole concentration was just, I was just so flustered and it was frustrating because it's like these are situations that cause stress. [00:21:34] Well they shouldn't...

THERAPIST: What did it bring up for you?

CLIENT: It brought up the...I was constantly looking at them to see how high their leg was up and was it higher than mine? How much higher? What are the...?

THERAPIST: So you were doing a lot of comparisons?

CLIENT: Yeah and that's hard when you're like...mentally there's this sort of mental process going on so while the teacher's trying to combination before the music starts its sort of like hard to learn the combination cause I'm...

THERAPIST: When you're watching other girls?

CLIENT: Yeah and she's like "What are they doing? Why are they...?" it's funny and like, it's kind of sad and pathetic how so much of my life is sort of made unpleasant by me just not being comfortable with the situation or like for instance I didn't call my mom last night cause we did start these Thursday night dates when my sister wasn't talking to my mom, but now she's talking to my mom so my mom didn't seem to...like anticipatory of our Thursday night call two nights ago and then I called on Thanksgiving... Not two nights ago, two Thursdays ago, then I just didn't call this last Thursday cause I just, it made me too mad. [00:23:00] I don't know, I didn't want to bother it, I'd rather just go to bed and especially because Jeremy was all grumpy when he came home, he was happy that I was happy but he just had a long day and him and his brother confronted his mom about her shopping addiction and using the business as her personal piggy bank (laughs). He had a reason to be stressed but I guess it reminds me of my roommate Lucy, back when we were living, when I was in my second year of graduate school living with three other people, and like there was all this passive aggressive sort of thing going on and I was like "Lucy!" and she was like "Wait, if this is about the Sarah thing then I'm going to..." she just shuts her door, "I can't take it, it's too early in the morning for too much drama!" I sort of realize that I do that now, I just can't be bothered but in some senses that's good, like not to involve yourself in drama but it's just getting to a point where I'm avoiding things that could be good.

THERAPIST: Well it also sounds like avoiding some confrontation maybe could happen in a constructive way.

CLIENT: Yeah.

THERAPIST: But when you avoid it like that the anger builds and makes it harder to have a constructive confrontation about it. [00:24:29] It sounds like you're angry with your mom maybe about a couple of things.

CLIENT: Yeah I'm just, yeah I am. I'm angry that she just can't like love me and be normal and just not care that much. (laughs) I mean, even though she wants to protect me at the same point, like she didn't really like...she didn't really protect me and have to take care of me when I was like really anxious about germs and stuff. I had to take care of myself, I got therapy, I got medication so...

THERAPIST: So that would have been a time when it would have been nice to be taken care of? You don't feel like you need protection from Jeremy?

CLIENT: Yeah I do. I sort of like made that decision consciously, it wasn't like "Oh maybe I think he's going to marry me," it's like "Oh he probably will." But right now we can't be bothered.

THERAPIST: This is what you want?

CLIENT: Yeah and it's for a big convenience, you know, it's been a really big convenience and I can do a lot more in life, granted when I'm motivated to not take a nap (laughs) but the possibilities are much, much more and I just think it's like if you're just going to be all weird around me then what's the point? [00:26:04] Why is everyone...I mean this is life, the decision was made, you're unhappy about it but why are you going to act all weird about me?

THERAPIST: And it's your decision.

CLIENT: Yeah.

THERAPIST: You want to be trusted, that is your decision.

CLIENT: Yeah and I think I want her to be happy for me and not just have all this enthusiasm like with my mom when I call up "Oh things are going on great! I'm sewing this and I'm doing this on my research!" Some days are better than worse but it doesn't mean...

THERAPIST: But you feel like you need to perform this role?

CLIENT: Yeah I guess, last night I just couldn't be bothered.

THERAPIST: You didn't have the energy to do that performance, you wanted to be real and you wanted her to be able to accept reality rather than your stage performance view of it.

CLIENT: Yeah. I think one thing I've seen from my family is they have a hard time acknowledging when I do something good, like they just can't be bothered. I sort of feel like (pause) with my sister, definitely she gets jealous and upset and it's hard to say "Yeah, I'm improving so much in dance," I can't mention that.

THERAPIST: What happens if you do?

CLIENT: She just gets sad because she can't dance anymore so I try to avoid talking about dance because that could bring potential upset to her and she'll inflict it upon me and then I'll have to listen to her and so a lot of times, I guess it's hard to be, to participate in conversations with her because a lot of times, especially now after her surgery when she's very...she can only bend at a ninety degree angle cause she had really intensive surgery. It's really hard to say like good things going on or like, even if I mention that hair is...I was telling her about how Jeremy's grandmother gave his last girlfriend really nice scarf, she just likes to give little gifts, like she's given me perfumes which are very appreciative and I use a lot but I say "Oh man, I wish I could get a nice scarf. Lori probably didn't even wear it." And Tammy's like "What does it matter? Is it silk? You probably can't wash it. Who even knows that it's nice?" [00:28:53] I'm like "Well..." I was just making a comment, she's like "Well maybe his grandmother just had more money that year?" It's not about like I'm claiming his grandmother like liked, I mean she doesn't even know, didn't even know Lori, she just likes to give little gifts occasionally but I don't know. I want a nice scarf eventually, it doesn't make sense for me even wearing it on the tee, that's what I wear every day and God knows (laughs) when it's on me. The tee, I spill stuff on myself, logically it's not important to wear a nice scarf, I don't feel like I'm missing much out of life but I was just...

THERAPIST: Even an off-handed comment?

CLIENT: Yeah and she just gets very upset like how trying to make...it made it seem like she was saying how spoiled I was or like ungrateful for the perfume and I was like "I wasn't!" Even stuff like that and then she's like "Oh, makeup is good in the sense that at least you don't have to worry. You can wear it anywhere, you can't change it..." and I was like "Oh yeah and hair too." She's like "What do you mean hair? No I disagree. Hair is much..." Then she went on and on about how hair is very difficult to change and if you cut it...I just feel like...

THERAPIST: You want to be casual? [00:30:17]

CLIENT: Yeah (laughs). I can't even make a casual conversation without and even with Jeremy, the other day when we were talking on the sort of like G chat and he makes like...I was like "How are you doing?" He didn't answer for a while and then he answered off hand to something else that I had said and it was a while and I was like "Are you talking to someone else?" Then he just sort of blew up cause he's like "Oh what's wrong Janet, what's wrong with you? Are you okay?" I was like "Yeah I was just wondering..." So then I blew up to some sort of dramatic thing

and he's like "Is this about Lori liking my photo on Facebook?" I was like "No! I don't even care if she does!" Why are people...I don't know it's like I'm trying to maintain my own sort of state of ease and kind of cool off the drama cause life can be frustrating already. I already got some from my own coworkers, like I'm just sick of how men are not very sensitive in the sciences so I have my own sort of stresses and problems and then like other people are just sort of going crazy on me (laughs).

THERAPIST: People aren't really getting your intentions? [00:31:53]

CLIENT: Yeah.

THERAPIST: So I wonder what the miscommunication is about?

CLIENT: Yeah...

THERAPIST: We do need to stop for today. I know our time was short but we can pick up more next time?

CLIENT: Yeah. Yes, yes and I will...knowing that (inaudible) naturally runs slower during midterms, I never quite got it, until recently because I've been missing...just getting everywhere like fifteen minutes late and it's frustrating. I don't know if it's cause recently the bus (inaudible) and hit a bicyclist?

THERAPIST: Oh really?

CLIENT: ...And killed them, like two weeks ago, so I don't know if they're being like extra cautious but one thing is it tells me I can't cut it close anymore (laughs). Being cautious, means I need to be early. (pause)

THERAPIST: (inaudible due to background noise). I don't know if we had confirmed our December appointments or not? [00:33:09]

CLIENT: Yeah, no I have travel dates to be off.

THERAPIST: Okay so when are you here?

CLIENT: I'm here until the morning of the 13th.

THERAPIST: Okay so we can meet next week on the 7th and then you're going to be gone Friday the 14th?

CLIENT: I'm going to be gone until the 28th.

THERAPIST: Okay, so I'll take you off the 14th, then off the 21st. Are you going to be here on the 28th?

CLIENT: Yes I believe so.

THERAPIST: Okay, so we'll plan for...

CLIENT: Yes cause I'm coming back Thursday night.

THERAPIST: So let's plan for 3:30 on the 28th?

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So – well things – I mean – well, after we had talked on Friday, I don't know why, I guess I was – maybe brought up things more – maybe like, you know, brought up a lot of feelings and that night Jeremy and I like – it seemed to – like we were having a good dinner. But then when we were like – we were watching Jon Stewart and for some reason, I don't – like I've been very sensitive about, you know, who hurts whose feelings. And maybe I have some like – like that – like sad feelings for – or you know, maybe feelings of guilt for not being Republican or for watching things that, you know – I don't know. It's a whole mixture of things, things that are like, 'Well, I don't agree with it,' or like I'm not sure of. Maybe I agree with it, but I don't feel like I should be teasing these people. And then also like the falling of the Twinkies, for some reason that just hit a sore spot. I mean, I don't eat Twinkies or Ho-Hos. But I know at one time I ate Twinkies, and like I like Edy's Ice Cream and like I was sad – I was – like there's many sad things in life, and when a company goes, it's always kind of sad, even though I'm – you know, people tend to connect Hostess with causing diabetes.

THERAPIST: Yeah.

CLIENT: You know, I was just sad that – you know, that Jon Stewart was making all of these jokes about, you know, Hostess being like – you know, like – I just, you know – just – just sort of making fun of it.

THERAPIST: Uh-huh.

CLIENT: And I – I just – for some reason, it started with the Twinkies, and then it just – you know, we had kind of a big – kind of like I got really upset. And like – I mean, just like – you know, like Jeremy wasn't agreeing with me.

THERAPIST: Uh-huh.

CLIENT: He was like, 'Well, I don't know.' He was like, 'I don't have any homage or sort of love of Twinkies.' He was like, 'What can – you know, what can I say?' You know, it's – you know, in terms of like even like – you know, they didn't adapt to the changing market, which tends to like healthier food. [02:10:16]

THERAPIST: Uh-huh.

CLIENT: Like for instance, the organic food movement, or green washing.

THERAPIST: Uh-huh.

CLIENT: I mean, Hostess meant – you know, stuck to the sort of – you know, what they were doing, and they were having like struggles within their company. But I mean, I just got so mad. And I mean I – and so, you know, eventually I went to the – went to the room because I was just getting so mad at Jon Stewart and at Jeremy seeming to defend Jon Stewart.

THERAPIST: Uh-huh.

CLIENT: And then I – you know, when I went into the bedroom just to go into a different room, the door – I meant to close it, but I kind of closed it quickly and it slammed. And at first I was going to apologize. I was like, 'Well, maybe the slam was like – maybe I don't want to take back that slam.'

THERAPIST: Uh-huh.

CLIENT: Like it happened on accident and I didn't mean for it. But I was like, you know, I'm kind of mad and he deserves to know that I'm mad. And then later I came out and apologized and I started crying and you know –

THERAPIST: What were you really mad about?

CLIENT: Well, I think what I – you know, because I thought about it a lot, and so I was like, 'Why do I slam doors?' And you know – I think a lot of it was just stress about going home and not being accepted and having – you know, it was a lot of déjà vu from my last – former relationship. [03:24:01]

THERAPIST: Uh-huh.

CLIENT: Where, you know – I mean, you know, it's a mild – very mild association –

THERAPIST: Going home – home to your apartment with him or home to Florida to the –

CLIENT: Going home to Florida. Yeah, going home to Florida to be living in sin, to have a boyfriend that watches things that aren't Fox News or like – you know, or like – and – and you know, it's sort of like how he wanted me to watch Jon Stewart with him.

THERAPIST: Yeah.

CLIENT: It reminded me of my ex-boyfriend, how he would want me to watch things –

THERAPIST: Uh-huh.

CLIENT: – that are poking fun at the Republicans, which are my parents.

THERAPIST: Uh-huh.

CLIENT: And, you know it's – you know, I guess – you know, it's good not to take things too seriously, but you know, I don't like when people are mean, even if it is sort of a joke. I mean, I can understand, you know, if – you know, it's one thing to call someone out, but to make fun of them, like, you know, Jon Stewart showing a lady crying about a Twinkie. I was like, 'Well, maybe she's sad.' I mean, you know, we're sad for all different reasons. I guess, you know, I sort of saw that I don't like things that are mean-spirited. But I think, you know – I think I was more just sort of upset. It just was sort of like a déjà vu of feeling of like feeling like the – sort of rejection and the – the potential rejection, the conflict, and I think it was just too much. Like I just got mad at life and, you know, the fact that Jeremy wasn't doing anything. He – he wasn't like, you know, making things better or – you know. And in a sense maybe is not someone to make it better. [05:07:14]

THERAPIST: Uh-huh.

CLIENT: I mean, yeah, he could have – engaged to me (inaudible), but – and then there's that sort of – like, you know, 'Why are you doing' – you're doing something not because it's genuine, but to please someone.

THERAPIST: Uh-huh.

CLIENT: Or to make a situation less com – to reduce the conflict –

THERAPIST: Uh-huh.

CLIENT: – in a – in a situation. And you know, I don't want that. It's just kind of like a –

THERAPIST: What do you want?

CLIENT: Well, I want – I want things – I want not to be able to worry about it. I want not to feel so guilty about saying – to like having different – you know, maybe different political thoughts.

THERAPIST: Uh-huh.

CLIENT: And also to be able to, you know, not be like – feel bad for not also watching Jon Stewart, because like it's Friday night. Normally, we like to spend time together. But you know, if it's not doing something that I like, then I feel this conflict. Like, 'I really don't want to watch this or listen to it, because I think it sounds mean.' But you know, I don't want to be in a different room on our together night.

THERAPIST: Uh-huh.

CLIENT: And you know, there are ways to resolve that, like we could maybe be listening to headphones and stuff.

THERAPIST: Uh-huh. Is – is there something that you would both enjoy?

CLIENT: Yeah, cooking. And that's –

THERAPIST: Uh-huh.

CLIENT: – you know, that's later what we – more or less what we've been watching at night.
[06:36:05]

THERAPIST: Uh-huh.

CLIENT: Like there's – on like Chow Hound, there's these things called obsessive, and these people are like super into like cake decorating or – I – sometimes Master Chef or like – we don't have a TV, but there's definitely like lots –

THERAPIST: Uh-huh.

CLIENT: – between cooking blogs and Hulu, there's a lot of cooking things, or sometimes we could watch movies on Netflix –

THERAPIST: Uh-huh.

CLIENT: – which it's also sometimes like – it can be frustrating sometimes because we have different movie tastes. And like, I like more like foreign films, black and white films with the subtitles, introspective, sort of like –

THERAPIST: Uh-huh.

CLIENT: – not so much scenery, but more like cerebral. And he likes action –

THERAPIST: Uh-huh.

CLIENT: – sort of like James Bond, but we even went to the James Bond movie and he didn't like that one, because it was too much action, not enough plot.

THERAPIST: Uh-huh.

CLIENT: And you know, it was like I – I couldn't say anything.

THERAPIST: Uh-huh.

CLIENT: I was like, 'Isn't that what a Bond film is supposed to be about?' (laughs) And you know, so it – it's kind of – or you know, or comedies. [07:44:00]

THERAPIST: Uh-huh.

CLIENT: And you know, sometimes I like comedies. But I sort of feel like if I'm watching a movie, I want to think about it and – you know, I guess there's a middle line where we cross over –

THERAPIST: Uh-huh.

CLIENT: – like we watched "Dancing (sic) With Wolves" but he fell asleep.

THERAPIST: Uh-huh.

CLIENT: Which was probably better, because then like – because sometimes when it gets serious, like we watched "I Am – I Am Love." And it's quite a sensual sort of film, and he was like, 'This sucks, man.' And it was just like, 'Boo,' and just sort of joking. And I was like, 'Ok, well, you know – (laughs) I get it.' It's –

THERAPIST: Uh-huh.

CLIENT: – you know, it sort of is like, 'Can't we experience this film in our own like' – you know – and I just – I don't know why like – I'm sort of starting to see like there's sometimes like I really appreciate and enjoy his time, but other times, it's like, 'Keep – tone it down a little bit.' Like in the morning he's like so excited. He reminds me of like a little revved up puppy that just woke up. And I was like, I haven't – I mean, maybe it's just me. Maybe I'm – you know, maybe I – maybe it's just like the end of the semester and I'm tired or just irritated with life, with my sort of like –

THERAPIST: Uh-huh.

CLIENT: – I want my project to work out and it sort of goes slow and I'm arguing with my group members about stupid things on my project – on our class project. And you know, I – I don't know why I'm feeling so irritated recently –

THERAPIST: Uh-huh.

CLIENT: – or maybe it's just the stress of going home and you know, just not being able to clearly focus on my work or – but you know, I've just been all sort of irritated and like even with like – and you know, I sent like – this morning, we – we wound up getting in kind of like a – kind of an argument about border control. It started with us talking about the legalization of marijuana in Colorado – in Colorado state and how are they going to enforce – you know, do sort of federal – federal and state separation of powers. [09:53:06]

THERAPIST: Uh-huh.

CLIENT: And like you know, if you have marijuana in Colorado state, how are they going to prevent it from going to other states? And he was like (inaudible). I was like, 'Well, when I was a kid, I was like when we' – I was like, 'Couldn't they put some sort of border patrol and check cars? I mean, this is what I remembered when I was kid, going up through the Florida – we were driving from Mississippi all the way up through Colorado. And of course, we passed through like New Mexico and Florida. And I was like, 'You know, I remember that when we went – got up to that border they did check our car. They check everyone's car.'

THERAPIST: Uh-huh.

CLIENT: 'And we had to make sure we didn't have like any produce from Arizona, because they have strict agricultural laws in Florida.' So I said that. And he was like, 'Wait, wait, wait. You know, that doesn't make sense.' He's like, 'So you're saying that they have border patrols, you know, all over Florida at every – on every single road?' And I was like, 'Well' – I was like I don't know. I said that they had it along this road.

THERAPIST: Uh-huh.

CLIENT: You know, and I was like, 'I can recall this' – you know, I said that – you know, being in New England, I see that – I go into Maine, there's no border control there. I was like, 'But in Florida, they did have it.' And I was like, you know. And he was like, 'Ok, well' – I mean, he seemed very incredulous to –

THERAPIST: Uh-huh.

CLIENT: – like he didn't negate that I didn't have that experience –

THERAPIST: Uh-huh.

CLIENT: – but he did sort of negate like – ‘Seriously, they check every car? I mean, that’s got to take a lot of time. And you know, how are they even going to like – how does that happen? Is it on every road?’ And I was just like, ‘I don’t know.’ [11:24:09]

THERAPIST: You were feeling really attacked?

CLIENT: Yeah.

THERAPIST: For your idea.

CLIENT: Yeah. And I was like, ‘This experience happened.’

THERAPIST: Uh-huh.

CLIENT: ‘And it makes sense that – you know, there’s a reason why this experience happened rather than just being a random instance of government control.’ And you know, so I looked it up at the table and I found that, uh-huh, they do have regulations on plants and fruits and it is at the border. But you know – and later I looked up that there was a list of border control – you know, there’s a list of border control places, and as it is, it’s in places that are most likely to get traffic of illegal agricultural substances or immigrants. And they would be like at the base of – you know, it’s in the San Diego sector, the El Centro sector of California. So it’s not in every state. But it is states that are –

THERAPIST: Uh-huh.

CLIENT: – you know, may – it’s on major highways. And so, you know, it wound up that we were both right.

THERAPIST: Uh-huh.

CLIENT: But in the same sense, like, I mean –

THERAPIST: It sounds like it’s not so much about who was right or wrong, but you felt attacked in the way that the conversation happened.

CLIENT: Well, yeah, and I felt like that it’s not like he felt that he was going to look it up. [12:38:04]

THERAPIST: Uh-huh.

CLIENT: Like, if I would have just said, ‘Oh, yeah. Maybe – you know, maybe that – maybe I was crazy’ –

THERAPIST: Hmm.

CLIENT: – you know, we would have gone on – you know, it's not like he would have looked up like saying, 'Oh, you know, maybe I'm wrong.'

THERAPIST: Uh-huh.

CLIENT: It's like, why do I feel like it – you know, it feels like – you know, it is a serious debate. First of all, it's breakfast in the morning. I –

THERAPIST: Uh-huh.

CLIENT: – you know, I try and you know, think about – it would be nice to just sort of think about what – you know, what e-mails I got last night, what do I need to focus on.

THERAPIST: Uh-huh.

CLIENT: And you know, this morning, it's more like I was getting enraged over borders, and I felt like –

THERAPIST: Hmm.

CLIENT: – I did feel attacked. And you know, I – he was like, 'Well, I'm not trying to negate what you experienced.' I was like, 'Well' – I was like, 'Yeah, you're not – you're not negating that I had that experience, but you still think I'm not – you know, everything I'm saying is wrong.'

THERAPIST: Uh-huh.

CLIENT: And you know, he sort of looks at me and – you know, later – you know, we agreed that we were both right. But it was the process. It wasn't – like I really – it really does feel like he's arguing maybe like – I hear him when he talks to his mom and it's sort of like, 'No, you're crazy.'

THERAPIST: Hmm.

CLIENT: It's sort of like, 'Oh, no, you're talking nonsense.' And I hate the way he does that because I mean, I experience this all the time in physics. [13:53:05]

THERAPIST: Hmm.

CLIENT: Like, I mean, you know, it is good to have sort of like –

THERAPIST: Who – who makes you feel that way in physics?

CLIENT: Well, like my group members, like – like this one guy in our group, Robert, was like, 'Oh, I really didn't understand this figure.' I was like, 'Oh, so what they're really doing is this.'

And so I explained. And then this other guy Mason, he's the perfectionist, and he was just like, 'No. No, you're wrong.' And I was like, 'No, no, no. I think I'm right.' And then like – and he was like, 'No, no, no. It was really like this.' And I was like, 'Ok.' And then finally the Robert guy thinks – does some reading. He's like, 'No, no, no. Mason, I think you're wrong. I think Janet is right.'

THERAPIST: Uh-huh.

CLIENT: And I was like I'm just tired of – I was like, 'Can't I just be right? Like, why does everything have to be questioned or like' –

THERAPIST: Yeah.

CLIENT: – and it continues. I did say something wrong in an e-mail today with the – with my presentation group. And like now I feel like really stupid.

THERAPIST: Hmm.

CLIENT: Or like I'm not sure – like – you know I like – because I was talking to my friend who has done work in this field. And my understanding – like I sort of wrongly associated a wrong terminology for the phenomenon –

THERAPIST: Hmm.

CLIENT: – and then so this guy sent an e-mail saying, 'Oh, no, this terminology is used in a different sense, you know, that it has nothing to do with that and you know' – I don't know. I'm just like – I was like, 'He's right.' And I shouldn't be upset when I do say something wrong because, you know, that's not the way science works. [15:19:09]

THERAPIST: Uh-huh.

CLIENT: You know, if someone can just say, 'You know, I think the sky is red' –

THERAPIST: Hmm.

CLIENT: – you know, you would have to come up with some sort of legitimate proof. So that – I mean, that's good. But I just –

THERAPIST: Uh-huh.

CLIENT: – I guess I'm just kind of touchy and I was like – like I just – I want to feel appreciated and not like attacked or not like –

THERAPIST: Uh-huh.

CLIENT: – I don't know, I just sort of feel like I'm always having to defend myself. And it – it's –

THERAPIST: It just feels like you're having to defend yourself in many different spheres of your life?

CLIENT: Yeah.

THERAPIST: Where it may be appropriate –

CLIENT: Yeah.

THERAPIST: – in science to have to defend your views?

CLIENT: Yeah.

THERAPIST: It doesn't feel like it's appropriate at home with your family or at home with your boyfriend or in a group of your friends, I mean, even your science friends.

CLIENT: Yeah.

THERAPIST: There are times, maybe, when it feels appropriate for – to have to present yourself in such a way – in an academic way –

CLIENT: Yeah.

THERAPIST: – and then there may be times when you want to be able to have more casual conversation.

CLIENT: Yeah. Yeah. And that's – I mean – you know, I mean definitely I wouldn't put it into a presentation until I knew like I could cite it from a source and – you know, but – you know, generally when you're just talking –

THERAPIST: Hmm.

CLIENT: – 'Oh, you know, I think it's referred to as this.'

THERAPIST: Right.

CLIENT: And instead of saying like, 'No' – like there's such an emphasis on like this sort of – I mean, or maybe I just – I mean, I – it's – it's interesting. I sort of see that, you know, some circumstances are kind of crappy. Like, for instance, the ballet thing. It's crappy, but I take it as an extra sort of dig, a personal dig. And I mean, I think –

THERAPIST: And it's not personal there.

CLIENT: It's – I mean, it's as personal as I – you know, as – for everyone, you know?

THERAPIST: Uh-huh. [17:07:01]

CLIENT: I mean, you know, if they – it was more like they just didn't care, instead of like they didn't –

THERAPIST: Hmm.

CLIENT: – they weren't planning on making me suffer, but –

THERAPIST: Right.

CLIENT: – I mean, you know, it is what it is. And –

THERAPIST: Well, they probably – in the ballet instance, they weren't. There probably wasn't a group thinking, 'How is this particularly going to affect Janet?'

CLIENT: Yes (laughs). I know, I agree.

THERAPIST: In your – in your group – in your project group, that is – I mean, they were responding to you, specifically.

CLIENT: Yeah.

THERAPIST: And so that is personal and thinking about what's the communication pattern there that reinforces this dynamic where you're on the defensive.

CLIENT: Yeah.

THERAPIST: You know, that's a little bit different than – you know, the dance situation where nobody was constructing that particular try-out process or categorization process with you in mind. I mean, you had to go through it, it does affect you, but –

CLIENT: No one had me – I mean, they didn't even know me –

THERAPIST: No one had you in mind.

CLIENT: Yeah. So –

THERAPIST: But these other places are, you know, more uniquely felt by you.

CLIENT: Yeah. And I have to sort of learn how to like – I mean, are there ways to diffuse the situation, I mean, if someone is attacking you?

THERAPIST: Uh-huh.

CLIENT: Or like – most – in most cases, I sort of – just sort of like, you know, run away. But in a certain –

THERAPIST: Uh-huh.

CLIENT: – you can't just run away from your conflicts, or your –

THERAPIST: Uh-huh.

CLIENT: – sort of attacks. I mean, because it – there's times that – I guess, you know hold your ground. Or I like – what makes it –

THERAPIST: How do you hold your ground?

CLIENT: Well, I guess, continuing to present my argument, which sometimes it seems to cause more conflict, voices seemed to get more raised.

THERAPIST: Uh-huh.

CLIENT: It just doesn't – it seems like a – like who can hold up their argument the longest –

THERAPIST: Uh-huh.

CLIENT: – before the other person gives in.

THERAPIST: Like a staring contest?

CLIENT: Yeah (laughs). Kind of bad at those.

THERAPIST: So I mean, I think what you're really experiencing is – is you're having a lot of confrontations. [19:10:06]

CLIENT: Yeah.

THERAPIST: And I think there are more productive ways and less productive ways to have a confrontation. And I think your goal is to be able to have a really productive confrontation –

CLIENT: Uh-huh.

THERAPIST: – where it's not just – you know two – there's two pieces where you want to have – you want to have both parties feel like they were respected in a conversation.

CLIENT: Yeah.

THERAPIST: So that's one piece of sort of really effective confrontation. And the other piece is you do want to come to some sort of resolution.

CLIENT: Yeah.

THERAPIST: And so I think maybe, you know, one way to start working on this is rather than – you know – so you kind of state your thing –

CLIENT: Uh-huh.

THERAPIST: – someone tells you that you're wrong. It sounds like what's happening right now is you can restate and restate –

CLIENT: Uh-huh.

THERAPIST: – and then they can keep telling you you're wrong, keep telling you you're wrong. And that's like a tug of war. You know, you keep saying your thing, they keep saying their thing.

CLIENT: Yeah.

THERAPIST: Someone's eventually going to give in or fall down.

CLIENT: Yeah.

THERAPIST: That doesn't necessarily feel very respectable.

CLIENT: Yeah.

THERAPIST: So another – another tactic might be rather than just restating your position, before you go on to do that, or – and before you go on to gather your evidence for your position –

CLIENT: Uh-huh.

THERAPIST: – empathize with what their position is.

CLIENT: Yeah.

THERAPIST: It's almost like you're taking time to state what the problem is. [20:33:03]

CLIENT: Uh-huh.

THERAPIST: Hmm. You know, 'I just said that the sky is red. And you're telling me that it's not. So it seems like we disagree.'

CLIENT: Uh-huh.

THERAPIST: It seems really obvious to say that now, but the effect of doing something like that in the moment is that it does tend to diffuse the situation –

CLIENT: Uh-huh.

THERAPIST: – because both parties tend to feel like, 'Ah, you were listening to me.' Not necessarily agreeing with them –

CLIENT: (laughs)

THERAPIST: – but you've heard that they've now said the sky is blue, and you're quite sure that it's red. And so it seems to be a difference of opinion.

CLIENT: Yeah.

THERAPIST: This – it just – when you acknowledge both sides like that –

CLIENT: Uh-huh.

THERAPIST: – it lets both people feel heard. People love to feel heard.

CLIENT: Uh-huh.

THERAPIST: They also like to be right. But if they're not going to be right, they at least want to be heard. So I think it's one piece of the confrontation is kind of stating both positions and stating the problem.

CLIENT: Uh-huh.

THERAPIST: And then you can go on to say, 'Say, I understand' – you know, 'I get that you don't, you know, agree with my position. Here's why I feel like the sky is red.'

CLIENT: Uh-huh.

THERAPIST: And that will give you time to go and gather your evidence –

CLIENT: Uh-huh.

THERAPIST: – and rather – and – and you might feel differently. Rather than feeling like you're having to defend yourself and they're not –

CLIENT: Yeah.

THERAPIST: – it – it just puts you in kind of a different frame, because it's not as antagonistic now. Now that everyone's been heard and you're working together to solve this problem –

CLIENT: Yeah.

THERAPIST: – it feels a little bit more like a group of people trying to resolve something, rather than you trying to defend yourself.

CLIENT: You know, and – and this actually makes – you know, this actually seems like a really good idea, because I know a lot of times like Jeremy and I will start fighting and I don't really know what it's about. [22:09:08]

THERAPIST: Ah, and that's why you need to stall – you need to kind of state –

CLIENT: (laughs)

THERAPIST: – 'What's the issue here? Are we really fighting about John Mayer?'

CLIENT: Yeah.

THERAPIST: Or, you know, whoever you're listening to, not John Mayer.

CLIENT: (laughs)

THERAPIST: So – but the – yeah, it's like this – what are we really actually doing here?

CLIENT: And I think it's like only when we get really upset and like – or you know, if I start crying. He's like, 'What – what's really the problem?'

THERAPIST: Uh-huh.

CLIENT: Or you know, what's – and it isn't until like there's hard feelings and then I guess if I start crying, I guess everything comes up.

THERAPIST: So – so if you go back to Jon Stewart –

CLIENT: Yeah.

THERAPIST: – if you go back to that example with Jeremy, what – what would you have said? What could be the sort of resuscitation of the actual issue before – before you stormed off to the bedroom?

CLIENT: Well, I think I would be like – well, I would say – hmm, this is hard.

THERAPIST: Yeah.

CLIENT: The Twinkie issue. I would – well, I would say that, you know, I'm – my problem is that I am sad about Twinkies and I don't like how – and making fun of other people for being sad. And you think that it's funny and that since you don't have any sort of personal connection to Twinkies that it's ok. And I think we can agree to disagree, but just so – to prevent me from getting upset, maybe I should go into a different room so you can enjoy Jon Stewart and I won't feel bad.

THERAPIST: Ok. So now I was listening – I was willing to listen to that whole piece because I'm a therapist and I will listen to you until you are done talking. It's unlikely that your boyfriend is going to listen to a sentence that long –

CLIENT: (laughs)

THERAPIST: – especially if he's feeling already incensed about the Twinkie issue or your reaction to the Twinkie issue.

CLIENT: (laughs)

THERAPIST: In a confrontation when – when feelings are generally running high –

CLIENT: Yeah.

THERAPIST: – people have a limited attention span –

CLIENT: Yeah.

THERAPIST: – a limited tolerance for other people –

CLIENT: (laughs)

THERAPIST: – sentences, so what – what you said was great.

CLIENT: Yeah.

THERAPIST: And I got to hear it because I'm not incensed and I'm your therapist.

CLIENT: (laughs)

THERAPIST: But what I want you to do is see if you can get that same idea across in a shorter sentence so that Jeremy could hear the whole thing. [24:45:18]

CLIENT: Yeah.

THERAPIST: Do you want to – I'll give you some paper if you want to work out – sometimes it's easier to see everything you want to say, and then be able to condense it a little bit.

CLIENT: All right. (laughs)

THERAPIST: Do you have a preferred color that you like to write in?

CLIENT: Oh...

THERAPIST: Blue, green, red?

CLIENT: Oh, maybe green.

THERAPIST: Purple?

CLIENT: (laughs) How about yellow and green? All right, so – I guess – what was I really upset at? Well, I was upset at Jon Stewart. He just seemed very mean – I think I was just – very mean-spirited jokes. And it was – it was Twinkies – (pause, client writing). And Jeremy he likes "The Daily Show."

THERAPIST: So pick the most important part of what you've written down there and say that piece. What – what's the piece that transcends beyond that particular night?

CLIENT: I'd be like, 'Jeremy, I enjoy spending time with you, but it's not just about the Twinkies – Twinkies example. It's just I really don't watching the "Daily Show," because it makes me very upset.'

THERAPIST: So I think what the piece really is here –

CLIENT: Uh-huh.

THERAPIST: – is, 'Jeremy, I'm – it's – it's uncomfortable for me to watch this with you because of the mean-spiritedness makes me upset.' [27:03:01]

CLIENT: Yeah.

THERAPIST: And I think that's – it sounds like the issue was you felt with a different way than he responds to those types of jokes than you do. It's not about whether they are making fun of Twinkies or Republicans or – you know, whatever next news item –

CLIENT: Yeah.

THERAPIST: – is going to be the next focus of the show. But you're upset – it's uncomfortable for you to see him enjoy that particular slant, kind of in –

CLIENT: Yeah.

THERAPIST: – the –

CLIENT: Yeah, it is.

THERAPIST: – the meanness of those jokes. They're –

CLIENT: Yeah, I mean it is –

THERAPIST: – they're cutting.

CLIENT: Yeah. I mean they're – they're meant to like be cutting and –

THERAPIST: Uh-huh. And that's what's uncomfortable for you, and I think that's the piece where you really – I mean, that's what you were reacting to, is that Jeremy enjoys – Jeremy – it – Jeremy was enjoying something that you felt like was mean.

CLIENT: Yeah. I mean, just sort of like, you know –

THERAPIST: Listen to how that –

CLIENT: Yeah. Yeah.

THERAPIST: – really felt to you.

CLIENT: Yeah, yeah. I mean, that's really – that's at the point of it. I mean, I –

THERAPIST: And so guys could disagree about Hostess and Twinkies forever –

CLIENT: (laughs)

THERAPIST: – and not – not feel like you resolved anything, because that's not really what was bothering you. I mean, that was the topic of the day –

CLIENT: Yeah.

THERAPIST: – but it was the way in which the – the humor was being used that felt wrong to you.

CLIENT: Yeah. And I think it's – yeah. And I think if I presented it that way, like because there's – you know, and then suggested a solution, 'Can we watch something else together?'

THERAPIST: Uh-huh.

CLIENT: And that would probably like really kind of diffuse the – because it would show that, you know, this is why I'm upset –

THERAPIST: Right.

CLIENT: – and, 'Can we resolve this together?' [28:43:09]

THERAPIST: Because you guys are trying to resolve whether or not – whether or not you should feel personally affected by the Twinkie company going out of business?

CLIENT: Yeah.

THERAPIST: And he was never going to convince you about that, because that's not really what was really bothering you.

CLIENT: (laughs)

THERAPIST: I mean, yes, you had a reaction to that.

CLIENT: Yes.

THERAPIST: But that doesn't really impact your relationship in the way that – that understanding and appreciating a different kind of humor affects your relationship?

CLIENT: Yeah.

THERAPIST: There's just going to be – you know, I think it's just the content versus the underlying dynamic.

CLIENT: Yeah, and I think that – and I think the same as like this morning. I don't think that we were really fighting about border patrol.

THERAPIST: Uh-huh.

CLIENT: It more or less the – it was more or less the – him not sort of validating my experiences.

THERAPIST: Ah, you felt doubted?

CLIENT: Yeah. And sort of, you know, like – I – yeah, I just felt really felt doubted that this experience even happened.

THERAPIST: Hmm.

CLIENT: Or like, you know, maybe it was crazy talk. [29:47:09]

THERAPIST: Uh-huh.

CLIENT: And I think maybe that's something that I should talk about tonight, is, you know, we both have both experiences – different experiences –

THERAPIST: Uh-huh.

CLIENT: – but rather than negate them or feeling we have to defend them –

THERAPIST: Uh-huh.

CLIENT: – we should piece them together to figure out what really does happen.

THERAPIST: Yeah. And you don't really want to feel doubted –

CLIENT: Yeah.

THERAPIST: – there or in group.

CLIENT: Yeah. And I know that – when I wrote that e-mail to Mason – or to the group saying that, you know, whoever signed up for all (inaudible) responded, I felt left out. I said I felt hurt, and surprised. I said that I thought we were a team. And then, you know, he explained himself.

THERAPIST: Uh-huh.

CLIENT: So things were – got – got better. And – you know, I – I sort of felt like, 'Yeah, that was a good e-mail.' And there was another e-mail sent out about – I was using the computer cluster, like Cardboard's (sic) Computer Cluster wrong, and this guys was like, 'Don't do this, you're using up too much memory. If I catch you doing this again, I'll disable your account.' I don't really know what I'm doing on the cluster. It's amazing I actually get my programs to work. And so I was – you know, I was kind of like, 'Wow, this is really harsh.' I was kind of upset. But then I was like, 'You know, I'm sorry. I didn't know, I don't have much experience with the cluster. I

deeply Apollo – you know, I’m deeply sorry. Can you tell me how to work this program?’
[31:21:08]

THERAPIST: Uh-huh.

CLIENT: And he was like, ‘Oh, no worries.’

THERAPIST: Hmm.

CLIENT: And he told me how. ‘You can ask me any questions.’ I mean, I still –

THERAPIST: Good for you.

CLIENT: Yeah, I – I felt like – you know, I said to (inaudible), you know, I – you know like –

THERAPIST: Yeah, you put out what the problem was, suggested a resolution.

CLIENT: Yeah. Yeah. Like I mean, I told them –

THERAPIST: ‘I’m disabling my account; could you maybe teach me how to correctly use them?’

CLIENT: Yeah, I know, I (laughs) –

THERAPIST: But you said it much nicer, without the smarminess.

CLIENT: Well, I believe mine, I was a little bit over the top. Like, I’m deeply sorry. I was like, ‘Well, actually no, I feel hurt.’

THERAPIST: Uh-huh.

CLIENT: I’m not going to tell them exactly how I feel, but I am going to say I’m sorry, that was not my intention. You know my intention – how do I actually run this interactively without like collapsing the cluster? I greatly appreciate your questions. And like I sort of – you know – I – I guess like in an e-mail form, I do have to slow down and think about it before I respond.

THERAPIST: Hmm, yeah, and that’s a fairly common trap with e-mail, texts. It can be so impulsive and automatic, because we can just send out what we want to say.

CLIENT: (laughs)

THERAPIST: And I think having – slowing down and having – really thinking more carefully about what we’re putting out there is – you know lots of people run into that trap of just trying to respond quickly and –

CLIENT: And I think –

THERAPIST: – and emotionally.

CLIENT: – maybe that's why I've been getting in like little tiffs with Jeremy.

THERAPIST: Uh-huh.

CLIENT: Is because – because I don't know how to really sort of express like what's the problem –

THERAPIST: Hmm.

CLIENT: – and what's a viable solution. [32:54:02]

THERAPIST: Yeah. And in – in thinking about trying to go about these confrontations in a more productive way, it's not your job, on your own, to come up with the solution. You don't have to have thought out the solution ahead of time. Your job is to accurately acknowledge, 'What's the real problem here?'

CLIENT: Uh-huh.

THERAPIST: And then together, you and Jeremy come up with what the solution is.

CLIENT: Yeah.

THERAPIST: Letting him be a piece of that. Your job is to figure out, 'What are we actually fighting about? It's not really about Twinkies and it's not really about –

CLIENT: Borders.

THERAPIST: Or it seems to be (inaudible) –

CLIENT: – the border (laughs).

THERAPIST: – what's going on is this is – you know, here's the problem. How can we do this differently?

CLIENT: Yeah.

THERAPIST: So you only have to take responsibility for making sure that one of you states what the – what is – what is the actual problem here?

CLIENT: Yeah. Yeah, and I guess that's maybe a major – like a major sort of things that – like I already feel that – I mean, I don't, myself (laughs).

THERAPIST: Uh-huh.

CLIENT: I mean, sometimes I do say things that are kind of like – sometimes I do go a little bit overboard –

THERAPIST: Uh-huh.

CLIENT: – and people can like – I mean, you know, with the understanding, people can say like, 'What the hell are you talking about?' [34:06:02]

THERAPIST: Hmm.

CLIENT: And then, you know, later, I'll explain – you know, but still it's – yeah, I think that's sort of like – I think I like to be – I guess everyone likes to be at least hurt –

THERAPIST: Uh-huh.

CLIENT: – and acknowledged. And I think, you know, by restating what is the problem –

THERAPIST: Uh-huh.

CLIENT: – both parties feel like they're not being unheard.

THERAPIST: Uh-huh.

CLIENT: And I think why people restate their things and why things get louder and louder is because they're like, 'Can you hear me?'

THERAPIST: Right. You feel like you're not heard, you keep saying the same thing, the other person keeps – and it just gets more and more intense. You just keep pulling harder on the tug of war.

CLIENT: Yeah. Yeah (laughs). And I found like, you know – and that – I think that by – you know, it's just – it's just really interesting because I see that in one sense, getting like really jarred up, it prevents me from taking a nap because I – I mean, I get really relaxed in the morning, which is a good thing, in one sense. And in another sense, like I need to – you know, someone – I do need to not take a nap. But also – but I found that it also distracts me, so that I can't focus, I need to calm down. Like it really affects me in the whole body and like – it's just really –

THERAPIST: It gets you really revved up?

CLIENT: Yeah.

THERAPIST: And the difference between alert and hyper?

CLIENT: Yeah, like I mean this – it's sort of like this tenseness through my body, and I find myself, 'Ok, calm down.' [35:30:03]

THERAPIST: Yeah.

CLIENT: 'What could happen? Calm down.' I mean, it's just so – I mean, and I just sort of see that, you know, I – you know, I'm working on trying to figure out how to calm down in situation.

THERAPIST: Uh-huh.

CLIENT: Like you know if – if I feel like something's gross, 'Ok, calm down.' And you know, it's good that I try to do that, but I sort of see like if – you know, if eliminate – if you figure out how to eliminate this situation – you know if I can eliminate getting an – anxious, then I don't have to even –

THERAPIST: You don't have to spend so much time going on – going up and being so aroused and coming back down. [36:11:12]

CLIENT: Yeah (laughs)

THERAPIST: Have – have a little bit more moderate –

CLIENT: Yeah, even-paced. And I think –

THERAPIST: Yeah.

CLIENT: So...

THERAPIST: Well, we should probably wrap up there for today.

CLIENT: Ok.

THERAPIST: And here's your note (inaudible). Do you want to save your sheet?

CLIENT: Maybe. Yeah, I do want to save it, because it will make me smile, and it will remind me.

THERAPIST: Yeah, just use it as an example of, you know, the next time you start arguing about a thing –

CLIENT: Yeah.

THERAPIST: – an example of, ‘Ok, what are we going to distill this down to? What are we really – what’s really the issue?’

CLIENT: Yeah.

THERAPIST: And then I think we’re on for the 28th?

CLIENT: Yeah.

THERAPIST: After Christmas?

CLIENT: Yeah, yeah, I don’t want to be leaving yet.

THERAPIST: Hmm.

CLIENT: But I will be back.

THERAPIST: I will be here when you get back.

CLIENT: Yes. [36:54:13]

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I don't have to worry about the train going slow (background noise).

THERAPIST: So it takes you an hour and a half to get here from home?

CLIENT: No, it takes me about an hour.

THERAPIST: Wow, cause you're really not that far away.

CLIENT: Yeah I know (laughs)! I told you the green lights red! I mean actually it's a lot shorter like when I come in at this time because was slows it down is the school kids or maybe the older population. They're just slower, they need help so...Yeah I'm not that far away but it takes forever but I easily can amuse myself like whether I'm knitting or I'm reading, it's really helped me deal with like if I'm on a long plane ride or car ride, I just know how to cope.

THERAPIST: You're used to having a commute now?

CLIENT: Yeah and my trip home was actually really nice. It was nothing like I expected because I was expecting lots of drama and conflict with my mom but...and one thing I also noticed is that

Jeremy, I guess Jeremy and I have been growing closer together cause we have been more sediment about our future plans even more than like "Yes, we're planning on developing that, we're planning to go, we can put this on our registry and when we have kids, when we get married."

THERAPIST: So there's been lots...that's been sort of peppered into the daily fabric? [00:01:45]

CLIENT: Yeah and so my mom says "last time we spoke, you guys were just merely like hinting or accepting this idea of marriage but you were never talking about it." So she said she was actually really relieved and I just actually was pretty relaxed at home. It's interesting cause at home I had a different set of habits before I met Jeremy and I sort of saw all of that. Naturally my routine was...it's different and there's parts of it I miss like having Cinnamon Toast Crunch and having it and I don't necessarily if these are healthy habits, like staying up until 4 in the morning and then sleeping in until 2 p.m., I mean that's not the way the regular world functions but in another sense it felt comforting and like I can see that it was good to take a break from my routine here. [00:02:57] It made me examine and I also realized that I've been feeling like before I left I had been feeling like really sort of self-conscious about the way I looked, me and myself, what I can do in terms of work and my competence, lots of things I was very insecure and I just sort, I just sort of realized that I want to work on fixing that because I feel like there's always been a big part of me that's always been very self-conscious and being able to just feel confident and relaxed, that's hard because... I guess it's hard but it can also be easy. I guess I tend to be critical of myself and...

THERAPIST: What do you feel like you're critiquing now? [00:04:00]

CLIENT: Well I can...for instance the way my hair cut is, it's not very flattering the way I look in photos, even how my pie crust...everyone really liked my last cherry pie and I put stars, I cut out cookie cutter stars to put all around the crust but I didn't make it in a perfect circle and I messed up one part of the lattice cause I didn't go...I put the picture up because I wanted to show everyone and I was like embarrassed, I was like "this doesn't look good, this looks...". A lot of people said it looked very nice but it's just...

THERAPIST: But it didn't look perfect?

CLIENT: Yeah and I realized I had been nitpicking on just...I've sort of been missing and I can see why I was getting very frustrated last semester before I left because I was really nitpicking on little things and just my appearance, my face, my complexion, what I was wearing, whether I was cool. Part of it was I sensed that I sort of feel like since I've been with Jeremy, who your around does change who you are and sometimes I just sort of look at what I'm wearing and I'm like "This is nice but is it really what I want to say about myself?" So it's nice to go home and get sort of a...my mom has a totally different influence (laughs) which my most recent purchase was four inch heels and booties. I just sort of noticed that...I guess I can say that I have people that love me and sometimes these people that love me, can love me so much for instance in my mom, she was kind of mean and sharp about my decision to live with Jeremy but that was just

because she was legitimately scared and sad. [00:06:22] From her experience she's...you know? From Jeremy I can see that his influence sometimes I get like "Oh, he's so restrictive, he won't like lace, he won't like this..." but I can see he sort of has an idea of what will look nice on me and he's not doing it to just restrict me but he wants, he just has a certain fashion sense and I just sort of see that or an idea of what to eat in the morning and when not to snack. I sort of see these things of...I sort of see them as different realities that I should think about and pick...I'm able to pick and choose.

THERAPIST: Yeah. I guess you have to figure out what's your voice and it may be influenced by what other people are saying but being able to figure out what feels right for you, rather than feeling like your bending to somebody else's reality. [00:07:31]

CLIENT: Yeah and that's exactly what I've been feeling and I think I sort of...it's crazy cause I feel myself getting really frustrated with Jeremy and it might have been cause it was around...right when I left it was like around that time of the month so women are naturally sort of on edge and it was finals too but I was just like "I can't deal with this anymore!" I don't know what I even, what was it specific like in my brain I can feel like I was really upset, I felt like the whole world was against me and I don't even know, these just might have been feelings and stress but I just sort of feel that I think sometimes (pause) structure is good for me. For me to be around structure is good but then sometimes I need to speak up or do something that I like and sort of be able to listen to advice, to not accept it as my own and forget what I even was thinking and I often do that because I am a people-pleaser and that's...[00:08:57] I also during Christmas, I was at my sisters, she's still recovering from her surgery, but we went up to her place, there were a couple of things. For her husband's birthday she didn't get him any birthday gift and she said "Oh well we can't even go out cause I'm really ill. I hurt him so bad." She is in pain but...so I wound up, first we tried to order flowers online and that didn't really work so then my mom and I went up and celebrated with them and then I have been sort of having this feeling like she doesn't treat Brant very well, maybe he is...she's kind of the nagging sort but I've been really scared of like...when I said "Oh why can't the flowers just get delivered the next day?" My mom's like "Her husband is really feeling not appreciated and has a wife that doesn't want to contribute as a team. I'm really afraid for them getting a divorce and she's like so we have to go up there and celebrate Brant's birthday..." It's sort of like I don't know really what to say. I want to tell her "Why are you being so mean?" [00:10:29] For Christmas we went over to their house and she's generally like kind of irritable, like she says she finished the scarf that she was crocheting for her husband but she's like "Yeah I did it mostly out of spite because he asked me when I was going to get the scarf done..." I was like, I was trying reason her, she's kind of acting, well not kind of, she is acting mean to her husband and she's very absorbed in her life and her pains and her struggles and I don't...naturally if I had a friend like that I'd sort of back off but she's family and I gave her a book, it was "Stop Whining, Start Living," by Dr. Laura. My sister likes Dr. Laura and I just framed it to her like "This might...it's a positive outlook book, don't get offensive by the title (laughs)" she was really happy but other than that I don't know how to...is it really my place to comment on her marriage? [00:11:45]

THERAPIST: How long has she been acting like this?

CLIENT: Well (pause) she's always been...probably for the past three years.

THERAPIST: And are you feeling like she's treating you in the same way that she's treating her husband?

CLIENT: See that's why I kind of got, I was getting this impression for instance when for Christmas I had bought her a watch, she gave me a list of watches, and a lot of them I just didn't think that...it was stupid for me not to buy something off the list, I mean, Santa doesn't give you something you didn't ask for but I decided...

THERAPIST: You're not Santa.

CLIENT: (laughs) I know, I know! God darn it! I thought the beard would've fooled you.

THERAPIST: (laughs)

CLIENT: So I gave her a watch that I thought sort of encompassed everything of the watches selected but in a more muted down, more universal sort of watch and she looked at when she opened it up, she looked at it like it was a piece of coal. I mean I can understand people not getting gifts that they don't want but she was just really disappointed and the fact that it's not like...I don't know. I've gotten gifts from her that I didn't like but I tried to reassure her that I did like it and you know?

THERAPIST: You act gracious?

CLIENT: Yeah.

THERAPIST: Graciously?

CLIENT: She's like "It's really pretty but I was expecting this Acarbose watch. I really liked it," and I was like "Oh well when I looked it wasn't there." [00:13:31] She's like "Oh, no, it still should be there." I was just like "Ugh. Here we've come up to celebrate your husband's birthday because you are too sick to celebrate, to do anything and yet you arrange for all these gifts a month ago to be sent out to your friends but not to your own husband and then we have to come up to your place..." that's fine, we came up to her place to celebrate Christmas but then she didn't even like the gift I got her and I spent so much time, it wasn't cheap. I was just sort of like...

THERAPIST: You were hurt.

CLIENT: Yeah I was hurt and I felt like crying but I was like "Okay, let's just move on, let's just think about..." She was cutting my pie and it was going to be tasty. Later she apologized and gave me a hug and was like "Thank you so much but I just wasn't expecting it but its growing on

me and I was afraid because of the white leather watchband..." she was going into it and I was like "Okay, okay." That's when I, it was kind of passive aggressive when I ordered the Dr. Laura book because I felt like she's such a big whiner and I just wanted her to stop whining! [00:14:58] I want her to realize to stop treating people like shit! (laughs) I also got her a pink leather watchband but she was so happy that I got her these things and its I guess, I don't know why people nag. Maybe it's because they feel like they're not being heard or...?

THERAPIST: Could be. But it sounds like there's enough going on in your relationship with your sister, some of which may be overlapping, she may also be treating you or reacting to you in similar ways that she's reacting to her husband that you don't necessarily need to touch the question of is it my place to interfere or intercede in their relationship cause it sounds like there's enough going on in your relationship with her that might be stemming from the same place.

CLIENT: Yeah.

THERAPIST: And that would have more of a direct impact on you to be able to maybe express some of your discomfort that your feeling in how she's treating you.

CLIENT: Yeah I mean it's crazy cause she can be really sweet at times but then like...yeah. I think that's sort of just (pause) next time instead of waiting for her to apologize maybe I should tell her that it kind of hurts.

THERAPIST: You can say my feelings are hurt.

CLIENT: Yeah. [00:16:28] I think that's one thing I need to get better at but I guess I'm afraid of like setting a bomb off (laughs). Like telling her my feelings are hurt and then her going into everything that when I hurt her feelings but I...

THERAPIST: Its possible.

CLIENT: (laughs) Oh...I guess it's worth a shot.

THERAPIST: What are you hoping will happen if you share with her how your feeling?

CLIENT: That she will just take it into consideration so that...its interesting cause her Bulgarian friend is very cognizant about money, she's not very rich, she's in Bulgaria and she's very clear about "Oh I just don't have money for gifts this year..." She's very clear about money issues and not having enough money and like Tammy, it's interesting cause she's very considerate of like, she would say "Oh some of those watches I put on the list, they're now \$140, I wasn't trying to imply that you need to buy that for me, spend that much..." It was like "No offense taken, even if you did you could put something on there for a thousand dollars but I wasn't going to get it." I had a set price but I guess it sort of made me think that even though I do talk to my sister, I do sort of just listen and tell her like the surface things. [00:18:19] I know she talks to her friends online a lot and I guess that's why I got upset cause she was so excited about what they gave

her and not what I did but I guess that sort of comes into they talk to her more so they know what suits her fancy. (pause) I guess, yeah, you know maybe I just need to make it clear that...instead of saying "I don't like what you did," just say "my feelings were hurt."

THERAPIST: That might be easier for her to take it because it doesn't feel like a critique, but you are sharing with her some of the impact that she had on you. It also seems important in this particular event, it seems like your feelings were hurt in part because of her reaction to you, but also in part because it was so different than the reactions that her friends got and it sounded like...felt like there was some jealousy there.

CLIENT: Yeah!

THERAPIST: The closeness maybe or the consideration she had for them that you didn't feel you got?

CLIENT: Yeah. There is sort of...I am a super competitive person too and I've wanted everyone to really like my gifts and (pause) but in another sense I want to make them happy so...

THERAPIST: That's not so much of a competition but about feeling like you did a good job and that the effort you made...

CLIENT: Yeah I got them something that worked...

THERAPIST: Yeah.

CLIENT: Yeah. [00:20:08] I spent on everyone's presents, I always spend like maybe ten hours thinking, probably more, I don't know. I know for Jeremy I probably spent a couple weeks thinking about what he would really need and want and I think that's the sort of thing like when you devote an amount of time to someone you want to feel appreciated and I guess...

THERAPIST: Yeah.

CLIENT: Yeah I did feel jealous of her friends. I think I just need to (pause)...yeah. I think I just need to be a little bit more direct with her and not in a mean way but just say "Oh my feelings are hurt or no," cause sometimes when we're talking on the phone she'll be like "Oh one more thing, one more thing..." and I'll be like "Okay, okay, I really need to take a shower. Okay, okay..." but then she'll say something while she says another thing and I'll say something back that just sort of jogs my memory and I'm like "Oh why did I do that? Why am I continuing this conversation? I need to go or I'm tired..." but I should just say "No, I need to go now but we can talk again tomorrow. Why don't you save that for tomorrow?"

THERAPIST: So being able to set clear boundaries?

CLIENT: Yeah. [00:21:41] I think sort of the older sibling, I think I've worked with you and thus worked with Jeremy to set my boundaries and I think sort of that it was sort of a sloppy measure, I did it not openly, I'd do it like if I was still hungry I'd eat something after breakfast and then Jeremy would like "What are you snacking on?" I should have said "I'm still hungry. Can I have more in the morning, can I just have this and it will be fine?" I know what I'm doing. Instead I just get it and kind of chuckle but I sort of realize that sort of monitoring "What are you eating?" It's like "I'm an adult I can..."

THERAPIST: He doesn't need to be monitoring what you're eating.

CLIENT: Yeah and I sort of realize yeah, and that's another thing I saw is when I was at home I was eating, maybe not the most healthy stuff, but I didn't gain a pound and if anything I probably lost some weight. [00:23:00] That was just with no one sort of nagging me, that was me eating, I ate a lot of...we make this Christmas bread (inaudible) and I ate a lot of it. My mom and I like finished off two loaves of bread, of course that's probably all we ate one day, we were surprised we didn't gain weight (laughs) but yeah it was...I can sort of see that I need to still work on, a lot of times I think I've resolved "I'm going to do this, I'm going to set boundaries" and I make this effort and I feel good but it's sort of like a partial success or like I didn't win the war. I won a battle and it should be the opposite way around.

THERAPIST: What makes it feel like only a partial success?

CLIENT: Well in a partial success, like I got what I wanted at least once or like say when he would get on my case for snacking after breakfast, well I still do it, the fact that it's a partial success because I got half of what I wanted but it didn't...

THERAPIST: You got to eat, but you didn't get him not to feel like he was somehow, that you needed his permission?

CLIENT: Yeah or like I didn't escape the sort of...not condescending but I didn't escape the "No, no bad!" [00:24:28] There was another thing that I realized at home, I still need to work on not thinking of myself as carrying any sort of disease. I still have that problem like for instance when my mom and I were riding to the airport in the car and she was trying to feed me a pickle from her burger and I was trying to bite it with my mouth but then she had to press the gas and her fingernail tore off a piece of my skin on my lip and it started bleeding and I started freaking out. (laughs)

THERAPIST: That's an intense pickle.

CLIENT: (laughs) I know! I thought it was stupid of me, yeah it wasn't intense or she has long fingernails but...so I started weeping and started freaking out like "there's no sink for me to wash my hands, I'm going to have to dispose of...I need a napkin." This is something that...it bled for like ten minutes.

THERAPIST: Wow.

CLIENT: It wasn't a very big wound but it counted.

THERAPIST: It made you really anxious?

CLIENT: Yeah it did and my mom sort of saw, she's like "Well here's these antibacterial wipes. I know these will make you feel better." (laughs) She was right, cause I could wipe off my hands, I could wipe off the antibacterial and then I just told my mom that I still have this problem that I feel like I have something. It was sort of...she's like "What are you still hanging on to? I thought this was a done deal?" I guess, I don't know why, I guess I could say that I'm clinging on to it just because my mind doesn't know differently or maybe I still feel guilty for (pause) or just...

THERAPIST: Finish that thought out loud. Still feel guilty for? [00:26:36]

CLIENT: Being so careless about my interactions with gentlemen or not gentlemen or getting myself in that mess or just not thinking clearly and for doing something that could potentially be unsafe. My mom she's like "You know, you're not the only girl that has made that mistake of having a tryst," or whatever you would call it.

THERAPIST: What would you call it if you weren't trying to dance around it?

CLIENT: (pause) I guess I would say, she said indiscriminate sex and I guess I would say kind of like a hook-up. I would say a hook-up. It was a hook-up. I know that in Sex and the City it seems to be the cool thing to do and I know that me, who is influenced by my friend, who also hooked up with that same guy, who never thinks about it probably or worries about it, who just continues living life and...(pause) I guess, I mean I feel bad. [00:28:19] I feel bad but you know it's not like I'm a victim, it was a stupid decision and it's kind of weird but it's sort of like I don't know how to forget. I guess so much of my life has been concentrating around believing that something's scary or "Oh no" like a lot of times I can like definitely desensitize like public restrooms, I can use them, but maybe a slight anxiety sort of rise but I guess that's everyone. No one likes, loves using public restrooms, especially if their on airplanes but I think I sort of, this is what I realized that I said it was kind of a partial win, I think I still need to really internalize that, to let go, to let it go. [00:29:35]

THERAPIST: It seems I guess sort of similar to the partial success with the boundaries thing. You got to do the thing that you wanted to do but you haven't kind of rectified the dynamic in which would be that Jeremy feels like he has some jurisdiction over what and when you should eat. That's the boundary that you really want to change. It's not so much that you want to change what you eat, that would happen automatically if the boundary changed, it seems like with the contamination, we can work on the behavior and getting more comfortable with using the restroom or being a little bit more flexible about when you need to wash your hands but there's this meaningful piece where you're carrying around a lot of guilt for having a hook-up.

CLIENT: Yeah.

THERAPIST: Even if it's a behavior that you disagree with, how long do you have to feel guilty for making a mistake or testing a boundary? You didn't realize how important it was to you not to have casual sex.

CLIENT: Yeah.

THERAPIST: Now you know. [00:30:50] How long are you going to punish yourself, how long do you need to repent for this?

CLIENT: That's very true.

THERAPIST: It's a really big deal for you still.

CLIENT: Yeah. I know like with Jeremy I've trained myself to not like really think about it but when I'm at home it's always like, I mean my hands got pretty bad. I would learn how to rationalize like "Oh, I'll go to the bathroom after I put my dirty laundry in the washer." I'd think "dirty laundry..."

THERAPIST: You could get one hand washing in for two things?

CLIENT: Yeah. (laughs)

THERAPIST: The thought didn't change.

CLIENT: Yeah I know. The thought didn't change I just became more clever and I sort of see that...in one part that was slightly destructive because it sort of allowed me to do it but it didn't really address the main issue.

THERAPIST: What makes hand washing harder to control at home?

CLIENT: I guess at home I sort of (pause) well I guess...I don't know. (pause) I don't want to make my mom sick or ill or... (pause). (crying) I think it's when I'm like cooking for other people too. I have this fear of like making them sick and I don't even know why cause the things I fear...my mom was telling me "You know even if you were sick, there has to be blood on blood action" (laughs) and I realize that the things that I'm even worrying about they're not that. I don't know I just...my mom has enough problems in life. I just don't want to give her anymore. [00:33:23] I guess with Jeremy, I mean he doesn't know about it so, I guess it's more important for me to keep it under wraps and just sort of seem normal. In a sense that's pretending but I guess it seems somewhat reasonable. But yeah I guess that's the thing is I don't want to hurt anyone (crying) and I don't want to make anyone sick and I don't know why deep down I sort of feel like I would make someone sick or hurt someone.

THERAPIST: I wonder if the fear that you have HIV stands in for something else?

CLIENT: (sniffs)

THERAPIST: In one way that's what you're really talking about but I wonder if that really stands in for some other way which you're afraid your hurting people or making things hard for them. Logically you know you didn't contract the virus, it was long ago enough...

CLIENT: Yeah. (laughs) I'm pretty gosh darn healthy, especially for as much as I ride the train. It's interesting...right when this sort of nonsense started I was (pause) at first it was the "Oh no, what happens..." It all started from me being afraid of getting HIV from a waxing place over in the Square, six months ago before my boyfriend broke up with me and that's how it all sort of started, I mean before I had any hook-ups, so it sort of started before the hook-up and it the hook-up just sort of made it materialize and I don't know why I got so set upon it. [00:36:00] I guess it's natural to sort of worry about any sort of diseases when you go to the wax place, they're sharing antiseptic between...I mean its antiseptic but I think maybe that's been sort of my problem is like probably trying to overcome because I sort of see, I guess it's I just don't want to hurt anyone. (pause) I sort of feel like I'm not a sick person but I'm always just...I don't want to lose anyone (crying) and at the time when I started the whole sort of HIV nonsense I was...my mom still wasn't talking to me and not really...I had this sort of boundary with my family, my now ex-boyfriend was currently a boyfriend, he wasn't really talking to me, he was...I guess maybe I just felt like an invalid like no one wanted me.

THERAPIST: Like you were being shunned?

CLIENT: Yeah. [00:37:24] (pause) I don't know, maybe I just...

THERAPIST: Like maybe someone who was bad or sick might be?

CLIENT: Yeah. It sort of makes sense that...you know when they were being shunned they always, or at least I always put it on myself like "What am I doing? What's wrong with me?" (pause)

THERAPIST: Maybe creating this vision of yourself as somehow sick gave you an explanation.

CLIENT: It was so long ago but I just remember I was...its funny cause like the whole pain of being shunned and stuff isn't really in my head these days, it's not in my head when I wash my hands but I look back, I really see that this all started before the hook-up and it really started...I also had a fear of what was going on, what was...(pause) many things were sort of spiraling out of control including my research, the relationship then at the time, I didn't have anyone to really talk to. [00:39:11] I've rebuilt sort of to ensure that I did have people to talk to, for at least now. And how do you learn? I guess you can use common sense like if your bleeding, wipe off the blood and...you know, but not to freak out if there's not a sink nearby. I guess I don't even know how to act. How do people act? Where do you learn how to act? Do you observe other people?

THERAPIST: People have different instincts. Some people wouldn't think about it, not even a question in their mind, they'll grab whatever's nearby and wipe up the blood as best they can, ce la vie.

CLIENT: (laughs)

THERAPIST: That's not the case for you. So for you it's figuring out how to put this in perspective and figure out what's practical, what's logical?

CLIENT: Yeah. I sort of saw when I was with my mom, like after I discarded all my napkins with the blood inside the Burger King bag, it was kind of like a garbage bag, using it, then she grabs the excess napkins out of the Burger King bag and puts them in her car. I'm just thinking "What did you just do?"

THERAPIST: She's not concerned.

CLIENT: No she was not! (laughs) [00:40:45] She was not concerned at all so I sort of saw that I guess maybe next time I'm going to have to use the...it's not like I was cooking, you know, and I could've skipped the antibacterial wipes (laughs) because my hands weren't a mess and I sort of see just it's my own blood, I don't have to worry, it's not like I'm giving a blood brother to anyone else or blood sister, whatever. I guess I'll do a lot more observing of people, it does actually really amuse me to observe people and...

THERAPIST: See what the range is?

CLIENT: Yeah and talking to people, like Christina, Jeremy's sister in law, like she talks about the train as gross, she uses her gloves to touch the poles and she just doesn't like...I don't even wash my hands after going on the train because it...

THERAPIST: Your used to it?

CLIENT: Yeah. I've come to terms with it. [00:42:02] Its sort of like "You know, what's the worst thing that's going to happen?" I sort of think that, I guess there's not many times where I'm bleeding in public so (laughs)...I definitely...yeah.

THERAPIST: That same parallel, one layer of it is the behavioral layer and you can observe people and see how people respond to situations and pick a behavior that feels reasonable to you but that underneath piece of coming to accept yourself as not contaminated, not bad, not sick, being okay with yourself, the deeper piece.

CLIENT: Yeah.

THERAPIST: Why don't we stop there for today?

CLIENT: Sure.

THERAPIST: We need to pick some times to meet in January.

CLIENT: Yeah.

THERAPIST: Does this 3:30 time still work this semester or?

CLIENT: Yeah the 3:30 time works.

THERAPIST: Do you want to try for...two weeks would be the 11th? [00:43:22]

CLIENT: Yeah we can do...let's see...in January. The 11th and...

THERAPIST: I could do the 25th and the 1st. I'm out the afternoon of the 18th.

CLIENT: Okay.

THERAPIST: We can look at the rest of February when we get closer to it?

CLIENT: Yes, so the 11th, 25th and the 1st?

THERAPIST: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: You're right on time today!

CLIENT: I know! I don't know what really happened like I left the house at 2:40 and I was like "Oh no" and then everything...I wasn't really watching the time and I think that was good karma. (laughs) I was just knitting on the train and things...another thing I think is that, well, yeah, I don't know. It was just sort of magical. I guess I'm trying to be more on time. (laughs)

THERAPIST: Well you had been edging closer and closer.

CLIENT: Yeah I know! (laughs)

THERAPIST: It's really nice to have you for a whole session.

CLIENT: Yeah I know! (laughs) I agree and...two weeks have passed by and I guess a lot has happened, well for the most part, all this past week, I guess the week before, this last week I've

really started to work on writing on my thesis and running results like a mad woman and I went to dance class one time this week, on Monday which is always hard to get back into things. Other than that I've just been sort of like staying home, Friday, today, was the only day I took a nap cause I was working until like 1:30 the night before and I sort of realized that I could get a lot done. [00:01:38] At first I was like "Wow I can get a lot done when I don't take a nap" but then I realized sort of like my writing, it goes by so slow and it's frustrating because right now I have ten pages, maybe with a title page, so I have nine pages of written stuff, no pictures, but it's hard to write...

THERAPIST: Writing is a slow process.

CLIENT: Especially cause you don't want to step on anyone's toes and you want to represent say like in an introduction you want to do like what was the background of it, I've never really care about the background of matrix theory but for complacence it's good to know and I am interested now that I look it up but you have papers from 1950 and you have to read through them even though another paper cited them, to make sure. That goes by really slow and I find myself like "ugh" and last night I sort of when looking back, double checking what exactly, how did I do this one calculation and I found...At first I thought it was a big mistake but now I sort of see it's a little mistake and it's still just like "Seriously? Am I really going to finish this Ph.D. in the next four months? I don't have any solid results..." Some people by the time they finish their Ph.D. they've had like one or two papers and they can say "This is what my thesis is about!" [00:03:15] Here I'm still like "I've changed this one thing and now I'm changing another thing!" I'm totally just looking at a different system and so I'm just sort of like...I could finish my PhD in as much time as I want so there's no technical pressure other than "Oh I'm just going to have to teach" but more teaching experience would be good. My mom is the one who is saying "You have to finish your PhD, you have to this year" and it's like I don't know if that's going to happen now.

THERAPIST: What happens if you don't follow your mom's plan?

CLIENT: Well, there's disappointment, I'll feel disappointment in myself, I mean the worlds not going to end but I'll feel really disappointed and like it's going to put extra...the thing is that why she wants me to finish my PhD is cause she has this...cause Jeremy said that he didn't want to distract the process of me getting my PhD to the whole propose and engagement so my mom has a thing that I need to finish my PhD by this year so that he will propose. Other than that, I don't know, a black hole or a meteor shower is going to happen, (laughs) he's never going to marry me and I guess to put it grotesquely shit is going to hit the fan if I don't and so...[00:04:55]

THERAPIST: Do you agree with your mom's fears?

CLIENT: (pause) Well I don't know if I agree, I mean I can say that it has influenced my thoughts that you know, but I sort of see that if I get...I sort of agree and also disagree. I can see that it's sort of a logical sort of fragmented view point from her logic that is kind of logical. I can say I fear it but I don't...I haven't done much thought, I just sort of fear it and I guess I'm still trying to make

my mom happy. I think that's still a big priority in my head rather than you know? I'm trying to make her happy and I will say that I...working on my research is just, it doesn't fill me, like occasionally it feels me with happiness "Oh something different!" but it's not something that gives me energy, gives me robustness, especially like me just staying at home all day. I don't shower, I don't really pick up, I just sort of sit on the couch and do my work. I'm finding myself a little depressed here. [00:06:40] Not depressed, just sort of like bored.

THERAPIST: Well it sounds like when you're doing your research, you've become quite consumed with that and don't make space for anything else?

CLIENT: Yeah.

THERAPIST: I wonder if there's a way to balance it a little bit?

CLIENT: Yeah...

THERAPIST: To still make time to go to dance class, see some people, get some light, take a shower? Those things might help you feel a little bit more part of your community.

CLIENT: Yeah and I think starting next week I should just...I keep on thinking like "Oh I'll save so much time if I just work at home" and I find myself thinking maybe I need to get out of the house, maybe I need to do dance and whatever happens out of this PhD, it just happens, it will finish but I think just by forcing myself...it's like this yes or no, am I going to get it done or not? I don't know. I would like to have solid results by the end or the middle of next week but I think in the same sense maybe talking to my advisor would be a better one...sort of see like when you know...how long it does take. I sort of do feel myself like that slobby student and I think...

THERAPIST: That doesn't make you feel good? [00:08:22]

CLIENT: No I get a little bit actually...I mean he makes jokes about it and it's funny but in the same sense it's like "Oh he's right" and I also feel like...by the time we get up at 8:30, we have an hour long breakfast then get ready, I sort of feel like by the time I actually...if I were to commute I'd get into work at like 10:30 and then to come home logically for dinner or to help with dinner or to dance...I sort of feel like I need a long expanse of time and that I need to wake up earlier and I don't know if it's like too much to just sort of suggest... I need to get, I don't know why I guess part of me does want to sleep in and push hours later and later and later. I think that's the thing I feel like if I wake up early and get a start to the day earlier...

THERAPIST: When is your most productive time? [00:09:28] Do you have a sense of when you think best or write best?

CLIENT: Yeah, it's probably night time. I'm a total night owl. I know that I could just stay up all night...I didn't stay up all night, I stayed up until like 11:30, no sorry 1:30 and actually I was working until one, then I sort of might need some decompression.

THERAPIST: Yeah (laughs).

CLIENT: I'm...I think also it might make sense if I do dance in the morning cause then...

THERAPIST: Working with your rhythm of what fits for you will probably make the most impact. So not trying to fight what you need, what worked for you but kind of figuring out what it is and then fitting your schedule around that. It sounds like you need some time to see people, whether that's going into your office or taking dance or something else it sounds like staying home, working from home all day without taking a break, isn't working. Not if you're feeling depressed.

CLIENT: Yeah I mean, pretty much the peak of my day is going to Walgreen's or CVS or what is it...the market, even though I don't like our market, still...I found myself really picking on myself "Oh no one likes you" cause I e-mailed my friend and I said "How do you do this on the computer coding?" I just asked her a physics questions and actually more a computer question and then I invited her over and like I saw that she was online, on Gmail her little thing was green and I saw that she didn't e-mail back so I was really upset and this was actually Lucy my friend who right now is in Cambodia. She didn't e-mail back for two days and I'm like "No one likes me!" [00:11:39] (laughs) I got two e-mails today, one from Lucy and from Paige later that says "I'd love to come over! How are..." and so I found myself I guess wanting human interaction and like Jeremy...I need something different than Jeremy! I'm starting to get like...I mean he's really funny but I mean I think he's also slightly...he's needy and I think he needs his space too. I think he loves spending time with me as I like spending time with him but sometimes I think I need to separate myself from him cause then he's a little bit more loving as compared to when you see someone all the time, you think of the dishes they leave around (laughs) and...I talked to a really good friend I had in college, she was my roommate, and also she was from high school one of my good friends, and we hadn't talked in a while. I saw her like a year and a half ago at her wedding and when I went it was in Florida and I was actually upset because I wasn't asked to be one of the bridesmaids. I know weddings are full of drama and political decisions with your family but...

THERAPIST: You felt hurt?

CLIENT: I did feel hurt and especially because all the people she had chosen were like married, married with children and I just was still having that anxiety over washing my hands and didn't have like...Jeremy was, he had just...he was becoming a year a half ago...yeah, I think we officially then called each other boyfriend and girlfriend but it was just sort of like...I guess I took it as a personal thing like "Oh I'm not good enough to be a bridesmaid. I didn't fit in, I've lost touch with Gina" and then like recently she contacted me on Facebook. [00:13:59] I was like "Wait, she's listed as single and interested in men" and she didn't include her last name, her former husband's last name. So I was just like "Oh this is interesting! She went off of Facebook and then she went back on Facebook a year and a half later" so I contacted her "Oh we should talk and catch up, let's make a date" so I was really happy. Normally with people's phone calls, like with my sister, I won't answer it or like I'll say "I'll call you up later", normally I don't feel like

talking because that's work time. Work time is night time when I should be paying attention to Jeremy because he got home from work time so...or painting my nails. So one of this permutations but I was really happy I kept that and so I found out that she had recently got a divorce and like she was really embarrassed about it so she kind of went out of the network cause she felt embarrassed...

THERAPIST: What's it about you?

CLIENT: Yeah... [00:15:10] She even made the joke "I know why this marriage didn't work out, because I didn't make you one of my bridesmaids" and...

THERAPIST: Is that something you talked to her about? Or that you were upset about?

CLIENT: I never, I mean, I was pretty pissed off at the wedding and just felt like...she didn't notice me being upset because I was like "I'm so happy" but she apologized like she knew it was sort of an issue and it was interesting that...I said "Don't worry about it, I was happy just to see you happy, at least that time (laughs)" and that I was mad about it but it was just sort of like I'm here, we weren't really having a correspondence and I was really anxious so I was like "you made the best decision with your knowledge at the time." I just sort of that it was interesting because like I sort of retracted from all my old friends because I was embarrassed of what I was going through at that time...anxiety, the cooties, the thinking like...really uncertain about if I was even a decent person and it's funny cause she did the same thing, she retracted cause she was embarrassed and I was just really glad to talk to her and I felt guilty...

THERAPIST: Nice reconnection? [00:16:42]

CLIENT: Yeah, I felt kind of guilty cause I didn't tell her where Jeremy...she was like "Where did you and Jeremy meet?" and we met actually on eHarmony.com but we always tell people we met through mutual friends at a party and I wanted to tell her, I wanted to go back and say "Well no, that's..." cause she's feeling self-conscious about going out and dating again and I'd love to tell her "You should try eHarmony.com, it worked well for me, that's how I met Jeremy, this is the real truth, you can meet some really good people there..." Jeremy's like...I guess I feel guilty because I think sometimes by being real to people it makes them feel okay to make decisions and I think normally that's like my part, it's always been sort of my stick, it's being truth...Maybe sometimes I expose too much about myself but it's always been like making people feel okay by relating to them.

THERAPIST: Do you feel like people open up to you in a balanced way as much as your opening up to them? [00:18:00]

CLIENT: Yeah, actually now that I sort of understand who to open up to. I can open up to Jeremy and it's...

THERAPIST: And you get the same openness back?

CLIENT: Yeah I don't really open up to Jessica as much, my sister...

THERAPIST: Well you found that she's not really safe.

CLIENT: Yeah (laughs).

THERAPIST: Because she doesn't, she's not non-judgmental about things.

CLIENT: Yeah.

THERAPIST: That's a big piece of testing boundaries is who is really safe and with what types of information and it's important to have some people where you feel you can be really honest and open and that they're going to...

CLIENT: And that was the other thing is that telling Gina, I didn't say it this way cause my friend recently, one of my friends she referred to herself as living in sin because she was living with her boyfriend. They recently got married, it's interesting how all of that sort of works out but I felt sort of shy to tell Gina that I was living in sin! (laughs) [00:19:12]

THERAPIST: You hear her views on it...

CLIENT: Yeah she didn't care, she was just happy for me and it was just really nice that like I just sort of realized I have...It's funny cause this week I just sort of went through a low and I think it was cause there was no parties, I was just sitting down, I was skipping...

THERAPIST: Quite a contrast to the holiday?

CLIENT: Yeah it was and like getting dressed up and just sitting down, watching TV, playing with cats (laughs). I love animals! This week I was just really in close corridors with myself and reading petfinder about all the kittens cause I guess Jeremy and I sort of have an agreement that no matter what happens now, we get cats during the summer but sometimes I used to look at petfinder.com because I would get excited about the kitties and now I just read about their sad stories about them being abandoned. Even now it's disheartening (laughs) but...I think I do need to get out. [00:20:23]

THERAPIST: It sounds like you need to connect as part of your day. That doesn't mean that you can't also do a lot of work and move forward with your thesis but it sounds like you're craving that connection. It's why your maybe opening up to people and...

CLIENT: Wanting to open up, not just be...yeah. I guess...

THERAPIST: Is there tension between you and Jeremy with regard to who your allowed to tell the real story? I thought I heard something about that at the beginning of that story?

CLIENT: (laughs) Yeah, there's not actually tension for the most part cause I never really tell anyone...I've never told anyone apart from my friend Lucy who knew what was going on. She was the one telling me not to go on eHarmony.com, she knew everything and Jeremy's friend Pat knows everything so that's kind of coincidentally that's why Pat and Lucy are the one that had the party (laughs) but I just sort of...now I just say "Gina's a really good friend and I'd like to tell her because I think there's something to be gained." Actually Georgia knows. I think maybe another one of my friends knows where I met Jeremy. They were supposed to pretend that they knew something else (laughs). I told them to pretend but maybe they forgot that.

THERAPIST: It sounds like it's a complicated, sort of, scenario? [00:22:01]

CLIENT: Yeah. (laughs) I can understand Jeremy cause he doesn't want it to get out to his family cause his family would be judgmental. My family doesn't care. My sister knows too. (laughs). My mom was telling her dance students and the dance mom's that I met this guy from eHarmony.com, of course that was before I told her not to tell anyone but...yeah so I guess that's the sort of thing I've become shy about it or quiet about it cause...

THERAPIST: It sounds like he's somewhat uncomfortable with it.

CLIENT: Very uncomfortable cause I guess he's very insecure and I gave that talk to him the other day cause like he, we had Ozzie and Christina over and he was just really kind of cold and distant and I was like...

THERAPIST: To you or to them?

CLIENT: To everyone, to everything! (laughs) I mean he was nice he said that...how people have noticed in the sciences that you can be brilliant but sort of anti-social and you can't have it all and Jeremy's like "Well I think you have it all" and I was like "Well this isn't going to go over well with Ozzie and Christina." I'm tickled pink but I'm going to say "Well I don't know about that," just to be humble but he tends to be very...he doesn't want to make a scene, he doesn't want to be noticed, he doesn't want to be judged upon and I guess sort of like how I'm actively seeking approval, he's actively seeking non-judgment. [00:23:49]

THERAPIST: He's trying to avoid disapproval?

CLIENT: Yes (laughs) so I think I'm more active, I'm more like I guess positive about (laughs) obeying someone and he's more like really active in seeking sort of, yet not getting disapproved and seeking acceptance from his family by not being disapproved.

THERAPIST: Do you know what it is that seems objectionable about meeting online?

CLIENT: I know that there's a societal sort of stigma to it because it seems like you...I don't see what's wrong with it cause I think, I personally thought, for people who were working all day, we

barely have time to get out and we do our own sort of exercise routine. It's really hard to meet people and I sort of...I guess the thing is I don't see online dating as anything stigmatized. How is it any different than looking on Facebook? I guess that's more creepy too, that's stalking (laughs) but I don't see anything wrong with online dating and I think it's more like...it makes me really happy like that eHarmony.com worked for me and we should be a success story (laughs) for eHarmony.com.

THERAPIST: Yeah, yeah. It's interesting that even where you are today that you know, you're in this relationship that's looking toward marriage, that you hold on to feeling ashamed of how you met. I feel a little bit sad for him and sad for you that you can't celebrate your story. I mean your story is that you guys were looking for someone, you found each other online, it's a great romantic story. [00:25:46]

CLIENT: Yeah I mean it was quite serendipitous, especially cause I was dating another person at the time and he had almost given up on eHarmony.com and like there's a lot of...yeah and that's sort of like, I guess that's why I sort of feel like maybe guilty that I didn't tell Gina because that's the sort of beauty of it, it was sort of like I...there was a lot of intricacies involved in like whether it would even work out and how I was dating someone at the same time but I decided to go out with Jeremy for a second date just because...I don't know why I said yes but it was just sort of like "Well why not see one more time."

THERAPIST: Well I hope that someday he'll feel comfortable sharing the real story and that you won't feel like you have to be silent about the real story. [00:26:53]

CLIENT: it's just sort of makes me like think about...I guess maybe it's a good thing. One thing I like about myself is that although I'm self-conscious maybe about a zit, I'm not self-conscious about my actions. I wouldn't say that (laughs) either.

THERAPIST: Not that one?

CLIENT: Not that.

THERAPIST: What do you feel self-conscious about?

CLIENT: I feel self-conscious about whether people like me or not, like for instance when Ozzie and Christina came over at first. They had a present for me and Ozzie kept saying "Oh maybe we should get together Jeremy" and he swapped presents and what Ozzie was really trying to say is that he wants to be invited over to dinner and sure enough Ozzie was like "Oh that would be wonderful!" I was like "Why did I say that?" I get so stressed out when they come over but I had a good time actually. Some things I said and Christina really sort of didn't get it, I was like "Oh that was sort of a stupid thing to tell her" that my cat, my mom and dad's cat peed ...my mom and dad's cat, Andie, she's older and very territorial and she tends to spray things but I was connecting it cause that's what happened the first time my dad went skiing this year she sprayed his stuff (laughs). [00:28:31] For some reason that sort of went along in my head of the

start of the ski season is the cat and spraying (laughs), she initiated but Christina didn't see it as funny, she was just like "Oh." I guess she didn't get it and I don't know if most people would get it so I was like "Why did I say that?" I was like whatever. But other than little things like that...I really like the scarf that they gave me, it was really nice but then seeing how Jeremy was and like he didn't feel like it was a successful night. I was like "you know what, this is happened time and time again and I felt good because you have to stop being so self-conscious about what they want from you. Maybe they just want to come over? Ultimately you're an adult so if they did want to get on your good side, get something out of you, you could just say, ultimately say no." I felt sort of good cause now I'm sort of like beating Jeremy at the self-consciousness. Before we were kind of like hand in hand...

THERAPIST: But you feel like you're getting more comfortable with letting people see you as you are?

CLIENT: Yeah.

THERAPIST: And not letting there perceived judgments about you impact how you feel about yourself?

CLIENT: Yeah.

THERAPIST: Your allowing yourself a little bit more freedom and flexibility?

CLIENT: Yeah and just sort of like...I mean, just trying out new things, trying out new sort of stylistic things. Some of the things that I rewarded myself with for helping out my mom and just because...I had bought a lot of presents for everyone else and normally I do so like I'm the Nutcracker Prince and I help out with but my mom actually gave me, it was really generous, she gave me a really good compensation for washing all the Nutcracker costumes and my air fare so I decided to give myself a little treat on just a pair of shoes and a dress, they were both big, big on sale, like a cocktail dress. Jeremy liked both decisions! [00:30:49] These were, I mean four inch heels and not something he would normally like but it was a black bootie, and I was like "Well this is what I want and this is..." and I talked to my mom about the dress and at first was going to get one thing and she...I was like "Yeah I'm kind of on the fence and Jeremy would probably not like it" so then I found another dress that I liked, she's like "Oh that dress is beautiful. You should get that one!" I was like "Okay" and then Jeremy...I kind of see Jeremy liking it as like an extra good point but not the main one.

THERAPIST: It sounds like you liked it.

CLIENT: Yeah I did, I loved the dress.

THERAPIST: That's being able to choose something because you like it, you liked the boots, you liked the dress, you want to treat yourself with the money, with those things. You hear his voice but you're not letting him be the factor.

CLIENT: Yeah and that's one thing I think I sort of see cause he makes a lot of jokes these days (laughs) he's like "Who knew when we first started dating that I'd be dating someone as lovely as this?" Here I am with my glasses, my sweatpants, my dough covered sweatshirt and I'm just like "Hey!" (laughs) [00:32:06] I'm like okay, I get it, I need to take a shower. The other, your significant other does help keep you in line cause I know during my undergrad days, it was finals week, maybe I didn't take a shower for a couple days, like four days, now it's like every day, every other day, something like that. I just sort of like don't take it too personally cause I'm just like "What's that supposed to mean?" I just sort of laugh and look at myself and I'm like "Okay." I sort of, in terms with Jeremy, I feel much more secure and it's interesting that because I'm not interacting with other people I sort of feel like more scared about that like even with my hairdresser I was a little bit late, two weeks ago when I had my hair appointment and I didn't really know like I thought she was mad at me the whole time and I was trying to make conversation but she didn't seem to want to talk and of course I was like "Oh what's wrong, is it cause I'm late?" I just felt very insecure talking to other people. Plus when she asked me how I wanted my hair cut and I was like "I kind of want it like this," I was trying to explain that I didn't like the way my hair was, I didn't think it was that flattering, maybe change the layers around a little bit, but I felt uncomfortable telling someone like "Can you make me look better or I'm not liking how my hair is framing my face, what do you think?" I guess in the moment of it I was sort of like scared, I always get a little scared around...

THERAPIST: What were you scared of? [00:33:58]

CLIENT: (pause) Trying to, like I was trying to I guess maybe like saying "I feel ugly?" That's kind of embarrassing, really opening up yourself to a hairdresser saying "The way my hair is right now, I feel ugly with it."

THERAPIST: Is that what you felt?

CLIENT: Yeah. It is. I looked at pictures from Christmas and was like "Oh my hair looks horrible! I look horrible, I look bad!" Part of it was just different camera angles and it was rainy that day so my hair just naturally "poof" and (laughs) I just, that was just sort of like, a part of it was I know my mom had said in the past "Oh, your layers aren't doing much for you. They're...it's not the best look for you." So I was trying to convey all of this to my hair...

THERAPIST: These are critiques you've heard from others and been internalized?

CLIENT: Yeah, it's really hard to look at yourself, the only way you can look at yourself really is through a picture. A picture doesn't...when you look at yourself in the mirror there's always some sort of bias where you could be feeling happy and you look at yourself in the mirror and you feel like you look better. It's subjective but a picture also can play tricks cause it's a two dimensional image of a three dimensional object. [00:35:49]

THERAPIST: That's a very scientific way of looking at it.

CLIENT: (laughs) Yeah.

THERAPIST: But beauty is subjective.

CLIENT: Yeah. Well yeah that's what I was trying to ask Dr. Habedan, he was telling me "I always think you're beautiful, I think you're beautiful as a student, I think you're beautiful all dressed up, you know you're not a movie star, you need to learn with being okay with not being all dolled up. Maybe it's different on the east coast but not every day you're going to have time to..."

THERAPIST: Not every day is a red carpet day?

CLIENT: Yeah.

THERAPIST: Even for movie stars.

CLIENT: True (laughs). That's what the Enquirer captures! I think, it's funny how like when I'm not interacting I pick on myself. I just pick on, I guess when you're at home and I'm in a nice...my bathroom, I feel more keen to look at myself and look at where my hair part is and...

THERAPIST: How long do you think you spend in a day checking that kind of stuff out? Checking out how you look or if you're comfortable with this thing or that thing? [00:37:15] How much time does it take up?

CLIENT: I would say, I know at least it takes me 30 minutes to put on makeup and do my hair briefly, maybe 40 minutes and that's just before the checking. I would say probably about two hours and that doesn't involve looking at beauty blogs, looking at how other people style their stuff. I guess I didn't realize it but it does take up a lot, consume a lot of mental energy. Even where is the part of my hair today, my bangs and...I think I have been recently really into what I look like. How can I make it better?

THERAPIST: So it is taking up a big, big part of your day, even if you're not going anywhere?

CLIENT: Yeah. I guess maybe that's another reason for getting out of the house.

THERAPIST: Does it stop some of that for you?

CLIENT: Yeah cause there's...I sort of feel like my makeup's not with me so I can't do touchups or obsess about it and I'm just sitting in my office and I think I only obsess about it if I feel like really insecure about how I feel a certain day, like when I'm in my office, but not particularly I just sort of, there's so many things going about and I'm sort of like wondering more or less how people perceive me as I am rather than what I can do to perfect? [00:39:08] it's funny cause I don't think Jeremy really cares what lip gloss I'm wearing and here I'm like "I have to find the

masterful lip gloss that now goes with my hair, my complexion..." It was kind of like a happy mistake for me when I grabbed some new blush, I accidentally bought the wrong color but I actually like the new color better and it just sort of shows that it really doesn't matter, sort of a natural peachy, brownie, sort of... I guess the details really don't matter that much.

THERAPIST: Maybe find a way to limit how much time you spend on it because it doesn't seem to necessarily impact the outcome.

CLIENT: Yeah.

THERAPIST: What would you like to do with that time instead? If you could spend less than two hours, what would you do with the time?

CLIENT: (pause) Working. Honestly just working. Or if not working probably like crocheting or going to dance. Those are more like...not crocheting, now I'm knitting (laughs).

THERAPIST: Some sort of...

CLIENT: Needlework!

THERAPIST: Textile art?

CLIENT: Yeah (laughs). I guess and that's one thing I sort of realize is like just doing something else besides sitting and worrying or sitting and looking or looking...even painting my nails which I used to obsess over but now my nails are kind of so painted that they need a break (laughs) cause then I used to obsess over the nail! I sort of see, just for the sake of whether it looked...it wasn't a worry more like "Ooh look how shiny it is!"

THERAPIST: You can get really absorbed in those details? [00:41:19]

CLIENT: Yeah I don't know why appearance is such a big part...I know in Florida it's a big part.

THERAPIST: Maybe part of this is a culture you grew up in and you saw a lot of value placed on how people physically presented themselves? What they were wearing, how they were done up...

CLIENT: Yeah.

THERAPIST: That really got ingrained in you, this is a really important piece of how people see you.

CLIENT: Yeah and its really funny cause even my mom like who sort of ingrained this "You need to look pretty and stuff" she'll go out without even doing her hair, and it's just crazy cause then...(laughs). I can barely see the makeup she put on...

THERAPIST: Has her view changed?

CLIENT: I think she's just, she's never been that fussy with her hair. She likes when it gets done but she's not going to do it really herself, maybe just her bangs or a little bit or only on a special occasion but she's always, I guess her routine of getting ready is probably shortened especially now that she's having to go into work every day, teaching dance and...It's just sort of crazy. Yeah I think it has loosened up. [00:42:52] I sort of...

THERAPIST: So maybe you can too?

CLIENT: Yeah and she even says "My god you've been getting ready for the past hour!" I'm like "Well don't I look nice?" She's like "Yes you look lovely but an hour has past!" This is kind of a weird comment for my mom to make but I guess...

THERAPIST: So the value of the time versus the value of the product...

CLIENT: Yeah.

THERAPIST: For her it didn't seem worth it anymore, to use that amount of time on that?

CLIENT: Yeah she would rather be watching a TV show or like there's lots of time to be gained from not obsessing too much.

THERAPIST: So you can start maybe to figure out what is it worth to you and is there something else that would be more worth that time? With the same kind of question you use for hand washing, if you feel like you want to wash your hands, you used to ask yourself "Is this really necessary? Is this what I really want to be doing with my time?" Sometimes it was yes it's really necessary to wash right now and sometimes it was maybe not. You can do the same thing with looking in the mirror or taking a shower or deciding that you're going to work from home all day. This is what I really want, is this what I need right now? You might find that "Yep I need to be looking in the mirror right now, doing my hair" or you might find "No I actually would be better off talking to a friend or reading an article..."

CLIENT: Putting the hair in the ponytail and going to dance!

THERAPIST: Yeah. So I think it's kind of just double checking with yourself "Am I putting time into what I really want to put my time into? Is this feeding me back the way I want it to? Or is it getting in the way of doing whatever I want to do?" [00:45:01] It's not that spending time on your physical appearance is inherently good or inherently bad its balancing. Is it getting in the way of taking care of yourself in other ways or is it providing you something?

CLIENT: I think that's sort of really what the balance, I have really felt like my balance has been off.

THERAPIST: Yeah it sounds like it. For you when you start to feel kind of sad or lonely or depressed, that was your red flag "Something's off, let's look at what's going on, which is the thing that's out of balance?"

CLIENT: Yeah.

THERAPIST: That's something to kind of take away and try out this week and see how it impacts you or the next two weeks...

CLIENT: Yeah...When are we next meeting cause I'm actually going skiing the week of the 24th to the 30th.

THERAPIST: Okay well we were scheduled for the 25th so that's probably not going to work.

CLIENT: Yeah.

THERAPIST: So you leave what day?

CLIENT: I leave on Thursday the 24th in the morning.

THERAPIST: Okay so we could meet, I have time on either Monday the 21st or Tuesday the 22nd? We could meet before you leave...

CLIENT: Monday the 21st at what time?

THERAPIST: I have a 10:30, a 2:30...that day. And Tuesday I have a 9:30...that's weird why do I have a 9:30 open? I guess I do. I have a 9:30 or 11:30.

CLIENT: I will do the Tuesday at 9:30.

THERAPIST: Okay.

CLIENT: That will get me up early in the morning and then I must be in school to do my work and to dance.

THERAPIST: Well feel free to bring coffee or tea or water or whatever your drinking...

CLIENT: (laughs) Yeah that's one thing I found helps is if I have...I've been drinking actually tea cause it's not as caffeinated but I can drink more of it and I actually I stay up that way so I feel...

THERAPIST: We were also scheduled for Friday the 1st. Are you back?

CLIENT: Yes.

THERAPIST: Okay.

CLIENT: I'm back I believe on Wednesday night so yeah. Wednesday night so I will be back Thursday and Friday.

THERAPIST: Okay. Well I will see you next Tuesday.

CLIENT: Yes.

THERAPIST: Next next Tuesday.

CLIENT: Early in the morning! Yay! (laughs)

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: It's good to be back. It's been a long time.

THERAPIST: Yes it has.

CLIENT: And so, let's see. I went to Aspen (ph) and it was all right but a lot of things sort of happened and for better or for worse. I don't ski so most of the time, I mean, I was there just doing work, which is fine but, you know, slightly annoying when people are like, "Oh, come out to the village." Because I was there with Jeremy and his family. And the mom's like, "Oh, why don't you go see the village?" And I was like, "Well..." I mean, I don't know. I mean, guess technically it was vacation but...

THERAPIST: It didn't feel like it to you.

CLIENT: Yeah, and I had to do work and, you know, I was fine with other people going out skiing. I mean, I was mostly there to be with Jeremy and, you know, plus I'm excited to do my work. But my dad came to stay for two days and also go skiing because he's really big into skiing. And one of the things that really came up is I guess I mean, I talked to my mom later about this, but my dad was drinking quite a bit. And he does this any time he's in a party situation. When I say drink quite a bit, we're talking about (inaudible at 01:34) ten drinks. (phone sounds)

THERAPIST: I'm sorry. Let me just make sure. (pause) OK, fine. [Not if] (ph) the primary caretaker is not home. (laughter)

CLIENT: But, yeah, so he was having, like, upward of ten, 12 drinks.

THERAPIST: That is a lot.

CLIENT: I know and, you know, I could like, my mom said on this last new year's, like, he had to have his male friend help him into the car so my mom could drive home, that he had drunken that much. I mean, you know, my dad, he was in the military. He's used to drinking like a sailor. And I guess normally at home he doesn't drink that much. But, I mean, Jeremy said the next morning he was shaking right before he started skiing, indicative of, like, drinking too much and the body's blood sugar dropping too low after processing all the alcohol. You know, and so I sort of saw, like, my dad he was a little bit out of place because the Jennings don't drink quite so much.

And, you know, I got to be at one of the last nights there when everyone was there. Jeremy, me and his mom stayed an extra night. But my dad got belligerently drunk and was, like, saying stuff about the mom. Like, "Oh, just don't leave me alone with Kitty. I can't stand her." And it's like, you know, you're a guest and the house is pretty open and, I mean, while everyone and Jeremy, obviously, he got pissed off when my dad like, it was, like, 11 o'clock at night. His brothers and wife are asleep, his mom's downstairs and here my dad he's like, (inaudible at 03:43).

And so he's talking to us and, like, you know, he wants to have conversation but he's talking a little bit louder and Jeremy's getting frustrated because, I mean, he had broken a rib that day. So he was just sort of, like, not in the mood to be staying up late and having...

THERAPIST: Right. And your dad's not catching the clues.

CLIENT: Yeah. So finally my dad he, like, goes downstairs and I was like, "Oh, I better watch over him, making sure he's drinking water." And, you know, that's when he's, like, breaking, like he had, like, a major couple of breakdowns that night. Like, he was crying. Like (inaudible at 04:26) all this stuff, saying how, like, my sister, she's so selfish, how could I raise a child like this?

THERAPIST: Puts you in a really hard place.

CLIENT: Yeah, because he was crying, he was emotional and he was also, like Jeremy's mom was in the other we're downstairs and the mom was staying in a room downstairs also. And so she's talking to I believe her boyfriend but, still, my dad's talking what Jeremy said to be screaming. But it was, I mean, it was kind of just, like, loud talking, loud. Jeremy has very sensitive ears. And so, I mean, Jeremy, I asked him. I was like, "Well, why if we were talking so loud, why didn't you come down?" And he was like, "Well, I really just wanted to tell you guys to shut the F up." But he was like, "I just thought it would be the mature thing to just be foul up in the room." And I was, like, really upset because it's, like, you know, my dad, I'm worried about him because he's drinking quite a bit.

And, like, he does this sort of thing, like, he'll pour himself a glass of alcohol, drink it really quick and then pour himself another glass and then come out. And, like, sometimes he would go up to his room and, like, bring up a beer and it's, like, it's frustrating because, like, (pause) I mean, I would like to say something. Like, I tried to say, "OK, why don't you drink water instead?" And then he would pour himself some alcohol. And it'd be just like, this isn't cute. This is kind of, you know, this is bad. [00:06:11]

And so I was really upset. I called up my mom. Of course it's hard when you're in close quarters with everyone. And Jeremy had this impression I was talking to my mom on speakerphone but it was really just he has rabbit ear hearing. And, you know, she said, "Oh, you know, he was just not around your dad much." But, you know, I really...

THERAPIST: But you know this is not typical behavior for someone.

CLIENT: Yeah. I mean, it was just you know, so I want to say something but also I don't really know what. I mean, because some people like, if I tell my mom, you know, "Smoking's bad for you. You shouldn't do it," she'll probably smoke two packs a day instead of, like, you know, because she was sort of, like, challenge. Like, "Oh, I'm going to spite you." But with my dad, I mean, you know, one of the things he was crying over and, like, when he started going to the drinking is when I mean, first it was when work kept demoting him but, more significantly, things changed when his dad was diagnosed with diabetes, wasn't taking care of himself and died. And my dad felt very guilty that he didn't call up my dad or his dad for Christmas that year. [00:07:33]

THERAPIST: When was that?

CLIENT: That was I think two and a half years ago now. And now they think my dad was talking about, which I didn't like so much, was there a time when he was growing mushrooms at home. And he was, like, telling who is it it's Christina, Ozzie's (sp?) wife, Jeremy's sister-in-law's brother that was also there, about the mushrooms and telling Ozzie (sp?) that, like, "Oh, my wife, is such a nag about it. She didn't like when I got high on the mushrooms, but I didn't see what her problem was." I mean, and finally Jeremy was like, "You know, I think relationships are more important." And he said, "Well, yeah. But..." I mean, it's sort of interesting because, like, on one side was this person that was, like, the caretaker, you know, while he was crying the other night about, like, you know, "I was so scared. I wouldn't be able to take care of you guys." And he was crying like a he was very, like, sad that he wouldn't be able to provide but he did. He made it through. In the other sense, then he was this guy that was getting belligerently drunk and, you know, talking about mushrooms. [00:09:00]

And it was like it's very frustrating because I sort of see that maybe I'm going to you know, you can't pick your parents. You're kind of born into them. But it was just sort of like, I don't want this to reflect upon me. So I feel guilty that I was, you know, didn't want it to reflect upon me, but I also felt sad for my dad because, like, he just wasn't getting it. You know, doing these sorts of things is not always the cool thing to do. Sometimes being cool is just, you know, having a glass

of wine and, you know, talking about, you know, something intellectual, other than growing mushrooms.

THERAPIST: Maybe you felt embarrassed because he wasn't acting in a socially appropriate way. He wasn't acting like a grown-up.

CLIENT: Yeah. And, you know, it's but also, I mean, I love my dad and then I feel angry that (ph) people that don't understand or accept him. So it was sort of like a double-edged sword sort of. [00:10:11]

THERAPIST: Yeah, you're in a really difficult position. You have such conflicted feelings. Of course you love him and you want him to be healthy and happy, so it hurts to see that he's clearly not (inaudible at 10:22).

CLIENT: Yeah. So that happened and I'm still trying to figure out, like, whether I should write him a card and just that, you know, "I love you and I want to thank you for being such a good provider, but I'm also worried about you and that, you know, drinking is something that all adults do but I'm just really (ph) worried about the side effects of drinking more than six drinks a night. I would just hate to see you, you know, destroy yourself like you saw your own dad destroy himself with diabetes." I keep on sort of, like, talking it over my head, what I would say to him and then I just sort of, like, sort of I don't know. I sort of chicken out because I don't know. Like, I don't want him to be mad with me. Like, I don't want to start, like, a war. I don't no one likes to be told they're doing something wrong. [00:11:24]

THERAPIST: But what you just expressed was beautiful because what you expressed was your concern. I mean, I didn't hear you say, "What you're doing is wrong." I heard what you said was, "I love you and I'm concerned and I don't want to see you endanger your health by drinking this amount." That's a really caring message. And I don't know how he'll hear it but the way that you phrased it was as gentle and non-confrontational as possible. I mean, you expressed that you're worried about him. And it sounds like you have some valid reasons to be concerned.

CLIENT: Yeah. I mean, I was just I remember that last night in Aspen (ph) and, like, after realizing that he drink, like, a whole bottle of wine on top of when we went bowling too he was buying drinks for like, everyone bought a drink and then he decided to buy three more cocktails because I guess, you know, when he goes golfing he can out drink his friends, like, meaning, like. But no one else was drinking those three cocktails that he bought for everyone. And so then he started drinking them and then I was, like, so frustrated because it's like, "You don't need to be drinking more." You know, and that yeah, I mean, I sort of saw that I was like, "First" I sort of saw, like, "Wow, this guy could really benefit from therapy." (laughter) And then I also saw that I was like, you know, I'm afraid. I stayed up half the night watching him. Like, every time he coughed I went up to check on him because I was really worried. I don't know why I was really worried this time. I guess normally when I'm at home...

THERAPIST: And your mom is there. Some of the responsibility for taking care of him falls on her. But it sounds like this situation where you were the only blood relative, you felt the responsibility of making sure he was OK fell to you.

CLIENT: Yeah. And I guess I sort of I mean, my mom has sort of a nonchalance about sort of these things. I guess because she's used to them. Like, you know, she's used to sort of my dad getting a little belligerent when he's in these situations and sometimes peeing on cop cars. It's just so crazy. And then the other thing, I told my mom that I decided that I wanted to stay another year so that I could really work on my PhD and I got really upset when I I guess she was just kind of tired when I told her this because it was on the phone while I was in Aspen (ph). She was like, "Oh" she's like, "When are you going to find out when you're going to graduate?" And I was like, "Well, my advisor and I kind of" actually, my advisor didn't even tell me. I just sort of was like, I realize that, you know what, I'm sort of at the point where I can really contribute (ph) to the science world before I say good bye. And, you know, it's not like I'm prolonging getting a job it's just I don't want to do a crappy PhD. I've spent a lot of time and I might as well do something good with my life or with that portion of my life. And, you know, I'm really excited. I have a new project and I just sort of kind of obsess about the new project and it's really inspiring. And, like, I've been doing really good work on it.

THERAPIST: That's marvelous (ph).

CLIENT: Yeah, but my mom, she was just like, "Oh, well you better keep on working and work, work, work." And then later my dad, that night, was just like, "You know" I was like, "You know, mom seemed really kind of upset." He's like, "Well, you know, all I can say is just finish. Just finish." I was like, "Well, it's not like I'm not going to finish." I was like, "What's all this sort of like, 'Oh, Janet's never going to get a job or she's just going to be in school.' I want to finish but I don't want to finish badly. And, you know, I want to finish at the right time. I'm not trying to be a perfectionist but, really, the average time period of a PhD student is, like, five to six years. I'm at year five." And so I just really got upset because it's, like, my parents don't really understand and like... [00:15:52]

THERAPIST: This isn't a process they've been through.

CLIENT: I know and it's frustrating because, like, my sister, on one hand, she's been out of pharmacy school for two years now and hasn't gotten a job because she's had injuries. And it's really frustrating talking to her because I sort of see that, you know, she faces a lot of financial danger because her loans are due and she doesn't have a job. And she wants another surgery. So I can see where, you know, her getting a job would be really important because if you've done nothing really after you've graduated besides, like, you know, catch up on your intern hours and take a test, you know, I can understand their concern. But it's like, there's no reason for concern here guys. How about and then eventually my dad's like, "Well, I'm proud of you." And it's like, "Well, didn't you just say in sort of, like, a nonchalant way, 'Just finish. That's all we want. When I was 21 I was married with a child?'" And I was like, well, I'm sorry. This is just not, you know. I was like, it's just different when you're an academia. And even in, like, there's

cultural differences. On the East Coast people just tend to get married later, at least in this area. I mean, maybe that's because everyone's a graduate. But, you know, it's just like, I'm not screwing around with my life. I'm really working hard, at least now. I mean... [00:17:34]

THERAPIST: It's a very different path than what they followed.

CLIENT: Yeah. And so, you know, my mom, I guess she wants grandchildren. And, I mean, my sister's been married for five, six years. And, I mean, I guess you know, I was explaining later to Jeremy's mom and I actually made it very clear why my mom is sort of because Jeremy, when we moved in, said that, "Oh, I didn't want to get engaged yet because I know she's busy with school and, you know. But when she graduates next May I'll definitely, you know, as the time comes around, you know, the time's ripe." So my mom had it (inaudible at 18:19) that within one year Jeremy had to make a decision and that was based upon me graduating. So now she thinks that by the end of the year I will not have graduated, I will not have a job, Jeremy will not propose to me. And she's like, "This is so many conditionals." I mean, (pause) I'm not worried. (laughter) I mean, because I sort of realize that, you know, I am pretty happy in life. And I was actually proud of myself for making that decision. And my advisor was really happy I'm staying around for another year because he's like, "Oh," you know, he's like, "Yes, I sort of, you know, if you had time constraints I could have seen that, you know, you could have finished it up." He was like, "But I'm definitely happy to have you around for another year."

THERAPIST: That's a nice response.

CLIENT: Yeah, and I was just like, "Yeah, I'm happy to be around too. I just sort of feel like now I really understand all my programs, what I'm doing. I'm starting to I mean, just even basic sort of all-around general physics. I'm really starting to understand. [00:19:31]

THERAPIST: You're learning.

CLIENT: Yeah, I just sort of, like, you know, I'm starting to get that sort of knowledge of it all sort of fits together. So yeah, I guess...

THERAPIST: It sounds like you're developing more confidence.

CLIENT: Yeah. I mean, that class last semester in quantum information, that was a horrible and it was a wonderful class because it really I mean, it just reminds me of, like, when you work hard and maybe you're not the best at it but you do learn, you know. And I guess that's the point of graduate school, is learning. And since I wasn't interested in working for Ben (ph) as a professor, I didn't really care, like, to be I mean, I sort of feel like that really got me into learning all about different types of physics.

So, I mean, I was kind of emotional during the Aspen (ph) trip.

THERAPIST: Yeah, it sounds like it was a tough set of circumstances. It's really hard to watch your dad struggle like that.

CLIENT: And then me and Jeremy got in a big fight about my dad, you know, and how Jeremy was just like I was just like I mean, now I was like, "Should I even have them hang out anymore together?" I sort of see that Jeremy can stand just sort of like his mom has a big personality and, you know, like, being around his mom all the time was, like, it was trying (laughter) just because she's, you know, a bundle of energy and, like, always asking me questions. I was like, I just want to go upstairs and do my work. I just want to hide. (laughter)

THERAPIST: How long were you there?

CLIENT: Six days? So quite a bit. So, I mean, (pause) and it was definitely, I mean, Jeremy breaking his rib. It was a hairline fracture. I mean...

THERAPIST: I'm sure it was really painful.

CLIENT: Yeah, he's still pretty in pain and that sort of I sort of we had kind of a, like, a dispute this last Saturday about I think the thing is, is that even though you know a person for a long time you still don't figure out how they there's always something new and you learn about them. And I sort of learned this weekend that he doesn't like to sit around on the weekends. And then, you know, eventually leave the house by 3:00 or 4:00. To me that's fine I'm kind of a night owl but I sort of realize that, you know, he wants to get out (ph) early in the morning. Because he was kind of mopey (sp?) all that day. I was like, "So what do you want to do?" And he was like, "Well, I don't know." I was like, "Oh. Well, do you want to do this? Do you want to do that?" And I was, like, trying so hard to make him happy and it was I got really mad at him because he was so unhappy or just sort of moping and sort of sad. And eventually, you know, we were talking over we were both starving as we (laughter). I think we were a mixture of sort of hungry and sort of tired, you know. [00:22:52]

And so it was nice to finally figure out how he ticked, like, worked. And in one sense I'm like, "This interferes with my after breakfast nap." I haven't taken one of those. I guess for me, like, the weekends are always something where you got to sleep in, especially now that I don't take naps anymore. It's sort of like I want that nap. But yesterday we had a trial run of getting up early. Like, I went to dance at 10:30 and he walked around. You know, I saw his point, that it did get the day going, you know. But it was just harder to then later do stuff later last night when we went to a Super Bowl party.

THERAPIST: You were tired. You'll (ph) figure out a balance of what you do together and how you will line your schedules and maybe sometimes when you take a day to do your own thing it'll be on your own schedule.

CLIENT: Yeah, and that's what...

THERAPIST: You don't have to totally converge. [00:23:54]

CLIENT: Yeah. That's something I mean, that's the because I also realize, like, when I came back from Florida there were a lot of my own habits that I wanted to keep. And some of like, I like my Cinnamon Toast Crunch and sometimes, like, after breakfast, maybe an hour and a half. So I'm just really starving. And, like, he would very upset at first, when I would have a half cup of Cinnamon Toast Crunch. He was like, "Am I not feeding you enough? It's not good to snack." I said, "Listen, my body is feeling very hungry and I could snack away or I could just grab a half cup of cereal, eat it and feel better." And so eventually he's actually now grown to really like Cinnamon Toast Crunch around the house. (laughter) But I sort of see that it's always sort of like an equilibrium, that it's never a static one. And I don't know if that's just because, like, you know, we haven't been living together for all that long. Or maybe it's just that's how all things are, is equilibriums are never sort of sentenced (ph) down. There's, like, certain routines but, you know, it changes upon the workload, the exercise level. [00:25:12]

And I'm just I think I'm just sort of starting to figure out that maybe I just need to analyze every sort of situation. Like, if things are going well, sort of [try and] (ph) reboot.

THERAPIST: Yeah, I think giving yourself some flexibility to notice what's working when. And things may not work exactly the same for you as they do for him. And I know it sounds like one of the things that's been hard about living together and maybe even before you were living together is food. He's very comfortable when things are routine.

CLIENT: Yes. (laughter)

THERAPIST: And figuring out how you can do what's right for you, even when that doesn't match with his routine, how to kind of stretch those sort of boundaries a little bit because you do you need to also be able to do what works for us. It's not necessarily the same. And it's not necessarily a comment that what he's doing is wrong but it's not yours.

CLIENT: Yeah, and I guess, you know, and that's yeah. I think that's the one thing, like, I sort of see, like, OK, well if we're going to do something that he wants, like, if we're going to walk around this early in the morning, which, mind you, is, like, noon. (laughter)

THERAPIST: But earlier than you would be going. (laughter) [00:26:39]

CLIENT: I'm like, "OK, well maybe we'll pop into this Asian fashion store," and he was excited. He was, you know, happy. And I was like, oh, OK, well I can still be sort of spontaneous. Like, I mean, there was a lot of things that he did, like, oh.

THERAPIST: (inaudible at 26:54) give and take there.

CLIENT: Yeah. So, I sort of realized that, you know, like, if I get him, you know as long as he has his getting out in the morning and, like, I can do ballet, which is something that I never liked to

do ballet in the beginning but once I take the class I'm like, "Oh, it's so fun." So I sort of realized that, OK, if I'm going to have to get up in the morning and be active I might as well do something that I'll feel happy after. And, you know, and he just sort of let me go to dance and then later he came and met me. And so I sort of see that that was sort of, like, a way for me to have my own time and also have together time.

And I think that's sort of [when I] (ph) and I've realized also that sometimes by me working at home he sort of because I want to keep on working when I'm at home. Like, I don't want to stop my project and I realize that, oh, wait, Jeremy comes home and he sees it's not work time it's relax time. And I sort of realize that, you know, working within those things, like, if I'm at home and he's at home after work, maybe it's not the best place to do more work. [00:28:19]

THERAPIST: Yeah, you might need to find a different place, if you need to do more work.

CLIENT: Living in the Square there's, like, so many coffee shops. I just have to [get in] (ph). (laughter)

THERAPIST: You can find a place to go, create a nook.

CLIENT: Yeah, I just have to get out of my jammies. (laughter)

THERAPIST: Yeah, and part of that is, you know, sharing a space with anyone is different than living on your own or living with roommates who don't necessarily expect you to be engaged with them when you're home.

CLIENT: (laughter) Or maybe expect you to be engaged but you don't care what they think. That was more yeah. And so I think that's sort of, like, you know, I think it's always sort of, like, a dynamic process. And, yeah, I mean, that and I think it's sort of, like, my plants. Everyday I'm learning something new about how to take care of plants and, like, sometimes I sort of realize, like, sometimes obsessing too much can be bad sometimes I over water my plants. And I think maybe obsessing over, like I found that I obsess over things I worry about. Like sometimes now obsessing about my work (inaudible at 29:39) and kind of, like, ignoring my relationship. That was, like, sort of, like, last month when or last few weeks. I just didn't feel very close to Jeremy and even Jeremy noted that. I think it was because he was he gets depressed during the winter, mostly because he can't walk outside so freely. And I guess that's a common thing. And I found that I get very frustrated when, like, I try and show affection but there's no return.

THERAPIST: Yeah, that's hurtful.

CLIENT: And so then I just sort of get like, it's a negative feedback thing and it's always hard to, you know. And so I guess work with one sort of viable thing work and ballet, which I am like, today the Ballet Placement classes are today. And then...

THERAPIST: Whoo.

CLIENT: (laughter) I know. You know, I definitely was working really hard this past month trying to get back in, you know, really working on my extension. But now at this point I sort of know what to expect. Like, it's going to be an hour long of hocus pocus sort of hip hop music. It's really not going to be a placement class, per se just everyone dancing together and if they really like you maybe they'll put you in advanced. I mean, I have a scheduling conflict with (ph) I can't make all the intermediate. There's only two intermediates. Yeah, and I sort of see myself getting mad not upset this time, because I know what to expect. [00:31:25]

You know, but deep down inside I sort of realize that I have come a long way and that, you know, it's kind of like a work in process. I mean, I do sort of see that now, like I mean, one thing I am glad at is them putting me in intermediate really got me to work hard and go to class and sort of realize, I mean, that it's hard for me now not to get too upset about dance because it's so much like I mean, it's too hours of working. Like, an hour and a half class and then, like, stretching and strengthening. I mean, it's really intensive and I don't remember myself, like, working this hard in a long time.

So I sort of realize that, you know, whatever's going to happen is going to happen but the thing is that, you know, at least I know now how to work and...

THERAPIST: And focus on if you can try to shift some of your focus to what is it that you can get out of it regardless of externally where they place you or who (inaudible at 32:32) in what way. I know that it may not eliminate all of the disappointment if you don't get that advanced nod, but if alongside that can also be, "Well, regardless of where I get placed, what is it that I can get out of what I put into it?" And I'm glad to see that you've been able to recognize some of your own improvement in certain skills.

CLIENT: And definitely I...

THERAPIST: And commitment to it. You've had a lot of commitment to it this year.

CLIENT: Yeah, I know I have. I mean, before and it definitely, by living, you know, living with Jeremy it's really sort of freed up my life to do that.

THERAPIST: Yeah, you've had less time in travel.

CLIENT: Yeah. You know, [as come the new year's] (ph) I sort of see a lot of some, you know, things. I really see myself, like, coming along positively.

THERAPIST: Well, I'm glad to hear that. We probably need to wrap up for today. And I want to take a moment to just check some dates with you since we're switching to this new time. [00:33:33]

CLIENT: [Now I have] (ph).

THERAPIST: So the Monday at 9:30 is open for you whenever you want it. It's just a matter of how many times you want to come each month.

CLIENT: Let's see. So I would say well, last month we only did, like, one day.

THERAPIST: Yeah, I think we should do more than that.

CLIENT: (laughter) Yeah, I know, I know.

THERAPIST: We have been (inaudible at 34:14), like, three.

CLIENT: How many co-pays do I have left?

THERAPIST: I don't know right off the bat. I can e-mail you by the end of the day today to give you an idea. So if you want to schedule some and then reevaluate based on that...

CLIENT: Yeah, but I'm thinking that maybe since I only did one in January, maybe, like, two more days in February.

THERAPIST: OK, so let's do the 11th and the 25th because the 18th is President's Day.

CLIENT: OK. Eleventh and 25th.

THERAPIST: So that's next week and then skip a week.

CLIENT: Well, it is nice to have the whole morning now. (laughter) I'm really excited.

THERAPIST: You do get some good, bright sunlight today at least.

CLIENT: I know.

THERAPIST: And so when you come next week we can fix some dates for March and that way you'll know exactly where you are in your new class sessions by then. Do you need a pen?

CLIENT: Yes I do. I remember the week before I was walking out the door and I was like (inaudible at 35:39) you were like, "Oh, I need a payment." (laughter) Like, oh yes, that's right.

THERAPIST: [Do it] (ph) out of habit.

CLIENT: It was 25 dollars?

THERAPIST: Yes, that's right (ph).

CLIENT: And it's the fourth today?

THERAPIST: Correct.

CLIENT: (inaudible at 35:57) I just liked how everything was even numbered. (laughter) And then I... sometimes I wonder if for a graduate student I'm pretty dippy. (laughter)

THERAPIST: (laughter) You appreciate the little things.

CLIENT: (laughter) That's a nice way of putting it.

THERAPIST: It can be really useful to be well-rounded.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: That was a challenge.

CLIENT: Yeah, yeah. Wow. Yesterday I was having a very good day and I sure let Jeremy know it. I mean I went to dance and I was surprised because not only are the classes smaller and I sort of know who to predict like, who's the best but who's now it's like five people that know the teacher. This time the teacher was, she's the owner of the studio and her own girls, teenage dancing girls, are there and I was a little bit overwhelmed because I didn't know. And you know, their being young, they're a little bit more I mean they're just really and there is a lot of really good girls, like they all have their own like one's very flexible, one's a greater turner, and they're not to the point that they're like professionals and you know, I found myself just like I mean and even like when I went to dance on Thursday, like every week there seems to be a new set of advanced girls in the intermediate class. I actually got in the advanced level and so now I'm an (unclear).

THERAPIST: (inaudible)

CLIENT: I know. I'm actually one of those advanced girls in the intermediate class. In the same sense they always feel like, it's like I'm trying hard but there's always going to be someone better or someone like and it always seems like maybe you're not getting better, maybe (cell phone ring tone) I mean it's really hard to tell I'm sorry, I'm waiting a call back from my doctor. I'm sorry.

THERAPIST: No, no.

CLIENT: It's just sort of like I mean I guess when I was living you know I was in high school, maybe going to community college and even up to undergrad I try hard, I succeed and I was the best. And now it's like and so there was dance and then when I came home after dance it was

around lunchtime and Jeremy said he was going to make these wrapped fresh rolls and collard greens and something about like he makes jokes about, 'oh it's the headiest lunch, it's something so healthy that you can't believe it,' so for some reason I just didn't I was thinking about picking up [Furio] (ph) after dance because I love that's my after-dance treat sometimes, like it's too cold it's snowing, I have to walk a mile. So I mean I was kind of on the fence about like no, I should just go home, should I get coffee, no, just go home, and then yeah, when he's like 'oh, we're going to have this.' And I was like, 'oh, oh, okay.' Then he was like, 'is that okay?' And I was like, 'yeah.' And she's like, 'oh, it's smoked salmon.' And I know smoked salmon is a delicacy around here but I just don't like smoked salmon. (Laughs). I don't like it I mean I like it in select circumstances and so he's like I can put chicken, and I was like, 'oh, that's fine, yeah, maybe that, yeah.' And he's like, 'oh, I can make you something else.' And I was like, 'nah, nah, nah, hah, don't go to the trouble, it's fine.'

THERAPIST: What were you feeling? [00:03:48]

CLIENT: I was just feeling like well, it was disappointment and just sort of like, yeah, it was more like disappointment because like the night, like the few days before we were talking about going to his friend's sandwich shop Sunday where they serve fried chicken sandwiches and we eventually agreed like, no, no, let's not do that but then after dancing I was starving and I had worked my butt off and I also had heard that when he was making a lighter lunch because of the Purim celebration was like an hour earlier, I was like there's so many change of like my ideal thing, like everything was sort of changing. My ballet class was different. In Pier 1 this lady kind of almost tricked me into getting a credit card there and she got mad when I realized it was a credit card. That's not supposed to happen. Lunch was not supposed to happen. It wasn't supposed to be something challenging. And then Purim got changed and then [Ozzie] (ph) and Christina just recently moved into a new apartment and my mom said it was gorgeous and so I was going to have to see Ozzie and Christina and sort of deal with that. And I was just like [00:05:19]

THERAPIST: Nothing was going the way you wanted.

CLIENT: No. I mean I'm happy for them that they have a nice apartment. But there's something because I guess my mom tends to like spark sort of controversy and drama by saying, 'oh, I think Ozzie's been jealous of your apartment and so he really tried to one up you with this apartment.' And like -

THERAPIST: Makes it feel competitive.

CLIENT: Yeah, and his brother is very competitive and Jeremy and so then after, later I mean, I apologized about the lunch because it was actually tasty. I wound up also getting depressed about Hamantashen cookies I made that after trying this new way of folding you're supposed to fold them into a triangle, but because I didn't do something right with this new method, they opened up like half of the I mean no one's got to see those in the end but I was just like over.

THERAPIST: Hamantashen are very hard to make.

CLIENT: Yeah, I know. (Laughs) Most of them came out, but I was just (sigh) nothing. The cherry on the top was when the soap in the shower hit me in the eye.

THERAPIST: Ohh.

CLIENT: Fell down from above. And I just, I found myself getting so anxious and worked up and especially when like, because Jeremy was telling me about Ozzie about how Ozzie always tries to compete with him like with food, with apartments and now Christina is exercising three days a week and like over! Over. Why can't I mean I should be happy but you know, if anyone of my friends was exercising three days a week I'd be happy for them. And you know just like in dance when people I mean for some reason like I'm a competitive person in nature, and I try and like forget about what like keeps that in balance trying to keep this constant voice, like it doesn't matter, life's not a competition, but the moment people start openly competing that's when all bets are off and I have just been feeling just sort of like falling short in every category and even research, like my advisor promised me, or didn't promise, but was like, 'oh, I have this paper that has to be turned in by the end of February and it's for a magazine and can you work on this project?'

And I kind of gave up my sort of thing about doing the PhD. I mean maybe I just chose this project to sort of like extend my PhD. Maybe there were there probably were other reasons but those were the but then my advisor is like now he doesn't have time and I'm just like, there's no paper, I still don't have my splits. I still have so much work to do in dance and I mean I should exercise more and just research and giving my proposal and my teaching the course of the future that was not I mean I didn't spend that much I mean I spent a lot of time thinking about it, I just didn't understand the assignment. People I filled out a worksheet rather than using the worksheet to guide a rationale.

(Pause): [00:09:17 00:09:28]

CLIENT: I've just been having a hard time sort of like it's sort of like when you try hard and not fail, but you don't really succeed. I mean maybe it's just because when I'm comparing sort of what success is, I mean -

THERAPIST: What would be success?

(Pause): [00:09:46 00:09:54]

THERAPIST: To be recog-?

CLIENT: Well success is, I guess there are many aspects.

THERAPIST: You said you're failing in every category, so I'm curious as what success is in each of your categories.

CLIENT: Well, I guess with my research it would be getting a paper. That would be a success. For dance that would be someone recognizing that 'oh, you're doing so, you've done much better or you're improving.'

THERAPIST: You said you made "advanced" this year?

CLIENT: Yeah.

THERAPIST: Is that not a sign of recognition of improving from last year's place?

(Cell phone ring tone)

CLIENT: It is. And I guess I didn't recognize like yeah, I guess I want things so fast and some things just in life are little successes but they build up on each other. And I guess what would be successful other things like -

THERAPIST: What else did you feel like you failed at?

CLIENT: Having an apartment that didn't have stainless steel appliances and having an apartment that wasn't as cool looking as someone else's.

(Cell phone ring tone)

CLIENT: Or as Ozzie and Christina's.

THERAPIST: Do you like your apartment?

CLIENT: Yeah, I like it quite a bit. It's very cozy. There's things, you know, that we'd do a little bit differently if I had my own design. You know, when you own an apartment you sort of take but you know, in terms of decorating and you know, with the money that we had, which was quite a lot for decorating like \$4,000 is a lot to furnish an apartment. Yeah, I really like it and it really feels like home. [00:12:02]

THERAPIST: Of course, (unclear) things important.

CLIENT: Yeah. And I think, I mean of course there are things like I would do differently than Jeremy, and Jeremy would do differently than me, but we sort of made many a couple of compromises but we both of us really like it and I guess, yeah, I mean as a whole I really like it. (Cell phone ring tone) It's big, it's spacious, it's really cozy and has everything we need. And yeah, I mean, so I guess that's a success and we're happy.

THERAPIST: I you can define success in something other than comparison to somebody else, if you can make an objective criteria in dance rather than it being the best one on the room, have it be something that doesn't that is really just a measure of you. You know it sounded like you have specific goals of having all your splits. That's something that doesn't change when there's somebody else in the room and you can measure your own progress. And I have actually noticed a little bit, like you know inch-wise progress where there is somebody else in the room and you can measure your own progress.

CLIENT: Yeah, and I have actually noticed a little bit like inch-wise progress and that actually does make me happy like, 'oh, I'm only four inches off the floor in my kneel split or five and a half, I think. But yeah, I think that's actually and I think that where it gets me is when I see like a 12-year old in class when she's just going back and forth and we all three split and I'm like oh, I'm so far behind, but -

THERAPIST: We'll see where she is when she's at (unclear). [00:14:01]

CLIENT: (Chuckles).

THERAPIST: And I think that's a different there can be another girl in the room one day to the next day to the next day and you don't have any control over those other girls. Who comes in and who comes out, who's naturally really flexible, you know, or not. You only have control over yourself. You have control over what your apartment looks like, to a degree. But you don't have control over what somebody else buys, or rents. If you can keep your definitions based on the things that are more in your control rather than success being based on who gets to the finish line first type of thing it's going to feel a lot more steady and consistent. Because those other things are always changing.

CLIENT: That's actually a good way of thinking about it.

(Pause): [00:14:58 00:15:06]

CLIENT: And I think to some degree that's what I had when I was an undergrad, like I was so in my own world that you know, what was and I really didn't have a clue what everyone else was doing and so I just sort of had my own sort of goals and expectations and I guess maybe I'd just been a little bit more less into my own world and in one sense maybe that was good but in another sense with a competitive like you know, yeah, I think I do need to yeah, just think about what my goals are for myself, not and then I guess I'll be less sensitive to the changes going -

Because yeah, it can really affect my day and my dance class and I remember like sometimes like I just sort of, you know, when someone is new into the class, I sort of think like, 'what's she doing here? Oh, she's good,' or, 'she's better than me. Yes, she is. How much better? Oh, I don't know.' And all of that goes through my head like during l'etendu or combination and then I'm like lose track of what I'm doing because I'm thinking and it's crazy how scatter-brained I can get versus like -

THERAPIST: If you were focused on what you were doing and how well you did the combination. I mean, I think that competition can be how well you're doing the combination this week as compared to last week.

CLIENT: Yeah.

THERAPIST: Then you can measure your own performance rather than who's doing the combination best in the room and those things are always changing the people who are in the room.

CLIENT: Yeah, that's true and maybe someone has a bad day and maybe someone else has a sore ankle.

THERAPIST: Sure.

CLIENT: (Laughs) Yeah, that's true.

(Pause): [00:17:09 00:17:16]

CLIENT: And another thing that was going on is lots of organization. It actually feels nice like because Jeremy and I recently we went to Ikea and like to just like at the six-month mark of living somewhere you sort of have an idea like where the clutter is piling up and it was actually nice. Like I sort of feel like and I can see why people do like spring cleaning or like there's all these Pottery Barn ads of "organize your life" and it's like, yes, I'm feeling the need for that. Especially now that I'm getting more involved in like going to dance and like, you sort of like need systems and it's nice to sort of at least try and set that up and I'm trying, I'm working on I recently identified because Jeremy and I kind of had a I don't know what the problem was, but I know that there was a problem. I think I was feeling like oh, it started on I forget what it was, what exactly started it I mean I guess I'd been sort of feeling like bad because I stay in my pajamas like when I'm working at home and yeah, dumpy clothes and you know, but when I'm at home I'm still working.

I'm not being domestic and I know that Jeremy gets a little bit like frustrated, like when I'm at home and when I don't really do anything besides get dishes dirty and of course I'm doing my work but, you know you think that if you save the trouble of having to commute, get dressed, do all those things, and like you know, nothing is done around the house either like no cooking, and so like I started to realize that, 'okay, maybe I just need to go every morning, at least I feel like home is home something to relax, something where it's okay to wear PJs and you know there's sort of a dress for success sort of thing. Like you're out the door in normal clothes, you're going to think not like you're on vacation. But then I realized that I was afraid of leaving home. Like I had a hard time like getting, leaving the house. I don't know why. I guess I'm getting better at leaving the house.

THERAPIST: What is the fear?

(Pause): [00:19:51 00:20:06]

CLIENT: Well. That's a good question.

(Pause): [00:20:05 00:20:15]

CLIENT: In one sense it's like I'm away from my comfort zone, like I've been working at home for so long and been a student for so long, like you know there's not a fridge in my I mean there's a fridge downstairs, but you know our I make tea, my favorite food, my favorite nibbles, where it's just sort of my office with some snack food and some coffee or tea that I can try and brew, but I'm not very good. I don't know, and the fact that I'm going to be around people and like I'll have to feel a little bit self conscious and use a public restroom and I've actually gotten much better at using public restrooms. That doesn't seem to be my fear these days. Because now I'm in so many public places, like in terms of dance studios and it's gotten a lot better because I just sort of -

(Cell phone ring tone).

THERAPIST: I'm sorry. I have to check this. I'm going to step out for a minute. I'm really sorry.

CLIENT: No, way.

THERAPIST: (Cell phone)

(Pause): [00:21:29 00:22:11]

CLIENT: That was quick.

THERAPIST: I didn't even have time to look at my (both laugh).

CLIENT: I'm very, sort of flexible with these things. But what was I going to say? Oh, yeah. And the fact that maybe I might need something like, I don't know, I guess I'm sort of I'm not a packrat and when I normally go on trips I don't pack that much stuff, unreasonable and not like a three bags for a three day trip. Or being comfy or being productive and, you know, not having in case I get very sleepy something, you know, I'll just sleep on my office floor if I'm that sleepy. But I guess, yeah, I mean the workplace is a lot different from home and it's funny, I used to teach dance twice a week. When I was in college I'd teach dance two to three times a week and I would at least drive an hour and a half to get to dance and I would teach there for a couple of hours and then I'd come back and you know, it just seemed part of the routine, like oh you need to go to dance, and now it's sort of like I don't know I haven't really understood why I have such a hard time leaving home.

THERAPIST: Are you having a hard time leaving home on workdays? Or are you having a hard time leaving home like today or when you took dance on the weekend? Is it where you're going or is it the leaving?

(Pause): [00:24:01 00:24:05]

CLIENT: No I have a hard time leaving for like I'm always just sort of like, yeah I have a hard time leaving for dance. Like some days I go very slow and like, oh I don't want to go. I love home so much I don't want yeah, and eventually I'm out the door because I realize I have to but then I'm five minutes late to dance class because I was like, 'what did I spend that time doing?' I was like, it's so hard and I don't know if it's just kind of like the fear of leaving the solitude and comfy-ness of home or actually have to do something and engage.

THERAPIST: Yeah, it seems like maybe part of it is the anxiety of facing something that's less certain, you've not much control I mean some of the things that you were mentioning like the elements you have control over, like what's in the fridge and what snacks are available and control over how and when, you know, what you brew, versus there's a lot less certainty about those things either in your office or who knows what you are going to encounter on your way to some place?

CLIENT: Yeah and what's going to be in dance class? How it's going to go. The weather is it going to be cold? And like, you know, it's just sort of like yeah, there's a lot of unknowns and yeah. I must say, my home really is that good if I want to stay home, but then I sort of look back and I sort of see that when I was in my old apartments I just stayed home all the time like my going out nights was when I got dressed and went to Walgreen's and that's the joke my friend makes all the time. Because I get dressed up very nice just to go to Walgreen's and go back home and get in my pajamas and yeah, I guess there's sort of like I guess, there's I have a hard time when I didn't think about that, but yeah. I don't like there's so many I have a lot of anxiety about not being able to control circumstances and you know, having a possible day like I did yesterday where everything just seemed to be like not going my way -

THERAPIST: What you were expecting.

CLIENT: Yeah. And it makes me angry. (Chuckle) Like you know, like why? Why is but I sort of see that you know any job that I'm going to have besides maybe being a housewife, even housewives have to leave the house but I'm going to have to leave the house and -

THERAPIST: Does it feel like it's getting harder?

(Pause): [00:27:18 00:27:25]

THERAPIST: Maybe compare it to before you moved in together, leaving your old place.

CLIENT: On Porter Square, I mean I realized I had to leave, but it was really frustrating because I sort of chalked it up to like a lot of it was like turned into like at least I had (unclear) about leaving. I had this rage, this embitterment like oh, I'm not I'm leaving and I have to go all this way to get to Jeremy's and he never comes over here and like, oh, I just want to be home. So I didn't think of it like it just sort of was like, I'm always in transport. I'm going to be so excited to be home. I'm finally am home. But I sort of realized like, it's not that actually it's not that it's gotten harder since my sort of getting anxiety like I don't want to be around germs, but I think now that I'm doing stuff I'm forced to think about it. I get (unclear) dance at 10:30 in the morning. I'm forced to think about it as opposed to just not going in and just staying home all day.

THERAPIST: How many days of the week do you leave the apartment?

CLIENT: Well, let's see. Monday. So the past two Mondays. I guess, Monday, Tuesday, Wednesday, Thursday but Thursday doesn't have to be until night because I have dance late at night and then Friday usually not, but I guess there's four possible days during the weekdays that I have to leave, but it's except for Monday and Wednesday, I guess Tuesday Thursday and Friday are more like when it's my (unclear) to leave. But and I guess on the weekends because Jeremy never wants to stay in the house, so I guess it's Sunday, too, I have to leave. But I get to come back really sooner so I guess that's some concession, like, oh, you know. So I'm going to have my dance stuff and I'll be fine going to dance. But it's just like really, I mean even I sort of saw myself last night when I had only an hour to take a shower, put on makeup, do my hair and I thought I could get ready really, really fast and I was surprised. I was like normally, like, I take forever.

THERAPIST: Because you're regretting leaving?

CLIENT: Yeah.

THERAPIST: It's not the getting ready that takes a long time.

CLIENT: Ohh. I'm Eeyore -

THERAPIST: Well, your delaying leaving because it feels anxiety provoking.

CLIENT: Yeah. But I found that practice makes proficient. So by practicing more like -

THERAPIST: Well, I think you're exactly right because I think there's a difference between wanting to be home and feeling afraid to leave, or feeling afraid to be out. It sounds like you're afraid to be out.

CLIENT: Yes, I am.

THERAPIST: And facing that, confronting that fear over and over and over again and proving to yourself that you're okay even when things don't go necessarily how you predict or how you

want. It might be uncomfortable but it's not unbearable. You're okay. You're not really happy but that's actually all right. You don't need to be perfectly happy all the time. So I think that pushing yourself to confront this fear in the same way that you confronted your fear about using public restrooms or confronting your fear about touching your makeup bag and things like that. It's pushing yourself to do the things that you are afraid of so that your fear isn't limiting you.

You know I'm glad that you like to be home. Your home should be a comfortable, cozy place where you feel at peace. That's great that you've created a space that feels that way and I want you to be able to hang onto that but also not feel like you can't be other places. So I think, like you're doing, pushing yourself to go to the office some days and pushing yourself to go out and take your dance class, go out and run and errand so that it doesn't feel like so that your fear doesn't lead you to avoid those things and get bigger and bigger.

CLIENT: Yeah.

THERAPIST: Because when you avoid them and don't do them it's almost like you're proving to yourself you can't do it. And you can do it. And the more you do it the more comfortable it will get again. I think it's maybe gotten a little less comfortable because now you have a space where you can work from home. So there are days when you don't go out and you didn't do that so much in your old apartment. [00:33:12]

CLIENT: And I remember when I was going to community college, I had to drive an hour there every day.

THERAPIST: So you just did.

CLIENT: Yeah. And yeah, and you know, I did it over and I made jokes about my car being like messy, but it felt kind of like home. It was kind of like a new home, like and I sort of got used to it and sometimes (unclear) bad, sometimes but I didn't really care because the focus was more on school and my grades and -

THERAPIST: Yeah, not all those things like the outfit, the hair -

CLIENT: Food.

THERAPIST: It doesn't all have to be perfect in order for you to be able to go out and do your thing.

CLIENT: Yeah. Yeah. It's interesting how, yeah, I guess I'd gotten so used to I mean being in a situation where I could obsess at home where I obsess about my plants because they're there and but it seems very weird, like I left my plants at home and -

THERAPIST: (Unclear). [00:34:38]

CLIENT: (Laughs) Yeah. That's true and I'll probably be more surprised about their growth and development than if I'd watched them every hour and wondering why they're not blooming that hour. Yeah, I -

THERAPIST: So, you haven't mentioned the anxiety before and I'm wondering if it has something to do with the pattern of being late here, too.

CLIENT: Yeah. I mean, that's actually it's, I mean definitely I have a hard time it's definitely not personal. Because I really do enjoy therapy. It's just a hard time getting here like just getting here like leaving home and that's really like, you know, it really is hard. And I think it sounds silly, but and I actually had this problem like getting to my classes, getting to my meeting with my advisor. I always push it. You know like I'll start getting ready like say if I have an appointment, and I have to leave at like 1:30 and I'd be like, 'okay, well you know, it's 1 o'clock. Okay, I should start getting ready to go. No, no. I just want to finish this I just want to finish this.' It'll be like 1:50 and I'm like, 'oh, shoot,' I'm going to be 15 minutes late, I've got to go, I'll get ready real quick and then there's a rough patch of skin, I have to get that off.' And then I'll be like not just 15 minutes late, I'll be like 25 minutes late and then I'm rushing to get to the T and like running and like I mean, it's just and you know, when I'm running I'm late and I think, 'how come I didn't think about this earlier?' And arrgh, hard.

Yeah, and I used to get to community college like early like on the early side. Definitely not late. Never I mean I was late to my own oral exam. Everyone else was late to, though. I actually was like two minutes late. Yeah, I mean that's the biggest joke in my group is that I'm late and that I'll be late to my own funeral. [00:37:17]

But yeah, and I think I just need to maybe set timers, to just tell myself like, 'time to go.' Like just get used to I guess like when people are addicted to something they need to just tell themselves, "no." And I need to tell myself, "no, you need to go."

THERAPIST: Well how can you make yourself more comfortable about being out? Because it sounds like it's the anxiety that's making you not want to take that next step of not getting ready or not start the process of not getting ready. So if there were a way to lower the anxiety about going out, maybe you wouldn't delay it as much.

CLIENT: Yeah. And I think you know, probably having my lunch packed the night before -

THERAPIST: So then you can know what's going to be to eat.

CLIENT: And like planning the night before what I'm going to wear. What I mean I used to do that in college and I guess I mean I was -

THERAPIST: And there were things that worked back then.

CLIENT: Yeah, laying out what I'm going to wear. I did pack up my dance stuff the night before and I was so happy that I didn't have to think about it. I took the coolest bag with me and I guess maybe that's the thing is like instead of thinking, 'oh, no what do I want to wear? Is this the weather?

THERAPIST: Did you check the weather the night before?

CLIENT: Yeah and sort of prepared myself for like, instead of like waking up and being surprised, I mean the weather it can be unpredictable but as long as I carry an umbrella, I'll be fine in Boston. Yeah, I think that's, yeah and -

THERAPIST: So fewer choice points. [00:39:21]

CLIENT: Yeah, because I think I do have a hard time making decisions, too. And I think often I get anxious about making I get all the time, I get anxious about making decisions because there's always like (unclear) that it's the wrong decision. But yeah, and -

THERAPIST: So that takes a longer time. If you're doing that the night before it takes a longer time it doesn't make you late. The consequence is you're going to go to bed later. Hopefully, you'll learn to limit how long you give yourself.

CLIENT: Yeah, but I just -

THERAPIST: Make your decisions so that you don't eat into your sleeping time.

CLIENT: Nah.

THERAPIST: But that might make decrease some of the anxiety of the process of getting ready before you go out. Because I wonder if the anxiety about making the decisions and the anxiety about being out are combining to be overwhelming.

CLIENT: Yeah.

THERAPIST: To reduce the anxiety about the decisions, then you're only left with the anxiety about going out which might still be uncomfortable but won't be as intense.

CLIENT: Yeah. I mean yeah, it's crazy. I didn't realize this but right before I leave and that's another thing like I'll double check stoves, I'll double check curling irons. Yeah, even if I don't use the stove I'll double-check it. I've gotten a little bit better with that because I'm with Jeremy. But I think it's anything to delay it and I mean sometimes I'll kick the door because I'm mad I have to leave. I mean, not very hard just sort of like, it's kind of like fun in a way, but really is a sort of passive-aggressive statement that I don't want to leave. [00:41:08]

THERAPIST: That seems like an honest expression of what you're feeling.

CLIENT: Yeah (Chuckles).

THERAPIST: You're feeling mad.

CLIENT: Yeah (Chuckles). I mean it's so silly, but I mean I just, yeah, I mean I'm glad I'm coming forward with this before I actually have to be doing this every morning, not only that as a teacher, it's going to be early in the morning.

THERAPIST: This is your time to confront it.

CLIENT: Yeah.

THERAPIST: You don't have to judge it. It's not silly. It is what it is. These are some of the anxieties that have come up for you and we're going to find a way to confront them and minimize them, but you don't have to judge yourself for having them.

CLIENT: Yeah.

THERAPIST: Why don't we stop there for today?

CLIENT: Okay.

THERAPIST: And we're on for two weeks? Same time?

CLIENT: But not next -

THERAPIST: Not next Monday.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: But the problem was that they were (cut out) for one to three minutes.

THERAPIST: Oh, wow.

CLIENT: At every stop and it just went downhill from there and that was I was just yeah! I woke up late. I can leave the house and then -

THERAPIST: I always thought that was under your control, you handled that. You can't control the T.

CLIENT: Well there were like so many in the thing even, like people walking slow to it I missed the first line going through and even I mean it's frustrating because you can try hard and I've gone because now like I've gotten pretty good at leaving the house early in the morning. I mean I don't kick the door and I sort of Jeremy was actually more sad that I have to leave in the morning sometimes we can't have breakfast together if it's but you know, it's just sort of like there's so much to do that I'd be missing out on, and but that doesn't mean I don't like to stay home. I do like to stay home. But it's been actually quite busy.

Jeremy and I what was it two weeks ago we tried hanging out. For some reason, I guess you know, after living in an apartment for six months you start like, well okay, what are other things we can do around the apartment? And it just sort of happened that Jeremy's brother just moved into a new apartment and mom was just like going on and on how gorgeous it was and how Ozzie was trying to compete with Jeremy and like I don't know what sort of (unclear) I don't know what was going on but anyway, you know, it's always nice to revamp your apartment and but this sort of put the cherry on top. Like we had to (unclear). So we went and bought some stuff. And then we bought these nice lighting fixtures and Jeremy was kind of like on the fence like, 'oh, do you think we can install it?' Like I'm not good at electricity. I didn't even think about what the impact of I would say, "oh, she glimmers, she glows on YouTube can do it, you should be able to do it."

And so the first one it took us like six hours and there were tears and then I think it's because you put the mount in the wrong way. And you know, we got into kind of a big fight. It wasn't (unclear) I was like crying. I was crying and like because he was really frustrated and I was like, 'well, you know.' And he was like, 'well, I was just trying to make you happy,' and I said, 'well, you acting all huffy and puffy and like frustrated, upset is not making me happy.' Let's return the other one. And so we got some sleep and things were still tense in the morning and so he finally he hung up the other one which was more direct because it was the same type of sort of chandelier hanging as opposed to the kind of wall (unclear) lights but he did it in 30 minutes and it was a really good sigh of relief but I think resulting from it I sort of, I realized that I had felt bad that I had put so much pressure on Jeremy because I thought it would be easy and like I'm always interested in handyman stuff and I'm the type of person that even my mom always laughs that I was the one to try and start cutting fabric to make a leotard even though I hadn't really learned to use a sewing machine. I mean I get myself in messes like that but I had to be cognizant that it's a lot of money to do home repairs and if you mess up like hiring the electrician could be expensive. I mean I really did like the lights and we, actually now, we're really happy with the lights. We sort of agreed: no more. Because it's an apartment building and there's stuff you're going to have to take down. But it's interesting because this weekend we saw Ozzie and Christina's place and it was nice. The deal that she had was that Ozzie and Christina had, is that she had to they said they paid more money if the company made improvements around the apartment. So they got a new kitchen and they had actually stayed through the bedbug sort of problem so the company sort of believed in them you know, they had been with the company for a long, long time even in different areas around Boston. So, you know, they had some new fixtures, new kitchen. But you know I was happy when I was seeing it and I saw that it wasn't as sort of (unclear) not as Jeremy's mom was describing it like, I don't know -

THERAPIST: It wasn't what you had envisioned.

CLIENT: Yeah.

THERAPIST: For (unclear) price.

CLIENT: Yeah. I mean it was nice and I was really happy that it was decorated in the style that they like and I mean, I don't like that particular style but it made them very happy so I was really happy for them and it was sort of like this big dichotomy between like competing and like, I mean, I tend to be a conservative person in general and it doesn't help when someone says that someone else is competing. Yeah, that's not fair. Like I didn't want to compete. Actually, I did want to compete but I suppressed it to be nice and so I found that I mean Christina is so nice now. She used to be mean. I guess she's not well received by the family. I can see where she sort of feels like it's okay because she was upset, you know. I mean, we're people after all, but it was just really interesting.

And then Jeremy and I when we got home, because we had been busy this weekend, were like 'oh, (unclear) like our home is better than anyone else's.' But of course we did, we shared expressions that yeah, their place is nice but you know, we like our home better. And it wasn't like our home is better it's like -

THERAPIST: It's like, it's yours.

CLIENT: Yeah. Our creation of what we think is cozy and it was really a good feeling and -

THERAPIST: There doesn't have to be one winner in that type of -

CLIENT: No, no. And I've always wondered because like I know that like Jeremy's cousins they have, I mean they're two different artistic sort of styles one has a loft and the other one has this cozy place and they have different styles even from us but they're very nice and I'm happy for them. And for the first time like I could just honestly say, I'm happy for Ozzie and Christina and they seemed more relaxed and even their dog seemed more relaxed. And the dog was actually nice to me. So I'm happy and -

THERAPIST: It sounds like it was a good visit because it allowed you to not feel like you were having to compete with her.

CLIENT: Yeah. And it was funny because Jeremy was a little bit he gets a little bit suspicious of everything his brother says, like, we're saying that, 'oh, we went out here to this restaurant and this one. We went to like three different restaurants for a quick bite or breakfast or whatever, this weekend and his brother was like, 'oh, you guys are finally getting out,' or, 'you guys are going out a lot recently,' and I was like, 'yeah, well, for a while we hadn't been but it's good to go out and explore.' And Jeremy actually got mad at me because he was like, 'we go out, we do stuff

with people.' And I was like, 'well, yeah, but normally we eat dinner at home just because it's healthier and it's cheaper.'

And so like it was frustrating and I was like, 'so what's the first response that you want me to say that will make you feel better?' I sort of was going through and talking to him about it. I sort of found out that Jeremy's really insecure about not having friends in the area like male friends and so he felt like his brother was trying to dig at him that he didn't have any friends. And I was like, 'no, no, that's not exact he was just saying that norm that maybe he feels guilty about going out so much and like that you cook all the time. And he's like, 'oh.' And so I was like, 'if you really want to make your brother feel bad you could say this: 'well at least it's easier to keep in shape when I eat at home than going out all the time.' Then I said, 'then your brother will feel self-conscious about his weight because he's on a diet and then he'll feel bad,' and Jeremy was like, 'I wouldn't let that happen.'

But it's funny because like Jeremy always wants to hang out with me and I love hanging out with Jeremy but there's times like I want to do yoga and I want to go to dance and I sort of it's hard for Jeremy to have it's hard to get friends. I mean, I mean you have friends from lots of his friends used to live here but now have sort of gone off and I want Jeremy to do things with his friends.

Like for instance we actually went out with his ex-girlfriend in the morning, Saturday morning, and I realized I was like, you know, I'm going to make this because I imagine like the cat not the cat was her but my cat from hell guy where he had like when he had two cats sort of like meeting each other for the first time. He had a controlled meeting. Like he had a baby gate with a towel so they could smell each other. And then like the next day that they would get a little bit closer. And so I was like you know, I don't know how it's going to be it seems like it might be awkward. I was just there with you and Lori and I do want to meet her but I don't want to take away like she needs to talk to you and you need to talk to her and I don't want to feel left out.

This is what I was thinking. I didn't want to tell him that. So as it came out this is perfect I can go to ballet and so I let them walk around. Like it was like perfect because I didn't feel bad about leaving Jeremy. I didn't feel upset like, 'oh, he's speaking with his ex-girlfriend. And I just went to dance and I just sort of said, wow, this is a nice concept, is that I don't have to worry about Jeremy and I can do what I want and it was actually a so I sort of see that I mean and it was actually funny because one of Christina's friends, like Christina is known for gossiping, and that's just sort of most girls do gossip, but one of Christina's friends saw Jeremy and Lori walking together and you know, I think one may remember Lori as Jeremy's ex-girlfriend but it was just funny because I was just laughing that, 'oh, this is going to be quite a story.'

But she was fine. I mean she's not my style. She's almost like so sweet and like I don't know. I mean I guess I don't have to like her but then I sort of feel bad like am I just picking on her to pick on her or just, I don't know is she really that sweet? Like she'd be going, 'yeah, yeah, yeah, babies.' And I don't know. Maybe I just felt like a cold fish because it was in the morning and I hadn't had coffee. I mean, you know. I don't know. I mean I guess I can bear myself too much

but in the same sense, 'whoa,' she is like really like, 'I'm a small town girl,' and she makes it really clear, like 'oh, boy, I'm not good with the city at all,' and I think you could find yourself around with an iPhone I think. I mean, you have a master's of fine arts. Obviously, you're hard working and not stupid.

But anyway but you know I sort of like, I mean it was just interesting because normally I'm used to taking stage as the talker. But this time I was just more like a listener and it was really kind of strange because I would try and add in a comment but then she would top it with something more like, "oh, well you know," and she was like, "oh, there's all those" because she was in for a conference she was like, "oh, there's all those writers with the you can always tell them from a mile away." I was like, "yeah, at least it's not as bad as the March meeting where there were 30,000 physicists," that they were making jokes on airplanes, nonphysicists and flirting with them and it was just bad."

And she was like, "oh, no, no, I think it's just as bad here." And I was like, 'well, okay.' Al was like, I don't know, writers or any sort of intellectual are going to stand out, but I think the I mean you know. It's just, it was just everything that was more dramatic and -

THERAPIST: So she was feeling competitive, too.

CLIENT: Yeah. (Chuckles) Which is understandable. I mean, I was just like, okay. It was like, well, let her just have this.

THERAPIST: How did Jeremy feel about it?

CLIENT: Oh he had fun. He thought it was nice. He said after a while Lori started complaining about walking and he was like, oh well, Janet never does this when we go on 12-mile walks. And I was like thinking, 12 mile walks those are the death marches and I (laughing) start complaining around mile six. But I was like, oh, okay. Just before that. But it was just I mean I don't complain on mile two. It depends how cold it is. It was just I mean I did notice she did have really pretty eyes and I told this to Jeremy and he goes, 'yeah, well you know, eyes just tend to be pretty.' And I was just like, wow, wait a minute. For some reason I was just like, can't we just talk about it like it's neutral? I mean like she's someone we don't know?

I don't know I mean I guess it's kind of like weird (unclear) like I would never be caught dead looking like the other day I saw my ex getting coffee and I just felt like milling around the other part of the cafeteria for a while because I'd rather like I wish he didn't (unclear). So I can imagine [00:16:22]

THERAPIST: It was a totally different part of the -

CLIENT: Yeah, I know. I think Jeremy actually took it quite well and I was, he thought it was very mature of me to leave them walking and talking and I guess it was. And more or less a chance for me to go to dance.

THERAPIST: And you feel secure.

CLIENT: Yeah.

THERAPIST: You're feeling a lot more security than you had.

CLIENT: Yeah and that's actually I sort of think of like I used to be so and this is something that I forget is that for so long is that Jeremy I was very insecure with how he was feeling about me. Then I absolutely doted on him and now it's like I'm still trying to find a balance between Jeremy and school and dance and my plans and I mean I do give Jeremy lots of attention but sometimes I just sort of walk off. You know, check on all my plants and I've and I feel bad like because Jeremy will start like meowing like because he's unloved and he's like 'why don't you love me?' And I was like, 'well I do love you.' And I just sort of see that he means like constant attention and it's challenging for me because like, I guess because I don't need constant attention or constant -

THERAPIST: Well it also sounds like he feels lonely? You mentioned that a lot of his friends from the area no longer are around so he's not getting a lot of attention from other people so he's requiring all his attention needs get met by you. That's too much. One person can't do that.

CLIENT: Yeah.

THERAPIST: Where it sounds like you have more other things in your life. You have dance. You have people from school.

CLIENT: Yeah. I mean now is like the frustrating thing on Friday because Friday was my day. I was rewarding myself for being away from the house all week or at least getting out of the house.

THERAPIST: So you've been getting out of the house every day? [00:18:27]

CLIENT: Yeah, yeah. Except Friday was going to be my day. It was a snowy day and I was, this is was perfect. I'm going to stay home and do work and be productive. And Jeremy decided to have a work from home day. And like his constant sitting next to me all day and like for some reason I can't focus when he's around. I guess because, I mean I have warm fuzzy feelings, and because they had a busy week he just wasn't doing much during the week, or much on Friday and so he was like, 'oh look at this restaurant.' Okay, okay, I really have to read this and then he's like (unclear) he's like, 'check out this music, this song,' and so I mean, I'm not perfect either. You know, because I feel like it's play time, but it feels like he's there playing. Yeah. Exactly, or like we walked the (unclear) together and got food instead of like it was a leisurely pace instead of like race down and mow people over sort of days and it was a it definitely Friday was fun.

But I felt guilty at the same time because I needed to my advisor actually got the paper extended so it didn't have to be turned in the end of February, but the end of March which is you know, it's really nice except that I kept because I got really depressed when he was like, 'oh, well, I just want time to write this paper.' And I was like, 'well, I really need this paper' like to feel good about I didn't tell him but I was like really upset. I was really upset but then (unclear) but then I was like okay, well okay, he may not want to write this paper or he doesn't see the necessity in it but I do and I want to ask like so I started to be more like assertive and like what are the main questions we're trying to answer, like you know like asking him all of these sort of specific questions because like there's so many calculations you could do on a project and I think if anything, an advisor should be guiding you to forming a unique research question and, yeah, I asked him and he was like, okay, that's why I don't have a meeting. And still like, I mean, so I met with him like three and a half hours last week and I still don't have -

THERAPIST: You still don't feel like you have the answers. [00:21:13]

CLIENT: Or the question even. And so like I can see that there's things that I'm going to have to read and papers that I have to understand, but I know that if I have motivation like reproduce this data or and it seems like what he wants to do is like use a model to sort of explain the behavior in a certain experimental paper. And so I think that might be the question. I mean, but it's just frustrating because like, I mean it's such a mature field a specific research field that I'm looking at. It's so mature. I mean it's been worked on since 1930 and it's really hard to find where can I contribute. What's the question, but I sort of feel like being more on top of my advisor, it will at least keep me on track and also at least bring me closer to what the actual question is, I mean.

But on a similar note my laptop has been in the process of dying and like I heard the other day in group meeting that my advisor to one of the students, was like, 'oh did you get the new computer? How's it going?' And I'm just like, here I have not like asked the group to give me any conference money. Actually I had and I was denied because it was (unclear). It was a beautiful setting. He was like, 'well, if you were going to go to March meeting, that would be fine.' But I had been turned down for money all this time except for one summer where I was paid, and unfortunately I was not very productive so that was kind of (unclear). [00:23:09]

But anyways I was like, you know, I'm going to ask for a computer, for funds. And sure enough, my advisor is letting me use his Mac Book Air, which is perfect because my computer just completely, my laptop just completely died. Like it was I'm glad I backed it up because you know, my PhD is it's sort of in fragments in lots of places and sure I could reconstruct a lot of things, but -

THERAPIST: You don't want to spend a lot of time reconstructing.

CLIENT: (Chuckles) Yeah I know. So I was just really happy -

THERAPIST: (Unclear) backup.

CLIENT: (Chuckles) I know. I know my computer died.

THERAPIST: (Unclear) on multiple discs.

CLIENT: Yeah, yeah.

THERAPIST: I have them in Cloud. I have them everywhere.

CLIENT: No I know. Exactly. I was just so (unclear) like I'm sure if I took my computer to get fixed I could like I mean the I don't know exactly what's its problem but the track head doesn't work and the USB doesn't work now.

THERAPIST: Those are two important things.

CLIENT: So I can't use a mouse anymore.

THERAPIST: (Cross talk) you can use his, but are they getting you a new one?

CLIENT: No. No, but I don't know, like -

THERAPIST: You'd have exclusive use of his Notebook?

CLIENT: Yeah. I get to -

THERAPIST: What's he using?

CLIENT: I guess another Mac. Like there's nine other Macs.

THERAPIST: I know.

CLIENT: He has like nine other Macs and so that was the thing. It was just like I know, in one sense like laptops do tend to disappear from groups, like they just never get returned and I can understand wanting to save the money for the group, for the group computers, but I just thought that, it's like you just spent all this money to take two of your students to Mexico for a conference and I was just sort of feeling like what am I chopped liver? And so, at least I was glad that I could use his Mac Book Air and at least it was something, at least until I can save up. At least I don't feel indebted to other people except for he's letting me borrow it, so take care of it don't throw it off the counter which is what I seem to do with my not purposely. I pulled it off a counter my last laptop. But so anyway, I just sort of realized in the academic world like it came to my realization that my advisor is not a very nice person.

Like for instance, he had been working really hard like while he was going through chemotherapy to work on his physics of music, physic of sound book. And so I thought that, oh,

this was his love child. And that obviously as I was talking to him, he really wants to have his physics of sound class be interactive with the students, engaging and so I asked him recently, 'so how's your class going?' Just making conversation. And he was like, 'Well, the numbers are good and the students seem interested but they're having a hard time with my book.' He was like, 'well, but then again, I deserve it. I wrote it more for my colleagues than actual students.' And it's like, 'you're ignoring us so that you could write some book as a trophy,' like I was just so mad and this is actually it's frustrating because like, it's like I can't even believe this guy. This is the guy that campaigns like conservatives are so mean and are so harsh to others and they have no charity and like, oh, you're not very nice. You're not very giving and like, he does talk to students. I mean he's better than some professors who never see their students. So I'm just sort of starting to learn that you have to be assertive and -

THERAPIST: It sounds like figuring out how to ask for what you want and really being whether it be information, like trying to sit down and figure out what really is the question here getting help in specifying a true answer. You know, so figuring out like what can you ask for from the group in terms of support? How can you frame a request so that you get money to fund your research or to fund your travel to a conference? [00:28:06]

CLIENT: Yeah, I am going to -

THERAPIST: He's not going to give it to you because he's nice.

CLIENT: (Laughs) No. I sort of see that yeah, I mean it's just sort of like I'm learning about people and how to like not, sort of how to work with them. Like because I sort of see that they're kind of interested in their own sort of needs and wants and -

THERAPIST: Particularly the professional group. I mean it really is not that focusing on your own needs needs to be competitive with somebody else's needs, but you are all there to benefit one another and to get benefit from each other.

CLIENT: I guess some people you have to ask a little squeal a little bit louder.

THERAPIST: Um hmm [yes].

CLIENT: And the last thing that really came up and actually really, it made me upset on Thursdays and dance, so I've had this dance teacher (unclear) and I was in her intermediate class last semester and now I'm in her advanced class and sometimes she now substitutes another kind of intermediate advanced class when the teacher's not there and last Monday like no one everyone was just sort of disappearing and it was down to me and this other girl. So there's a lot more time for her to give feedback and for us to go one at a time. Which I didn't feel want to do but I sort of felt like -

THERAPIST: Basically, a private class. [00:29:51]

CLIENT: And she's like, 'you know what your problem is is that you're not really dancing it.' She's like, 'you need to seem you know you're just so harsh and rushing the music and you need to think about like the water and trying to be more fluid. Try and get that mental picture that you know, softness and or like you're in wearing the most beautiful dress and twirling around,' and you know, she had me and I'm just like huffing and puffing and it was like a hard combination. Like in one sense like I'm trying to remember the combination and I am just thinking it because I'm trying to remember it. It's not something I'm used to because it's just more of an advanced -

THERAPIST: Is she expecting you to be the best?

CLIENT: Yes. And it's like the performance and like so then she like has me do it again and I'm just like dying here because I'm just like oh, there's no break in between. It's just one after another and -. And so I do it again and I'm sort of like failing around. I sort of see that my toes aren't pointed and you know. And she's like, 'oh, oh that looks so much better,' and, 'you just need to think about that.' And I sort of put in my note that a lot of people get on my case for being like super tense at the ballet barre and just like, I do not, like I have become, like I tend to be a little bit perfectionist in dance. I focus so much on getting my leg up and but, and then on Thursday she said it to me again. She turns around and she's like, 'stop dancing like a girl.' She's like, 'didn't we talk about this on Monday?' She's like and I was just like, 'sorry?' I actually thought I was doing better and like I was actually enjoying I mean, you know, I mean I was a little bit ahead of the music but I was really enjoying what I was it was just a sort of a light, simple step. I was enjoying my port de bras. Like my port de bras look so nice and I mean, you know, so I talked to her after class. And she was like, 'you're just not feeling it. You're always ahead of the music.' And she's like, 'I don't know how to get it to you.' And I just felt kind of like, I don't know, I just felt like really, really sad, because like I mean in a sense I do sense that I'm ahead of the bar but in the steps I'm not always with the music but because I don't want to miss a step or I want things to I don't think a lot, I just tend to think a lot about things and to actually feel like I mean it's sort of hard like in a classroom setting because I sort of see it as an opportunity to work on technique as opposed to like if I was actually doing a dance. Like there's some sort of goal other than just practicing steps. And anyway, I talked to my mom about it and she's like, 'well, why don't you ask your other teachers. And why don't you take a jazz class?' and she was like, 'or you could just try something like yoga. It's very noncompetitive. It will help you feel the flow.' And I felt better because I felt like, okay, I have a plan. Now I have to take yoga and I found out that Jeremy is actually interested in yoga but it's -

THERAPIST: Are you seeking something to help you kind of be able to embody her notes to you or are you thinking of escaping dance where you got criticized?

CLIENT: Well, I'm actually thinking of adding yoga onto the four classes a week because I really want to understand what she's talking about and I know that in general like if I went to another jazz class or another alternative class, like I am very competitive and very self-critical and I know that my problem when I was a teenager my mom said that I would always dance when I was very unsure of myself at the dance studio I was going to. She said I was always very sharp

and very not very fluid and she said like I think you were just very hard on yourself. You need to go to someplace where you can learn about flow and where it's not about competing. It's about -

THERAPIST: That's good. That seems like a positive way to try to incorporate her feedback. It sounds like you hear what she's saying but it's not clicking in your body.

CLIENT: Yeah -

THERAPIST: But staying in your head. Maybe this is a way to try to translate that into your body, to kind of feel what she's saying.

CLIENT: Yeah, yeah. And that's exactly it. Because I know that it's definitely it's really interesting because I see what she's saying and it's not that I don't negate it but I'm having a hard time like owning up, like trying to be like well where am I going to have opportunities to get my leg up or where am I going to focus on extension? And I'm already stretching like 30 minutes before class and every day, so it's like I'm just having like a -

THERAPIST: Is anyone critiquing your extension? [00:35:29]

CLIENT: A little bit. Like she's like, 'oh, well, you shouldn't tilt on your arabesque. You shouldn't tilt your pelvis that way. That's not how you balance. That's how you do it partnering. And it's hard for me because I see like pictures of like ballerinas and their leg is very high with an arabesque and I'm like she's tilting her pelvis forward and like what is right? Can someone just pick up my leg and see what's the range of motion and my mom is like, well, why don't you send me a picture of your arabesque. I can talk to you about it. So eventually I'll have someone take a picture of my arabesque and I've been watching You Tubes and like, you know, some people I mean, I guess I mean it's just my legs have not been up this high and for a long time and, or not really ever and so there's like so many questions that I have. Like does your head go up? Like how do you get your leg high or like I mean it's frustrating because you go on You Tube and you see many different realities and it's and there's very few ones are actually like hopeful.

THERAPIST: And different teachers are going to have different expectations.

CLIENT: Yeah.

THERAPIST: Like different people let different things slide. Some people are more purists than others.

CLIENT: Yeah,, and I mean I also saw the way that my dance teacher, she actually dances and I saw it was more modern and contemporary and I was used to classical, like dainty and these are the sort of things that I enjoy, but are sort of full, like mature, artistic, sort of. Modern dancing being like one with the ground and feeling rather than just being a fairy. I'm used to that and it's frustrating because I really am trying hard. I'm failing miserably, but I mean not miserably, but the fact that I really am trying hard [00:37:49]

THERAPIST: You're not failing. It's a process.

CLIENT: Yeah.

THERAPIST: This is part of the process. And you've just moved up from you know you just moved over that line from intermediate to advanced. Which means that there's lots of room for growth in this new place you are.

CLIENT: Yeah.

THERAPIST: We should probably wrap up there for today. So I have a not on for next week, but then (unclear) but then I'm jumping ahead in weeks.

CLIENT: Yeah.

THERAPIST: So not on next week because of spring break. And then we're supposed to meet the 25th.

CLIENT: Okay.

THERAPIST: I think I'm going to be out of the office that day and I was wondering if you have any availability on Tuesday the 26th.

CLIENT: The 26th at what time?

THERAPIST: I have a 2:30 or a 3:30 or 11:30. Any of those work for you?

CLIENT: No.

THERAPIST: Oh no.

CLIENT: I'm going solid from 11 to 4:30.

THERAPIST: Could we maybe do a 5:10?

CLIENT: Yeah. On Tuesday?

THERAPIST: Yeah. I think I could probably stay late that day (unclear). [00:38:54]

CLIENT: Fine.

(Pause): [00:38:55 00:39:28]

THERAPIST: It looks like we didn't schedule for April yet, either. So do you want to do the 8th and what do you want to do?

CLIENT: I can do like the 8th and 22nd. All right?

THERAPIST: Sounds good. And on Monday at 9:30?

CLIENT: Yes.

(Pause): [00:39:50 00:40:23]

CLIENT: I'm actually getting used to waking up early and my boyfriend, he woke up after me and he's like, 'oh, sorry.' He can't get used to me waking up early. So this is training when you become a schoolteacher and have to wake up really early.

THERAPIST: That's an early start.

CLIENT: (Laughs) Thank you.

THERAPIST: I need a co-pay.

CLIENT: Oh yeah, yeah. That's right. I always forget that.

(Pause): [00:40:51 00:40:56]

END TRANSCRIPT

BEGIN TRANSCRIPT:

RESPONDENT: I guess I'm feeling a little scattered in life. I'm having a hard time keeping on schedule or really-I mean, last night I was-I mean, I guess it was-Jeremy (sp) and I kind of had a long day. And I wanted to do the laundry. And he eventually fell asleep on the couch. And I was like, "Yes!" I can actually surf on the Internet. And I can do my work. [0:00:40]

I was looking up because I have part of this course of the future course. This week it's my opportunity to share something. The last two weeks I missed because I just didn't. You know, that's another-I miss the course because I just didn't really feel prepared for it. Or I'd missed two classes, and so-but last night I was staying up. And I was-the time was just passing by quickly as I was reading all about education. And then by the time I got to do laundry and get to bed, it was, like, one o'clock. And I just-. [0:01:25]

INTERVIEWER: Makes sense why you overslept today.

RESPONDENT: Yeah. Yeah. And, I mean, I turned off my alarm three times this morning. It doesn't help that the alarm is my phone. And I put it underneath my pillow. I just have been oversleeping a lot. And it's just this sort of wondering why am I not going to sleep? I mean, in one sense it's hard for me to do-on the weekends, to not do work or...because I mean, that's just-Jeremy sees weekends as vacations. And in a sense I just-because my weeks aren't as structured, sometimes I get a lot of work done. [0:02:17]

INTERVIEWER: Grad student life is different.

RESPONDENT: Yeah.

INTERVIEWER: Weekends are often a chance to do a lot of work.

RESPONDENT: Yeah. And so, in that sense, I think that sometimes when Jeremy goes to sleep, it's like, "Ah, yes!" I can actually have my focus. And I feel horrible because wishing your significant other would go to sleep so you can work. I mean, that doesn't sound like a-and most people are like, "No. I want to fall asleep together." [0:02:47]

But I mean, I guess in my family that sort of my mom liked to work during the night because Dad was asleep, children were asleep. And when she was going to college, she would be working, doing her homework from 10 P.M. to 4 A.M. So, she wasn't getting much sleep back then. But, yeah, so, it's been kind of in terms of my work, I didn't present my results last week. Just the day of that I was thinking about presenting my results, I just-they weren't ready. And I felt like really I didn't even go to group meeting because I felt...well, yeah, I just stayed home all Tuesday because I wanted to work on the results. [0:03:48]

And I was really self-conscious about my face. That was another thing that was taking up a lot of time. For whatever reason, I don't what I ate or what happened, but two weeks ago, my face really broke out. And I was just really, really, really self-conscious about what my face looked like. And I'd be exfoliating like crazy because my face was dry. But there was acne underneath it. [0:04:24]

I mean, now it's all healed, and because I'm watching my every little speck like a hawk now. But I mean, when Jeremy and I, we went to Chicago, I felt really bad that it took me so long to cover up and try and make my face so I felt comfortable. And we were supposed to meet his friend at the club. And because I was still working on my face, we were 15 minutes late. And Jeremy got very anxious. And I felt very bad because I knew that it wasn't his fault. And he was being very sweet. And, I mean, we eventually saw his friend. And everything was calm from there. And-. [0:05:10]

INTERVIEWER: But it was getting in the way of doing what you were supposed to be doing, whether it be go to class or have a social engagement.

RESPONDENT: Yeah. And that's-I mean, because I-yeah, and then I started to see. I look at other girls on the bus. And when my skin was bad, I look at all the girls. And, oh, why is their face so smooth. I would love to have that. I wouldn't-they don't have any scars. They don't have any dry patches where there's scars beneath. And I just-but now that my face has gotten better, now I sort of see, wow, a lot of people, they just don't care so much about their skin. I mean, it's just I don't know. [0:05:57]

And part of my skin problems is that I'll pick at my face when I get stressed. And I did that since I was little. I was kind of-our mom liked to pop zits. So it was sort of a passed-on thing that when you're stressed out, you go pop zits. And-but now I find myself-I'll be giving myself scars, and picking at scars. It's like, why do I do it? It's not good for the face. I mean, obviously there's times where it's okay to pop a zit. [0:06:40]

But other times it's just going to cause lots of infection. But I still-I do this. And it's hard to stop. And that's another thing. That's another thing. I find it-I was dieting last week because I ate a lot in Chicago. And I found myself very lethargic. But it was really hard. I mean, I used to be the epitome of self-control. And I just-it seems like things-I'm having a hard time controlling things. I mean, I don't know if it's just because I'm becoming more relaxed, or...[0:07:32]

INTERVIEWER: I wonder if you're working really hard to control some things that might not need to be so tightly controlled, and then not having enough energy left over to control things that might actually make a bigger difference for you.

RESPONDENT: Yeah.

INTERVIEWER: You run out of willpower at some point. And if you're using a lot up some place else, there might not be enough left over.

RESPONDENT: Yeah.

INTERVIEWER: What do you think it really makes sense to try to control? [0:08:06]

RESPONDENT: Well, health-wise, eating and probably the amount of sleep that I'm getting because those sort of are the very basics, sleep and food. Those are the things that should be sort of-it shouldn't be just letting slide. Also, I should be controlling how much time I spend on the Internet. There's so much time that I waste. And I don't even know why at this point, where the time goes, or-it's not even-sometimes, I mean, it's not so much checking my e-mail that I used to have a really bad problem with. [0:09:08]

Some days it is checking e-mail. Sometimes it's looking at dresses or looking at recipes or just trying to procrastinate from doing work. Yeah. I don't know why I procrastinate so much from doing work. It's-I mean, I could say it's boring. But I mean everyone does sort of boring work. Or, I mean, it's somewhat redeeming. But I'm already procrastinating doing my work for the course of the future. I don't know why I'm putting off it. I mean, it's just frustrating. [0:10:00]

But it's also relieving to-and it might be that work has gotten so much. I've gotten so behind that it's easier to forget it or easier to just want it to let it go, or-I mean, but I did find that when I was at the hairdresser's on Friday when I was getting my hair done, I found it with the noise and the clatter, I was finding it much easier because I was trying to type up my project and hand it over to a younger graduate student in our group. [0:10:45]

And I found it much easier to just type. I mean, maybe I'm just a coffee shop type of person that needs the noise. But I found myself writing more of the introduction. And normally I would take 20, 30, an hour on two sentences. And here within 10-15 minutes, I basically fleshed out a paragraph. I mean, yeah, some of it was probably not as sharp as I would want it. But I mean I don't know if it's just that when I'm at home, there's just not enough distraction, but why?

INTERVIEWER: Have you not been leaving the house? [0:11:26]

RESPONDENT: No. Yeah, I haven't been, especially last week. And I didn't go to racquetball more than twice last week. I mean, I kept going, oh, I'm going to go. Oh, I'm going to go. And I brought my racquetball bag many times. But I just-I didn't feel like going to racquetball. I didn't feel like doing anything. I just felt like going back home. And on the weekends, we're rarely home.

I mean, we had someone over on Saturday, Jeremy and I, his friend Dan. And we went out for a picnic. And then I made a carrot cake. And then we went over to our friend's place for dinner. And the next day we were out. And Jeremy was so happy that we're going out. And I actually have a good time once we're out. But it's hard. Then the next-for me to-I don't know why I need to be at home so much or why I'm so afraid, or why if I'm out on the weekends, I feel like this need to be home and be in my jammies, or not engage. [0:12:49]

And I was watching a talk yesterday about this lady who was an astronaut. She worked overseas as a doctor. She was highly integrated to racquetball when she was in college. And I was just thinking, wow. This is a-she's doing it all. How does she have time? How does she have the energy? And I'm like, what am I doing? I was just-I'm afraid to leave home. I'm on the couch. I mean, I guess it's kind of like I sort of see with my sister who's very down to sort of her sofa. And-but I just-I don't-yeah.

INTERVIEWER: That's not how all your weeks are, though.

RESPONDENT: Yeah. [0:13:44]

INTERVIEWER: So, I wonder-it sounds like you got sort of sucked back into that routine because you were feeling really self-conscious about your appearance. And then once that started again, it became hard, sort of reinforcing the anxiety that you have about going out.

RESPONDENT: Yeah.

INTERVIEWER: And putting yourself out there.

RESPONDENT: Yeah.

INTERVIEWER: And you kind of give yourself that message when you haven't gone out that you can't go out.

RESPONDENT: Yeah.

INTERVIEWER: It's that hurdle of getting out there and being more active seem a lot higher than when the couple of weeks before that, you had gotten into the routine of most days getting out to either go to your office or go someplace to study or go to racquetball a couple times a week.

RESPONDENT: Yeah. [0:14:35]

INTERVIEWER: Several times a week.

RESPONDENT: Yeah.

INTERVIEWER: And it's like, when you get into that routine, you remind yourself that, oh, yeah, you can do this. And once you get over that hurdle, it actually feels good. You get good feedback about it.

RESPONDENT: Yeah. Yeah. I was really-I just feel crazy how self-conscious I still am. And that's one thing when I was going to Chicago, and I saw all these people. Chicago fashion is quite distinct. I just felt sort of really self-conscious. Oh, what am I wearing? I'm wearing tall boots. Everyone's wearing booties and four-inch heels. And how are they walking around the city, but they do it. [0:15:20]

And later I realize that they probably don't wear four-inch heels except when they're going out and take a taxi. But this is later, came to mind. But I just sort of felt like, why am I so behind the times? Why am I so unfashionable? And I feel embarrassed. I shouldn't feel embarrassed. I should-I mean, I think I'm somewhat in shape. And I somewhat care about what I'm wearing. That sort of should be. It's not-life's not one big fashion show.

And yet I'm really clinging on to being fashionable or looking good. And the reality is just sort of a small part of how it impacts the entirety of my day. It's very small. In physics, who cares? Racquetball, I mean, people might care, but they're not going to say anything. I mean, they're probably not going to care. (inaudible at 00:16:34) ignore.

Yeah. And I mean, I guess I'm starting to feel like when I when to the honey store with Jeremy yesterday. And the girl was talking about how some people put honey on their faces if their

complexion is not good. And she's like, "Well, obviously, you don't have a skin problem." I was just taken-"Obviously, you have very nice skin." And I was just taken aback because I've never thought about-I think about, oh, my skin is getting better. But the fact that someone might see my skin as actually good, I almost wanted to videotape what she said. And I looked at my skin in the mirror. And I was like, "Oh, it's not that bad."

INTERVIEWER: You actually sort of mark it in your head.

RESPONDENT: Yeah.

INTERVIEWER: How others perceive you. Sometimes your perception of yourself might be skewed. [0:17:28]

RESPONDENT: Yeah. I've been really seeing that. I think it's sort of-yeah, I've been very into myself. And I don't like it. But it's just so easy to get obsessed with my appearance. And it's funny. Most of my friends, they're really not concerned with the way they look. I mean, maybe a little bit, but not in a competitive sort of catty sense like some women do have with their friends.

But-so, I don't know why I'm looking for this-someone to say that I'm pretty or for me to think that I'm pretty because I mean, I see girls in Denver have their head half shaved. I'm like, "How could you do that?" But obviously they like the way it looks. And they think it's cool. And they're okay with it. They're happy with it. And I mean, I should be grateful that, God forbid, that I have a face that's not hurt or burned or scarred by fire. [0:18:51]

And yet I'm just very like, ugh, I hate my skin. Ugh, I hate the way my face is shaped. And I feel like I have such a belly, but I love to eat. And I don't know. Yeah. I think, I mean, that's the reason why there was a dinner (ph), maybe about a month ago. It was on Pi day. But, yeah, it was maybe about a few weeks ago. And I didn't go because I didn't want people to see my face. I didn't want to eat the pie because I didn't want to get fat. And I-.

INTERVIEWER: So, you really missed out. [0:19:38]

RESPONDENT: Yeah. I did. And, oh, I didn't go to-oh, yeah, I didn't also go to the open house sort of welcoming thing. And that's because I had racquetball, because I wanted to go to racquetball. But I still could've gone to the open house thing. I just didn't feel like coming in. Yeah, I didn't feel like seeing people, presenting myself. I didn't-I just didn't feel like talking about, "Oh, yeah. I'm in the middle of a paper. It's going slow. I spend most of my time maybe going to racquetball." [0:20:22]

I just didn't feel like I was worthy, or I just didn't feel like talking to people. I didn't feel like I had anything really happy to say. And I feel bad that I think sometimes this impacts Jeremy because I'll spend late at night just sort of scrubbing my face and examining each little mark on it. And I think that sometimes makes things worse because maybe I'm-that's another reason I like when he goes to sleep because then I can possibly pop a zit or pick at something or exfoliate for a

long time. And I know that Jeremy sometimes when I'm feeling confident about my face though, in the morning I'll help him make breakfast. And he likes that. He really does. [0:21:15]

INTERVIEWER: He'd rather you be engaged with him than obsessing over these minute details about yourself.

RESPONDENT: Yeah.

INTERVIEWER: And disliking yourself because of it.

RESPONDENT: Yeah. And I really see-and I also found out from-I don't know. I guess curiosity killed the cat, but it hasn't killed me yet. And I wound up looking through Jeremy's e-mails. It was on his phone. It was while we were in Chicago. And I just sort of scanned by and saw there was a receipt. I normally never look at his e-mails, but I was really curious because he was complaining about how much the-he wasn't complaining. It was just like, well, I'm not going to say anything. But we'll say something that, woo (ph), engagement rings are expensive. [0:22:08]

And so, naturally I was curious. And then I saw he spent \$15,000 on a ring. And of course then I was curious of what kind, what it was going to look like. And I was-I felt really bad that here I'm spending money on makeup. And I was like I'm not spending money on him. I feel-I mean, I am doing lots for him. I did his laundry, and I cleaned the bathroom and made his favorite carrot cake. And I mean, I guess I don't know. [0:22:40]

But I was also grumpy when he got home on Friday right before his friend showed up. And he was like, "Oh, how are you?" And I was like, "Oh, I'm fine. I just have lots of work. And I had to clean the bathroom and do this, do the laundry." And I mean, I was grumpy because I was actually hungry because waiting till eight o'clock was making my tummy very-because I wanted to have dinner. But I had to wait. And I was just sort of really hungry and exhausted. And I was sort of frustrated that I had gone to the beauty parlor, I had done work, gone to Brown, didn't do racquetball so I could come home and clean and do some work. But just things go by much slower.

And it's hard to carry out sort of all these errands, and yet also get my work done. And so, I was grumpy with him. And he was like, "Oh, do you still love me?" And I was like, "Of course." He was like, "Well-." [0:23:49]

INTERVIEWER: We all get grumpy sometimes.

RESPONDENT: I know. I know. I know. And I just-I was like, "Well." I was like, "Yes." I said, "I'm just really hungry." And I found that at times when I say-his friend Dan just recently his girlfriend of eight years broke up with him maybe about a few months ago. So, but he's back checking out women. And of course he's a very nice guy. And-but he made this comment because he was talking about specific attributes of women that he likes. And he's like, "No, no, no. Don't get me wrong. I'm not a shallow guy. I like all women."

And I look at Jeremy. And I was like, "Oh. Well, this guy's shallow." And then instantly he just sort of frowned because I don't know what I meant by that. I meant he was really picky. And in the beginning it seemed like he was shallow because he's-maybe I just didn't get it as a joke. But he's like, "Oh. I only date women that are blonde haired and blue eyed or have red hair and hazel eyes. These are the only type of women that I've ever gone for." [0:25:08]

And I remember back in the dating time, or in the earlier days when I was really afraid that whether I fit in that category and whether if I dressed the wrong way. So, maybe in my head I had seen him as shallow. But now I-it's very clear that he loves me for who I am. And we have such a good time. And I just sort of felt bad that not only did I call him shallow, it was in front of his friend.

And later we talked about it. And I said that oh, well, I really meant to say that you were picky. And he's like, "Yeah. Well." He explained the connotation of shallow means that you just like a woman for what they look like. But I felt like, "Why am I saying this? Why can't I just agree with Jeremy and fawn over and tell everyone he's such a great guy?" because I do tell them that Jeremy is a really good guy. But I mean, I guess there's parts of us that aren't so good. And it's like why am I being so critical on him? And-. [0:26:13]

INTERVIEWER: You're also being really critical of yourself.

RESPONDENT: Yeah.

INTERVIEWER: So, if you look forward to the coming week, what do you want to devote your time and energy to?

RESPONDENT: Well-.

INTERVIEWER: What would feel good? What would feel like it was giving back to you?

RESPONDENT: I think what I really want to work on is being able to not obsess so much about the way I look so I can be calmer. I think being less critical on myself so that I'm able to engage. [0:26:56]

INTERVIEWER: So, let's frame that in a positive way.

RESPONDENT: Okay.

INTERVIEWER: So, instead of focusing on not being critical of yourself, focusing on getting out of the house and going to the things that you want to go to when you plan.

RESPONDENT: Yeah.

INTERVIEWER: So, you're focusing on getting yourself to those events or to your office and letting go of the things that get in the way of that.

RESPONDENT: Yes. That's definitely something, and also a daily activity that I can do or write, something that I can write down or something, or-.

INTERVIEWER: Well, what's your routine for getting yourself out? What do you need to do? Not what do you sometimes get absorbed in that prevents you from getting out, but I think the daily activity can be doing the basics for getting up and getting out. [0:27:44]

RESPONDENT: I view washing my face, putting on makeup, and eating breakfast.

INTERVIEWER: Okay.

RESPONDENT: And giving Jeremy a hug goodbye.

INTERVIEWER: Okay. So, I think setting yourself up for success by giving yourself just enough time to do that. If you give yourself time to start really nitpicking about your makeup, then that could extend for hours.

RESPONDENT: Yes, it could.

INTERVIEWER: And so, what you want to-I think what would be helpful is if you get yourself in a routine of-you can probably get it done in half an hour.

RESPONDENT: Yeah.

INTERVIEWER: So, give yourself time to do that so that you feel confident, but you don't sort of go over to the other side of feeling obsessive, which sometimes creates anxiety and gets in your way. [0:28:30]

RESPONDENT: And maybe setting a timer.

INTERVIEWER: That would work. That's a great idea, setting a timer. So, when that goes off, you're done.

RESPONDENT: Yeah.

INTERVIEWER: And knowing that that's done enough.

RESPONDENT: Yeah. Yeah, because I've gotten a lot better by putting a clock visible on the bathroom.

INTERVIEWER: Yeah.

RESPONDENT: But now I need to take it one step further, so that I have that timer, and realizing that when the timer goes off, it's time.

INTERVIEWER: You're done. And it's-and wherever you are at that point that it's good enough for what you need to do. This is not your wedding day. So, it's okay if your makeup is not absolutely perfect or your skin doesn't look absolutely flawless. It's good enough to go out in public.

RESPONDENT: Yeah. That's true. I did skip brushing my hair this morning, but I didn't care.

INTERVIEWER: That's okay. I mean, there's times when that's perfectly okay.

RESPONDENT: Yeah.

INTERVIEWER: You can get to therapy without your hair being brushed. [0:29:26]

RESPONDENT: Oh. Yeah. That's true. Yeah. And I think that's been actually a problem throughout my life, is getting ready quick enough so that I can go. I normally obsess. I don't obsess really about stoves anymore. Sometimes I do.

INTERVIEWER: Yeah. So, you've let go of some things.

RESPONDENT: Yeah. But then I strengthen my control on other things. And that's something that needs to just let 'er roll.

INTERVIEWER: Yeah. Think flexibility is actually your friend.

RESPONDENT: Yeah.

INTERVIEWER: Yeah. So, let me stop there for today.

RESPONDENT: Okay.

INTERVIEWER: Let me double check the (inaudible at 00:30:07). I think it's not next week, but the week after.

RESPONDENT: I think you're right.

INTERVIEWER: Yep. Exactly what I have, so the 22nd at 9:30. (pause) It's the 7th, right?

RESPONDENT: 9th? 8th.

INTERVIEWER: (inaudible at 00:30:58) several things this morning. That's ahead of the times (ph).

RESPONDENT: Thank you. See you in two weeks.

INTERVIEWER: Bye. See you in two weeks.

RESPONDENT: And enjoy this spring weather.

INTERVIEWER: Thank you. It was nice today. (00:31:36)

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Is that sun okay?

CLIENT: Oh no. I love it. (LAUGHTER) As long as it's not too bright for you.

THERAPIST: Yeah... No, it's fine for me. Just let me know if it gets in your eyes.

CLIENT: Oh, no. I like the sun. My birthday actually was recently and it's by coincidence, I mean, it was the day of so many bad anniversaries. (LAUGHTER) So... I just wonder about... I think my birthday is balancing out karma. (LAUGHTER)

THERAPIST: That's one way to put it.

CLIENT: Yeah. A lot of things actually sort of happened last week, sort of like... I've been having a hard, a really hard time leaving home and I've been missing group meeting and not going to dance just because I have a hard time getting out of the house. [00:00:59]

And finally my advisor had like a confrontation or intervention or whatever you want to call it and he was like, "Do you just not like us? Like you don't even go to the group meeting when you're giving the talk. You miss half of it." And I was in tears obviously because I was embarrassed. And I've been... Jeremy's (ph) been really on edge and starting to resent how I sometimes I'll just be getting ready when I should actually be done. Like I obsess a lot about how I look or like a piece of skin or a dead flaky piece of skin or something and just not being where I should be. I'm just obsessing about things that I shouldn't and a lot of times that's sort of how I'll be meeting to get to group meeting but then I'll go, "Oh, then I won't have this time to have my snack at home." [00:02:01]

And I have also noticed that I've just been really anxious lately and so I talked, I talked to my advisor. It sort of came out I have this feeling about leaving home kind of like when you haven't talked to someone in a while. It just sort of builds up and... I mean, (SIGH) once I'm out, I'm out.

You know, I'm actually happy but then I get to my new location and then I have a hard time leaving again. So it's not just home. It's like moving on or being afraid of... Well, I mean, I guess it's just...

THERAPIST: What are you afraid of?

CLIENT: That's what I've been trying to pin down and it... I think it's afraid of sort of wasting time or having to do things that aren't necessary. Like I'm always like, "Oh, you know, rather than go to group meeting... I'll just have to sit there. I'm not going to be able to contribute to their talks. I don't know what's going on. But I could stay home and do work." [00:03:03]

I mean, of course, you know, I'll always find something else new to obsess over, I mean, because I'm not talking to people. I sort of feel... I guess, you know, I get lonely but I don't see it that way or I don't think about it that way or... I mean, it is a touch (ph) sort of laziness but, in another sense, like it's sort of kind of like I can't be bothered or I can't, you know, just sort of... I guess it's sort of interacting, engaging. I mean, (SIGH) yeah, I don't know. It's just sort of alone time I use to not call my family just because, you know, I didn't know how it would go or maybe it's a waste of time, maybe I'll feel better. I always do and I used to have this sort of philosophy with dance and then I got sort of gung ho and now I'm sort of, you know, to the point where I'm frustrated because I'm trying to increase my flexibility and it's not going so fast. (LAUGHTER) Or maybe I just sort of lost some steam. [00:04:15]

But anyway, I started taking... I mean, I need to talk to Millie (ph) about this, the one that gives me my medication. But I started taking... Because I had been taking fifteen micromilligrams of citalopram and I just... I was like, "You know what? Rather than taking one and a half. Let me see if anxiety is what's in my way." And so I take two and, you know, for the past four days, you know, little by little I see that this little nervous behavior, like snacking or, you know, being able to like... Like last night I sort of called up my friend. She was texting like, "Oh, I heard about the bombing and..." She was texting and I was texting and she texted me back and I was like, "Wait. Why don't I just call her?" [00:05:07]

And so I just sort of felt like, "Wow..." I mean, I don't know if it's the medication. I don't know if it's the placebo effect of the medication or just... I don't know what it is. But...

THERAPIST: It got you to take another step whatever it was.

CLIENT: Yeah.

THERAPIST: Take that step over that barrier.

CLIENT: Because I found... And last night...

THERAPIST: How did you feel when you talked to her?

CLIENT: Oh, I felt like it was really fun. Like I just sort of felt like I didn't want to dominate the conversation and... But it felt really good and like it was a lot of fun and, you know, as it turns out, I'm arranging for her to come visit sometimes in October.

THERAPIST: Nice.

CLIENT: And I haven't seen her in person like since her wedding. I mean, she's gotten divorced and she's gone through hard times and she's kind of hid away. [00:06:01]

You know, it's nice to sort of... It'd be nice to spend time with her and... Anyway, so I was just really happy because she was a really good friend of mine throughout high school and college. She was my roommate. It felt really nice to catch up and be like, "Well, I took charge." I... You know, she didn't call me up. She was just texting back. You know, I was just like really happy that I was like, "You know, I don't really feel like talking but, you know, I kind of do."

(LAUGHTER) And what's funny is like recently I've been calling up my parents a lot especially with the bombing and... Like, I mean, I called up them on my birthday and my dad was like, "Oh, I was just about to call you." You know, and then my mom... It was really sweet. She said that... She was like, "Can you do this? Can I give you my credit card number and I can get you a hundred dollar present?" [00:07:03]

And I was just so happy because Jeremy... I guess we're... I mean, we're kind of broke right now because we're traveling and we had to purchase lots of stuff like tickets and cars and hotels and so he's freaking out about money and he was like, "You know, I'll cook you a nice dinner," and he got me a balloon. I don't know. It's just... It's not about money. It's just the thought of getting a gift and that's one thing. I don't think Jeremy's really good at getting... Like he's really good at getting things that you need and for him buying a lot of stuff for me, like food. I mean, I buy food too. But, I mean, he does take care of me. [00:07:57]

But, you know, it was just... I don't know. It was kind of like sad on my birthday until I talked to my mom because it wasn't an actual present. You know, there were no presents.

THERAPIST: Right.

CLIENT: And, I mean, I know for Jeremy's birthday, I go, find special wrapping paper, wrap it up, and I...

THERAPIST: That's a lot of thought.

CLIENT: Yeah. (LAUGHTER) Yeah, instead of, like, "Oh, I'll make you whatever you want for dinner." It was like well... It was really nice and I guess we were going to have a party on Saturday but then he complained he was busy doing all the work while I was painting my nails. That was just for the last hour before the party. I was painting my nails. That's... I'll talk about that later but... I don't know. I just sort of felt... Then there was the bombing and everyone was like, "I hope you had a really good birthday despite the bombing." I was like, "Well, the bombing

was tragic but I sort of held it..." Like, I don't think it ruined my birthday. It ruined maybe my day.
[00:09:01]

But not my birthday. I mean, I just... I don't know why I was like, "Well, no..." I was more shaken and kind of surprised because like I was thinking about going to ballet on Monday and I could've been on the train (ph) when that happened. I mean, had I... Jeremy was like, "No, don't go to dance today. It's just going to be a mess." I was like, "Yeah, maybe you're right. It's going to be a mess." And so, like a little bit... Like I was really phased that could've been me. and then like my dad, he was like, "Well, you know, you could have died on another day getting run over by a car." He was like, "That's just a freak accident and..."

THERAPIST: You can't anticipate things like that. [00:09:55]

CLIENT: Yeah. So after that... I mean, I sort of got pissed off at my dad because I knew that during 9/11 he cried like a baby because he switched out of that flight...

THERAPIST: Wow.

CLIENT: ...and, you know, he really felt like his world was shaken because what to him was a friendly sky was no longer. It sort of damaged that picture, that relief, that solace. And I guess, you know, that's sort of like talking to Jeremy. He seems even more shaken and still shaken by the events than... You know, here was assumedly safe. For me, I sort of see that, you know, it is still really safe. This was... I mean, this was a rare thing just like any sort of bombing is, just like 9/11 was. I mean, I think, you know, during the whole chase, I was watching the news and, "Oh my gosh. This is scary." [00:11:05]

THERAPIST: How did you get through that day, Friday?

CLIENT: Well, we watched the news and we just sort of like... You know, actually I tried battling this stupid calculation and that sort of, because the calculation was pesky, it gave me, you know, sort of like exciting to see the news and like watching the news, fell asleep, wake up, watching the news. What's going on? Like I was more... I felt safe. Of course I wasn't going to walk out. But, you know, it was quite far removed but still I had friends in (inaudible at 00:11:51). I don't know. I guess we sort of just held up the storm just like anytime. Like there was that one hurricane that supposed..... You know, you sort of stay indoors and like you're protected. You sort of don't know the damage but you sort of ride it out, just sort of try and ignore it or if not...
[00:12:17]

I guess not ignore it, just watch the updates. Somehow the updates make it better or worse or... But it was nice on Saturday when I had people over for my birthday. Like we all got to talk about it and, you know, and just have lots of good food and punch and it was nice to have friends like over. It was, you know, just sort of everyone just sort of showed up. It was like, "Ahh..." Especially my friends that were over on the campus. So...

THERAPIST: Yeah.

CLIENT: But, yeah (inaudible at 00:12:57) It was funny because on... [00:13:05]

After I had that talk with my advisor on Thursday I called up Jeremy and I was crying. I was like, "You know, I know this is something that needs to get worked on and it's embarrassing and it's just something I'm not about," and, you know, Jeremy just said, "Okay, we'll were going to... You know, how about we get you on a schedule that you leave at 9:30 every morning whether it's a walk, like you should go to the campus, you know, three days a week. Try and get back in the routine." I was like, "Yeah." I was going to do that. Then on Friday when we woke up... His mom called us at seven AM and said, "Oh, you're on lockdown. This is happening. The shooting was related to the bombing." I'm like, "Oh, now I can't leave at 9:30." It was slightly thwarted. [00:13:57]

But it was actually nice this morning. I woke up and Jeremy didn't wake up with me. So I got to, you know, get ready and sort of make my own breakfast which I like because then I can eat anything that I wanted. Like instead of having like an egg, toast, and fruit, I got to have cottage cheese, Golden Grahams, and strawberries with some ricotta on top. I love cereal and Jeremy seems very like... He really doesn't like that I like cereal and that I eat it and he thinks that I'm addicted. In a sense, I am. But, you know, when we go traveling, I'm not bringing a box with me. It's a healthy... It's a convenient sort of addiction for while I'm here and it's, you know, sort of a food that I've grown to really like.

THERAPIST: You like.

CLIENT: Yeah. (LAUGHTER) I really liked it.

THERAPIST: We're all addicted to the chemicals in cereal.

CLIENT: (LAUGHTER) [00:15:01]

But... It's really frustrating like to have someone like... I told Jeremy last night. I was like, "You worry about things." Like, I was like, "Before I met you, I could feed myself. I mean, you know, I could control myself so much that I had anorexia. At one point, I could control myself enough so that I didn't have it. I could also lose control but I reigned it back so that... You know, I've been feeding myself since I, since I can't even remember not feeding myself, you know, making food for myself." And I said that, you know, there's... I said that, "Of course..." He was all like, "Oh. I won't say anything. I shouldn't. That's not my place." I was like, "Well, as a significant other, you should watch over like if they're doing something that is destructive." [00:15:59]

I said, "Now, if you were drinking a whole bottle of wine for dinner every night, I would say A, that's expensive and B, maybe there's other nutritional options that might be better for you." But I said, "If that was like your go to thing and if you could function properly and you felt healthy then that's... You know? I just would have to take it with a grain of salt that..."

THERAPIST: But it's sort of thinking... What does it make sense for him to be concerned about and what's kind of stepping over that line of control rather than concern?

CLIENT: Yeah.

THERAPIST: There's nothing dangerous about you having Golden Grahams or whatever cereal you choose in the morning.

CLIENT: (LAUGHTER)

THERAPIST: That seems at a different place on the continuum than if you were, you know, drinking a couple of beers for breakfast.

CLIENT: Yeah. (LAUGHTER)

THERAPIST: You know, one seems concerning and one seems like a personal, you know, personal taste.

CLIENT: Yeah and he's also been bothering because like... [00:17:01]

I've noticed it because I've been snacking a lot. I just get really bored during the day. So... That's one thing, like, taking the extra medication I think will help because I'll just be able to be okay with the calm stillness rather than sort of... Oh. Bless you.

THERAPIST: Thank you.

CLIENT: But like he... What is it? He's like, "Oh. We need to reign it in. We need to diet. We need to.." Like, and when... We got in a fight last night about he's just really anxious about me not being able to get, be at the right place at the right time, me missing ballet in the morning because I just... You know, he just feels really anxious about that. He just sort of not being able to really control sort of the elements of my life. He felt sort of anxious and I guess sort of resentful and sort of annoyed and wasn't really feeling like I could... [00:18:07]

He felt like it was sort of a big mental energy from him and so he felt like he was being sort of compromised.

THERAPIST: To try to control it for you.

CLIENT: Yeah and then like I was like, "You know, I know. I'm working on it." I said, "There's nothing really that you can do. This is something that, you know, I'm screwing myself over and I know. I need to fix it and I'm trying to fix it." I said, "But these things... This is not under your control." And then he was like, "Oh, you know..." And we talked. He was like, "You know, you should be proud and, you know, we'll get you on a routine. We'll do this and this and we'll see a

new skinnier Janet (ph)." I was like, "Skinnier." I was like, "What are you trying to say?" He was like, "Well, you know, I mean, just new and energized and full of... You know, because you have a routine and you're not feeling like you're just meandering." [00:19:03]

I was like, "Well, why did you use the word 'skinnier'?" Because I have a feeling like... When we were dating, I was probably like a, you know, a few pounds lighter. I mean, I was very skinny. My doctors were like, "No, no, no. Don't be that skinny." I was like, "Well, you know, I'm fine." At the time, I was just in the situation where I wasn't really doing much of sitting. I was in sort of running around, going to his apartment. There wasn't enough time to snack, eat, or... you know, I was just thinking, you know... (SIGH) What do you sort of expect? I mean, the other day I was showing him swimsuits and he was whistling at the girls and, you know, they're very toned. They have their six pack. It is their job to do that. That is their primary job. [00:15:03]

I'm like a big supportive of like taking care of yourself and eating and getting exercise. I know that's important. It's just frustrating...

THERAPIST: Being below a healthy weight is not important.

CLIENT: Yeah. It's just... It's frustrating because it's like, you know, a woman shouldn't look like a man. Even I... You know, most people would say I'm skinny. It's like... I don't know... I don't know. I guess it was just sort of like maybe he expects me to be something different. I mean, I'm not like eating mac and cheese with a side of beer or... Like I'm not eating really fatty foods, maybe a little bit sugary but, I mean, my family has been known to have a sweet tooth. [00:21:05]

But, I mean, noting that seriously bad and... I don't know. It's just, I'm just sort of starting to question like what, you know, what is it that he expects. Does he want me to look unhealthy? If so, that's not right. Is he expecting me to exercise more? We, I mean, I'm never going to be running a marathon or iron woman. (LAUGHTER) I mean, I, you know, I always just sort... I mean, I like walking around when the weather is nice but I'm not...

THERAPIST: How do you feel about your weight?

CLIENT: Well, I feel like I've been sort of... I feel like I could be a little bit thinner or at least cut down on the snacking, a little bit more toned, you know, maybe one or two pounds. But that's not really that much or that hard. [00:22:05]

That's just sort of going from winter, winter foods to summer foods. I mean, that just sort of happens naturally in cold climates where, you know, you just want to be warm and eat food and it's comforting. So I don't feel that bad. I feel, okay, maybe I could reign it in a little bit. I don't know if when I say I want to reign it in Jeremy feels that. He is very light for a man. He's like 161 at five eleven and I tell him that's what Michael Jackson weighs but... (LAUGHTER) So he picks up on that. So...

THERAPIST: Is his expectation a little unrealistic?

CLIENT: Yeah. I mean, and... Yeah, it's just... I mean, I can't have the body of a teenage girl.
[00:23:03]

I'm just naturally sort of smaller and, you know, I do feel slightly like longing that, you know, it's like my bones just aren't there any more. I'm shaped differently than I was a while ago and, you know, I'm trying to get used to it and I'm also trying to make concessions for parties where I don't like totally eat until I'm sick but, you know, I do enjoy myself at parties and I enjoy making desserts and stuff. But... I don't know. We talked more that yesterday we sort of saw that we have communication problems. Like a lot of times for our trip we're planning, I had created a map of possible itineraries and like along the map, I sort of listed, you know, the website and descriptions. [00:24:11]

Jeremy, he bought the hotels and the... I mean, right now I'm basically flat broke after paying taxes and I haven't kept much of a savings because I gave all my savings money to Jeremy every month along with the apartment rent. So he's buying a lot of the stuff because I don't have money for that and, you know, he's just like, "You know, why is it I'm putting down all the big, all the hotels? I'm buying everything. You haven't done..." It was basically... He didn't say this directly but I was just like, "Oh, I haven't done... It seems to you that I haven't done stuff." I was like, "Every morning I'm reading and reading about these destinations every little street."
[00:25:03]

He was like, "But we need concrete stuff." I was like, "Well, we got that down." I was like, "You can't just look off a website... I mean, you can look off a website. But you still need to sort of..." I don't know. If you're only there for two days or a day and a half, you don't want to just visit things freely. You want to know what to visit and maybe I, maybe this is just the type of person I am to like look up, you know, understand the history and why is it significant. you know, it was good that eventually we agreed that I should just write this stuff down because I do start to forget some of it because, I'm just... Maybe I'm a more visual person like a math... I showed him later the map and he recognized what I did and like some of the things I was supposed to get arranged or find a hotel. [00:26:05]

I had found a place I really wanted to visit this one national state park and they have a beautiful boat ride. I really wanted to see it and I was trying to find hotels near it. I had already advised us going to that one city would not be a good idea so I already made that decision. I was looking at hotels and I wanted Jeremy to decide because like I'm not very picky at hotels. I could stay at a hostel for... I mean, a nice hostel. I mean, one that didn't have bed bugs which is rare but they exist. I'm not too fussy at all. He's the one that, you know, has to make the big decision because A, I don't have the money and B... I could have the money if I didn't... I'd have to be a little bit short on underwear this month or like... I mean, there's a couple things I did buy like underwear and shirts. Nothing too unreasonable. [00:27:05]

THERAPIST: But he has your money.

CLIENT: Yeah.

THERAPIST: I mean, it's not that you don't have money. You've given it to sort of the joint endeavour.

CLIENT: Yeah. I mean, at least four hundred dollars a month and...

THERAPIST: That adds up.

CLIENT: It does. So, I mean... It's frustrating... So I let him in on the decision and he kept on saying, "These are stupid," or, "These look sort of dated." Like, yeah, they're dated but they're nice enough. But then he wound up finding a hotel in a different city which is a little bit further from the national state park and it's around another lake. Not as rustic as... It's not the lake that I wanted. [00:27:57]

I was just like, "Okay. We'll find things to do. We'll hike. This is not the village that I wanted." I had done so much research to find out where to go.

THERAPIST: You felt like it didn't get valued.

CLIENT: So then when he's like, "Oh, you know, what are you doing and, you know, I've made a list." I was like, "Well, I've done a hell of a lot of research all along. I researched wineries and ones that you would like." I just felt really insulted because... Later... At first I didn't cry in that first discussion but then later after I took a shower, I just sort of like started to like feel... I think the upshot is that he's just worried about money right now. But, then again, he spent ten thousand dollars on an engagement ring, which I wouldn't have agreed with. Why did he do that? That was stupid if he was going to... [00:28:59]

Like it's just like if you do these things, you can't complain... you have to hold yourself accountable for your decisions. I would have been happy with, I mean, you know, any sort of ring above a Cracker Jack ring. I'd be happy with a cheap hotel or staying in one city if, you know, going to three cities is going to make him anxious. I don't understand... (PAUSE) You know, like and I do planning. For me, I just know that he's very particular so I like to show him options and then he can go from there. It's just frustrating because it's like... Well...

THERAPIST: Because you feel like you're not getting a chance to make decisions...

CLIENT: Yeah.

THERAPIST: ...in the big things like where you travel and also in the little day to day things like what do you have for breakfast. It sounds like part of it might be intensified by concerns about money but it sounds like there's a huge... There's a wrestling match for control over how you guys live from little tiny day to day things to bigger things and it's interesting to think about how

the sort of wrestling for control within the relationship impacts your own for to intrapersonal wrestle for control like what types of things you're trying to control about your day and where you maybe have some kind of backlash with that. you don't really have a lot of control about the little decisions because you give those over to him and then it sounds like you kind of rebel against that. It's like not going to group meeting, not leaving the house when you're supposed to in terms of your responsibilities and obligations to other people because you give so much of kind of doing what you're supposed to according to him. [00:31:09]

CLIENT: Yeah.

THERAPIST: I wonder if you had more control over things within the relationship and decisions you can make for yourself if it would be easier for you to do some of the things that are hard for you.

CLIENT: Yeah. No and actually this morning when I woke up and I got ready... I mean, I got ready much quicker when no one else was up.

THERAPIST: Yeah, yeah. I noticed you were here on time...

CLIENT: Yeah.

THERAPIST: ...which is often hard for you to do.

CLIENT: Yeah. (LAUGHTER) I know. I know and like, I mean, I go to have breakfast. I got to sit in front of my computer which, normally we're supposed to sit at the table and, you know, we talk and it's sort of like a long process that takes thirty minutes before... Well, me sitting at my computer took like ten minutes eating. (LAUGHTER) [00:32:01]

You know, I sort of read news articles and it was just actually really nice because then...

THERAPIST: You made all those decisions for yourself.

CLIENT: It's something I looked forward to. It was like, "Yay!" I got to choose what I eat or compose and like even going to the grocery store, when I go for myself... Like I pick up lots of strawberries even though some strawberries taste like nothing, the fact that I love strawberries and I can make that decision, it makes me... Or even like picking out flowers. I think maybe that's the... I sort of see with nail polish maybe why it became sort of an obsession because it's such a free enterprise for me. Like Jeremy can get annoyed but it's not going to embarrass him or if anything, like, you know, maybe he gets sort of, "Eww. I don't like that color." But it's something he can laugh off. [00:33:01]

But I found like, you know, when I was able... Because I got some color and I painted my nails and I was like, "No, don't like these colors." I was like, you know, whether Jeremy should have a say or not, I don't actually like them. I guess it's just sort of, yeah, I find myself... I guess maybe

that's another reason why I'm snacking is because it's like finally, I get to escape and eat something that I like.

THERAPIST: You want to. Yeah. It's something where you find your ways to rebel.

CLIENT: Yeah and I mean, I haven't noticed it but I think that being able to get out of the house will give me the freedom, getting out earlier, it'll make me feel more independent and I think that Jeremy... I don't know why he tries to control. [00:34:01]

I mean, he lived in a situation when he was younger where things were out of control and his mom sort of... She always got food on the table but whether she was asking for money or, you know... And I was just like, well, I used to be like super controlled and measured a person and now things are kind of chaotic. I mean, I am giving Jeremy my all and that's why I told him I was so upset. I was like, "How dare you sort of say... I'm trying really hard to make you happy and by whether we get out on the weekends and we eat..." All the foods that we eat like, I mean, they're just sort of like what does he want to eat. I don't really mind. Occasionally, I'm like, "You know, I don't really like this." [00:35:01]

But otherwise I'm just sort of happy go lucky but, you know, there's... I guess, yeah... There's time when... he does give into froyo. But that's even that's a struggle. But... (PAUSE) I just, yeah, I think... I mean, I felt so much peace this morning because there was no...

THERAPIST: You were making your own choices.

CLIENT: Yeah and I like making choices but I mean, how is that... I mean, when you're with someone, are you supposed to like... I mean, you're supposed to make choices together.

THERAPIST: Well, I mean, there's a balance of what types of things do you need to sort of compromise on and make choices together and what are things you can make decisions autonomously and for yourself. [00:35:59]

It seems to me like there's, as a couple, you lean more heavily toward making decisions together and having the same decision for the both of you in places where it would be acceptable to make independent decisions. You don't have to eat the same foods. You don't have to have the same exact schedule on the weekend. You can still have plenty of couple time and do some things separately and I think, you know, what's too much versus what's not enough is determined by how you feel. You can sense that you're starting to feel resentful of the amount of sort of impingement of what you're sort of allowed to do. I mean, even hearing your language saying allowed. It makes you feel like you're not sort of an equal adult in the relationship. [00:36:59]

CLIENT: Yeah. I guess... I mean, yeah, I mean, it really does feel like, I mean, not like a take that. But it's really like, "Oh, you know..." Like when we're at the grocery store, I'll buy a plant or

I'll just put another plant in because, you know, for some reason it makes me feel good. That's the one liberty. Of course, Jeremy will groan but he'll still buy it for me. But...

THERAPIST: So I keep hearing things like that, "So, that's the one liberty," language that you hear yourself using is kind of a clue that maybe you don't have enough independence within the relationship where earlier in the session, I heard you say something like, "I finally got to have what I want for breakfast." Well, gosh, it seems like maybe as, you know, an adult woman you should be able to have what you want for breakfast most of the time. [00:38:01]

CLIENT: (LAUGHTER) Well, yeah.

THERAPIST: There are occasions that you sneak and get up earlier. These sayings that kind of find there way into how you're feeling, how you're expressing yourself.

CLIENT: Like it was crazy because normally I don't look forward to breakfast. It's alright. I mean, poached egg, toast. It's tasty but everyday, I mean...

THERAPIST: It's not what you would choose yourself. You're choosing it because you feel like it's pleasing to him.

CLIENT: Yeah.

THERAPIST: He said this is what's pleasing to him.

CLIENT: Yeah.

THERAPIST: I wonder how much that relates to, you know, how much does that, what's going on between the two of you relate to how difficult it's become for you to interact with the rest of the world and get yourself out there. It kind of seems like you're hiding...

CLIENT: Yeah. [00:38:57]

THERAPIST: ...at home and why the events of this week might exacerbate that, this was happening before the bombings, before the lockdown. Last time you came in, you were talking about having missed some classes and having spent most of the week not going out.

CLIENT: Yeah. I must say a lot of the decisions that I make are impacting like, "Oh, I need to be home a certain number of nights. I can dinner with Jeremy. Oh, I mean, I don't want to go in today because I have to cook Jeremy dinner later."

THERAPIST: Does he know that that's what you're thinking? Would he be surprised to hear you feel like you need to be home a certain number of nights or cook a certain number of dinners or is that stuff that you're thinking... [00:40:01]

CLIENT: I think I'm very much living in my head in a sense. Like I just sort of... I was telling him that even like... He was saying, he gets anxious when I set my alarm and I don't go to dance and, you know, he was thinking... He thinks that, "Oh, why isn't she going to dance? What's going on? Why is she missing it?" He says that stresses him out. I said, "Well, sometimes I wake up in the morning, I realize that I don't want to go to dance and I would love to go to dance later at night but there's dinner with you and I don't want to upset you." So, I mean, he was just sort of like, "Well..." He didn't really have a response to that I guess because there were other things we were talking about. [00:40:57]

I mean, I guess, you know, I do want to spend time with him. I do want to have dinners with him. Things... I guess sometimes I get, feel sort of like, you know, not giving him enough attention or love or...

THERAPIST: Would he say that?

CLIENT: No, he actually said, "I think you give me a lot of love." During...

THERAPIST: So some of this... It might be important to him to sit down and talk more explicitly about because it sounds like you're interpreting things or you said living in your own head and telling yourself these stories and maybe they're not quite accurate either.

CLIENT: Yeah. I mean, it came to me as a surprise that he gets anxious when I don't go to dance, you know, when I change plans around. I guess, you know, my plans are always sort of fluid to how I'm feeling and, you know, if I got like five hours of sleep, you know, I'm not going to lose an hour of sleep. Of course then, you know, I could be more productive. [00:42:11]

It's a lot easier getting out of the house rather than having breakfast until 9:30 and not getting to school until eleven or 11:30 because it's hard to really feel like I started the day because if I have to come home around, like leave the department at six, eleven to six, that's not very long. That's not even mentioning me getting settled or... So I found that waking up early in the morning, getting my stuff together... I felt more responsible of actually waking up instead of just sort of dragging myself up and like, you know, it was actually an alarm that I set. [00:43:01]

Because normally his alarm is the chirpy chirpy light up one and that doesn't wake me up. I need like a big gallon over my head that I can't hide underneath my pillow. (LAUGHTER) But, I mean, I just... (SIGH) I guess I'm figuring it out and trying to... I need to talk to him and ask him, just tell him that I know he cares about me but, you know, realize that...

THERAPIST: Yeah. Make more explicit what is, where the expectation of you guys as a couple and where is the room for you to make decisions and choices for you to be a healthy individual within that couple.

CLIENT: Yeah.

THERAPIST: Why don't we wrap up there for today. I know we're on for same time next week.

CLIENT: Yes.

THERAPIST: And then I know you mentioned getting in to see Don (ph). It sounds like that would be a good idea. Do you want an appointment with her?

CLIENT: No. I'm going to make that today.

THERAPIST: Okay. So...

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: This week was interesting because after we met on Monday, I talked to my boyfriend about it. Like I said that, you know, we might have some control issues on our hands and there are certain things I can take care of and certain things that, you know... It's nice if I could have more support. I said that, you know, what I eat... I can tell that he's trying but, you know, in a same sense, like I think it's something that I constantly will have to work on with him and, for example, on Saturday or Sunday... Sunday we were playing Peytonk (ph) which is like a French version of Bocce (ph) and where you throw balls and try and hit a target. [00:01:05]

And he was like... You know, at first, I'd try and hit a few throws and I'm not very good at the game because I've only tried it once but, you know, and instantly he starts telling me, "Now, if you throw it this way and then you'll get a certain spin on it and then it won't roll so much." And I don't know what it was that just really sort of set me off, like... You know, of course, then I start getting emotional. (LAUGHTER) Then when I throw it, it almost hits me on the head because I'm trying to do it his way. But I guess maybe in a sort of "See, I told you so" sort of thing and I was like, "Oh, what now? You're going to..." Because I... It reminded me of when we were bowling and I wasn't very good. I've never been good at bowling. I just don't have a very good coordination even though I do dance. It's a totally different coordination than bowling or sports and especially because you're not controlling how your throws are or where your throws are. (LAUGHTER) [00:02:09]

And, you know, and then he was like, after I was not very good at bowling and, being a little tipsy, I didn't get better. You know, I didn't score. I was like the lowest score out of all of us consistently. The next day, he was like, "Oh, well, you know, I was kind of disappointed in how bad you bowl." And I was just like, "Disappointed? We were just having fun and, you know, do I have..." I guess I've been kind of sore about that like and, you know, when I wasn't doing so well and he told me how to throw it and I wasn't... You know, a lot of this sort of takes understanding your body and, you know, I... It just... It hit a sore spot. Like, "Oh, what? Now you're going to be disappointed in me for being bad at Peytonk?" [00:03:07]

Then he was trying to be supportive but... I don't know. In this sense, it was sort of passive aggressive. It just sort of, I don't know, did not strike a very good nerve. Things got better actually when it was just us two playing together. These kids... They were just kind of roaming around at the park. There's lots of families and kids and these kids were just roaming around and asking, "Oh, what are you playing?" So we invited them to play with us and it was funny because, you know, of course Jeremy was saying, "You throw underhand." That just totally went over their head. (LAUGHTER) One of the younger ones, he actually rolled it, like bowled it like a bowl and he actually was winning at first with that technique. (LAUGHTER) You know, the other kids are just going to throw and however kids do. They just going to see it in their mind. Whatever works best for them, they're going to do it that way. [00:04:05]

They don't necessarily want to know the details until sort of they have a knack or an understanding of what's going on in the game. And it was like really refreshing because I was like, "See Jeremy? We have... You don't tell someone how to do it and they come up with innovative solutions." (LAUGHTER) Like the kid bowling. He was doing pretty good. Things were a lot of fun. It was a lot of fun playing with the kids. They were just sort of so enthusiastic and, I mean, we could tell when they were starting to lose focus about an hour. (inaudible at 00:04:47) I told Jeremy, I was like, "I'm sorry for getting all touchy. You know, it's just... Give me a little bit of room to make a mistake. You know, because I sort of..." [00:05:03]

I know that when you're teaching adults, it's kind of an interesting because they don't want to know all the details at first because they're just beginners. They just want to get moving. Then you sort of, you know, teach them the basics but let them explore what's going on. I think that... He was telling me that he likes to be an encyclopedia so if someone wants to know how to do something, you know, for him he'll just tell them everything or he would want someone else to tell him everything, like being a walking encyclopedia. I guess, for me, I sort of... I don't really tell... I guess maybe I've learned long ago, like with teaching kids, they normally... They don't find interest in these long winded explanations and maybe I'm a little bit like that. Like, I mean, I know when I was little, I would never like anyone to help me with my math homework. My mom would be like, "Oh, do you need help?" "No, no. I'm fine. I can do it." [00:06:05]

And even with me doing my own physics problems, I would be very hesitant to work with others because that seems, not like cheating, but cheating yourself maybe. It just sort like... It's sort of a weakness to get help, especially when you don't necessarily need it. You know, part of it is that life is the struggle of learning and making things your own. So that was one thing sort of and there was another thing. Oh. I also had another sort of blow up when one morning when I was trying to get ready to go to an eye appointment and, you know, I was just sort of like... I told myself I need to leave at like eleven, eleven o'clock-ish. [00:07:09]

And Jeremy had just come in from his run and he had to get ready but while I was trying get ready, I'm having a hard time focusing and I also sometimes underestimate how long it would take to go from A to B, get ready. And while I was in the shower, he was talking and then he comes out of the shower and he's dancing and reaching in the mirror and it's hard for me to like... I mean, I guess when I'm putting on my make up or getting ready, I'm a little bit like that

artist on PBS, the one with the palette. "I'll put a little color here, a little cloud..." I mean, I don't know why I get like that but distractions... I mean, I've got to get better with distractions. But then he'll be dancing and like making funny faces and I was... [00:08:03]

You know, and then he took the last of the Tupperware. So when I was trying to pack myself a lunch, I was super late. I mean, part of it was my fault. Part of it was his fault. But I sent him a text saying that, "I'm late for the T." You know, if you miss one train, you have to wait ten minutes for the next one. So that's a total like being twenty minutes late. Fortunately, I could rearrange for my eye appointment because the red line had a total sort of thirty minutes break down. (LAUGHTER) But besides the issue, yeah, I... I don't know. I shouldn't have been mad at him. I hadn't wanted it to be a really bad day and now just sort of Jeremy jokes about me being pissy. [00:08:59]

I was pissy because I was like, "You know, you were kind of distracting and because of you, I'm late." (LAUGHTER) That's not necessarily... I mean, it was a component. You know, and of course, he's kind of an attention seeker. He wants someone to pay attention to him and that was actually... What had happened was normally after breakfast, like if I work from home or even spend time at home rather than leaving, I'll sit down on the couch start doing some reading, doing some calculations. But Jeremy doesn't get that. He sort of thinks that working from home... Like, if I'm sitting on the couch, that means I'm not doing anything important and so, you know, of course, he's talking and doing some...

THERAPIST: Attention.

CLIENT: Yes. (LAUGHTER) He does. And, you know, I'm trying to do my work. I'm trying to calm down because at 10:30, I have to go. I have to leave. [00:10:01]

You know, often... I don't know. My moments... Like when he's going on a run, the house is empty and I shouldn't be happy when he leaves or when he goes to bed and I see that I stay up late because it's really not...

THERAPIST: You get your space.

CLIENT: Yeah. I mean...

THERAPIST: It just sounds like you need... Everyone needs some alone time, some space. It sounds like you need more space than you're getting.

CLIENT: Yeah, yeah and I guess... I mean, I go to dance at night and especially... I'm starting to treasure the times when I do go dance because then it's, you know, me and my own space and I think Jeremy likes...

THERAPIST: But you also need that space to do work and think. So when you're at dance, it's time for you but it's time dedicated to dance...

CLIENT: Yeah.

THERAPIST: ...not time dedicated to reading or working out problems or...

CLIENT: Yeah.

THERAPIST: ...even just thinking whatever thoughts you want to think. [00:11:07]

CLIENT: Yeah. And I guess, you know, that sort of signifies that, you know, maybe, you know, maybe there's a different language. Maybe the couch seems comfort for Jeremy. For me, it just... It's an easy sort of... The convenient way in case I get too tired and can take a nap as opposed to an office. Not like...

THERAPIST: Do you have a work space in your apartment?

CLIENT: We have actually a study and we're not using it. That's the... (LAUGHTER) So I'm thinking that maybe...

THERAPIST: I'm thinking that it might just be too hard to work in a common area.

CLIENT: Yeah and, you know, the study actually... We always talk about, "What is it doing in there? No one studies in there." And I think that I need to start working at that desk rather than the kitchen. [00:11:57]

The kitchen because I start nibbling so easily because I'm so close to the food in the pantry and also that is a common space so Jeremy can... And the sofa... Well, that's common space too. So no one really uses the study right now. So I'm thinking about making it a partial green room. So that would actually, you know...

THERAPIST: Maybe that could become your workspace...

CLIENT: Yeah.

THERAPIST: ...also surrounded by plants.

CLIENT: Yeah, yeah. And that was another thing is Jeremy asked me, "Do you need another plant?" I mean, in a sense, we are going away for ten days pretty soon and, you know, who's going to take care of all the plants? That's actually kind of an issue. So I can understand and then he was afraid that when I go away, that... Because I'm going out of town for like three weeks and he's worried about watering all the plants, which is understandable. (LAUGHTER) [00:13:05]

Because we have like twelve or something like that but, for me, I'm just like, "I want this plant. This is my six dollars." And I think he's just really worried about taking care of them and not having them... Like he doesn't like to see things go to waste and, for me, plants bring me a lot of happiness, especially the violets. I tend to obsess about plants. But I really... I think a lot of it is like bringing the outdoors in because we don't really have... Like he had like a communal courtyard to the whole apartment. You know, I keep on talking about like maybe right by our door we can enclose a little area. Jeremy's just like, "Well, let's just see and..." Like, "Okay, fine. I'll bring more plants inside." (LAUGHTER) [00:14:01]

You know, because I wanted to get like an outdoor bench and everything to make it sort of outdoor savvy and make my lawn beautiful even though it's kind of the back space and so now I'm just throwing my ivy clippings in the back to hope that they'll grow. But it's like, why... (SIGH) I mean, I love plants and it's understandable sort of like, you know, if a kid is eating too much candy, it's like, "No, stop it. It's not good for you."

THERAPIST: But you're not a kid.

CLIENT: Yeah. (LAUGHTER) Yeah and I can't see how it would be harmful and, yeah, in one sense, I sort of see that frittering away my money. I was actually really proud of myself for nail polish. I wanted to buy nail polish, not really for any particular reason but I wanted to and I was like, "You know, I have lots of colors at home. Why don't I go through those and, you know, just reimagine or, you know, sort of reinvent the wheel and try a color I sort of forgot about?" [00:15:11]

So I was proud of myself for that because I sort of realized that, you know, just sort of use what you have and enjoy and only fine tune... And I tend to be a collector and so... When I was little, I had like twenty five, no, not twenty five, fifty Beanie Babies and I would spend my allowance each week, my five, six dollars of allowance on getting a new Beanie Baby. I loved the collecting. But, I mean, pretty soon... Now, they're just all... My mom gave them away to our nasty preschool class. (LAUGHTER) I just... I'm glad I wasn't there to see them wring the little necks and pull off the tags, which I had all enclosed in special tag things. Ugh! [00:16:03]

But, I mean, you know, realistically, what do you do with a collection of toys? It was kind of hard and it's probably good that they got to enjoy them and...

THERAPIST: But you're sad about it?

CLIENT: Yeah. I was sad. (LAUGHTER) I still... I hid a couple of favorite ones. Like my mom was very nice about... You know, she gave away like easily the snakes and the reptiles and things that were the newer Beanie Babies that weren't so sentimental to the family. Like we had a platypus that was everyone's favorite and my mom actually took the platypus... Or no, it was Tank the armadillo. So she... (LAUGHTER) She was quite attached to that armadillo and the anteater. (LAUGHTER) But it's... (LAUGHTER) And she actually has a My Little Pony that my sister got for her that's a princess pony. That's the issue. (LAUGHTER) [00:17:03]

You know, I tend to be... I was really into collecting anime and I did like used to accumulate collections and then, you know, eventually I wheeled down saying, "No, is this really important?" I mean, I'd like to collect things because I like... I mean part of a collection is you have variety. I don't know. I don't understand. I'm not a hoarder but I do like variety and collections and it just makes me mad with the plans because... I mean, I guess he's worried about taking care of them. I get that. I do need to be better at like saying, "These are water every four days," and put them all together. I need to plan this time. Half of my plants died last time he took care of them. but the African violet that he took care of last time that I thought was dead came back with mucho gusto, thanks to fertilizer. But I just, you know, I just sort see like... You know, like... He's like, "You already have enough plants." It's like, "I didn't tell you anything about your herbs."

THERAPIST: So it's two different things colliding. Sort of your desire and need to collect and his desire to control and butting up against each other.

CLIENT: Yeah. I mean, I think I... Like in the kitchen God forbid I bring in something cutesy from Anthropologie or any spoon or anything that was not perfectly utilitarian. God forbid that happened. So, I mean, all of my pots and soil... This actually really upset my mom, some of the pots that she gave me that were, you know, older pots but, you know... I actually had given them away so that they would not accumulate in the kitchen and mess with Jeremy's stuff. [00:19:03]

And so like I thought that... You know, it's just interesting how there's things that he's controlling... Like, I don't have about kitchen stuff. Most of the pans had been scorched by roommates. C'est la vie and if I have to use one of his pans and ruin it, that's his problem. I don't try and ruin pans but I used to be afraid to use his stuff and he's like... Now I'm not so afraid. I still don't use the pressure cooker but that has other... That's not because I'm afraid to use it. I'm afraid of hurting myself. But it's just... It's interesting and like, you know, I was... He gets sort of one my case for like money and sometimes he'd get really intense about everything or like getting on my case to pay him rent and... [00:20:01]

I was like well... You know, this would have been so much easier if we actually combined bank accounts in the beginning. "If you weren't so scared of me withdrawing all your money." Like that was a big issue. He was like, "You know what? I'm not going to deal with this. I'm going to keep my bank account separate and, yeah, we can deal with the aftermath. This is your problem." (LAUGHTER) And, you know, I don't know. It's interesting how like I didn't notice it before. I guess maybe because I wasn't living with him and also... I guess I didn't notice the controlling thing like what I wear and why I wear it. Yeah. Sometimes he'll like tease me. I mean, "Ha, ha, ha. My sweater has little frillies." He said, "Oh my grandma has more of those sweaters if you like that style." [00:21:01]

I mean, I guess it is kind of funny. But I was like, "I never..."

THERAPIST: It never feels hurtful?

CLIENT: Yeah. I mean, I never tease him for like wearing polo shirts... I mean, I guess it's hard to tease a polo shirt and a pair of pants. You can't really tease that. But even if it was comical...

THERAPIST: You don't want to say something that might feel hurtful.

CLIENT: Yeah. I mean, I never say something like, "Whoa..." Maybe one time I said, "Oh, are you going to get a haircut?" Because I was just asking him because he said he wanted a haircut and but it came off as sounding like, "Oh, you don't look so good," or, "You need a haircut." At least when he grew his... He grew a beard that looked like a lumberjack beard. (LAUGHTER) He just looked with the long hair and the mid length curly hair and the beard, he looked like a lumber... (LAUGHTER) [00:22:05]

I didn't say anything. I told him it was cute. You know? And told him I loved him regardless of what his facial hair was. You know, it's just... I mean, he's gotten better about it. At least he doesn't say anything about my face and, you know, whatever, if I walk out with a certain (inaudible at 00:22:35) scarf from dry skin...

THERAPIST: How has it been getting out of the house this past week?

CLIENT: It's actually. Well, Saturday or yesterday I actually took the longest and that was... I mean... (SIGH) It's actually has gotten a lot better. On Saturday, like after ballet, I'm all sweaty so, you know, I took a shower and not even wash my hair or wash my makeup. I just sort of, you know, take a moist towelette and wipe off the parts that were clearly sweaty and just sort of redo those parts and within like twenty five minutes I was showered, dressed, with makeup. So, I mean, of course that was... I see that in general in the morning it take like twenty five minutes to get ready and that's not with hair. I wind up doing my hair, it always takes a little bit longer depending on what I want to do with my hair.

THERAPIST: But you got out of the house...

CLIENT: Yeah, yeah.

THERAPIST: How many times last week?

CLIENT: Monday I had to. Tuesday I got out on time for group meeting. Wednesday I was out of the house. Thursday I... When did I get in? Oh, yeah, I had to get in on Thursday. I forget why. [00:24:09]

But I was there. And then Friday I was also out of the house.

THERAPIST: Oh.

CLIENT: And Saturday and Sunday. So I'm out of the house basically... I don't always get out of the house by 9:30 but I eventually did leave the house and I'm getting a lot better and...

(PAUSE) Oh, yeah. Thursday I ran errands. That's sort of what happened. Yeah and I actually went... I was out late dancing at the Cantab (ph) and meeting friends. So actually I'm getting a lot better at...

THERAPIST: That's a big difference from the week before.

CLIENT: Yes. And... You know, it's actually really nice going in. [00:25:07]

I was really worried going into the office. I was worried I wouldn't get anything done because maybe Paige (ph) and Chris (ph) are there. They're there but we maybe talk initially... (SIGH) Excuse me. We talk initially but then, you know, we just start working silently and maybe they are like, "Oh, what did you get for this? What did you get for that?" But, yeah, I... Oh yeah. That's right. On Wednesday I didn't go in but I did go out at 9:30 in the morning to run errands which felt really good because I got, you know, wake up, get some coffee. That's never a bad thing. (PAUSE) Grab my boots that recently had been redone. That was another thing because Jeremy really wanted these boots to get redone before they fell apart. I understood that. But I was afraid of a hundred dollar price tag that could come by resoleing (ph), refinishing [00:26:09]

Fortunately, I found someone that could redo it for eighteen but the thing...

THERAPIST: Quite a difference.

CLIENT: Yeah, I know. (LAUGHTER) I know. They're not perfectly redone but they'll last another... They're my mom's old boots. They've lasted forty years so I think they're doing alright for being... Well, not forty years. Maybe twenty years. I'm over dating my mom. (LAUGHTER) Maybe like twenty, thirty years. Anyway. He said he would pay for it and I was like, "Okay. I'll get it done." But then after when I went to go, you know, pay for them, he didn't offer to pay for it and I felt like, you know, this is kind of weird for me to, you know, him to pay for it especially because it's all pretty much coming from the same pot but I was really low, you know, after taxes... I mean, I had enough money. [00:27:01]

But anyway, I was just like, "Seriously. Like I did this because you told me to do it and you said you'd pay for it but you didn't." So it was sort of like, "Well, okay. I'm glad I'm having this done." But it's... I mean, I just sort of see that... In that sense, I wouldn't mind if he'd pay for it. I sort of think that if you really mandate it then you have to sort of pay for it. It's not really the same if I say, "Let's go out." I mean, actually sometimes I'll be like, "Oh, I want some coffee. Do you want some? I'll get you some." I don't know. It was just sort of like if you drag someone to do something you have to like compensate them or... I don't know. Maybe it's all coming from the same pot. [00:28:03]

I just was annoyed that he kept on like pressuring me. I mean, in a sense, it is good because if I was doing something, like... Maybe if I had an addiction to something, I would be really happy he intervened, maybe not in the moment but in the long run. I mean, that's his job. But I don't know if fixing boots is really a means for intervention. But again, I mean, fly boots are

expensive. Maybe that's what he was thinking. You know, you pay a little bit of money now and you won't have to pay four hundred dollars to get new boots. And he was probably, you know... So fiscally, it works out. The quicker you turn them in, the better they can get fixed, the sooner and the less likely you will be to get new boots. [00:28:57]

So I see the logic. But I also see that sometimes I'm like I'm growing sort of, you know, just sort of a leave it alone. What does it matter?

THERAPIST: What is it that's underneath the boots or the timing for things or what is it that you're really feeling frustrated with?

CLIENT: Well, it's just... Just like well... (PAUSE) I wasn't ready to be gone... (LAUGHTER) I didn't want to be without them for a week. It really actually made me really mad when... Because this is like prime boot season. It's not dress and sandal season yet. Like I was waiting until it became summer so I can turn in my boots and I'm not wearing them because it's so gosh darn got. I mean, maybe... I don't know. I just got annoyed that he was like, "You need to get this. You need to do this," and it cost money. [00:30:01]

I mean, it would be like... Some students get mad when the professor asks them to get all these books and, "You need to buy these. This is a required text." And like, "What we going to use it? Is it going to be..."

THERAPIST: So you were mad that he was pushing you to do it on his timetable and not on yours.

CLIENT: Yeah.

THERAPIST: He was making the decision of when it was to be done.

CLIENT: Yeah and he didn't have to suffer the consequences of being without boots. I mean, I'm happy they're done and I really like them.

THERAPIST: But you wanted to wait another month...

CLIENT: Yeah.

THERAPIST: ...so that you wouldn't have to...

CLIENT: Be bootless.

THERAPIST: ...be bootless for a week during boot season.

CLIENT: (LAUGHTER) It seems really... I mean, analyzing it in that simple way...

THERAPIST: So what I think... Well, the difference is the content versus what's the process going on. So the content is a week without your boots. Is that really a big deal? No.

CLIENT: Yeah.

THERAPIST: You probably have a lot of other things you could wear.

CLIENT: Yeah.

THERAPIST: But that's not... I don't think that's what's really at stake here. I think what really makes you feel angry is that it was sort of another instance of him dictating how or when something happens, whether it be boots or when you eat or what you eat or what the schedule is. [00:31:17]

You know, so it's not so much being without boots for the week. I think that was sort of frustration or annoyance but I think what you're really reacting to is he was pushing, pushing, pushing and he was pushing for lots of things and where you decide to push back or kind of fight for a bit of that independence, you know I think you figuring out where is it the most important to do that. Is it most important the timing of when you get your boots redone or is it more important for you to push back on, you know, making decisions about the flow of the weekend or making decisions about what you eat or, you know, how matched that needs to be. [00:32:01]

CLIENT: Actually on the weekend we actually... I mean, weekends are actually our strongest point because we actually share about what we do.

THERAPIST: Yeah. So that's one place you've kind of really listened to yourself about what you want for your weekend and started to assert some of that.

CLIENT: Yeah and yeah... Because like on Saturday, I was like, "I want to go to ballet." and Jeremy comes along. He was like, "Okay. I get to walk." Then later in the afternoon we were like, "Oh, let's go for our walk." So we do that. I always have some little mission, whether it's to go to the cafe or like I had to go to CVS. So, you know, he likes the walk and I like to go to CVS. It's kind of weird because there's nail polish and other stuff. I did have to pick up a top coat but that was because I was out of a top coat. I actually went through a nail polish. (LAUGHTER) [00:32:59]

He was so happy. He was like, "Why are you buying more nail polish?" I was like, "Jeremy. I'm replacing one that I use all the time." He was like, "Oh. Okay." But he wouldn't let me look at the nail polish, just like he wouldn't let me look at the plant. That's my favorite thing is looking at the nail polish, no necessarily buying, just looking at... I don't know. Just like a kid goes to a museum or something like that. Like I like looking at all the...

THERAPIST: So it's that phrasing. That "wouldn't let me."

CLIENT: Yeah.

THERAPIST: So it's not about what it is. It about that feeling of you're not in control of the choices.

CLIENT: Yeah. I mean, most likely I probably wouldn't find a color. I mean, there was a...

THERAPIST: That's not the point.

CLIENT: Yeah. (LAUGHTER) Yeah.

THERAPIST: The point is you were feeling like you were told what you could or could not do.

CLIENT: Yeah and that's actually... I mean, then I said goodbye to the nail polish. I was like, "Oh. Maybe I'll come back when you're not here with me and I can look at the nail polish." And he just sort of was like, "Yeah, yeah, yeah, yeah." [00:34:01]

But and then we went to the plant store and I bought a plant and he was like, "Do we really need a plant?" And I was like, "Yes. We do." And then he was like, "Okay." And then he steps out of the store and I could see that was part of his frustration and I was like, "Well, that's fine. I'm going to buy a plant because I want to." I like waking up and seeing my little African violets with their little petals." And... (PAUSE) Yeah. I think that's a lot of things because it's... I mean, you know, I shouldn't be just spending money here and there.

THERAPIST: But making a joint decision of figuring out why. Like are you... Are you guys... Is there a budget that you agree on? Is there a particular amount that you save? Are you saving for something? So then it feels like rather than he's telling you what you can or cannot do, or what you can or cannot spend, coming to understand what's the goal. What's behind this? [00:35:09]

Are you working together toward something? Because it might make sense. You know, maybe it's not just a control issue but there really is something else that that money needs to be going towards saved for. But it sounds like it doesn't feel like you know or agree or...

CLIENT: I mean, in general, we like to save money and we're actually having a huge trip that we're going on and...

THERAPIST: So if the plant buying and nail polish buying is eating into that, then there's some roles or responsibility you have to understand how and where the resources are going.

CLIENT: Yeah. And I guess, you know, I want to know if... Because his mom was a bit of a hoarder...

THERAPIST: So is that what he's afraid of?

CLIENT: I think so. Because his mom like would just have like... She has like twelve different designer purses like over four hundred dollars each and like, you know, she just sort of accumulates stuff. [00:36:07]

I'm not trying to accumulate stuff because I sort of have, you know, I sort of set limits on myself and I, you know, continually throw out things that I don't want to don't need. Yeah, so I sort of set a space. I can't overfill a certain space. Like, for my nail polishes, I have a little bin that probably holds about twenty and so I was like, in one, out one. And the same with like shoes, I sort of look at like, you know... I do this with clothes too. I sort of look at sort of go through the closet and sort of, if I haven't work it in a year, it's probably not something I'm going to wear unless it's like a formal occasion. [00:36:57]

So I'm wondering if he... I mean, I guess it's something I have to talk to hi about.

THERAPIST: Yeah. So having a conversation on both ends of sort of what is it that really scares him about what you want to purchase and then your part is well where... What's the finances here? Like how much... When you say you're trying to save, like how much? So then it's more concrete.

CLIENT: Yeah and I think that's why. Maybe I'll talk about joining bank accounts so I can sort of see...

THERAPIST: So you can see it too. That might make it feel like it's more in joint control. This is a shared endeavor.

CLIENT: Yeah.

THERAPIST: We should probably wrap up there for today.

CLIENT: Okay.

THERAPIST: I think we're not meeting next week but we are meeting the week after.

CLIENT: Okay. That's right before the trip.

THERAPIST: Yeah and then I know you have some trips. I want to make sure I know where and when you're here and when you're not here so that we can plan around that.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: So I have to thank you for adjusting the time for me.

CLIENT: Oh no. I mean no worries. I mean, it's good that you could fit me in and my... I think that's how everyone sort of works if that... if their schedule was flexible and whatnot. I mean anything to help out because you help me a lot. But yes, so this week it was an interesting week but the very happy weekend.

It was interesting in the first part because I've been sort of diving into a project and my advisor and I were getting pretty excited about it. But... and I really want... I mean, a long time ago we had this sort of opportunity to write a paper but we sort of pushed the deadline. And now it's just sort of like whenever we write it, it's probably not going to be submitted into this journal.

[00:01:11] But it will nevertheless be the good paper. And then this is sort of I've come to realize. But at first I was like I have to get this paper done. I have to do this project. I have to get results all before I leave this Thursday. And I was stressed out to say the least.

And it was just... and I also had a syllabus fair in... which is just sort of like making a poster of your course in the future. And I hadn't really done any work. I did design sort of a rough draft of a syllabus but never a poster. I didn't even like... I mean, there are a couple of things. These things always take a while. I guess when I'm doing a real serious academic poster, starting from scratch it takes forever. But fortunately I could take snippets of the rough drafts of course proposals. [00:02:05]

So that actually went smoothly. I'm really happy with the way my course sort of turned out. But nevertheless before Thursday night before I started on that poster I was just really sort of freaked out and I don't know. Jeremy (sp?) was like, "OK, we have to get your driver's license. We need to get it renewed. You can't be just bringing your passport to bars." And so he kept on saying, "We got to do it. We got to do it." And I was just thinking I cannot do this. I have to get a paper in. I have to get a project and I was really sort of like... the day he was like, "Ok, let's do it on Thursday." And so I put on my false eyelashes because that's normally kind of a family tradition whenever you get your driver's license taken. Sort of like a confidence thing.

And then he drives me and mid-driving he's like, "Oh..." He's like, "Well, I don't know how long it's going to take but I'll drop you off and we'll see how far we get. And then you can take the bus back." And he's like, "Oh, doesn't the 70..." He's like, "You need to take the 76 bus." [00:03:07] And was like the 76 bus does not go to where we're going. And I was just like ah. I was kind of groaning the whole time because I was just... it was not a priority. Even though from an outsider view it is a priority because your IDs needed practically for going anywhere besides CVS and even then if you buy over \$150 when you write a check. It's just my ID was expired.

And I don't know. I just... I really didn't want anything to disrupt the mental thought, the day. I had so much stuff to do. I didn't have a poster made. And so I was really grumpily and fortunately it went by really quick. And Jeremy (sp?) was able to drop me off at (inaudible at 0:03:56) and... because he's like, "Oh well, now I can drop you off."

So that worked out very well but I was really grumpy. And I felt bad and later that day he went to therapy and him and his brother had a yelling... sort of a... he got yelled... I mean, there was yelling back and forth. So I felt really bad for Jeremy (sp?). And I just... on Thursday night he was just... I mean, he's just sort of like worn out and after throughout the day I talked to him. Like, "Oh, I hope you're OK. I know therapy was tough." I tried to make it up and it just didn't seem... like he was just... like ah. He's like, "Oh, just when someone yells at you all... you get yelled at all morning, it's just kind of a long day." And I was like well, I didn't yell that much. I'm grumpy and it was like you were taking a mule to get their license. And then I just sort of broke down about all stressed out I was.

And I don't know. I just... I didn't... I haven't been feeling so good because I guess I'm trying to get my life together and trying to figure out, how do I accomplish my goals? [00:05:14] We have slightly different schedules. I kind of get annoyed by him monitoring my snacking. And so I wasn't feeling like too good of a significant other.

But things got better after I created my poster. I had my poster session. I had fun making dinner and I sort of relaxed about the paper because I realize that there's no way I can... like I'm stuck. I'm sort of confused. I met with my advisor and now he's trying to incorporate everyone into this project which pissed me off because I did so much reading and preparation and the fact that we're bringing other people in. I know it takes a village but I was just sort of like... and I applaud her that my advisor was saying that I should pursue a postdoc in... or apply for a postdoc position which I definitely don't want to do. [00:06:14] I'd have to be on more annotative presence than I can handle. (chuckling)

I'm pretty excited about teaching and even though that's stressful, sort of being on your feet and interacting. It's hard but it's fulfilling. It might just be that naturally I don't want to do that. But when I do something I don't want to do, I'm happy and so that was... on Fridays things just started to resolve. And this weekend on Saturday, I was going to go to dance. But that just... we sort of woke... slept in. I have this habit of after Jeremy (sp?) goes to sleep I stay up for another hour and that's really me winding down. And normally I don't mind because I don't need as much sleep as he does. He's a little bit of a princess and the pea. [00:07:11]

So... and it actually works out really well because he's like, OK, I tuck him into bed. And he's like, "Don't stay up too late." And I'll be like, oh, I won't. And I normally stay up until 12:30 or 1:00 and it's just... it's very relaxing. And I find that naturally I'm a night owl. But I'm not staying up to all depths of the night. And I'm waking up at 8:00 or 8:30. Now of course if I have to wake up at 7:30, that's not a day that I take my hour to relax. But yea, so I wound up... we woke up late and we wound up not going to dance. Or I wound up not... deciding not to go to dance because we were going to go the ballet. And it's like... and then later at home warming party. I was like I just would rather spend time with you. So I was like, let's have a picnic. [00:08:01]

So I stretched and I was doing some reading of my research while I was going for a run and getting ready. And I was worried because Jeremy (sp?) had come back. Normally a run takes 30 minutes. But I also was very happy because then I could take my leisurely time to get ready.

And then as it turns out it was after his run he had went to the wine store to pick up champagne which I didn't know about. And during our picnic he goes out... go out to one of the parks that we frequently picnic. And we sit down and I pull out this lunch box that's really heavy. And he's like, "No, no, no. That's dessert." And I just thought it was ice cream. I thought it was very strange. And as it turns out then he starts talking kind of giving a speech. [00:09:03]

But normally we give long talks about loving each other. I mean, that's one thing I really like about us even though it might be obnoxious or a little bit like the Seinfeld's Shmoozy episode. (chuckling) And then he keeps on talking and I was like, OK, well maybe this is going somewhere because I wasn't very nice last week. And maybe he's just trying to do constructive criticism. Say something nice and then say something I need to work on. And then he keeps on talking and says he wants me to be with him forever and to be his wife and then he proposes. And I was just really shocked. And of course I said yes.

THERAPIST: Exactly.

CLIENT: I mean, unfortunately I'm getting my ring sized right now so I feel a little self-conscious. [00:10:01] But... and of course I was surprised because it was a yellow diamond and I didn't know what a yellow diamond was. I thought it was a jewel. And I was like... and of course then there's an additional sort of like, what is it? Not like, oh my gosh. I was like, what is this? And then once I figured out what it was or he told me that they're actually rarer than diamonds. And putting it together that the diamond itself is 8,000. And I mean we were just hugging. And it was like it was just a really exciting time and all this sort of stress of me... I don't know. It was just a huge release.

THERAPIST: Yea.

CLIENT: I mean, it just... I don't know. I don't know if there's like subliminal anxiety. There's always sort of this anxiety within me whether I'm good enough, whether I'm... or my mom being around my mom and her getting upset because we're living in sin or... I mean, it was just a huge... I was really happy. [00:11:08] And as it turned out, when I talked... Jeremy (sp?) said he had asked for my dad's blessing. And wanted to know like, should I do it before the trip or after? And I was just... I found out that my mom... she was avoiding my phone calls because she knew. (chuckling)

THERAPIST: Didn't want to say anything.

CLIENT: Yea. And so it was just like... my dad said that he was... that the family was really happy to have him as a son-in-law. And it's just... it was just a huge relief. And I mean, I don't... but... and just to get all the congratulations and I just felt really happy. And later we were supposed to go to the ballet so we were going to go just celebrate with champagne and oysters. And I was like, you know... he's like, "Oh, but I don't think we'll have time." I was like, listen. We can be late to the ballet. [00:12:02]

And actually it turned out really well because we never went to the ballet. We just went to the home warming party after. And I just sort of think of not... I mean, I don't think of myself as a comforter or a person that makes logical, rational decisions but the decision to not go to the ballet and just celebrate the occasion. And I was like, "Jeremy (sp?), this happens hopefully once in a lifetime." (chuckling) And just to enjoy the moment and see where it takes us. And going to see our friends and having them... even though it was their home warming party, I felt bad but they were just so exciting about how it happened. And it was nothing like magnificent. It was just very real. And it was... I was surprised. [00:13:02] And it gets crazy. You hear all these engagement stories where the guy goes out to these heroic efforts to propose and I was just really happy. It didn't matter.

THERAPIST: Right. You have a really nice story.

CLIENT: Yea. (chuckling) And so... and yea. And then it was last... yesterday we wound up walking for nine miles through Boston. And originally it was just like... I just... because I was like, "Again, I overslept dance and I really don't feel like dancing. I just feel like spending time with you and walking in the sunshine." And so we did that and we went over to another friend's. It was like an Indian food fest. So... but it actually turned out very well because a couple of my really good friends were there.

And Jeremy (sp?) made the joke that he was like, "Oh, well, the 24 hours have passed. And I don't have any lingering doubts." (chuckling) At first I was just like, what's that supposed to mean? And then I was just like, oh OK. [00:14:07] He was like, "Well, you just want to make sure." And I was like, "Well, I think you would have had more doubts right after you spent the money." And he was like, "Well, I did have doubts." (chuckling) He was like, "You just want to make sure it's the right decision." And I was like, "Well, yea." And I was, "I think you're going to be OK, Jeremy (sp?)." (chuckling) I said, "I think I'm going to take care of you pretty well and you're going to take care of me."

So... but yea, I just... and another thing that I haven't done. This is the first four days that I haven't done it is have a morning snack. I've had a ritual recently for the past two or three months with cereal because at 10:00 or 10:30 I had to have three-fourths a cup or I just get very cranky. And my life was... I started to see that my life was dictated by when I could get that little bowl.

And part of the reason why I didn't want to go to group meeting was... I mean, maybe it was just sort of like I was using it as a reason to rationalize not wanting to leave home but... and then I'd be like I can't leave group meeting... or I can't leave for group meeting because after Jeremy (sp?) leaves I can't have this cereal if he sees me having cereal. But I must have it after he leaves. But that's going to take an hour and group meeting is at 11:00. So I just realized that I was really structuring my life around my eating habits. And it wasn't like... it's not like I have hypoglycemic or hypo, hyper. I don't have diabetes. There's no... and I'm actually a fine, healthy weight that I can... if I looked really longer, yea, I could eat something quick. [00:16:07]

But I didn't have to... I was using it really as a crutch and I was realizing how much I was eating just for the... because it was comforting. And yet it was also very limiting but I didn't want to let go. And I was finally... like on Friday when we didn't have... there was no more cereal but there was no... in the house. And there was no real time to go in early to my office and eat the cereal there. And so I was like really in a pickle of sort of like, what am I going to do? And I was like, OK. Well, let's just have a half-tablespoon of peanut butter and (inaudible at 00:16:54) that's a little less but you're going to be fine. And I went into this (inaudible at 00:17:01) I found out that I was fine.

On Saturday I didn't have a snack because there was no cereal. Maybe I did have a half teaspoon of peanut butter or half tablespoon of peanut butter. But I was fine. Sunday I went without a snack and instead I got Froyo and split it with Jeremy (sp?). And I found that it was actually more liberating that I don't need to have cereal to survive. It was really... I mean, in that sense when I was anorexic, cereal was sort of the free food. That and Froyo. And I was really... like I would be... and then eventually when I got into college, like I'd get cereal and I'd wake up in the middle of the night and eat it. And so there is such an emotional part of snacking and cereal and how I put in my mind that it's something that I need. I mean, there are many foods to eat and enjoy. And if you're hungry, by all means, you should eat. [00:18:13] But not rearrange your day for a certain ritual that's not necessary. That's not bringing you anything but comfort. I mean, I might as well be praying. In my religion if I want... if I'm seeking comfort or if I'm seeking relaxation.

And so I mean, I can't say whether or not it's going to return or not. I did put cereal on my Froyo but that was just as a topping. It wasn't the main course. It cereal. I can't... I mean, having any sort of dairy product with cereal on top is my favorite. It's a treat but I mean, I... it's kind of like the out of sight, out of mind. And if I can keep it out of my sight, then it's sort of something I want to break out of. [00:19:02]

THERAPIST: Because you don't want to have a morning snack or you don't want your routine dictated by morning snack?

CLIENT: Yea, I don't want my routine dictated by morning snack. I just sort of... I mean, I sort of realize like being without it. There's so much sort of this routine of sitting down after breakfast not being able to leave home until I have that morning snack. And I saw that I sort of... I don't know. For some reason I just I ask myself, why do I need that? Why do I need... I should just be able to eat and be done with it. And I've been seeing that in many sense it's because of the boredom of my work to keep me focused. And it's a reward. You're doing your work so you can eat. And you can eat this because you'll arrange the rest of your food accordingly. [00:20:03]

And so what I found that is that I was eating two cups of cereal every day, I wasn't feeling happy about it because it just sort of like... it's like sort of eating candy for your day. It doesn't... it's tasty in the moment. But maybe it doesn't make you feel better later on the day or maybe you feel like hungry or your stomach is empty.

And so I mean, I was... I came upon that realization that I don't want to be controlled by my habits. And I want to be able to eat other foods like sort of like on Thanksgiving when you have that big meal. And if you are so rigid upon like I have to have my breakfast, I have to have my lunch. But this thing between lunch and dinner, you're not going to be as hungry for it. And I saw that I was really avoiding events so that I could have my morning snack. [00:21:05] (pause)

And yea, so it sort of came as a realization and I sort of found that I'm also getting now that I pushed myself to leave, I actually enjoy like when I... because today I had to go on to Newbury Street to get the ring resized. I actually enjoy getting out, getting dressed up. It did take me longer than I would have preferred.

THERAPIST: How long did it take?

CLIENT: It took me an hour to get ready. And that was hair, makeup, packing up. I mean, for a certain extent I just get bored. But I was also like there's a part of me that wants to dress up. Normally like for school, for syllabus fair day I just sort of put gel in my hair and it was kind of wavy, kind of wild, kind of crazy. [00:22:07]

I realize that I was not blessed with the straight or curly hair. (chuckling) I am dressed with the frizzy... I wake up like a chia pet hair. And... but I also found... because now I change my makeup around so that I can put on a foundation and that goes by much quicker. It's actually just my hair that takes a while to do. And also dressing up nice rather than just putting on jeans and going. And there was a little bit of the obsessing when I do have something fancy to go to. But at a certain point, I tell myself, man this getting so boring. I'm tired of getting ready. Let's just go. It doesn't really matter. It's just... and I found myself not checking on my face so much.

And then actually my face is kind of clearing up because there's less scars because I would just pick at my face at home. [00:23:06] And because partially anxiety, partially because I grew up it was sort of like my mom loved popping our zits as kids and she passed on this love. And that was sort of another thing that I felt like I needed now that... because now if I'm getting ready at the same time Jeremy (sp?) is, I can't spend like 30 minutes in the morning popping zits or picking at a zit because he's watching.

And it's actually for the good. At first I was like I need my privacy. I can't get ready while he's getting ready. He's such a diva. He wants attention. And then I sort of saw that, well, I should be able to get ready if there's a mirror. And occasionally he's making a funny face but that's not what's taking all the time. It's obsessing about dry pieces of skin, if something is fully exfoliated, if... I was like I just need to get some... I just need to get over that and get over like... because now I sort of see like other people's faces. [00:24:08] And I'm like, well, wow, my face isn't that bad. I'm like so many people have so much worse acne and you don't see them stopping. And maybe they feel it inside, but I guess they put up with it and they deal with it.

And I guess also I sort of see that... my sister actually does have really bad hip pain. And so pain has been a big deterrent in her actually move on in life. But I sort of see that she has a

hard time living life coping and just saying it's going to be OK. And in many times in life you have to deal with things that maybe aren't pleasant but you're going to live. You're going to be OK.

And I don't know if it's also... because I upped... well, I didn't technically up my prescription is still for 15 milligrams but I've been taking 20 milligrams. So instead of one and a half pills, two pills. [00:25:09] Because I guess I mean, I don't know. I shouldn't self-diagnose myself but I just felt like I need it and I've been so much happier. And I talked to Millie (sp?) and she's going to try and... I couldn't meet with her but she's going to send a higher prescription before I go for my trip. But I was... I feel like that medicine is also helping me.

But this time around I'm getting a lot better at not obsessing... or at least I'm getting to the point where I know that I... sometimes I fall into bad habits of washing my hands. But now at least I feel like when I fall into bad habits, it's not as bad. My hands don't get... I notice my hands get dry and now I put on lots of lotion. I learned to do it. If I... not to wash my hands so much. The next day, you scratch and maybe some... you scratch if you have dry skin or you scratch your scalp. [00:26:07] And I'm like this is kind of gross. I used to freak out, wash my hands, hand sanitizer. But now I'm just sort of like OK, it's just... everyone does that. Everyone sort of picks at their fingernails or scratches their nose or puts on makeup. These are not reasons to wash the hands.

THERAPIST: (inaudible at 0:26:31).

CLIENT: Yea. You're not dangerous and there's nothing for me to harm because I'm fine, I'm healthy and I'm happy. And there are times I do get freaked out. Not necessarily but just sort of like sort of get grossed out. There is a Sharp (ph) disposal in the bathroom and I just sort of shudder. And I... and then I would tell... I was like, "Jeremy (sp?), there was a Sharp (ph) dispenser in the bathroom and it made me shudder." [00:27:03] And he was like, "Oh." He's like, "Yea, it's actually... it's probably because people have... so many people have diabetes." And I was like... and then I got more concerned about people having diabetes than the actual Sharp (ph) container. And yea, I told... of course. I just sort of feel like sometimes if I talk about it, it just sort of ends there like a child.

THERAPIST: Yea.

CLIENT: Yea. And I start feeling more open. And I was actually... for a long time I haven't talked... or every time I mention the word HIV, I sort of shudder because it was such a dominant part of my fears. And the other night I was talking to my friend about HIV because that's what work she wants to do. Working on getting pregnant mothers the appropriate medicine so that their babies don't wind up with HIV. And I was talking to her about the strains and more like from a scientific point of view. And it was nothing. [00:28:07]

I mean, it was funny because the guy that she hooked up with was the guy that I later hooked up with and got all scared about. So she knows every... all of it is nonsense. I mean, and so... I

know she's not scared. (chuckling) I mean, but... and it was funny is because I forgot that guy's name. I couldn't remember it. So I sort of... I mean, I just wonder if there was so much... the sort of relief that I'm... relief and happiness that I'm feeling right now is I wonder a lot of anxiety was over whether would had actually ever find a mate or get married. Or I mean I haven't analyzed it. I mean, it's just a... it could just be that I'm really happy. But...

THERAPIST: Happiness is important.

CLIENT: (chuckling) Yea. And my friend said last night that she said I was absolutely glowing. And I am and I mean it's just sort of... it's... I don't know why. [00:29:06] I mean, it's just a huge relief and happiness.

THERAPIST: What does it mean to you to be officially engaged? I mean, it's something the two of you have been talking about. But now it's official.

CLIENT: Well, it just means that I'm going to have an awesome person to grow with and to make big decisions with and to be there for me and to put up with me. And to really... it's just sort of like kind of like a big hug. That someone like... I don't know. Yea, it's just... it's really comforting. That's kind of like the material version of what I would think of as God. Because my parents I sort of... I'm a little bit too old now to feel them as comforting. They can be comforting and they are very comforting when I actually confess and tell them. But I'm... they're not with me every day. And it's just like a warm, sort of fuzzy feeling like this... it's just everything that... the things that I believe about us. We're a good team. It's just sort of... I don't know. It just makes it so real, a lot more permanent. [00:30:19] It's not like the God that will disappear or the umbrella that will break. I mean, now it's like a... so it's a warm forever umbrella.

THERAPIST: It's nice to have that...

CLIENT: Yea.

THERAPIST: ...constancy.

CLIENT: Yea, it is. And now like I sort of like all my worries about oh, I'm a horrible person. (pause) Yea, sometimes I still do have these sort of moments where I was like I don't like how I act. And I think it's immature like when getting my driver's license I was acting like a little kid. And now I really apologized and there I just told him that I was just... it was not a priority in my brain even though it is a big priority in life. [00:31:01]

And said that part of also a thing of like I think that academics have a little bit of different life. And sometimes it's frustrating because, to him, his experience in college was different. He thought it was very much party and free. And for me, college is everything far away from that. I studied every day, every spare moment. And even now with graduate school, when he goes to bed I'll work or read papers or find papers to read the next day. So I mean there's... I mean, in one sense the schedule is more flexible but...

THERAPIST: But it's also always on.

CLIENT: Yes. (chuckling) And so...

THERAPIST: You never leave the office really.

CLIENT: No, no. And that's... so that was the one thing I realized that it's not something he can acknowledge but unless you live it, it's hard to understand. [00:32:03] And I know that being a student, being a graduate student, is also a little bit different than an undergrad because you're not doing these big, continuous research projects. They're not... I mean, it's kind of like you're constantly building and thinking and obsessing about it. And so I just sort of chalk it up to sort of some... I mean, I guess that's the thing is we are not the same people which I appreciate about him. And I think that once I get a job, I said things will be a little bit different because at least we'll be more in similar wave lengths to win up free time and when work time is. And... but... so... and yea, I'm just very happy and I must say that I'm very relaxed. [00:33:01]

And even today and when I went to anthropology and I left my iced coffee somewhere in the store. And I was like, where is it? But then I found it. It was on a shelf. And I was like wait. How do I know that's mine? And I was like, well, I remember putting it down there. I remember I was like that looks kind of like my lip gloss on it. I was like it might as well be mine. And what's the worst... what's the harm of it? And I was like, oh yea, it tastes pretty much like it. And then I sort of moved on until now I told you. I was like, I'm happy that I have it. I was like, wait, this wouldn't have... I look back two years ago and I'm thinking that would have never happened. I mean me to pick up the drink back in the middle of the store and drink it after being gone for it for like a few minutes as I was looking at jewelry. That would have never happened. And I just see how silly it is. [00:34:04]

THERAPIST: Being able to let go of the details a little bit and say, "Yep, this is probably mine. It's right where I left it. It's cool."

CLIENT: Yea. And I also remember talking to Jeremy (sp?) because as we were walking around where the bombing was, he was like, "Oh, you see. This is where the bombing was." And it sort of reminded me. I was like, "It was closed down for a while to repair it and for decontamination." And I said, "What would you do, Jeremy (sp?)?" I was like, "You are in this sort of bad situation. There's blood everywhere. Do you go in and help? Do you go in and run away and just don't want to be involved? Don't want to get into the dirty business?" And he was like, "Well..." He was like, "I think it would be OK what you see would fit." He's like, "I'd like to see myself as a person that would help my fellow neighbor and see it's all right." [00:35:02] And I was just thinking, that's actually a good answer. There's no point of obsessing about what I would do in the moment and whether...

THERAPIST: It's really hard. I also think it's really hard to predict.

CLIENT: Yea.

THERAPIST: It's such an intense and extreme and unlikely scenario. Most people are never going to find themselves faced with that particular scenario. It's unfortunate that it happened and people did have to move through that. But I think that his way of thinking about it is that you do what's right for you.

CLIENT: Yea.

THERAPIST: And the fact that people are made up of different experiences and different skills and different strengths and different fears means that if some people that are going to rush forward...

CLIENT: Yea. (chuckling)

THERAPIST: ...and some people that are going to protect people by taking them away. And you look at the photos of that day, there are adults carrying children away from the action. There are adults rushing toward the action. There are all sorts of different things that people are doing. [00:36:03] And thank goodness for them because otherwise...

CLIENT: I guess it really does take people of all sorts of strengths and abilities. And I think that's maybe what was so beautiful about it is everyone helped out the way they could.

THERAPIST: They way that they can.

CLIENT: And not everyone was the person rushing into the action. And not everyone was the one taking people away from the action. But I think everyone just wants everyone to be safe. And yea, I mean, it was... it's just... it's interesting. But I definitely like talking about my fears so they don't linger. It's just a lot easier to say, "Oh..." When I was sort of preoccupied with Sharps (ph), I just tell Jeremy (sp?). And Jeremy (sp?) was like... I was like, "Oh, well it's not about the drugs?" And he was like, "Well..." He was like, "How many drug addicts do you see in bathrooms?" And I was like, "Oh well, OK." He was like, "Most likely it's because people need shots for diabetes." And I was like, "Really? Seriously? They need to give themselves insulin that much?" [00:37:08] And he was like, "Anytime they overeat." And I was just like, "Oh."

And it just seemed to make logic sense. And I sort of see that to the stage of like I'm starting to relearn things. Relearn like, oh, should I be worried about this? And if he says, "Probably not," it's probably a good answer and being OK with that. And I think it's sort of having this sort of person that feels like an umbrella. They'll save you and put the...

THERAPIST: If you need saving.

CLIENT: Yep.

THERAPIST: Maybe the next step to look forward to is yes, having this person there is to save you if you need saving. But also being able to be able to do that for yourself. To ask yourself that question, "Is this something I need to be worried about? No, it's not for me to worry about."
[00:38:03] And be able to do that for yourself.

CLIENT: Yea.

THERAPIST: Not that you need to always to do it for yourself but have the flexibility.

CLIENT: Yea.

THERAPIST: Sometimes being able to answer those questions for yourself and soothe yourself and sometimes turning to him if you need some extra reassurance.

CLIENT: Yea. No, and I remember that reminds me of back when I first... before I started seeing you. And I asked my poor roommate. I wondered why I like... so why did she get her own place after living with me? I'm not that horrible that I remember asking her like, "Oh my gosh. Oh my gosh. Did I do this?" I gave her a lot of the responsibility now. I'm fine sitting down in public restrooms. And a lot of times I still have to ask. I really would like to wash my hands again for some reason. But I'm not. I'm just going to deal with it. I'm just going to move on. And I eventually move on. [00:39:01]

THERAPIST: Being able to do that.

CLIENT: So... but I do like... I see that when there are new things around it, to just ask a question if I can't solve it myself. But also getting to the point where I can just deal with it and think about something better. And I think that's sort of for the everyday life, that's actually been helping. And last week I was gone out of the house all week. And it was actually nice because I had just... I just sort of saw there was new routines, new things going on. And it is just sort of... I mean, I guess it's hard to improve and work on things. But it's also fulfilling and gratifying if you can move on and accept the worst and sort of be happy. And it's sort of like something like when (inaudible at 00:40:14) said, it's like, "Oh, you feel... you seem so much happier and less scared than you were in two years ago when I first met you." [00:40:21] And I was just so happy because I was like, "Yea, I have." I'm not going to be perfect and I'm not going to deal with situations better but I think that...

THERAPIST: You don't need to be perfect.

CLIENT: Yea. (chuckling)

THERAPIST: That's the goal is not perfect.

CLIENT: No, that's true.

THERAPIST: Always healthy, flexible.

CLIENT: Yea, and that's one thing when I recently wanted to address the cereal thing because that doesn't make me feel as flexible as I want to be. And there's nothing wrong with having a morning snack. I almost got a cookie and I was like, no. I want to hold out so I can get Froyo for lunch and with maybe cookies on top. [00:41:03] And I like being able to make that decision instead of saying I need this morning snack or I'm going to roll over and die.

THERAPIST: What about having both snacks?

CLIENT: Well, that wouldn't be bad. (chuckling) Yea, I mean, sometimes... well, like this morning I just took some peanut butter and that was... because I was like, well, peanut butter is organic. Peanut butter it has good oils in it and especially with almond butter. And doesn't have sugar in it so this is really good and tasty and it just sort of satisfies me. And being in tune for like if I'm really hungry, eating... trying to eat some food that will satisfy me. And I think that's sort of what I'm not being afraid of the snack or avoid it but actually asking myself, will that be a good decision? And I think that's sort of...

THERAPIST: That sounds like good criteria. [00:42:00]

CLIENT: Yea. (chuckling) Yea. And that's sort of like when Jeremy (sp?)... like it reminds me of when we went on our walk yesterday. And he's like, "Oh, I'm wearing my jacket." He's like, "Maybe I should wear my sweater." And I was like, "Well, how do you feel right now?" And he's like, "Comfortable." And I was like, "Well, do you think you would feel more comfortable if you had your sweater?" And he was like, "Well, it's... yea. It's a little bit easier to move around." I was like, "Yea, but what happens when the wind hits and we're walking downtown?" And sure enough, he was very happy with his jacket. And I sort of see that I should be asking myself like...

THERAPIST: What's going to make you comfortable.

CLIENT: Yes. And not make me avoid things that I should be attending to.

THERAPIST: So well, that sounds like a good place to wrap up and hold that thought.

CLIENT: Yes. And while I'm traveling I'm going to be having lots of opportunities.

THERAPIST: Absolutely, to make those decisions and check in with yourself. Let yourself hear your voice and you can use that to guide you. [00:43:04]

CLIENT: Yea.

THERAPIST: And then I see you after you get back.

CLIENT: Yep. Yep, that Monday at 8:30. Or no...

THERAPIST: Not until 9:30.

CLIENT: 9:30 OK, thank goodness. I don't think I could do 8:30.

THERAPIST: I'll double check. But usually 9:30 on Mondays.

CLIENT: Yea.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So I want to start out and say that I've been very anxious in life right now, and (inaudible at 00:00:13) and yeah.

THERAPIST: Sorry.

CLIENT: Yeah, no. I understand, it's really cold here. It's really cold everywhere. At first, like I've noticed that well, my bed schedule's been off a little bit coming from Florida, and sometimes staying up late for New Year's Eve parties and then having the flu sort of you know, when you have the flu you sort of just kind of sleep whenever, and it's hard, you know.

THERAPIST: To get back to a normal schedule.

CLIENT: Yeah, and so.

THERAPIST: When did you notice that your anxiety was up?

CLIENT: It wasn't until like I think after New Year's is when I realized that I had to start getting back to work. [00:01:05]

And I was at home all day and excuse me, my voice is going. I hope I don't have the flu. And I didn't notice it then, because what I was really doing is I was, well I was working at home. I was spending a big portion of my time looking up wedding stuff, and I'd be feverishly looking for like the right colors, the right accessories, the bridesmaid's dresses and obsessing over like, because of the way some of the things that are more expensive look, the band and the venue. There's not much money left in the budget to pay for bridesmaid's dresses, so I was going to have the bridesmaids pay for them and I would help out. At first I thought it was going to pay half, but unfortunately at The Nutcracker, I didn't, when I helped my mom at last Christmas, I didn't get as much money as I thought I would, and so that sort of set me back from having extra money to pay for half. [00:02:14]

So I realize I'll probably have to do tutoring this semester, which I'll bring up in a second. I think it's a good thing, though, but and then I was obsessing over like if the bridesmaid's dresses are three hundred, they're really expensive, is it worth it, can people afford it, what colors they should be. And then like my sister was in a long, because there was a dress. So she might not even be a bridesmaid because of when her hip surgery is, and I mean, I don't, I mean she'll still be a bridesmaid or, you know, maid of honor, but she won't be walking. And so I was thinking that, you know, there was a dress that everyone else like a little bit better than the one that, we will end up choosing because the high, she has to have a high back because she, when she was doing some sort of, like sort of a electricity pain management system, she accidentally sort of electrocuted herself. [00:03:16]

And she had a big scar on her back, and it's definitely light, but she feels very self-conscious about it. But, I mean, and I guess I feel bad, because I kind of asked her the question like you know, this other dress is two hundred and fifty six dollars, and we save three hundred dollars. I, actually effectively, if I were paying for half, it would be, I'd be saving a hundred and fifty, which, you know, nowadays sort of see, a hundred and fifty is sort of exchangeable. It's not that big of a deal. But I was like, you know, you could always put a nude lining in the back of yours, or like you know, how much, like or [00:04:06]

I guess I feel bad about having people pay like a lot of money for a dress, and maybe that's just part of being a bridesmaid is that you, and a lot of my friends make more than me. I earn a student's salary, my sister doesn't earn a salary, and so she got really upset the fact that, you know, I was trying to change the dress, because for her wedding, I got to pick the dress. In hindsight, I don't know if I really like the dress now, but it seemed to be the best of all the other options. But yes, she seemed really upset, and then we got talking about budget and budgets are really sort of sensitive subject because they're, I mean, weddings are always compromises, and who's paying for what. [00:04:59]

Like originally, I, mom told me thirty thousand is what I get, and then when I went back to Florida, she's like, "Twenty-five thousand." I was like, well wait, you told me thirty thousand and she's like, "Oh, okay, well." I don't actually, and then she brought up that they're having to remortgage their house, but this is in hindsight that they just spend like seventy thousand redoing their house, so you know, it's just sort of, it's frustrating because I felt like really guilty about even having a wedding when I found out that my parents were remortgaging their house and going from a fifteen-year loan to a thirty-year loan, which is thirty-year loans are pretty standard. But and then I also felt frustrated because some of the expensive things were the choice of having a band and having an outdoor wedding with a tent and that being, not having it on Saturday versus Sunday. [00:06:00]

All of these things were requirements of Jeremy, like he was really not going to budge on any of those and that was like five thousand dollars of the budget, and you know, of course his dad is helping out, and consequently, his dad's paying for the photographer, but I mean there's all these sort of little things, that, you know paying for, who's going to pay for the cake, who's going to be paying for the bridesmaids, and I, really frustrating asking people for money.

And I told that last night to Jeremy, because I said that his, I was talking about caves and had sort of a, not an argument anyway, but he was just there saying, "Oh, bridezilla," and I was like, "Me, bridezilla, you've been a bridezilla." And he was like, "What do you mean? I've been forgiving, and like really easygoing about everything." [00:07:03]

And then I brought up, I was like, "You know, Jeremy, some of the things that you weren't easygoing on, those are the expensive things." And he thought I was trying to persecute him. And I don't know, maybe I did have sort of like, because I feel guilty like spending money on a wedding where it's not important to me, and I'd rather, again, I guess maybe that's the sort of thing is that these things are just important to Jeremy rather than important to us.

THERAPIST: What is important to you?

CLIENT: Well, having people gathered around for, you know, I guess I would say getting married in a church and just sort of having a pretty table setting and tasty food and a pretty tasty cake. I guess the food, the food was really important to me and I suppose both of us, and the same as, because that's something that's important to us on a normal day. [00:08:12]

In terms of music, like I wouldn't, like I mean, a DJ, even if it's like music, sort of like whether it's live or you know, as long as there's some music, it doesn't have to be live music. Like in, I mean, albeit the band that we have is, plays at a dive bar, we go there occasionally. I mean, it's a pretty dive bar, but it's, you know, we've gone and seen them live and they're affordable for a wedding band. And having, you know what, for me, like I don't see a difference between having the wedding on Saturday versus Sunday except for maybe Sunday people from out of town have to leave, so, but I mean [00:09:00]

We're having the wedding in Providence, so most of the people who are coming from out of town are my people, and I just, you know, just, I saw that, you know, if they're going to have to miss a day of work, they're going to have to miss it on Friday anyway for the rehearsal dinner, so I mean, I guess the day, the actual venue, like I was fine like having it any sort of a, I mean a more historical like a, what is it, a preservation site, something that's smaller or like a barn or. I mean, I think Jeremy just really wanted to be outside, and I think that was, maybe I had some ill sentiment when we were fighting about that. Because to me, an outside wedding can be beautiful, but it can also be disastrous, depending on the weather. [00:10:03]

And I remember like, there are things that, you know, that even just really not budging on. And the same like I know I freaked out about buying a dress that he would like, and as it turns out, I don't know if he, I mean, you saw the dress. It's supposed to be something that I like, and I do like it, but I mean, there could have been other things that, I don't know. I guess I just sort of made it, I'll say the wedding is kind of stressful because it is a big, it is a big process, and big money being spent. And, you know, there's always this sort of this taking for granted and I guess I just wanted Jeremy to know that you know, some of these things that we're paying for

are things that, and I guess maybe this was kind of because I feel like, you know, I'm paying for the bridesmaid dresses, I'm, or paying for a lot of it. [00:11:01]

You know, especially because then my sister was saying that even for the little baby flower girl that I need to buy the two hundred dollar dress or else my whole wedding's going to look clunky and off, and I just got pissed off, because I'm like, I am not paying, like I can understand junior bridesmaid, they have to have their similar dress, so pay for that as well. But, you know, I was just, you know, I was just sort of getting annoyed that my sister has so much input and she isn't exactly like, it took her forever to do anything. But when I mention something, she's very negative about it.

And so and that's one sense like an antagonist. I feel like there's been a lot of antagonists here, and you know, I, you know I guess I just get frustrated. [00:12:00]

Because sometimes. I mean, I guess, because Jeremy's, I mean, he's doing a little bit for the wedding, but a lot of that I'm doing, and it's like, if you guys are going to be antagonistic, why don't you come up with ideas? Or and just Tammy, it took her forever to like, I mean, when I asked her about bridesmaid's dresses, she showed me a bunch in the beginning and then like two months later, I asked her, "Oh, what are your top ten?" And she's like, she never answered me. And then like when it comes to like, "Oh, what color combinations were you thinking of?" she never answered me until like a few months later, and it sort of. I mean, I guess maybe this sort of shows that maybe I'm not the best leader. I'm sort of used to having my work and my control and having input. But and, it is good because now sort of the vision is sort of the decorations have changed a little bit. [00:13:02]

Because I'm able to talk about it with people and show people things and see how things work out together, so in that sense I'm you know, I'm, I don't mind so much the little details. But I guess sometimes, when Jeremy says I'm a, I mean, he was just joking, but I just sort of felt—

THERAPIST: Angry.

CLIENT: Yeah, I did. But I was like, "I'm a bridezilla," because I mean, you know, it's sort of like I have a sister that's like having me think about all like the dresses, and the little details, and sort of not understanding my vision or wanting to understand my vision. I have Jeremy who has his own sort of idea of things, but then sort of thinks I'm a bridezilla because I'm actually doing something. I'm looking for these vases and thinking about money and thinking about all the DIYs. [00:14:01]

And I mean, he's just sort of like, "Oh, it's too much work." Well, I mean, it's definitely, I love doing DIYs and I don't mind spending eight hours on a weekend doing one, even though it's consecutive weekends, but so it's sort of frustrating that there's so many possibilities out there and I get excited, but it's hard for, you know, I, there's a lot of people that are downers that aren't like so excited and thrilled, and, "Oh, it's so beautiful, that's so cool, can I help out?"

THERAPIST: So you don't feel like you're getting a lot of support for it.

CLIENT: Yeah, and—

THERAPIST: So you came in saying you felt anxious, but it, as you're telling the story, the feeling that I hear is more disappointed and angry, so I'm wondering, what am I missing? Or is it really more than you're feeling disappointed and the responses you're getting and angry at the lack of excitement and support. [00:15:01]

CLIENT: So those I think, you know, it's interesting because those are sort of, that's on one layer, and the other layer is me staying up until three am working on the PowerPoint presentation of the wedding as opposed to my work. So it's when I show people the work, and that's when I get angry and feel disappointed. But when I'm working on it, like I will spend six hours looking at vases trying to find, what is the right vase.

THERAPIST: And not enjoying those six hours looking at vases.

CLIENT: Oh no, I do. Oh I do. I enjoy, but it's kind of like a, rather than doing my research, I've just been sort of, you know, if I had to divide the day, I would say maybe about a third has been research.

THERAPIST: And you're starting to feel a little anxious about the balance or the imbalance.

CLIENT: Yeah, and especially because like I need to apply for a job. [00:16:00]

And I need to read before I apply for the job. I didn't want, because last time I gave my presentation for the job at the labs, I still haven't heard back from the second interview, which sometimes I hear is typical. They sort of just don't contact you for awhile. Which, I don't really sort of care about, because like whatever. But my, I mean, I did care about it, but now I'm sort of apathetic and have sort of moved on to maybe a different company that my advisor suggested. But I didn't want to interview with the same presentation which one group said sucked as. Well, they didn't say it sucked as, they just said the presentation was mediocre and I didn't have a good handle on my research.

And so before I did the other interview, I wanted to find out more about the company, read their papers so when I go into the interview become, and I'll just sort of like fall in, like "Oh, I'm a great candidate." You know, just really be—

THERAPIST: Be more specific. [00:16:59]

CLIENT: Yeah, and so I've been waiting to do that and I have all like four or five papers that I have to read through, and yet last night, I couldn't get to sleep at all last night, I've been sort of on this go to bed at three thirty, four, and waking up at, waking up maybe at nine to have

breakfast and then going back to bed or just Jeremy this weekend, just didn't wake me up. He was like, "I thought I wanted to let you sleep." And I was like, "No, Jeremy, this is a disservice."

I would say that it was very sweet that you didn't want to wake me up, but in a sense, it's best that I face this brutal shock of waking up at a normal hour on the weekend, so then I said, "Never let me sleep past ten thirty, unless you're sleeping with me." Because then you know, like a lot of it, the day's gone. But I've just been really glued to my computer and having a hard time like getting the motivation to go play racquetball or so. [00:18:04]

And a lot of it is I'm looking for responses from my sister and I'm wondering about you know, just sort of looking for the right vases and colors and wedding cakes.

THERAPIST: When is your deadline for making those detailed decisions about picking vases, frosting colors, settings, those kind of details?

CLIENT: So since I've already been buying a lot of the stuff for the place settings, but the real, so for dresses it's probably at the end of February, so that probably needs to be, and I said that by the end of January, and I sent an e-mail to my bridesmaids. At least two of them said, "Sounds good." The others I haven't heard from, but they're probably busy.

And then like the band, well, you know, usually I mean, it probably needs to be done pretty soon because bands sort of.

THERAPIST: I thought you booked a band? [00:19:02]

CLIENT: No. We e-mailed them and we said, "Okay." Well they sort of set a pencil for us because no one's asked them yet, but we haven't paid them yet, so we need to draw up that contract. And that means that I need to ask mom for money. So that's one thing that probably I need to.

THERAPIST: Yeah. So I think it would be helpful, because it sounds like you clearly have to spend some time, you know, you're planning your wedding. You need to spend some time doing that, and it can be enjoyable. But you also have to set aside time to do your work because you're also earning your doctorate. So it might be helpful to kind of, you know, set some time limits for yourself about when decisions really need to be made. So if you need to make a decision on you know, the dresses, by the end of February, well you could think about it a lot over the next seven weeks, or you could think about it for two weeks at the end of February. [00:20:03]

And, you know, it sounds like these decisions will take up as much space as you give them, and they might not need to take up all that time. You know, limiting your choices a little bit and limiting the amount of time that you give them will leave you energy and time to focus on the other things that you need to do. And I think if you can front some of that, and if you can front those articles that you want to read for your new company, and if you get, maybe sit down with

somebody and find out, well what would make your presentation better, what would make it more focused? And confront those issues, the anxiety's probably going to come down a bit. I think part of the anxiety is that while you're looking at the different vases, you know that there's this other stuff back here that's not being looked at.

And it just sits there and it grows. So what about setting some time lengths, I'm going to, you know, talk to Mom about the money for the band and do that contract this week, and set a time when you're really going to focus and buckle down on the various decisions. Say a week, that you're going to spend really thinking about the dresses and making a final choice. [00:21:06]

But not letting them all, not letting all of these decisions balloon into this huge time frame, eating up your academic space.

CLIENT: Yeah, and that's, I mean that's sort of I think that's why they have in a lot of those magazines, checklists, things you need to do.

THERAPIST: Yeah, and when you need to do them.

CLIENT: So maybe that's something that I should, I mean, I have so many bridal magazines, where I sort of skim over those checklists and I get that, and that sounds good. But maybe perhaps.

THERAPIST: It might be helpful, and just, and you know, I think, if I remember correctly, a lot of the stuff on those checklists can be ignored and still have a wedding, but maybe giving yourself a timeline of when you want to pay attention to the things that you, that are important to you, because you know, what I really want to guard against is adding seven more things to your to-do list that don't need to be there. [00:22:05]

What you want to do is limit how much time each to-do gets, and enough so that it feels like you're making, so you can get the enjoyable pieces of, you know, browsing and thinking and maybe you like this design stuff, so you want to get the enjoyable pieces but what you don't want to do is feel anxious because it's taking up space that it's not supposed to take up.

CLIENT: Yeah, and it might be that maybe if I just allow myself like Friday through Sunday to think about wedding, like every week have sort of a wedding sort of regroup, and this is one thing that my mom suggested when I told her that Jeremy was getting sort of beat down by the details or I mean.

THERAPIST: He might not be able to hear about them every day, and you might not be able to get into it every day if you want to have time for something else.

CLIENT: A real, yeah, so that might just be like I can't talk about it Monday through Thursday, and that's actually, I think that will be, you know, it will, and it'll be much healthier, a much healthier balance. [00:23:11]

THERAPIST: That might be a good strategy for you, a way that you don't feel like you're ignoring it, but it also might not take over.

CLIENT: Yeah, and that's actually why, I think, I mean besides needing a little bit extra money to pay for like some of the wedding details, there's the like working from home I remember that, you know, if I just have a scholarship like I do this semester, I realize that I just stay at home all the time and then it gets harder to leave, harder to do anything.

THERAPIST: You're not teaching this semester?

CLIENT: No, and so I thought that if I had like a tutoring appointment, like twice, two to three times a week, for an hour, it would get me out of the house and get me here, so that I'd be ready to study and do work here, and I think sitting in a library is a lot more encouraging than sitting at home with your [00:24:00]

I mean, I do say that the cats, and while I'm doing programming, I have to play with them, because they'll be biting my foot otherwise, and so I think as much as I love those little buggers, I'm also kind of—

THERAPIST: A distraction?

CLIENT: Yeah, and even if I'm here, just to get the day going from you know, ten until four, that should be good enough to, you know, sort of set the day off right and then sort of, I just thought, "Oh, that's too—" because I did really like that about teaching because I got a lot of work done. Granted, because I was working like crazy, but because I was talking about physics and talking to the undergrads, they're so enthusiastic. I really liked that, so you know, just being around that was, it really fostered me to, you know, push myself harder and apply for jobs. [00:24:57]

And, you know, get work done and try and be as organized as possible, albeit sometimes that was difficult last semester. But so I realize that by tutoring it would get me here, and since I've already sort of done this material, I've been a, it wouldn't be much preparation and then just sort of talking it over and so I kind of like that idea. And just sort of to get the ball rolling, to get me here on time, because I was sort of, I mean, I'm so glad I had therapy today or else I would have just sort of probably slept in until like one from ten to one then started to get working kind of.

Maybe by four o'clock, Jeremy's, because Jeremy's coming home early is another thing and it's hard to, I mean, he makes a lot of noise when he feels that he wants attention, just like the cat. I mean, our cat will start meowing at random places. I want you to go over there and chase him. [00:26:01]

And then he'll run away after he's meowed for a minute, so I mean Jeremy's a little bit like that too. I mean, sometimes when we're working, when he's like working at home all day rather than

just have an early day, coming, like when he's working he's quiet, but when he's not working he's—

THERAPIST: He wants to play.

CLIENT: Yeah, he does. And I sort of thought that just by, I mean, I love home, and it's so hard for me to leave home, and that's why I sort of realize that I need that sort of force.

THERAPIST: And something to be accountable to get you out. That's pretty normal. It's much easier to sort of stick to a schedule when there's some sort of external reinforcement.

CLIENT: Pressure, yeah, and there's also a reward because I'd be getting paid directly, which I like. You know, it just gives me a little bit of extra income, especially like to help out like racquetball, and it's hard because racquetball is an expensive sort of hobby. [00:27:06]

And then again yoga, all hobbies are expensive these days, especially when they're, I mean, it'd be different if I was out in the boondocks and I was like some sort of random racquetball studio that would probably be a lot cheaper, but I mean, the quality instruction and facilities, so and I get it, but it's still expensive.

THERAPIST: You have to fund it somehow.

CLIENT: Yeah, and I started to see that if there's, you know, actually, it was actually it was nice when Jeremy and I, we found these vases there are just these glass, these vintage-y looking glasses, and I go, "Oh, these are perfect. These work for vases." And then it was just so much easier instead of like dwelling on the Internet. Sometimes just seeing something in person and so I realize that maybe a lot of these, you know, I sort of have these things sort of made up in my mind. [00:27:06]

Kind of now, what's going to happen, but I sort of see that okay, now things are sort of need to be ordered, and maybe right down a budget of how much needs, how to string things out and make sure they come in time, so I think I'll feel a little bit better, I think just writing it out. I think if it's in my head, I just sort of, because it—

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END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: I'm glad you didn't miss it.

CLIENT: Yeah, I'm glad I didn't miss it either. Easy to (inaudible at 00:00:07). Absentminded. Yeah, not much, I think it helps not to try to reserve wedding stuff for the weekend, that doesn't

always happen that way. But when I sort of catch myself sort of like not working, I'm like oh well, this is not important. It helps me not get obsessive about it in terms of like, I mean it still sort of happens. I mean, I still have sort of random searches about trim and all that stuff, but I'm able to, instead of like obsessing, I'm like, "I have to find the right one," at that moment it's really good just to say, "Okay, leave those for Friday, Saturday, or Sunday." [00:00:58]

And normally I just sort of, you know, and the obsession, sort of (inaudible at 00:01:06), searching doesn't, you know, sort of curtails it off, so it's good.

THERAPIST: So it has been limiting the amount of time you have to spend on that during the week.

CLIENT: Yeah. I mean, I'm still working on it, and I'm still like, yesterday, last night, while I was waiting for my program to run, I was just like, "Oh, I'll just start with the wedding website," and then I found that was an ultimate time sink because the wedding website doesn't have a dinger or doesn't correlate with the program, when my program's done.

And so I found that I was like, you know, that's something I have to leave for the weekend because it's too much of a time sink. Like maybe I can think about it during the week, but you know, actually looking at it, working on it, like it's a, I know it's going to take some time. [00:01:58]

But I think with Jeremy, he'll have to do some of it definitely, so I think it's just something that it's a really good sort of way to back off and focus on my studies and—

THERAPIST: I'm glad that's been working for you.

CLIENT: Yeah, no, it's just something more concrete, and my, I think, I can't remember the last time I went to therapy or Jeremy and I sort of had a blow-up over the house was looking messy, Jeremy was feeling overwhelmed, and something, I don't know. I mean, he was feeling overwhelmed and he was not having time in the morning to go to the gym, and I sort of, I sort of sensed he was really stressed out and for some reason I was getting fluttered, probably because I was working all day at home. [00:03:02]

Yeah, I was trying to be a little bit more conscientious, but he got really upset that I didn't fix the toilet, the toilet paper, and he just sort of, we kind of fought and you know, I sort of, you know, I mean I was upset because it's like I was just, I was stressed out about finishing everything, my PhD, and being able to focus and I'm like annoyed that he felt stressed out because what he was doing, he was like coming home and cooking three dinners that will last for the whole week, then he was doing some, he started doing these kitchen projects at night. You know, I sort of thought, well if you're feeling exhausted and overwhelmed, why are you doing these kitchen projects? [00:03:58]

And so, but I just, or having to use, even one night when I helped cut up eggplant and roast it and, you know, he was saying that I wasn't helping out much, and the kitchen's dirty, and I was like, "Well what do you mean? Last night it wasn't dirty," and he's like, "Oh, but every other night," and so now I sort of, I've been working at home, I make sure that before he comes home, make sure I wipe down all the counters that I've used. And the cats are messy. I mean, they're eating their treats there.

It's just sort of eating it on the counter and it sort of flakes, and that's one element, and another element, I do stay home and I do use more like paper products and bathroom soap, so I try to, and I also said that, you know, in the morning, there's no reason that if you just want to wake up and get ready and go rather than cooking a full breakfast and having to sit there for thirty minutes, because I could sense that he was not really like by the time like I got there and put all the spreads on my stuff, he's like, almost done with it. [00:05:08]

And sort of sitting there reading the paper and sort of getting frustrated. And I just said, you know, feel free to just get up when you have to, and make your own breakfast. It's like you don't have to make me breakfast. I said that, you know, I was grateful when you do that, but it's, you know, it's not necessary if you're feeling you're not getting to the gym on time because of that or feeling overwhelmed because you're doing all this work, I said, "Don't do it."

And that actually turned out very well this week, and it allows me to, because I don't have to wake up until like ten or ten thirty, after he's left. I can actually, I work until like two, which is my critical time for working. I don't know, for some reason, it's between like nine to two o'clock and so I mean, but I've been really sort of progressing on my research. [00:06:08]

And I feel more rested because I don't like wake up, have breakfast, go back to sleep.

THERAPIST: You were feeling kind of pressured by the big sit-down breakfasts, not to say big, but kind of elaborate production.

CLIENT: Yeah.

THERAPIST: Getting up and having the sit-down breakfast with him. So it sound like maybe this kind of looking at that issue directly kind of works for both of you where you don't feel like you have to adhere to his schedule or even if you're (inaudible at 00:06:35) what he chooses and he doesn't feel pressured to make this elaborate function.

CLIENT: Yeah, and it's sort of like, because I sort of see like I mean, when he makes coffee, he goes all lengths at measuring and weighing it and grinding it and measuring the temperature and all that sort of stuff and timing how long he pours, but I just started to realize what works for me is getting grounds already ground up, you know, not beans from a coffee shop and just putting a few tablespoons, pouring over, one and done. [00:07:08]

And it's interesting because I feel like I'm not wasting time, and so I don't sort of feel, but it's interesting because for very much that was the routine. I guess he had less going on in life and work wasn't as busy, and I wasn't really focused on my PhD, so I mean, it's just, things change and you know, I think he comes home a lot happier, or at least, you know, if he's tired, he doesn't feel like he's tired because he's slaved over for me.

THERAPIST: He's not feeling resentful.

CLIENT: Yeah. Yeah, he really was resentful and now every time when he comes home, I do wipe down the counters and make sure that all my dishes are out of the sink and the place is tidy. But somehow the cats just, it's really hard, you know, I love the cat to death, but I sometimes notice that even their scratching boards are. [00:08:10]

I guess, so I mean I guess though if I do stay at home I'm saving the time riding the T and so I can think of it that way instead of, "Oh, why do I have to do all this domestic stuff?" But I would rather just focus on my PhD, but you know, I guess it's something like I can't just be a free boarder. Like a college student like I was and I guess it's sort of a compromise that I have.

Then I've also tried to cut back on my spending. I realize that I was really overspending all, practically all last year, and it's actually really hard. Like I feel this need to buy something, like buy some (inaudible at 00:08:57), or I mean, I hadn't realized how hard it is until like well, I just, because I have to save up. Taxes is coming up and also paying stuff for the wedding. [00:09:11]

THERAPIST: You feel like you need to buy or you need the stuff that you're buying?

CLIENT: Both. I sort of feel like, "Oh, you know, I don't have these light color suede booties, or I have black suede booties, and then I need this cardigan so I have a whole long laundry list of things that I want and then I sort of realize, "Oh, well I still have to pay for racquetball classes, so I guess I'm not going to be getting these things, even though it's sort of like a joy ride." It's sort of like exciting. I mean, I found that like nail polish was actually a sort of a cure-all to that, something exciting to wait for, and it's not that expensive. [00:09:54]

But and then also trying to reduce the amount of time that I, I mean I saw that I was eating at the cafeteria and just getting like all these little things when I was staying at school all day and I saw that's, you know, what most people do, but it kind of adds up. And I mean, I guess I'm just sort of really trying to get my spending back, working on the self-control, and I think that's one thing that's the same with the wedding stuff, is that certainly now that sort of you know, I work on one form of anxiety, germs, now I'm trying to work on the next layer to, you know, this sort of impulsive behavior to somehow bring something exciting into life and just sort of learning how to deal with the dullness and the repetition. And that's sometimes it's hard for me, you know. And I don't know why. I guess, I mean, maybe everyone gets a little bored. [00:11:00]

And that's why they go out to a nice restaurant or they see friends, or they, and so I'm trying to, you know, just sort of spend responsibly and especially with like a lot of the wedding stuff, like at

first you see all this stuff, and it looks exciting, and everything could be matching and perfect and then I sort of realize at this point, like, "Yeah, I'm not going to do it." I'm going to do some DIY and it's going to be, and that's one thing like Jeremy like, he's like, "Oh, I'm just really worried that you're going to do all this DIY and it's going to be stressful, and it doesn't matter." My friends are going to help me. I'm frustrated because it's like well, what do you suggest? Do you suggest we spend a hundred more dollars for each item that we're considering like napkins and place cards and so it's kind of frustrating because Jeremy sort of feels like he doesn't want any responsibility doing this but I'm the type of person like I don't mind spending eight hours stenciling a desk. [00:12:11]

So it's, you know, and another big decision that we had is we went to two cake tastings and we liked both of them, but one of the cakes tasted a little dry to me, but the quality of the ingredients and the flavor are very sophisticated, and the other cake place had very moist cake, but maybe it wasn't as sort of polished. So we were kind of in a pickle, but then I just started thinking about you know, it was really kind of a hard decision because, I mean, there's so many reasons why the sample cake that she pulled out for the tasting could have been not as moist, it could have been in the fridge for awhile, or they were made in a smaller cake mold. [00:13:03]

Maybe she overcooked them because she's not used to, you know, she's not as aware, or I mean, you know, hearing what everyone said about how good and tasty her cakes are, I'm like, "You know, maybe I guess it's sort of hard decision." And you know, it's just, especially because wedding cakes are known to be dry, and the other cakes were very moist, they just maybe weren't as sophisticated, but I think, you know, after picking out the whole sort of the filling, the overall look, the quality of the ingredients, I was able to make up my mind because she was referred to us. Again, I found her independently, but she was referred by our reception, and so I was just thinking that, you know, she knows the venue well, and the venue recommends her, and they're supposed to be food-focused. [00:14:08]

I just, you know, I sort of like, there's no sort of perfect, I mean, there's sort of, it comes down to making that decision that isn't perfect.

THERAPIST: It's hard not to feel that having what you envisioned in anything, whether it be a wedding cake, or your wardrobe or your schedule for your dissertation, kind of having to be flexible over what you.

CLIENT: Yeah, and I consider myself easy-going, but if I have some sort of a stick or some sort of like, like I can get very fussy at times and I guess you know, I'm not very, I sort of see I'm not a perfectionist, but I am sort of the idealist, and I think that sort of, you know, wanting to relax from those and I think part of the idealist is because it is exciting to have something all perfect. [00:14:58]

It's sort of like in racquetball, the perfect, you know racquetball, the perfect lines and that I'm sort of realizing that life can't be like a class and learning to deal with it, I mean, sort of like sometimes like if life's not ideal I get this sort of feeling like I do in a class where it's just like,

“Eh, that (inaudible at 00:15:19), just sort of it wasn’t very exciting.” It wasn’t, you know, it was all right.

THERAPIST: When you think about a racquetball performance, that’s the case there too, right? Sometimes the lighting is off or you’re playing too fast, and you have to adjust, you know, you have to adjust the piece in order to meet the conditions. Maybe the court got cleaned and it’s very slippery. You may have to tone down how high is (inaudible at 00:015:50).

CLIENT: Yeah, and I think maybe it’s sort of been awhile since I’ve performed to sort of really feel that, but so anyway, I think that’s sort of where I am, so some things are better, some things I sort of put in reflection. My dad came over to cook chili and so he had a layover and, you know, for me it’s always sort of hard because while it’s not always very cool, it’s kind of weird because I’ve never had a relationship with my dad and then finding out you know, what he’s done to my mom, you know, and sometimes hearing him complain it just—

THERAPIST: You feel like you’ve never had a relationship to your dad?

CLIENT: No, not really.

THERAPIST: I’m surprised to hear you say that.

CLIENT: Yeah, and I just, well growing up, he really didn’t like kids. My mom was the one, she was the stay at home mom. My dad would leave like six months at a time for a Navy cruise and he would come home, but, you know, maybe when I was very little he was into the whole thing, but then he really didn’t do anything until he felt like we were in college, and then he wanted to sort of be our friend. [00:17:06]

But at that point, you know, he just wasn’t someone to really, that we had, you know, growing up, to sort of bond and trust with, and spend time with him. It feels weird. And you know, I’ve gone backpacking with him like once and camping once, but I really don’t feel like it’s a strong relationship. It’s kind of like a, you know, he’s supported us financially, but it was never, “Hey, let’s do something together,” or so it’s weird, trying to sort of reconnect and especially because he wasn’t very nice when you hang out, like he always made jokes. Now it’s better that he’s not drinking so much, so maybe he’s connected with God. [00:18:00]

But so, you know, he came over to do cooking, and you know, surprisingly he didn’t say anything about like his frustrations about Mom, and that actually made me feel better because last time when he was driving Jeremy up to the airport in Los Angeles with him, he was talking about how, you know, it was just basically venting about the relationship wasn’t perfect, and then, you know, he doesn’t think he was that wrong, you know, it was just sort of anxious, and that sort of, “Feel bad for me.”

THERAPIST: Yeah, I remember you being really angry about that.

CLIENT: Yeah, and you know, when I heard that, I was just really upset again, and kind of didn't, you know, kind of felt weird about having him come over for a layover, but you know, in the same sense, I sort of wouldn't want to leave anyone out. [00:19:00]

Just because I feel sad too, and especially because I mean, it's a really sort of frustrating sort of like, I sort of see that you know, what love is to me is being understanding, being patient, being realistic, but also being, I guess at the end, never leaving anyone behind, just keep on having patience and hoping they won't, I guess in one sense, protect yourself. In one vein, if they're being harmful directly, but try and help them the best you can, and that's sort of what love is to me. And sometimes it's frustrating because I don't see that sort of love that came back with my parents, they were, they're not very understanding or patient or, you know, some of the things that were really tough in my life like the anxiety and the germs and while I was dating. [00:19:56]

THERAPIST: Where did you learn that? Where did you learn the idea of being patient and kind and continually allowing people to be there?

CLIENT: I think I learned it from myself because that's sort of what I wanted, especially when I was dating the second guy, and I was just hoping that, you know, I was always sort of patient, looking for kindness. I mean, in that sense, I sort of thought, well, and maybe it was after he broke up with me and I went through my anxiety, I just, I sort of, you know, put all these things together. I was sad that no one was there for me, and that one one's patient or understanding, who I was dating. And these are the things that I just, and it was actually just, I mean, there was God, and he was all these things to me, and so I think that maybe that sort of like, through the sort of lessons, the things that I wanted for myself is sort of, you know, my heart got bigger. [00:21:03]

And it wasn't all, I really didn't have a big heart, I don't think, or very understanding, but I mean, and you know, it's nice, because my sister, she says I'm so supportive (inaudible at 00:21:15) and believing in her. And I have been supportive in the sense, and I always sort of just, I listen to her, I never sort of, and maybe I suggest something or occasionally she just gets really angry. But in the same sense, I don't give up, and I tell her not to give up, that she'll find you know, there's light in the distance.

I mean, I don't know. You know, it's sort of these things and I just sort of, you know, maybe it's just sort of my sort of fear of leaving anyone behind or making, because I know that sometimes things get worse when you leave people behind and you don't allow them to talk about it, and sort of understand it. And as painful as sometimes things are here, sometimes it's good just to, you know, talk through them. [00:22:04]

And you know, and that's sort of, you know, sort of my understanding of my dad, and I don't know where. I guess it was just sort of seeing how. You know, I always really liked to help people, and especially like my students. I found out that I got on all categories ranked out of five, I got like four point seven five and four point eight five, and I had sort of, I beat all the

department benchmarks and I was really happy, because I really like my students, and it was really sad to leave.

THERAPIST: It's nice to get good feedback on something that's important to you.

CLIENT: Yeah. And especially because, you know, in all the things I sort of, I mean, I actually, because the first year that I did the teaching for that class, I didn't care so much about teaching. [00:22:58]

Like I cared enough to, I wanted to be viewed as good, not bad, or smart, but I didn't really care like I cared this time, and it was interesting to see the way that I sort of matured and have grown and I think just being able to give is sort of, and I guess I sort of, I mean, that's, you know, sometimes with Jeremy I see that I guess when you're living with someone every day it's hard to be patient, and it's hard to be all those things at once. I mean, with the cat, Carla, but that's just because they're just sort of—

THERAPIST: You have different expectations with the cats.

CLIENT: Yeah, that is true.

THERAPIST: Than human friends.

CLIENT: Yes. Well, yeah, and that was one thing like we saw our friends' cats and our friends' cats, I mean, one of them, they just recently got a kitten. It's eight months old, but it's super friendly and super fluffy and adorable, and we were, and right now our cats are sort of going through the teenage phase where they want some independence and they're not as cuddly. [00:24:10]

And they don't always come up and like purr and they're trying to establish themselves as big kitties. And I understand this, but it's really hard now that I've sort of like sort of changed my sort of expectations. Like I think now they're very loving, but just sort of from when they were like at a peak spot of just getting to know us and loving us, like they were just very, very lovey. And so I was like, "I want another kitten. Let's get another kitten." And I then I spent, I read all these things about, it's like, "You know, there are some cute kittens out there, and there's some cute older cats," but I was like "That might ruin the balance of our cats and sort of take away from what we can give them." And I was like, "Well, you know, I guess when I was a teenager, the solution was not to have a baby." [00:25:00]

So I mean, and I read lots of people, you know, it's just, it's hard when they're naughty and like to sort of keep your cool when there's coffee grounds that they fished the filter out of the sink with wet coffee grounds and there's coffee grounds everywhere, and the boy was jumping on the fridge and so on. I mean I guess it's, I guess it's once I have children, I'll be even more, because there's a lot more permutations that they can do, because they can be outside and

walking across roads. So I guess it's sort of one sort of a thing that I just have to deal with and sort of working through the non-ideal and you know, just sort of—

THERAPIST: Yeah, and the things that are out of your control. Part of the challenge with the kittens, or cats, I guess now, is that yeah, they might make things un-ideal, but also not totally under your control. [00:26:02]

CLIENT: Yes, yeah, they're not. And I think that's sort of, I mean, I like when they're naughty too, but I mean, moderately naughty, but and clever. But yeah, and I mean, that's sort of you know, sort of the whims of cats, why they're different than dogs. Dogs are a little bit more straightforward. And I think, you know, growing up with cats, sort of, I think I do like their capriciousness. So I think that's sort of, you know, wanting another kitten just came out of, you know, just seeing our friends' kitten, but that kitten will probably eventually get a teenager stage.

THERAPIST: They're all going to grow.

CLIENT: Yeah, but I think learning to love sort of what you have and realizing that. You know, so I think that's really sort of the, sort of the (inaudible at 00:27:02) things. [00:27:02]

And in terms of weight, I think I'm right around the weight that I want to be, so I saw that. Like at first I was having difficulty gaining weight and then after I had like a huge Indian buffet and a pecan cinnamon roll all to myself, I felt like I was going to puke, I had eaten so much. But it was so tasty, like I sort of saw that sort of joyride that I was looking for in food, like I had it, and now I sort of feel, so now that my weight's sort of been calibrated, I feel like much. I know a lot much, like much more stable, so it's—especially like sometimes I go to racquetball and you know, get in exercise, but I don't feel so tired. [00:27:59]

THERAPIST: How do you feel in your body? Are you feeling comfortable with your body (inaudible at 00:28:02)?

CLIENT: I feel like a little bit uncomfortable, like in the sense of you know, I felt like I like looking thin, but I sort of know, you know, this is just sort of, you know, maybe if my hip bones don't show quite so much when I'm in racquetball, maybe that's a good thing. You know, having, you know, this thing called a little tummy in between my hip bones, maybe that's, you know, sort of healthy. So it's, you know, it's all right. I think sometimes why I like being really thin is then so I don't have to worry about how I look, because I'm thin, it doesn't matter. But I think now that I just sort of have to be a little more cautious about maybe not having that cheesecake sliver for breakfast. [00:29:03]

So in a sense, I do enjoy those days that I can just eat with free abandon, but in the most part, I know that it's sort of, it's sometimes now nice not have to worry. It sort of takes that worry out like once I'm supposed to be eating. Sometimes routine (inaudible at 00:29:22) for eating can actually be very nice because then so, you know, you sort of know what to expect. And I think

that certain things, whether it's anxiety sort of having a set expectation can help remove some of that anxiety.

THERAPIST: Yeah, well because the unknown and the unpredictable is anxious-making for you.

CLIENT: Yeah, yeah, I'm not good with the mysterious.

THERAPIST: As long as the consistency doesn't mean rigidity or restriction. I think that's just what we need to be careful looking at again. As long as the routines you set up for yourself aren't too restrictive. I mean, as long as you don't feel that they don't allow you any flexibility, then the consistency is adaptive. [00:30:04]

When, you know, if you feel like you're limited, or you can't divert from the routine, then that's not so adaptive.

CLIENT: I see.

THERAPIST: So you just need to commit. I know, my job is to check in and ask those questions and help you look at that and see if you're going too far on one side or the other.

CLIENT: And the last thing that sort of came up was we were out with Paige and Chris, our friends, and I was saying how I like, you know, I sort of joke about this, but I say I don't wash my hands after riding the subway, which is true, because that's just sort of for me, it was sort of like a normalizing, something to, you know, not worry about germs, and now I just, you know, of course I probably do get a cold every here and there, but my immune system's been great after, you know, that initial sort of getting very sick. [00:31:01]

And you know, I'm going through like, "Oh gosh, that's not, that's kind of gross," and I mean, I kind of tease Jeremy with that because he's a little bit germy like. He's not germy, but he's afraid of some germs, like public germs. And but, but then like I was saying, you know, I like being part of the people, like I love the train. I like riding with my people. And as I (inaudible at 00:31:38) my friend, and as I sort of look at my friends, and Chris, and say, "Well I mean, you guys are friends." I said, "But I still feel kind of lonely and being with the misfits, and it sort of feels nice." And I sort of you know, I, saying that, I sort of felt bad because I view their friendship much higher than I view my friends. Keep, aka, just sort of—

THERAPIST: The public. [00:32:01]

CLIENT: The public, the random hipsters, I mean, the sixty-six is known to be sort of a colorful in terms of variety of characters and sometimes it's nice to just sort of sit on the subway and sort of blend in amongst. Because I sort of, I guess I sort of saw that I feel like a misfit. Like Rudolph the Red-Nosed Reindeer. Like we're a bunch of misfits. I mean, I don't feel like I'm an elephant in a box, but just sort of like I feel like on the bus, there's something about it.

And I know in high school, I sort of felt this like, I sort of felt kind of alone, but being amongst the mass, the warmth, waiting in line just to get something at the lunch line, whether it was a soda or I felt better, I felt good to be amongst the masses and I guess I'm not very claustrophobic. But you know, it's just, it was really sort of interesting. I can't make sense of it, but—

THERAPIST: You feel like you're part of a community, in a community that you feel like you fit in by not having to fit in any one particular box. You've kind of alluded to this feeling in the past where it's hard to capture all of what you're interested in and sort of what you identify with just one of your roles, right? You don't totally fit in with the regular physics students, and you're not just a racquetball player, you're also a PhD candidate and you like to be really crafty at home, but you're not a homemaker because you also are working on your doctorate. So you, right, there's all these different boxes that you could fit into, you don't fit into just one of them. And maybe the piece that you're sort of talking about is on the sixty-six where there's also lots of other people that maybe don't clearly fit into just any one box. You want to be all of your selves.

CLIENT: Yeah, and I actually feel really comfortable with that. I mean, people that are sort of more open-minded, just because it sort of puts less pressure. I mean, and Jeremy said I started dressing like a hipster. [00:34:09]

In one sense, it kind of is true, what sort of a hipster does wear, but in another sense, like I like the way it looks, and I like hanging out with these people, and I sort of see that, you know, that's just one of many forms of self-expression. I sometimes dress differently, and you know, so I mean, I sort of like, at first I got annoyed, but then it's like, "Well, whatever." If I want to wear this I'll wear this.

THERAPIST: Yeah, it feels like an expression of what you're feeling or who you are, then who's to judge?

CLIENT: Yeah, but, and so I mean—

THERAPIST: I'm glad you're allowing yourself to find yourself, wherever it is that you find that.

CLIENT: Yeah, and I think it's just in random bits and pieces, just because I guess I'm just naturally curious. You know, just sort of like being able to try on many different outfits, but sort of maintain the same sort of peace of mind. [00:35:05]

I mean, it's definitely amusing to me. You know, sort of like sort of doing my thing in many, and I sort of think that to me, that's sort of what freedom is.

THERAPIST: Being able to do lots of different things.

CLIENT: Yeah, without sort of holding onto these sort of, I mean, there should be certain expectations in life like working hard, and being kind to others and not doing dangerous stuff, though that's sometimes not the expectation for daredevils. But you know, but I sort of see that,

you know, for all the things that there isn't sort of a set, like it's not hurting anyone, it's just something, it's really just sort of creativity and not, like, I think this sort of, I'm starting to feel like a little bit more comfortable, not as.

You know, even like, you know, friends that like my hair. Clearly I had woken up, I was big rat's nest, rather than trying to straighten it and trying to, I'm more comfortable with just sort of putting it up and not realizing that not every day has to be a photo shoot sort of day. [00:36:12]

Or yeah, just sometimes, I just didn't want to fuss with my hair, so it sort of just went up, and after my cats kind of brushed it, well they kind of eat it, and they brush it. That's what I consider my daily brushing. But and so, I started to feel like I'm becoming more comfortable with myself.

THERAPIST: I'm glad to hear that. You're growing into your skin.

CLIENT: Yeah. And you know, sometimes it means that Jeremy and I aren't always going to agree, like I was showing him a bunch of things, ideas I had for like staple pieces, like kind of a tight-fitting black blazer and all this stuff, and he's like, "I thought you wear what the Boho or the Boho chic. I thought you were doing that." [00:37:01]

I was like, "Well show me, you know, what you think the Boho chic is," and so we looked it up on the Internet and see all these summery dresses, and I was like, "No. Can you imagine me wearing one of those summery dresses?" And then when I, when we looked at the winter looks, I was like, "Now these are the same looks at Free People you're rolling your eyes at and saying."

And so I was almost like, you know, I sort of thought at that point, I was like, "You know, it's kind of sad that someone is so stuck in sort of an image that's not evolving." Like even these styles evolved, and you can look at something that's the punk of today is going to look different than the punk of, you know, back when I was, you know, and so it's just so everything's sort of evolving. And I said, "You know, Jeremy, you know, these things are evolving, and sometimes you have to go with, you know, what fits the area, the weather, the sort of, you know, this idea of wearing a spring like frock." [00:38:04]

I was like, you know, this is almost like, can you imagine me at thirty years old wearing this, or I said, you know, there's certain styles that translate and can be timeless, but you know, so I was just, it was really interesting to sort of understand like, you know, still trying to figure out who is me, but trying.

THERAPIST: And who are you now, or today?

CLIENT: yeah.

THERAPIST: Doesn't seem to be the same all the time.

CLIENT: Yeah, sort of yeah, but.

THERAPIST: Well why don't we wrap up here for today, and we were all set with our schedule (inaudible at 00:38:34), right?

CLIENT: Yeah. I believe (inaudible at 00:38:43).

THERAPIST: Next Tuesday the twenty-eighth, at one thirty.

CLIENT: Did we have anything after that?

THERAPIST: We didn't. We didn't put anything in for February, which we certainly can do. Did you have a preference for the Tuesday or the Friday or in February I'll also be here on Wednesdays.

CLIENT: I think I like the Tuesday better because I have racquetball here and if my Fridays are free I can just stay at home.

THERAPIST: And you were trying to fit in like three a month, right?

CLIENT: Yeah.

THERAPIST: So how about we do Tuesday the fourth, eighteenth, and twenty-fifth, all at one thirty?

CLIENT: Fourth, eighteenth, and twenty-fifth. And at one thirty?

THERAPIST: That looks like it should work for me. [00:39:58]

CLIENT: The date today is the seventeenth?

THERAPIST: That's correct. Thank you.

CLIENT: Oh, excuse me for yawning. I haven't had any coffee.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: So last Wednesday I had a job... it was a phone job interview, which I'm new to. I'm new to interviews in general, but by phone. And I had read a little bit about how to prepare for a phone interview and that they might ask some trickier questions. So the night before I prepared. Essentially I... I mean sometimes it's easiest if I write stuff down. It's a lot easier to come up with ideas like why would I be a good fit for the company and what's my research about and why one

would even consider doing my type of research, like what's the gain And I so I think the interview went well. She... it's surprising; she's a woman. Well, I knew that going in but I found...

THERAPIST: You're in a pretty male dominated field. [1:06]

CLIENT: Yeah, I found... I think I feel more comfortable talking to women, or maybe just more women are [inaudible] maybe I'm slightly more confident around women. But I think the call went well. I felt... I don't know if this was a good move or bad move, but I said I was excited to... I thanked her for the interview and I said it was exciting talking to a female scientist. And she's like oh, well, she's like I don't know what to say. I don't consider myself a female scientist anymore. Because now she does managerial work. And I said well, you were in the field for quite a while and you're still a scientist. And we were talking slightly about women and sciences and I said it's nice when there's other women in science. I said that I was co-chair, and it's not sort of a scary thing to be a woman in science but it's just nice to see that there's other women around and that I think it's a matter of sort of numbers before things sort of equal out. [2:26] And I felt kind of silly because I shouldn't be talking about this on the phone during a job interview, but later... I mean she did say that the company does have some women and that diversity is important to them. And I don't know why I was talking about women. Maybe that's sort of off topic. And so I sort of started to regret... did I make the right decision to talk about women. And so now I'm be-dreading it, like oh, why did I talk about women in physics. I mean it's on my resume and I guess I, as a woman, I mean [overlapping talk]

THERAPIST: Well it shows an involvement in the field, I think, a way to highlight some of your activities in addition to what you do for your research. You do kind of want to highlight that.

CLIENT: Yeah. And I guess... I mean I have done quite a bit of work on it, I mean just sort of gathering women together. I guess I don't... I guess I hadn't seen it as something positive for a company, but in a sense it is. It means that I'm concerned about other workers, the environment within a workplace, and so I guess maybe it wasn't that off base, being a woman in science. And maybe if I were a man and I was talking about women in science it would be different, but I think she got to the real point that... I mean she made the joke... she's like yeah, well, it's not the old days where we're huddling together anymore. [3:58] And she just sort of said diversity's important. And I said good, yeah. I agree. So in a way, maybe, it was... I see that sometimes when I get too comfortable, sometimes I let my guard down. I get... but maybe that's part of an interview, is to sort of see who you are and not just... she wasn't asking me technical...

THERAPIST: You want to work some place where you feel comfortable. And part of that is assuring that there's a good fit so the company does know you a bit and you get to hear a little bit about what the company... sort of the feeling of the company, at least, and what the environment is like, not just what the work entails.

CLIENT: Yeah, and I did get a different feel than the lab. I... sorry, I'm looking at my cat sort of... there's [inaudible] I wanted her to just try it just because she likes to do it. But yeah, I got a

much different feel from the lab and I still... I sort of saw that after having this job interview. And she asked for references so I guess that's a positive, going on to the next step, as opposed to the lab, which just sort of ended at the first interview. [5:18] And I got three people that are really excited to do references, and that was flattering. I just... I started to get really depressed and sort of feel like I'm not going to get it at the end. A job interview is such a process and I mean it's... just the idea that after these references they'll probably bring me in. My fiancé was saying yeah, they'll probably bring you in just to see you're a normal person, ask you more questions and then sort of set out offers. And so it's just like oh, another opportunity for me to make a mistake. And I mean I realize... I mean...

THERAPIST: What might be another way to view it?

CLIENT: A chance to get to know the company more. I sort of... that they... yeah.

THERAPIST: It sounds like a slightly more enthusiastic alternative. If you think about it as trying... an opportunity to make a mistake, it's a pretty scary thing to go into. But maybe reframing it as an opportunity to demonstrate who you are, an opportunity to get to know the company, opportunity to impress them.

CLIENT: Yeah, that's sort of a [inaudible] for me right now at this point. It seems hard to impress anything. And I guess maybe that's sort of the... I mean I don't feel very impressive. I feel like I can do a lot of things and I think I know a lot of knowledge but...

THERAPIST: Why are those things not feeling impressive? [6:57]

C: Well because they still haven't formed into papers and don't have any major articles or... but... and that's another thing, it's just... it's hard to believe, I mean, for example, the chair, Sherie, I've known her for [inaudible] graduate time. And the fact that if she could write something positive it's like wow, that's really nice. And then I think well, what have I done. And I'm... yeah, at some point I'm... in one sense I'm not sure what I've done, but for some reason she can write a nice one about me. But yeah, in one sense, I guess, I mean when I compare myself to, yeah, the Joe Schmo on the street, I can sort of see there's a difference, but what sort of sets me apart from any other sort of scientist. I mean that, I think, maybe I need to think more about. And [inaudible] I find myself getting... I see the office of career services at Brown has all these programs like selling your PhD and making the best of yourself or preparing for interviews, and I see they have all these programs and I just need, I don't know why, I get bitter. And it might just be sort of a passive way of saying I don't want to leave home. [8:27] And I've found that this was starting to get a really bad problem, is that I get mad when I have to leave home now just because being at home is the norm. And even going for a walk, I mean, mind you, this weather does not make me want to walk, and it might be that I want to stay home just because the weather's so bad. And... but going for a walk I was just so grumpy and hostile this Sunday. And I keep on saying I'm going to go to yoga. No, no, no, I'm not going to go to yoga. I don't feel like it. And then it's just sort of, yeah, it's just this sort of hard kind of [inaudible] in my throat, why don't I want to go out. And even...

THERAPIST: Were you coming from home today?

CLIENT: Yeah, I was coming from home today, and that's why it was... really sorry if I was a little bit late. It was a little hard to leave.

THERAPIST: Yeah, that's what I was wondering because I noticed you have been late the last couple of times, and I know sometimes one of the reasons behind that is you're having a hard time getting yourself to leave the house.

CLIENT: Yeah, and I finally got... I mean... and in one part it's my bad schedule because I've been going to bed later and later and later, and it's just my alarm, I don't know, for some reason I just... I keep on pushing the limit of when I'll go to bed. And like I was like okay, I'll go to bed at two. But then I start getting ready for bed and then the cats, of course, they're doing naughty things, so that means that need to be played with and it's not until three o'clock. And then I don't fall asleep until four just because... there was a few days ago that I got to sleep at four. And I get frustrated because then I'm like okay, I'm going to wake up early so I can reset my clock, and then I sleep in. [10:22]

THERAPIST: It's really hard to wake up early if you're not going to bed until four.

CLIENT: Yeah, I know. Yeah, I really... it's... so I mean I think the goal might just to be to go to sleep earlier. I just [inaudible] taking melatonin, taking... and it's just... I think it's sort of the... where it starts to get unproductive, this sort of staying up late. And in one sense it was to decompress after Jeremy goes to bed, but I think that maybe...

THERAPIST: It sounds like it's getting stretched out though, longer than just decompression.

CLIENT: Yeah, and I don't know if it's just because... and I have all day at home by myself. It's not like I need to decompress from seeing the world like I did last semester. Even then I went to bed earlier. I think it's just, in one sense, I don't like mornings, but it turns out that when I wake up at twelve p.m. there's still slightly the morning where I'm groggy and want to go back to bed. So...

THERAPIST: I think the morning is... what you associate as the morning is really the time after you wake up. It doesn't... I don't think it matters what hour it is. But it's that feeling of starting the day, whenever you start it. And it sounds like your schedule's gotten so reversed that it's starting to work against you.

CLIENT: Yeah, it really is. And I'm starting to miss out on so many things that... I mean if you go to yoga class at seven o'clock it's like well then I still have to come home and do some work. And I'm not ready to stop work as opposed to just sort of it being the end of the night. [12:06]

THERAPIST: Yeah, it would fit a little bit better.

CLIENT: Yeah, and so I mean that's why it's good that we have this therapy appointment. And also I have racquetball later tonight, so I have to stay here and get used to being gone, which is one of the reasons I planned for therapy to be on Tuesdays because racquetball is also on Tuesdays so I get the feeling of being gone. And I might be more productive without the cats, without the sort of... as much as I love those little buggers they do eventually go to sleep. They do... I mean every time we get up in the kitchen they go and they want to be fed, and of course I pet them and, I don't know, I think it just might be sort of being around academics, I think, might be more focusing because I've been starting to get really bored with my research again, and I think that's every day of work. I mean there's going to be a lot of things that are boring but it's just sort of something... and then I was like oh, maybe I should listen to music or discover new music while I'm doing these boring things. I was like oh, that's... yeah, I miss music. I don't listen to music a lot. I used to all the time when I was in undergrad and I'd study with music, and for some reason I don't do that. [13:22] Not all the time. A lot of times I just sort of work with the silence. And I wonder if that's just because these tasks involve more thinking or whether, yeah, I don't know. I just... sometimes I sort of think about how I used to study and how I study now and how does that compare, and I don't know why I don't always listen to music. Some... maybe it's because I stopped listening to so much classical music. And I always used to do classical music when I was studying in undergrad. But maybe not so much. Maybe I don't need that to focus or to drown out the background sort of means that when I am focused I am and when I'm not I'm not. And...

THERAPIST: How do you find that you're focusing?

CLIENT: Well I find that I can't be really easily distracted, sort of like I'm... almost feels like a trance like state when I'm sort of...

THERAPIST: How often are you finding that state these days, when you can have that sort of trance like [inaudible] state, in a zone?

CLIENT: In a zone? Usually three times a week. And then I'm usually sort of burnt out and exhausted because normally this trance like state that... see that's why I would normally excuse staying up late, is because I would get into a trance and just didn't want to quit or I had a presentation and things start to become coherent again, and you don't want to quit when the ball's rolling. And then it just sort of... it's hard to get back to a normal schedule like oh, I just stayed up until four a.m. one night, or now I'm just going to stay up until...

THERAPIST: I wonder if you kept a more typical schedule I wonder if you'd be able to enter into that sort of really focused state where you're getting a lot done more days. [15:49] So it sounds like what you're finding is you're hitting that about three days a week, but if when you hit it you then [inaudible] extend the evening and you stay up to those wee hours of the morning, of course you're exhausted. That's not... if you're doing that there's no way that you're going to be able to maintain it. But I wonder if you have a little bit more regularity to your schedule and a little bit more consistent sleep if you'd be able to sort of find a way to kind of get yourself to go to

that state more days than not when you work. And yeah, maybe shorter bursts but with the frequency of it training yourself to be able to focus and get a lot done and then shut it down and do it again the next day. And maybe that would make up for the fact that you're skipping [inaudible] one to four hours.

CLIENT: Yeah, no, and I think that's, yeah, something that kind of... I mean I've been... I know... I think I want to focus on getting back to a regular schedule, and that's something that I know is going to be a lot of work because that's not...

THERAPIST: I know. You can only move your bedtime by a little bit at a time and expect yourself to be able to fall asleep. What you don't want, what I want to avoid, is having you get to bed and lay there and be uncomfortable because then that's creating a really negative association. So if you find that when you get into bed at 3:00 that you're laying awake for an hour, then get in bed at 3:30 and have a successful experience of probably falling asleep a little bit faster. [17:28] Then you can move it a little bit at a time.

CLIENT: Yeah. And it's interesting, I find that as my... Jeremy, he always sort of said well, don't look at your phone before you go to sleep; the blue light's going to interfere [inaudible] and he tells me that your computer... I mean I make the joke because he always says that your computer, the blue light interrupts with your melatonin production and... but first...

THERAPIST: He's right.

CLIENT: Okay. Because I always... I guess it's in the morning, I fall asleep by my computer just because I'm tired [overlapping talk]

THERAPIST: You're exhausted.

CLIENT: Yeah, and it's at night that... where there's... where I'm sitting in a dark room and there's a bright computer and my... this probably might be egging me on to stay up.

THERAPIST: I mean is it impossible to fall asleep after being exposed to light? No, but there are a number of factors that are conducive to good sleep, and that might interfere with sleep in the opposite direction. So creating the best possible environment for sleep involves low light, or no light, the ultimate [inaudible] having a cooler temperature, as free from distracting noises as possible, free from cues that are anxiety provoking. So having your thesis sitting out in your nightstand table, that could be disruptive to your sleep. So anything you can do to try to put those things in place a little bit before bedtime. So shutting down your computer, and if you want to do some... shutting down your computer [inaudible] an hour before you go to bed. If you still want to do a little bit of work, doing something that you can read on an actual paper is a little bit less distracting. Trying not to wrestle with really complicated ideas right before bed because that's stimulating. [19:31] Or trying to do some... trying to solve a really hard problem, if you're not successful, might make you anxious. So trying to avoid things to set yourself up for success

before you go to bed, trying to find something that's going to be soothing, maybe reading something for pleasure.

CLIENT: Normally I look on my iPhone, I look at Facebook, I look at little silly things like why things... cats do what they do, why they scrape on... after they're done eating or they're not hungry, if there's still food, a lot of them have this innate habit of scraping by where they eat. And at first it sort of looks like oh, cover this stuff up; I don't want it. But it's actually they're doing it because they don't want predators to know that they're around.

THERAPIST: So I mean I think that's a really common habit in this day and age, where so much of our reading is done and so much of our social connection is done online. And it's so easy to grab your phone and slip from Facebook to BuzzFeed to whatever. [20:39]

CLIENT: I have BuzzFeed.

THERAPIST: And so while the content of that, it's amusing, it's recreational, it's light, that's great. Unfortunately there's sort of the pull that you get from those devices. First it's the exposure to light, but it's also so easy to get wrapped up in clicking one more thing. You don't even have to click anymore, right, you just sweep your finger over. It's very intuitive. And you read one more article or you get sucked into looking at one more person's profile and the time just goes by.

CLIENT: Yeah, I think I do that during the day. I get sort of... I think that might be a sort of a, yeah, I think I might need to start... there's this productivity program that I have and it outlaws Internet, and I think I might need to put that on again just because I found that...

THERAPIST: It's so easy to get sidetracked by that type of thing. And finding ways to help yourself have habits that feel good longer term rather than the habits that feel good in the moment and sometimes are not matched up. [21:55]

CLIENT: Yeah, and I think that might be why... because I remember from undergrad, before all these sort of devices, and you had a laptop but it had programs... like Facebook was kind of there but I really wasn't into Facebook until my last year of college.

THERAPIST: It wasn't nearly as big of a thing.

CLIENT: Oh, and I just listened to music and did my work. And of course instead of having... because I sort of see these sort of amusing articles sort of create the variety and spice of life to the day when research is boring. And I know a lot of people have work... I mean everyone has work that's boring, but maybe that's sort of why I don't feel the need for music, is because I've been distracting myself.

THERAPIST: Yeah, but music can allow you to do both at once whereas these other things don't.

CLIENT: No.

THERAPIST: It's also keeping you from [inaudible] so if you go into the office and do work there but then take a break and actually talk to some other people, you get some of that. I think you're fulfilling some of that need for socialization and for getting ideas from going to these websites. [23:04] But they're not... it's sort of like they're... they do, they provide a little bit of that break, but it's not really fulfilling your need to connect with somebody or to talk about creative ideas in your research. I wonder if your research might feel less boring if you were interacting with other people who could contribute to your ideas, and you could contribute to some of theirs, and that would really... you'd find more of a community in that type of exchange. But you're getting a little bit isolated which makes it harder to leave the house, which makes it harder to take that next step.

CLIENT: Yeah, and I... I mean I think, yeah, this week is sort of a fresh start to things because today I'm here at least until 7:30, 8:00, starting now. So I'm going to be interacting with lots of people. And Wednesday I'm going to have to come in for group meeting and I'll probably force myself to stay so that I can be in that atmosphere of academia. And then Thursday I'm also going to have to come in for racquetball, so it doesn't make sense just to have a two hour round trip. So I'm going to try and get myself in so just at least by coming in three days a week I'll get used to leaving the house. [24:24]

THERAPIST: Yeah, make it a little bit more balanced.

CLIENT: Yeah, and it's... yeah it's crazy just to think that... I mean and this is why I know academia's... what being a grad student has done to me, is that it sort of... it doesn't provide that structure that I know I need. It doesn't really provide accountability, which I know that I need just because I am lazy. And I work hard but I'm lazy in terms of if I had to go to classes I would just sort of look up the notes online now. And that's what I did for the lectures for PS2 just because I didn't want to wake up early or come in and... but there's something about being present that keeps you up and up to speed. That's one thing I sort of have to realize, instead of coming in and being distracted by everyone in the apartment and having to walk places, it's kind of the natural break that most people are meant to do as opposed to just sort of stay at home and go from the sofa to the couch to the sofa to the kitchen table. [25:41] It's just one of these things that, I don't know, but I think it'll make Jeremy a lot happier because I think Jeremy worries about me getting to bed late or, I don't know, I've... he seems a little distant lately, or that might be because I've been grumpy or I've been down and depressed or not... I don't want to go for walks. And part of that's just because it's cold. Actually a big part of that is that I hate this weather.

THERAPIST: It's been extraordinarily cold. That does obviously impact mood and how much you want to be out and active.

CLIENT: Yeah. I mean it's... I mean it doesn't help that I'm from Florida but...

THERAPIST: No, you've been here a while.

CLIENT: I know but... I know, I've been here for a while but it doesn't... you don't think people ever get adjusted to here but I guess people do.

THERAPIST: I was born here and I hate it.

CLIENT: Okay.

THERAPIST: But given... even given that, most people do actually feel better once they've over... get over that hurdle and get out anyway. [26:56] You said you were grumpy on your walk.

CLIENT: But it got better when... midwalk.

THERAPIST: Did it? So I think I totally understand the sort of resistance to wanting to get out of your nice warm house. I think you're facing sort of some of the social anxiety barriers as well as just some of the kind of physical barriers of it's really cold and you have to wear a lot of layers and the sidewalks are icy and it's a pain in the neck. And... but on both fronts, when you've pushed yourself to confront some of those anxieties you have generally found that you feel better when you are getting a little bit of social interaction and having that movement to your day. So I think seeing if there's ways that you can make it a little bit more enticing. And clearly you've arranged your schedule this week to have good reasons, I mean, to sort of pull you out of the house, and combining those with other things to meet multiple goals. And I think if creating those types of things so that you do maybe kind of get over that hurdle and either go take a walk or go walk some place. You don't necessarily need to be out on an hour long walk, but just bundling up and going and taking a 15 minute walk to a coffee shop to work or to go run an errand with Jeremy you might find that there's actually some benefit to that, that that makes it worth it.

CLIENT: Yeah, I live five minutes from three different coffee shops that... I mean they don't offer Internet so that might be a... or plugs in the wall because that's sort of their thing. [28:41] They don't want people sitting there forever. But I'm sure the coffee shop wouldn't mind taking me as well as the other adults in the adult day care. That's what someone called it on Yelp, the adult daycare. Yeah, and I keep on... it's funny because I keep on... I know that these things would be good to me... good for me, I just have a hard time doing it. And that's sort of one of the things that...

THERAPIST: What reward could you offer yourself for doing it, to get yourself started? (pause)

CLIENT: I think I should reward myself with that cappuccino just because normally, I mean, cappuccinos are a little bit more expensive but I really like them, and I think...

THERAPIST: Yeah, so that's... yeah, that's... I think that's a beautiful kind of small, reasonable but objective little reward because it's a little bit fancier than a coffee you might get yourself anyway, so you know that you're sort of... that it is more of a treat. And it's not over the top. That's something that you could... one, you've got to go out to go get it. And you can do that a couple of times a week to get yourself... sort of entice yourself to go do something that's going to have multiple kind of rewards. [30:06] You get the cappuccino and you get [inaudible] productivity. You get maybe a little bit of lift that you get from having accomplished a goal.

CLIENT: And I think I used to do that with racquetball or sometimes yoga. If I do it in the afternoon, early afternoon, I'd go to an ice cream store just because I really like the ice cream, and how often do you get to swirl two flavors. You can't do that at home. And I guess, in this cold weather maybe ice cream is not so appetizing, but...

THERAPIST: Well, it's heated.

CLIENT: Yeah, inside. Inside, yeah. But I think I just sort of need to sort of consider it, really ask myself if... or I think a little bit of a push with the treat but also just to really work on it. I mean it's sort of like how did I get better with germs and not worrying about it. It didn't come automatically; I had to work on it. And these things are hard to work on but I think they're sort of... it's the greater good, and I think it'll be... getting out of the house and not staying at home, I think it'll be a really good thing. [31:23]

THERAPIST: The two goals is to move the bedtime back a little bit, a little earlier, and you just keep moving it. And even just if it's a 15 minute increment and then another 15 minute increment, those will add up. And you have a really good shot at being successful if you move it in those small little chunks. So that goal and the goal of finding ways to entice yourself out of the house a couple of days a week, a few days a week, rewarding yourself when... as you do it. That's enough to work on. And doing those two things will really impact a lot of the other stuff that you're talking about, how you feel about yourself. You notice maybe being a little bit cranky with Jeremy. I think if you're... if you are able to do those two things, get to bed earlier and more regularly get out up and out, I think you'll notice that some of that other stuff may fade away. I think it's connected.

CLIENT: Yeah, and I think that's sort of getting that variety of life. I'm just not getting that at home. It is very much the same. I mean I'm wearing the same sweatpants and...

THERAPIST: You're not having meaningful interaction with other people, and you're a human being; you need that. [32:44]

CLIENT: Yes, I forget that. I forget that animals aren't just the only...

THERAPIST: They're not the only thing. They're good but they're not full replacements for other human beings.

CLIENT: Yeah, you can't really have discussions with them. They're sort of [inaudible]

THERAPIST: Kind of one sided. Let's see if we can focus on those two specific things this week and see... let's see what happens, what hurdles you meet, what things are easy and what things kind of impact other things. We'll kind of track how that goes and see if there are problems that stick. Then we know that there's another reason underneath it. And if there are things that fall away when you make those changes, then that's great. Then we know why they were there. So I have us down for same time next week.

CLIENT: Yeah.

THERAPIST: Great.

CLIENT: It's good to have a routine.

THERAPIST: Yeah, having a consistent time makes it a lot easier to...

CLIENT: Less to remember.

THERAPIST: Yeah.

CLIENT: Back in the day, did you have to apply for jobs or...

THERAPIST: I did.

CLIENT: ... interview? It's hard.

THERAPIST: I did a post-doc at Brown out of grad school, and then I was lucky enough to actually work there after my post-doc. But I do remember applying for post-docs.

CLIENT: And it's the 10th or 11th?

THERAPIST: It's the 11th today.

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

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: It might just be that the train didn't come, so... but I made it and...

THERAPIST: I'm glad you're here.

CLIENT: I'm glad to be here. I just got back from the conference and it was a... thank you for letting me reschedule. It was really busy, and I think the reason why it was busy is because I was still trying to figure out my work. And I was working so hard on my project but I guess I wasn't working in the right way, and things finally all clicked about the project a day before my presentation. And I had not made a presentation in... my advisor said something a little snarky about oh, well you would have known how to calculate the classical density if you had taken my class. And I don't know, well I mean it was... I guess he hit sort of a sore spot because I didn't take his class last semester because I was busy teaching and researching and trying to find a job. [1:10] And between those three getting into lecture Monday morning just, I don't know, [inaudible] the way I didn't... I couldn't handle it for Monday and Wednesday morning. But a lot of the class had been... was review for me except for maybe some. But I asked other people, the other people in the group, do you remember this, and they didn't, had no clue, so I felt better once I found out they had no clue. But my advisor, that sort of... after he said that I sort of stuck around to see a presentation of a former group member, and then I walked home and I was just... I was... I didn't start actively crying until I got to my room, but then I just sort of broke down because I was so frustrated and I just... I didn't know why things... nothing was making sense. And then finally by 2:00 a.m., everything made sense except for the constant rotational energy surface, but that wasn't necessary. He had given me a picture of... to copy. Now I understand the peanut shape and how to get trajectories on it. [2:21] But... that's the ultimate. That was... I understood. There's something exciting about the system, so now I just have to beat the dead horse and write a paper, which is exciting I guess. I mean I was hoping to finish this project by the beginning of March and now it's a little over, but I'm happy that there's...

THERAPIST: It feels finishable now.

CLIENT: Yeah, I mean it feels a lot more exciting. I had a hard time going to sleep because I was just... last night because I had a hard time just... in one sense I had kind of a little time lag, but in another sense I was just really excited about doing research. And it was really nice. The conference was... it's frustrating because it really didn't have anything on chaos, which I study, but it was more a huge conference with 10,000 scientists and a lot of... it's on more of the current topics. My topic's more reserved to slower moving research company... not companies, countries, like Europe. They don't move on to the sexy stuff so quick. But so it was kind of frustrating because I mean a) I was just working, working, working trying to understand my research and just running into computational sort of battle. [3:45] Now it all makes sense and now I have sort of a clear method and so... but it was the... funny because the hotel that we were staying at, I later found out from the cab driver that... because it was in a very seedy district, and I could tell just by walking. And there was romance of adult videos stores and a lot of downtrodden homeless people. I found an organic grocery so I could get some groceries but... and so that came to me as a little bit of a shock that I wasn't prepared for that. But later I just sort of turned my super city sort of mode on where you don't talk to anyone or you just ignore what they say. And I got to go to racquetball class in Utah, and it was... or in Reno. It was a lot of fun. It was just a bunch of adults, but it was a lot of fun because actually I did well. Well he said I did well, the teacher. And so it was a lot of fun. It just sort of brought...

THERAPIST: Good for you for trying it out.

CLIENT: Huh?

THERAPIST: Good for you for going and trying something, a new place.

CLIENT: Yeah. No, I wanted to go on Wednesday but that was after my presentation. And I had gotten two hours of sleep and my advisor wanted to eat out together as a group, so I was like I'm not going to be antisocial, I'm just going to go on with the group and catch up. But I really did just want to do racquetball. I mean not that Little India was bad but it was just one of those things that it's good to be part of the group because the group is supportive. [5:33] And I got to hang out with a little bit of the group while I was there. And they're a lot of fun. There's... they sometimes talk about things that maybe are not at my interest level, but sometimes the company's nice. For instance, well their politics are very one way and my politics are maybe a little bit on the libertarian side. And it's just, oh, when they were at dinner with all of us they were talking about how can... how is it possible that you could be a Christian, and aren't they just so naïve and stupid. And I said well I'm a Christian. I said but not all Christians believe by the bible. I mean they understand there's many different levels of Christianity. And I mean that sort of stopped a lot of the talk but it's just... it's something, also, I felt like when I was at the conference, is there was just so much... so many men I felt I was a minority. I told my group I felt like a minority. And they're like what do you mean, you were. And it... I mean there was...

THERAPIST: It sounds like you experienced being a minority on many different ways of... as a woman in science, as a Christian in science. [7:02]

CLIENT: Yeah, and I normally keep my mouth closed when it comes to... well with politics I sort of realize that it's something... that I'm a little bit more whimsical on, but Christianity is like okay, I'm not... I can see you make your point but when you start saying they're stupid or naïve and it's...

THERAPIST: That's disrespectful.

CLIENT: Yeah, I mean...

THERAPIST: It's okay for people to believe different things but it's not really okay for people to be disrespectful of other people's beliefs, finding a way to separate that.

CLIENT: Yeah, and that's why... I mean I think I should've just said that earlier because now I'm so ticked off that that conversation happened. I mean it's just not the... necessarily the most sensitive but...

THERAPIST: Very insensitive.

CLIENT: But... and yeah, I think I did a good job that I got up every morning and went and left early; I mean earlier in the morning and got there around 10:00 to do work, or... 10:00 or 11:00, or I got up and worked. And I think today when I woke up I was like I'm going to leave first thing in the morning but realizing that I'm exhausted and I'm so many... I have a pile of laundry that rivals Mount Everest so I realize that maybe it's okay if I just work later in the day. But I'm going to... I see that at home there's so many distractions. I got... March meeting I just had. I was in a hotel room where there was limited Internet because they probably only had one broadband and everyone was using it. [8:51] But yeah, so I see that being at home is really nice but it's hard to really get in-depth focus when there's a cat that wants me to play string or there's Jeremy, even he's working from home and it's... it... sometimes it kind of angers me when he... well, I sort of... I really see that he thinks that when I work from home I'm supposed to be apart, a half day or a sort of equivalent of half day, not very serious, not really getting anything done. And I sort of recognize this too. Right now he's at home working from home and writing a serious e-mail and then showing me how to roll a sausage. And it was like okay, this is nice but I have to do this... read this paper. And so I found that it's sort of... it's a lot clearer for everyone and maybe... including myself if I go leave early in the morning. And that was another thing, is by leaving I got to dress up in clothes. And people... sometimes people said something nice like oh, I like your boots, or oh, your hair is so nice. And I was like oh, wow, I don't get that from the cat. I mean I think the girl kitty, she likes my scarf because she chews on it, but I don't think she [inaudible] about its style or fashion. [10:13] But and I was talking to my other... my friends Ann and Byron [ph?] about this because they also have the same sort of scholarship or research aid right now. And they're like yeah, we didn't start leaving the home... we just never shower anymore and it was just... need some fresh air. But it's hard to leave. And I was like yeah, I know that feeling. But I feel like I've gotten over that hump of being too scared of ever leaving home, or at least, no, I feel instead of getting over the hump I think I'm still walking on the hump, but I think that now I know what's going to make me feel better. I just have to go out and do it, kind of like racquetball class, when I don't want to exercise but I go anyway. And I wind up having an okay time. And Jeremy and I, part of the church that we're getting... we're getting married at a church that offers premarital counseling to talk about what are our expectations. And it's been really nice because we fill out these surveys about all different things like what are your expectations for marriage, what are your thoughts on a good marriage, should you share... should you have secrets, should you keep secrets from each other. I say I don't think we should but I mean... and so it was really nice going through the sheets. Jeremy had... he's definitely a really good writer. I felt bad because I... he was saying that I think... why are you getting married, and Jeremy's like I think because I love, I truly and deeply love, Janet. I think she'll be a wonderful wife and mother. [12:08] And I said oh, I just said something simple like oh, because I love Jeremy and I think we're a good match for each other. And I felt bad because he was... it's nothing like very much... he was professing love and I was more matter of fact, and I felt bad because I was like well, I hope he doesn't think that I don't... because I didn't reciprocate the elegance that he doesn't think that I don't love him. I do love him. I just don't think in eloquent terms or profess this sort of like...

THERAPIST: [inaudible]

CLIENT: (sneezes)

THERAPIST: Bless you.

CLIENT: Thank you. I don't know. I don't know why. Maybe I just don't think in elegant terms. But I think we're a good match, and I think I love him, and I think there's some aspects, and that's one thing that the survey pointed out to both of us, is the way sort of what are the weaknesses. And for him he said the weakness is that I sleep in, and that I can be lazy. And I was like... I was just kind of like what? I was like okay, well I mean it's funny how certain... as I'm trying to change and be more active on the weekends and get going, he sort of perceives me as someone who just sleeps in on the weekend and naps. And I mean that was... I'm... it's... the thing is, is that I guess first impressions are usually the longest lasting impressions. [13:53] And it's hard to... okay, things are different.

THERAPIST: So you feel like that's something that maybe fit before but doesn't fit now and he still characterizes you as sleeping in?

CLIENT: Yeah. And I haven't taken a midday nap in a while, which is... I think it's good but... or even an after breakfast nap. I mean I used to do that so frequently and now I don't do that. And I think that's... I mean I think that's a testament to working hard on sort of a behavioral thing and getting ready for a professional... and I said that he was critical in nature and he has problems dealing with the stress. Because he does. And I think it's frustrating for me because I know that I have stress and anxiety and I work on it. And I guess he works on it but maybe not as actively or doesn't... I mean the thing is, I feel that he gets... I may be anxious and sort of involved, but in the same sense, if the cat's biting my foot I'm not just going to... I'm going to play with him just because the cat needs to be played with if he's biting my foot instead of just sort of shake him off and... I mean because I play with those cats so much but... or same with Valentine's Day. I did get him... wind up getting him a massage, but Jeremy was too stressed to even think about getting me a Valentine's gift. And I was actually quite sad about that. Just because it showed... even if it was... even if he had just gotten a card. [15:40] He later got a present and that... I thought that was sweet; he wrote me a card, but it was just sort of like I can't believe you didn't do anything for Valentine's Day. And I mean he's stressed but it's sort of like well you have the whole rest of the night from 7:30 on to... and I... and instead he was more focused on his espresso machine, getting parts from it, getting fixed, updating me on every element of his espresso machine. I think that's what really sort of bothered me.

THERAPIST: That he was focusing on something for himself rather than focusing on you.

CLIENT: Yeah, and...

THERAPIST: It didn't feel very thoughtful.

CLIENT: No, it didn't. I mean and there are moments, for example, when I focus on myself, like when I get my hair done, but in the same sense I try and think about the other person. And I

also sort of realize it was kind of a feedback loop that... and I talked to Jeremy about this. I said that one of the reasons why I didn't feel that... didn't feel like waking up with you in the morning is because there was no point. You would get really stressed out and angry at me. And I said then you would come home stressed out and angry. And so I just totally wanted to avoid that by switching my schedule around and waking up late. And he was just expressing how he's exhausted and tired and there's no food and he's so stressed out and I was like well, I'm sorry, but I mean... and I think by him not having to make me breakfast in the morning because now he has sort of his own thing that's not the same as me, now I just sort of make my own breakfast and... but I sort of... I saw, sort of, a shift from us wanting to really take care of each other to sort of us trying to live in parallel. And also he was getting very critical sometimes of what I wear and even... and it's really interesting. When I get compliments on shoes that Jeremy doesn't like or I'm like oh, yeah, no, I like them. I'm glad I got them because they make me happy and other people clearly seem to like them. [18:13] I mean it really doesn't matter, people... if other people like them but it was nice to have some sort of validity or someone to validate what you're wearing or... and anyway, but... and so it was really good that we went through this counseling, or we're going through it, and just to think about what are our dreams that we have together as a couple. And we sort of looked at each other and it's like well, he's like Janet, you have any dreams? And then I thought about it and I was like well, it's like one of my dreams was to get married. And I think the thing is, is that before, when I was going through undergrad, I had so many dreams of being a world class scientist and getting into grad school and getting a PhD and being academia, and I had all these sort of academic goals. And a lot of them I crossed off. And I got to travel and.. but now, sort of, I don't know if... and getting cats was also a dream. But I don't know if I have so many dreams anymore at this point. [19:25] I mean and there's points where I had dreams like to be a Brown athlete and I could've been a Brown athlete this semester but it would have not been time... time wise it just isn't a priority. Right now finishing with my PhD and actually... and research is exciting. So... but these dreams, it seems sort of like I've had so many deferred dreams or it just... the dreams have not happened. And I don't know if I've stopped dreaming or... and now, I mean, in a sense understanding my system and even how to get trajectories going on the peanut shape, that was so exciting that I was dreaming of that. And so it's nice to finally dream about my research instead of just sort of being a sort of... a lost sort of point.

THERAPIST: it feels more focused it seems like than having dreams in so many different places at once.

CLIENT: Yeah. No, it does. And it does feel good. I mean I guess I forgot how draining it is to work on something that you don't think is going to happen. And that's

THERAPIST: It's hard to stay motivated for that when you feel pessimistic. [20:52]

CLIENT: Yeah, I mean I sort of... it's funny because Jeremy calls me so optimistic about life, and in a sense I sort of think I used to be more optimistic. And I'm pretty optimistic when things go bad, when things go really bad. Well now I'm sort of stressing out because of... I'm supposed to be... I'm not doing so well on money because I need to be reimbursed for the trip that I took and

a little bit of reimbursement for my sister's bridesmaid dress that I ordered. And it's just a lot of money that I've had to sort of... the bank account is not steady and it sort of worries me, but I guess when things... I mean I guess it was all to say that if I had to live in Wallingford I would be fine, and that's one thing... because Jeremy is really stressing out about money because... and that's another reason why he's stressed, is because the business isn't doing so well. They had a slow year last year and they're kind of having a hard time making ends meet. And I told Jeremy that... I mean the thing is that he doesn't want to compromise on... I said that if we live out in Wallingford, I mean it's ...it is sort of an exchange of how, for \$2000 of rent a month, you really have to go far out from the city to get something that's decent or something. Because our rent recently... they're proposing a big jump in it so we're trying to figure out what we want to do. And but I mean I'm like okay, well so we don't have the resources of the city. If we can't make the check... the ends meet then you just have to settle with that. And he's like well it's not that we can't make the ends meet, I'm just under consideration do we want to move or... I'm like well moving's going to cost money and the down payment for an apartment so... but it's just... it's frustrating because sometimes I just feel that... I mean I guess I can be limited but Jeremy's even more limited and it's just sort of like well, I mean I guess we all sort of have our things and our... like for instance, the hotel that I stayed in, I later found out it was a crack house from the cab driver. [23:37] He's like... the cab driver's like oh, he's like I can't believe... how did you find that hotel. And I was like well it was... the beds were made and it seemed decent. I wouldn't choose it myself but our group did. It was \$84 a night. And the cab driver's like oh, that's a crack house. And I was just like oh, I really was kind of in a seedy area of Reno. But...

THERAPIST: I'm glad you made it through.

CLIENT: Yes. Well Jeremy kept on saying he was worried that I was going to get raped and I guess I... or robbed or stabbed and these sort of things. I was like well I'm just not walking late at... too late at night except for when I got dropped off, and I really was riding the bus with some sketchy characters. Fortunately there were some scientists also on the bus. But yeah, it just sort of... I was actually surprised that I could take such a... be able to relax in a hotel that maybe was not the highest maintenance, and who knows what people have been doing on the chairs and... or there could've been bed bugs. And I was just able to sort of... I had my initial sort of oh, so I got this appointment, what sort of hotel is this. And then later, okay, it's going to be fine. And so I've gotten a lot better about freaking out...

THERAPIST: [inaudible] anxiety around that is pretty impressive. [25:13]

CLIENT: Yeah and just... I mean and I was at Burger King. I actually was really happy because I was on my own, I could go to Burger King, and it's kind of like a guilty pleasure. But after racquetball... and I was starving and I didn't want to pay a lot of money for food and the natural grocery was closed, so I'm like I'm going to go to Burger King. I'm going to get my four chicken nugget and ice cream cone. And I... this guy, the guy accidentally gave me fries and I was like what is this. And a bum called oh, Miss Cinderella's not happy with her order. I was just like ugh. I mean in a sense I just was... maybe what I'm trying to say is that the... I found the people, just like the bums, were just very vocal around me. I mean and I heard from one of my friends that

they even were touched by a bum and said that... the bum said how gentlemanly he was on... for walking on the street side of his girlfriend. And I mean I guess in one sense I was sort of scared but I think I was proud of myself for not freaking out too much and just sort of going on, sitting down, and eating my chicken nuggets, eating with the people. I guess that's sometimes what... because Jeremy's like oh, I need a break from the city. So he was going to see his friend in, what is it, it's Cambridge, around the Cambridge area, to go snowshoeing. [26:55] And I'm just like you're tired of the city? I'm the one riding the subway and shoved in there and eating with the people. I mean I really am integrated into the city and so it's so funny just, I don't know. I don't know why it bothers me but I guess it sort of shows, sort of, I guess if someone from Africa was complaining about healthcare versus someone in the U.S. I mean maybe that's an extreme example. I mean... and the person in the U.S. that is having difficulties with healthcare, I mean that's still a bad problem. especially if they get sick, but sort of just like you're tired of the city. You're not the one riding the subway. I don't know, I think maybe I just need to go and realize that everyone... see I guess maybe when I get sort of stressed out or busy I'm not as understanding, and I feel bad but...

THERAPIST: Well it seems like the thing that you feel frustrated with Jeremy about is... because it seems similar to me, what you're saying now, and then what you were saying about Valentine's Day, is that maybe with the city thing it feels like a lack of perspective, and being able to take on your perspective and notice that his experience is different than yours. [28:20] Hold those two and then be thoughtful about what your experience is like. And with the Valentine's Day thing, the same thing. You were frustrated that he couldn't take on your perspective of what it might be like to be experiencing Valentine's Day, noticing that he spent a lot of time the night before enamored with his new espresso machine and didn't take on the perspective of okay, how might Janet feel if I don't also express how much I'm enamored with her on this particular day. But so it's just generally maybe feeling like he's not being as thoughtful as you would like and being able to take on different perspectives, especially yours. And that also can have run similarly in how you were talking about the difference between living together and taking care of one another and living together and having parallel lives. You're not being as thoughtful about one another as maybe you were in another point in time. [29:23]

CLIENT: And I think that sort of really highlighted, when we were talking about the surveys, is that this lack of perspective that we sort of have had for each other, like the... when you're... because we both said when you get married, we said that nothing's going to change. We're going to continue to love each other and... but she's like when you get married you do become a unit even more so, and you start having... you start developing a dream together and sort of like plans together and really focus on the together. And I sort of paused, like wow, we really haven't... we just sort of have been more and more sort of getting off on... and in a sense it's we do more things together. We kind of run into this problem every winter because I just don't like walking. It is harder to get me out. But in the same sense, yeah, I... and I think that...

THERAPIST: Well that unit piece that she mentioned, is that something that you want to cultivate in a... in the rhythm of daily life, or is that something that you want to think about in terms of future planning? [30:48] And they're not necessarily in one or the other, obviously, but I

think maybe for you and Jeremy to decide well, how do you guys envision that togetherness and that unit piece? It's probably not interpreted the same way by every married couple. You guys can kind of take that and say okay, does it mean that you spend the weekends together doing the same activities, or does it mean that you sit down and think about okay, where do we want to live in ten years?

CLIENT: Yeah, I know that is...

THERAPIST: So I think you get to determine, the two of you get to determine together, how do you take that in and make it part of your relationship.

CLIENT: Yeah, so that was pretty much... yeah, and that's something that we should... I think Jeremy and I, we talk about things only when they get to the point of okay, we need to talk about it. But I think sort of being...

THERAPIST: What is that point for you? When do you need to talk about it?

CLIENT: When someone cries or someone gets really fussy. And I think that's the... sort of the thing. And I know in the survey I also... one question I couldn't answer is what do you do when you want to feel loved, or what do you want... how do you ask someone to... when you... how would you ask... what would you ask someone or what would you ask your partner to do when you're feeling like you need comfort or love. And I was thinking... I was like well, I really don't ask my partner that. [32:23] And I guess I can see why because I get frustrated. Because sometimes, well a lot of the times, Jeremy is asking for attention; look at me, listen to me...

THERAPIST: So that's what he asks.

CLIENT: And I mean yeah, he asks all the time. But I don't ask, and I don't know if it's because I don't need love, because I mean that doesn't make sense. And I was like why won't I ask. And I was...

THERAPIST: Do you know what you need to feel loved?

CLIENT: Yeah, I need someone to give me a hug and just be very tender and maybe stroke my hair and rub... sort of rub my back as well. And I think that's... instead of... I mean even with intimacy. I think Jeremy's slowly getting on to the part that I like to make the emotional connection. I think he's slowly... I mean and I even told him that but I think... I mean I don't know if he's just being... if he's... I think that's the thing, is that he has... I mean especially because he used to make things for me and make lunches for me, make breakfast for me. I guess I felt very taken care of. And now he doesn't do that for me and I just... I don't feel as taken care of. And so...

THERAPIST: And it hasn't been replaced with another way that you feel taken care of. [34:00]

CLIENT: And especially because now I'm helping him out making dinner instead of his making dinner for me. And this doesn't... I mean I go to racquetball two times to three times a week but so he doesn't have to always do that. But I think maybe that's something I hadn't thought of it that way, but it's... normally he was making me coffee in the morning, making me breakfast, packing me a lunch. Now he doesn't do that. And that's all fine because I'd rather pack my own lunches but...

THERAPIST: But you'd like to... it's not the content of the thing but it's that... those are ways that he was expressing his love, and you felt very nurtured and taken care of. And now those things have stopped, which in some ways works better for you. It gives you a lot more flexibility and freedom over your food, but he hasn't replaced it with another way that expresses the nurturance in the same way that you were feeling it before. And I wonder... I guess maybe a conversation to have because to ask him, he might be expressing it in some way that you're not perceiving. And... but... or... and it might not be a good match. Maybe he's doing something that he thinks is expressing this love and nurturance and you're not picking up on it because it's not something you pay attention to. But if there are ways that you would feel more nurtured, if it would be him reaching out and stroking your hair or returning a back rub, then letting him know that because maybe he's expending energy in all sorts of useless ways. [35:34] And it might be better if he knew this would be a way that would make me feel really cared about. Because obviously he expressed in those elegant words how much he cared about you, but you're not getting that message... you're not going to those meetings every week; you're not getting that message every day.

CLIENT: I know. That's... yeah, and I mean he does... I mean he... I think the thing is, the way he connects through words but I connect through actions, and the only actions that he did have was with food and...

THERAPIST: And that's a little bit problematic area.

CLIENT: Yeah. Well in a sense, too, it's been stressing him out to make food so...

THERAPIST: So maybe there are some ways that you could talk about what are some actions that might be less problematic for him to engage in that would help you feel really loved. And then you can also practice kind of absorbing the words since that's maybe his more natural mode and attaching that to something that feels more meaningful to you. We do need to wrap up for today.

CLIENT: Okay. Well very productive.

THERAPIST: I'm glad. So I have us down for this coming Tuesday at 1:30. We had previously scheduled that.

CLIENT: Yeah, next Tuesday, 1:30.

THERAPIST: Yeah, the 11th.

CLIENT: I know there's a checkbook in here. Oh, and when I come back from a trip and then I find all of the other things in my bag.

THERAPIST: Haven't quite unpacked [inaudible]

CLIENT: Huh?

THERAPIST: Haven't quite unpacked and repacked for your typical life.

CLIENT: No I haven't. I guess I thought I was going to be early because I was... I'm like I'm not going to have lunch, I'm just going to go. And then I was like oh shoot, I'm so scattered. Didn't help that the window mason came in and stepped on my cat.

THERAPIST: Oh no.

CLIENT: He did it by accident [inaudible]

THERAPIST: It's amazing how many little things can happen to soak up the time when you thought you were leaving.

CLIENT: I know. I was putting on my makeup and then the window mason comes in and it's like okay. I need to go find my cat and apologize to the cat. Is it the 7th?

THERAPIST: Yes it is.

CLIENT: I guess that's why it's best to leave earlier in the morning before people can come over and... I'm low on checks.

THERAPIST: Thank you. I will see you on Tuesday.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Oh no. I was like I probably would assume that there is.

THERAPIST: You e-mail me and I can respond?

CLIENT: No. I –

THERAPIST: Obviously chatting in the doorway.

CLIENT: No, actually I was like I'm (unclear) e-mails, like no, no, no. That sounds stupid to send an e-mail – appointment today question mark? She's going to think that you don't write these things down. And I do every now and then. And I was like, 'okay, I'm going to check my – because I write them down in my checkbook. I've been consistent about that and I was like oh I do have an appointment today. I was like okay. And so that solved that problem. Actually I did try and leave earlier. I don't know what happened. I mean, well I started getting ready a little bit earlier but it could have been I took a little bit longer. But I tried to get out of the house. It might have just been the luck of the T. But it is something that I'm trying to get better at is leaving the house.

And last week I didn't leave the house at all so it was like an all-time low and part of it was I don't know what their reason was but I broke out in a very kind of – well, it was very bad acne like all over my neck and I don't know, I felt very self-conscious and I didn't want – I mean it was hard for me to get ready because I'd start freaking out and sometimes when Jeremy and I would – I mean the whole last week if he was in with me as I was washing my face I would freak out and get very grumpy and I mean I just get really frustrated because sometimes it's not a function of "oh, I forgot to wash my face". I mean I wash my face twice a day, exfoliate twice a day, use prescription Retinol on my face and I just get frustrated and I – I mean I've had, I've used topical prescriptions since I was a kid and antibiotics on my face up until my face got antibiotic-resistant and so I mean it's nothing new to have, I mean my face used to not be as sensitive or problematic and over the past few years it's just a frustrating thing to have to think about it. I mean it's not to the point where, yeah, and I've tried to see a dermatologist at Brown and they weren't very helpful. They recommended something that didn't work and so I mean at this point I'm still trying to do my own research – trying to change my diet and – [00:03:13]

THERAPIST: How noticeable is the breakout to other people?

CLIENT: Well, if I don't put makeup on it's kind of noticeable, I mean, especially around my neck. I mean right now it's kind of all – it's not as noticeable – I mean, I've seen pictures where the acne is bleeding, even with it – it's horrible so I admit I am a little bit of a drama queen about it and –

THERAPIST: Mainly, you're sensitive.

CLIENT: Yeah, I would say!

THERAPIST: I don't think I'd use the words, "drama queen," but I'm wondering sort of how closely your perception aligns with the perception that other people have of you.

CLIENT: Yeah.

THERAPIST: Of a more critical of yourself than others would be.

CLIENT: Yeah, and I wonder if that's – I mean, yeah and I'm definitely, I know I am, I tend to be very critical over every, even enlarged pores, and – sorry, headache, ouch – and so and I also realized that that leads me to try and I know that most people aren't looking at every individual bump, nor do they have time, but I try to pick at my face, partly because that's what I did since I was young. But my mom did when she was – she would pick at our faces and just say, 'oh.' I mean I guess that's sort of – I guess what some people do is they prefer to so it's sort of a very learned task whenever I'm emotionally upset I go pick at my face and I know that probably makes things worse because it creates scars and I think he that's sort of what I get embarrassed of because the scars take forever to heal and I know that a lot of these are sort of self-imposed so that's something that – my sister recommended putting up a sign like "don't pick" and I don't know if signs work for me because it's just sort of a – it reminds me because I just recently saw Joan to get a re-prescription for the – I guess it is an anti-depressant, yeah. Citalopram and to follow up with that. And she recommended – she said that some students are writing on a piece of paper – 'what should I be doing with my time?' Or, 'what can I do with this time?' And I'm thinking, well, for some reason like that as a sign seems very arbitrary to me. I mean if I put up a sign, "don't do this", or Jeremy put up a sign, "don't bake or broil", on the oven to make sure – you can turn up the temperature but if it's not on "bake", if it's on "broil," it won't heat up the oven. It will just sort of burn on the broiler. So you have to sort of switch over – even though there are two buttons – they're not continuous. You have to change whether you want bake or broil, and the temperature. And I always forget. And his sign sometimes helps. I mean it's not right on the – I mean, it's beside the oven because you can't put it on the thing. But I mean these signs – I don't take them like traffic signs. [00:07:08]

THERAPIST: You don't obey quite as readily, huh?

CLIENT: No, no. And I sort of see – I was talking to my colleague, Paige, who has been having a hard time coming in. She's in a (unclear) group and she also got a scholarship and we were teaching together last semester and we always saw each other and now she never comes into the office and she was talking to me like you know, 'oh, it's really hard just even to get out, to take that shower (unclear) stopping. I realize that you had no – no I understand.' And I was giving her advice. I don't want to make her feel sad or like she's being judged or anything, because I'm far from perfect. But I gave her the advice that when she's trying to leave for something, whether it's a coffee shop and give yourself something to look forward to. And for me, my plans are actually, I saw it happen to them when I didn't water them all week last week and they were just – and then I realized that I really have to, I mean coming in is actually starting to come natural – after I spent all week last week at home I just really did not feel productive. And my cat started to rely on me as his playmate and I realized yesterday when I stayed in my office – I got there around 3:45 because I had an event and then I stayed there until 9:30. But coming home late, my cat – I guess he's learned, I'm trying to think like maybe it was just a one day occurrence, but he really didn't seem this morning to be as reliant on me as his playmate, so I was wondering if I start – animals are as routine as humans are and if he starts to realize that I'm gone half the day he's not going to (unclear) you know, get used to that and I'll get used to that. I mean I think that's what I really told Paige that you have to make a

routine out of it and that's one thing that I'm trying to do now, especially after I had my week off of realizing what it's like when I don't go. That's just something getting used to coming in and I just realize how important it is to leave home. At least it feels somewhat more productive or like there's a moment of focus, a moment of – I mean there are so many distractions at home.

THERAPIST: Did you not leave for racquetball or yoga, also? [00:10]

CLIENT: I left for pretty much after Tuesday, after racquetball, I only did yoga on Friday and I didn't leave for racquetball either on Thursday or – there were so many days I was going to leave for racquetball and then it came to Friday and I was just like, 'okay, I'm really feeling like wow, I really need to do yoga.' And it did make me feel better. And then I just sort of realized that staying at home was not a good idea. It's almost like I got sick of hiding at home.

THERAPIST: Which I think feels a little bit different than staying at home. But it sounds like you felt ashamed and uncomfortable with your appearance and you're not just staying home but kind of hiding there.

CLIENT: Yeah.

THERAPIST: It has a slightly different flavor to it, kind of a normal day when you just feel like you don't want to leave.

CLIENT: Yeah, and I actually had a meeting with my advisor on Wednesday but I cancelled because I freaked out about my face. I mean I didn't tell him that but I just claimed that I had a stomach flu and I –

THERAPIST: And that doesn't feel good.

CLIENT: No, it doesn't. Because A – I lied. And B – I don't know when he's coming back and I was really pissed about that that I did and I was like why – I mean and once since I didn't have results, but it was sort of like when else is he going to be available? So now I have to track him down. So it's – so I saw that there are so many emotional barriers to my appearance and sometimes I get frustrated because – Jeremy doesn't mention it. Sometimes he'll say I'm pretty but it's not sort of, like I don't give him a pat on the back – or he doesn't give me a pat on the back. Like the sort of encouragement I give him, especially now, about going through the money crunch and –

THERAPIST: What do you want him to say?

CLIENT: I guess – I don't know. I mean I guess there's really not much he could really say. I mean he did say, 'I don't notice it.' You know, 'I don't notice it with the makeup.' And it's okay we can mask together – I'm getting into mask now. We can mask together and clear up together. I mean he's not one to (laughs) – [00:13:06]

THERAPIST: So you wanted him to recognize how upset you felt even though he doesn't see it the same way you do, but to say like, 'I'm sorry you feel so upset about it.'

CLIENT: Yeah. And to say, 'it's understandable but you've got to realize that no one cares.'

THERAPIST: But it sounds like you care.

CLIENT: I do care.

THERAPIST: That's not "no one".

CLIENT: Yeah.

THERAPIST: So it's somewhere finding a way to sympathize or empathize with what you're feeling even though he doesn't feel the same way about it.

CLIENT: Yeah.

THERAPIST: So really, it's sympathizing. Because empathizing is when you can feel what someone else feels. He doesn't. He doesn't see – his reality of what you look like at that moment or what you look like now in your reality of how you feel you look are different. So yeah, maybe – just like with weight. I mean I think it's the same thing. When you looked in the mirror and saw somebody who needed to lose weight – objectively, that wasn't the case – isn't the case. I think some of this other appearance stuff is very similar – that the image that you hold is not necessarily what is reflected to other people.

CLIENT: Yeah. And I mean I definitely do freak out quite a bit about it and that's something that I do need to not freak out so much such that I'm cancelling appointments with my advisor and hiding. And so that's one thing that I need to – sort of a phobia that I need to have to sort of work through and I think maybe that – like making myself come in at least every day. At this point I'm not so concerned with what time I'm getting in as long as I'm getting in.

THERAPIST: Having that routine of having some face time at the office. [00:15:24]

CLIENT: Yeah. And I've made it quite cozy, especially because my plants are all there. Once I watered them I had to go there this Sunday and water them. They perked back up. They really did. They didn't die.

THERAPIST: They perked back up?

CLIENT: Yeah, they did. Fortunately, they are a five dollar loss but there's three of them so that's \$15. And Jeremy's dad came this weekend and it was a lot of fun to have him around. We had him on Saturday and also Sunday. There were no plans for him on Sunday after because he came for Ozzie's (sp?) thirty-second birthday and sort of just like nice to come for the spring and

so it was really fun. We played cards. We talked. We sort of – all three of us – sort of laid on a couch. Jeremy and I shared a couch and he had another couch – kind of what you would do looking at the stars – we were inside because it was too cold, but it was a lot of fun. And Sunday we weren't supposed to – I mean there were no plans but I was just sort of going to go with my mom and sit on my mom's couch which – I was like, you know, 'well, you can come along with us.' Went along and ran errands and was able to go to yoga on Sunday which for me wasn't – I wished it was a more – it was a substitute and I wish it was more energizing. We were less meditative because I have a hard time – I mean I – reason I go to yoga is not for a spiritual reason. It's for – well I play racquetball and I need some other physical activity.

But nevertheless, I do find yoga very empowering and to be able to do a handstand and I'm normally a weak little sister, it is very empowering to sort of feel that strength I don't necessarily feel with racquetball. It feels almost like a – I don't do racquetball enough to really be improving quite what I would sort of dream to. Like if I was 16 years old again and I was exercising 17 or 20 hours a week, is a lot different than three hours or maybe three plus four and a half, five hours a week. So sometimes I get frustrated but with yoga it's a change of pace and sometimes I feel a little frustrated because I'm not – my legs are strong but not in the – everything for me. Like I want to turn out my legs because I don't want it to be counterproductive to build up strength and parallel – and I turn my feet in so sometimes I get a little frustrated. And plus also my legs are much more advanced and strong and skillful than my arms so the yoga classes trying to find the right fit has been just sort of – or how to get the most out of every yoga class, but I find it a good – I find it a very – I like it. I like being able to try – I've been trying to get in three or four exercise classes a week just so that I feel – if I feel like I'm in better health then I don't feel like I'm such a blah. And so that's been certainly a new constant thing. [00:19:24]

But, yeah – Jeremy's dad came. But he told me on Monday that – because there's been a big money crunch at Jeremy's job and they might have to skip another pay and that's not cool. And I they eventually like come May when they do have the renewals for their insurance they will have – like there will be income. It's just sort of a cash crunch on – you know there were just no sales last year. And Jeremy's been getting frustrated because he does a lot of the work and his brother does a lot of the work and the mom doesn't do any of the work and how do you deal with the fact that if they fire the mom then she's going to be yelling, screaming and upset.

THERAPIST: Who holds control of the company?

CLIENT: All three of them are partners and what the business is now is not what the mom started out doing and so the mom originally ran the company and now it's a different transaction rather than just insurance and having someone else finance and deal with it or not finance it and – they actually have – Jeremy has built up models with Ozzie (sp?) in order to finance it and that's what they really sell themselves on but the mom hasn't learned to do that. She doesn't know the financing bit to any extent and often to the business calls some of the clients don't want her to come. And so it's frustrating because they are all three partners it's really hard to fire your mom and a partner and why is she a partner? Because she sort of started the company – and so and it's really frustrating for Jeremy because he's sort of and even feels to the extent that

when the mom spends money on non-approved purchases, that it's embezzling. For instance, she'll – she used to fly to Denver to say it was on business and it's not. It's to visit her friends. [00:22:24]

And so Jeremy – I mean, he was really frustrated about it last night and I mean I totally get it, but it was frustrating because I've been frustrated with my own research and it felt like an airing of grievances last night, it's like the Seinfeld, the "Festivus" where you have an airing of grievances and like well I think, this is my day – it sucked more than yours. And I'm like – well, you know, okay, I get it. I know it's a Catch-22 and I'm sorry. And then he tried looking at my data and he made it worse, he actually made me feel worse because he's like, 'oh yeah, they differ a lot. I was just like oh, well they're pretty much the same up until out of the lines – what happens is I'm trying to prove this paper right or wrong and they have one result that I don't doubt is wrong. Actually, I do but I doubt how they got their result but that's not the part I'm trying to prove right or wrong or debunk. It's sort of the common ground I'm trying to make common and straighten out. It's very similar. I can't figure out the error – if it's my error or their error but even the person, Jose, who's was at one point working doing what I do but he isn't anymore, he had a program and he did it – calculated it a different way and he got the same results so I have sort of a feeling that if two people are wrong then something – maybe it's just our ways are similar but he just used different codings. I'm thinking that mainly it's just follow their exact instructions on how they did it even if it seems unnecessary so I mean at the last point I mean I guess I talked to my advisor but since he doesn't do any of the calculations, it's frustrating because I find myself very frustrated at this point because in order to move forward, I mean because I've almost – I've been refining little bits in the introduction and in the background component and it's going to be a 20-page paper but I can't move forward until I get those things to agree and it feels kind of like (unclear) you can't pass something until something else – you know, they can't go forward until this little thing passes and so I mean, and a lot of it is I mean, these programs take 20-30 minutes, maybe 30 minutes to an hour to run and so it's a very time-consuming process and I also found that – I mean that's one thing that I found is that because these things take so long I can be doing other things in the meantime like finishing up the background section and managing the project, but if I'm at home I often just surf the Internet and play with the cat.

THERAPIST: You don't work as efficiently. [00:25:45]

CLIENT: Yeah. And that's one thing I sort of saw especially at this difficult time – you know when there are little calculations you need to make and I need a book from the library but it's very hard to access that book from the library when I'm at home. And the other thing I realized is that – well, I realized this for a while, but I've lost my student ID. I don't know where I lost it but it really is my access into the Department and to the library. Because I was actually – when we were going to my office on Sunday because I had to water my plants and was showing Jeremy's dad – he went to Brown so he was reminiscing. But he was like, 'boy, I would think it would be pretty handy to have that student ID. And I was just like, I felt like saying – 'shut the F up.' I know, like I mean, yeah. Because we had to ask a fellow researcher outside.

THERAPIST: To get into your office?

CLIENT: Yeah. They lock it up like Fort Knox, but I really see that it is something. And it reminds me that there are little things in my life like paying your credit card bill and seeing how like my credit card – I pay it willy-nilly like when I pay it it's no correspondence to the actual date that it closes on a statement date. And some reason I never – like I sort of have an idea that I have a closing date and then you pay off the credit card so the closing date when it closes is not when I get my paycheck – so I just pay when I get my paycheck and so I realize –

THERAPIST: Racking up interest fees?

CLIENT: Fortunately, I only racked up \$7 so far. But sometimes I don't and sometimes I do so Jeremy talked it over with me and said, 'well it's good that you're paying, like you're paying it off in some form but you can't just pay it off willy-nilly.' And I sort of realized, okay –

THERAPIST: Like sending yourself bottles of nail polish.

CLIENT: Yeah! I know!

THERAPIST: (Unclear) you might be getting something for, instead, it's going Unclear).
[00:28:18]

CLIENT: Yeah, I know. So I was really worried when I showed him because I didn't – I've never processed how a credit card worked. It's kind of –

THERAPIST: It's kind of random but you do it for their benefit.

CLIENT: Yeah.

THERAPIST: It's not completely logical. But it is how it works. So it's interesting because you know as I listen to you talk about these different areas of your life one of – details are a theme that kind of get in your way because some details that aren't really that important to you, you pay a lot of attention to. And details that maybe do have more consequence, somehow don't get paid attention to. So it's like the filter how you determine what you're going to focus on and what you're going to let go, is misdirected. Because the size of your pores – that's a small detail and it doesn't actually have much consequence on your life if we look at it objectively. However, when you choose to focus on it it can become something that ends up having a big impact on your life because it becomes really upsetting for you. Whereas something like losing your school ID has a pretty big impact – it makes your life so much less convenient. [00:29:32]

CLIENT: Yes, it does (laughing).

THERAPIST: And I'm not judging what you're paying attention to. It certainly is – it's just that if we think about it from my favorite perspective of what's adaptive, what's working for you and

what's working against you – filtering important detail to focus on and detail that I can just let slip by, it's going to really be helpful to you because if we choose to focus on the details that are adaptive – what's going to work for you and let go of things that are going to work against you, I think you'll find that things are a lot smoother. So like the credit card date. It's a detail that if you can schedule your bank to pay your credit card automatically two days before the closing date it's going to be really efficient for you and will work for you rather than work against you. And things that don't actually harm you – just like with (unclear) thinking about what's gross but not harmful. Same thing with little blemishes or pores – they're not really going to harm you. You may not like it when things aren't as smooth as can be but it's not going to harm you so it's something that you can kind of let go.

CLIENT: No, and I think it might be something I'm going to have Jeremy make sure that I do is write down what sort of are my priorities because the reason I did good in school was not necessarily – I mean the reason why I worked so hard and focused while I was an undergrad – it was not just because oh, this is what I'm supposed to do – it was because of a very – you know, I wanted to prove to myself that I was smart enough to do it and part of it was the fear that I wasn't smart enough. So it was very emotionally charged that I do that.

THERAPIST: Why do you want to finish now? What's the motivator now to finishing, to doing well?

CLIENT: And so that's actually something that I've wrestled with a while, I mean part of it is that when everything works out perfectly I find it very interesting and I'm curious to see it is – the things that I get into, I get very interested to see how they turn out like from a physical dynamic point of view and I think that's actually the problem that when things aren't going right and I'm not getting the data there's not that interesting – enthusiasm part of it and I've sort of lost this motivation to prove oh I'm smart enough and whether or not I – and that's just not the priority or the focus and I think that all these other more personal things are coming up like I mean, perhaps it was germs and then I think that's maybe it might be a point to point out that I don't know if I've ever – I've never been able to prioritize and do what was good for me. I did what I wanted and a lot of times that correlated with being a hard-working student and proving myself and every now then then there was the added bonus of I did a good job and I found it interesting. And that was on my research projects, I really did find them interesting. But, in the same sense I sort of – and that's the – I think maybe that's the number one problem with when times get tough in my research or there's no answer or I just want to find out the answer is that I'm not trying to prove myself and I don't feel that that's so much of the drive and it's hard to keep it up unless I'm on like a – every now and then my advisor will get really excited and then I'll be excited as well but it's hard when it's not exciting to keep up that. And I think I just, I need to think about – and that's a problem too with my weakness is that it's a matter of sort of priorities and what interferes in saying like I would hold – it used to be for bathrooms I would prioritize not going to the bathroom and being in lots of discomfort and now I've been able to get over that. But I think a lot of it is that I have these very big, I wouldn't say obsessions, but I do tend to obsess about these certain things and I can't let them go and I think that my inability to prioritize what is important to function and that's – [00:34:39]

THERAPIST: I heard you say I have to make sure I have Jeremy make sure I do this.

CLIENT: Yeah.

THERAPIST: How about, I make sure you do this? Let's get Jeremy out of the equation. Let's make it a homework project.

CLIENT: Okay.

THERAPIST: And I'd like you to do two lists – a list of what you want your priorities to be and maybe a list of what you're looking forward to like you look forward to your wedding and what your life will be like after that. And see how we can get you from here to there. You're job hunting so imagining that next phase of when you're finished and when you're working – where do you want to be? And let's see if we can keep that list of sort of what you want your priorities to be, the life you are imagining and how – and then we can look and see if there's a way to get from one to the next.

CLIENT: Yeah. That's I think -

THERAPIST: And I can hold you accountable for that.

CLIENT: Yes, I need someone to hold me accountable.

THERAPIST: Rather than putting your fiancé in that position. (Unclear) to remind us of when – here it is. I couldn't think of when next time is.

CLIENT: I think we're on for next week but not the next week after that.

THERAPIST: I think you're probably right. And I looked at this two seconds before you walked into my office, but – the 1st and the 8th and the 15th but not the week after that. So I have for the next three weeks all at 1:30. And then we skip the 22nd and meet on the 29th.

CLIENT: You know, I like the system of writing down in my checkbook. It is so –

THERAPIST: Then you know when it is.

CLIENT: Yeah, no I know I sort of have to – I should probably put a box around it. I just have dates in the other ones. I used to write on my hands but then –

THERAPIST: You wash them.

CLIENT: (Laughing) I know. Jeremy would be like, 'why are you writing on your hands when you have paper?' But yeah, writing things down is good. It's the 25th?

THERAPIST: Yes.

(Pause): [00:37:03 – 00:37:09]

CLIENT: I did remember to put a new checkbook in my – that's something I did last week when I ran out of checks. I was like, 'yes, I'm thinking ahead.'

THERAPIST: Good for you. Well, I will see you next week.

CLIENT: Okay. Perfect.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: All of my spring stuff is in a different... all my stuff is in my winter jackets and scarves, and so I had to rearrange where all my cards were and find my keys, which were in my racquetball bag. I don't know. And I was doing really well. It was just the packing up and leaving. And that was really what... so I'm really sorry.

THERAPIST: I appreciate your apology.

CLIENT: Yeah, no, I really...

THERAPIST: I know it's something you're working on. It's...

CLIENT: It's really the packing up the night before, and I think I don't do that. And I think I need to, especially when it's going from a wintry cold, frosty day... and I mean I don't even know... when I get up and eat and then start working, I don't even know where my keys are. And so I don't have any system and I need to. I'm really sorry. And I'm... next week I'll try and do better. [1:03] But so well I think a few positive things is that I am... I had to go in at some time every day, pretty much every day, last week except for Wednesday, and...

THERAPIST: How did those go?

CLIENT: It went okay. I mean a lot of it was for science events, and I got frustrated because there was two science events and a birthday party. Well it was... on Thursday it was a birthday party, and actually I liked that but I get frustrated with the science because I've kind of been the sub co-chair for a few years, and I'm still responsible for getting all the supplies and going to the events, and I'd rather just instead of partying for two hours get to my office and work. And... but yeah, for the most part it was sort of social interaction that I didn't exactly want, but it went well. [2:23] And I made a deal with my friend because my friend Anna is having a hard time coming in as well. And she lives about a ten minute walk from the department. And she's like sometimes I

shower, which is the ultimate barrier. And since I realized I was at home it was on that really windy Wednesday and I realized that it may be good if we met on Wednesday morning so that would bring us both into the department and we would have the reliability... accountability of each other. If I didn't show up that would be just kind of rude. So I mean I'm going to see how that goes. But I think hearing... it was interesting hearing... telling her about these because I think I've been at least... to get into the office at some time, usually it's like 1:00, 2:00, maybe 3:00, so I feel... I'm feeling like it's going better. And the cats actually now expect me to leave at a certain time because they'll just go to sleep, which was part of... I was looking for my pants today and my cat was sleeping in the drawer. I couldn't... I didn't want to wake him up so I just looked for another pair of pants. [3:47] But and...

THERAPIST: When you went in last week did you set a goal of what time you expected yourself to be at the office, or was it... the goal just to make sure that you got there?

CLIENT: I think the goal was just to get there, at this point, and I think I'm working on trying to wake up earlier. And it's so hard because I wake up at 9:00... I set the alarm for 9:30 and then I sleep until 10:30, 10:45. And at that point it's hard to get in early because it's just basically eat breakfast and... so I think that's the only thing that's... waking up... and some of that goes along with why am I staying up late.

THERAPIST: Right, that's a cycle. You stay up really late, it's hard to get up earlier and start the day earlier.

CLIENT: Yeah. And I mean last night I stayed up until... I mean I stayed up until 2:00 and I wasn't sure why I was... I mean I guess I was looking at clothes, and I realized that right now there's just barely enough money to pay for my taxes. And I'm like well I have credit. Surely I can order a dress. [5:02] It's my birthday month. Normally I always do this but I guess because things are... I mean after putting something in my basket and using all the promo codes and secret gift card, I realized it was still \$120. That doesn't sound like much but I need to order invitations for the wedding, and I realized that even though I really... there's all these promos and these things that are telling me that oh, the dress would be so much affordable. It's \$40 off.

THERAPIST: Sure, it would be cheaper.

CLIENT: But there's other things I need to buy. And if I do spend money it's... I'd rather spend it on something that I more or less need rather than I just want, like racquetball classes. So but and in terms of tutoring I feel really good. I'm... I have a small knowledge of... I mean I taught the course that I'm tutoring right now a while ago, and I took it a while ago, and so I mean I guess last time I taught it I wasn't very good at teaching it, or maybe I made mistakes, but now I'm following up with a note that... I sort of remember the, I don't know, for some reason the electricity magnetism was what stumped me as a... throughout the progression of my education, and it still... it's not my favorite subject but I am doing very well. I feel like I'm really helping the students because they're not getting a lot of examples in class. [6:53] And so it was really... it's really a positive thing. And I mean a while ago my friends had asked why aren't you

just charging them? Why are you going through this organization at Harvard? And I mean part of it is... is that I'm doing it so that I actually get to the department. After an hour and a half, two hours of... or three hours a week, it's... getting \$14 an hour is not bad. I mean sometimes I grumble about that it should be more because I've made more in tutoring, but it almost feels like robbery when you're like oh, that's \$30 and people are pulling out their cash and... because cash is easier to put underneath the table of how much... whether you're earning it or not. But... and I hadn't weighed myself in a while and so I weighed myself. I'm a little bit heavier than I would like to be within my buffer zone, and I guess that's sort of... I mean it happens every winter for me, where I get a little heavy, and then all of a sudden the weather gets nice and... but I guess I'm just sort of like... I would say kind of freaking out in a sense. [8:10]

THERAPIST: How intense is kind of freaking out?

CLIENT: Well just sort of like bedreading. It's not so much... I mean it's just sort of like I see all the snacks and the nibbles that I enjoy, and that add so much color, and all the snacking I do, and I'm just sort of really sad because I know that has to stop if I want to maintain. And part of the reason why I'm gaining weight is because those nibbles are... I'll just nibble freely without even... sort of put my hand in the homemade granola and just start eating because it's kind of what I do when I'm brain dead or... so I realize that to sort of... I'm using food as an outlet for not thinking or for just pure excitement, and I see that it's also sort of stopping because I'm thinking about the sugar or the tasty, because I'm focusing so much on the tasty and the taming the tasty or the... it's like a food high. It's almost kind of like an... not an addiction but if I think about a salad with kale and sweet potatoes and chick peas, oh that's nice. But if I think about Cinnamon Toast Crunch I just think about more... and I mean I guess that's part of why maybe America is fat, is because food is so tasty and sugar...

THERAPIST: You are not fat. [9:56]

CLIENT: I know. I know.

THERAPIST: I mean it... it's important that you kind of recognize you may be on a higher end of what you consider acceptable for you, but your range of what you feel is acceptable is pretty limited, and pretty thin. So I think before you start really monitoring and decreasing what you're taking in, I think it's also important to use your hunger cues. If you're snacking because you're hungry, it's okay. Because that's your body telling you that you actually... you need some sustenance, you need some food, you need to eat in order to have energy, to be able to focus. And it doesn't seem that you've gained so much weight that it's really an indication that you're overeating. You may be eating in a less controlled way but it's still... I can tell from looking at you that you're certainly not overeating to the point where you're unhealthy. So while the scale may have gone up that might still be okay. And check in with your body. Check in and see how hungry you are. Food's supposed to be tasty. You're supposed to enjoy it. That's part of eating. That's one of life's pleasures. It doesn't have to be something you deny yourself. So let's go by your hunger cues as to what...

CLIENT: Yeah, and I think that's something that I need to be... I mean I started becoming... actually, after March meeting, when I was... just came back, I was exhausted. And I broke out quite a bit, my skin was dry, I'm like okay, well maybe I need to start taking care of my body a little bit more, making sure at least I get some sleep and drinking some water. [11:50] Because sometimes I'll be really thirsty and I'll just keep on drinking coffee, and that's [inaudible] so I mean I think I'm just trying to... and even taking care of my skin, and if it's dry or... I mean that's one thing I think that I'm now working on, is how to not... how to keep up a routine that creates sort of a... sort of a maintenance rather than sort... a do nothing and then freak out, and then actually hurt the face by putting lots of very, very harsh chemicals one after the other. And as opposed to doing, say, maybe a lead mask once a week. And I know I've been doing that with Jeremy and he likes to wear his war paint, and it's actually something positive because then he's sort of... I feel like we're being... rather than having... looking for support for Jeremy and... vocally [ph?] I think him doing a mud mask with me is really supportive because then we walk around and pretend that we're Native Americans and so it turns it into something...

THERAPIST: Yeah, you're doing something together. [13:06]

CLIENT: Yeah.

THERAPIST: Playing together is important.

CLIENT: Yeah, and I think we recently... like last night... well I had ordered this card because I know Jeremy's very stressed out, and he's actually doing a better job of expressing how much he appreciates me. And sometimes it's like okay, okay, that's enough. But in the one sense it's definitely... I feel more romantic towards him, that he expresses this rather than he's... I feel much more in sync with him. And I realize that it happens every winter, where we're just sort of... he gets very grumpy because the weather's bad and that we can't do stuff. But actually I... because I mean that premarital counseling that we did earlier when he said that I was a slug on the weekends and that we don't go for walks, and I sort of realized okay, well maybe we should go for a walk. And so even though on Sunday was a torrential downpour, we went for it. We went for a three mile walk. And I was going to... he was like I've got to hand it to you, I mean I sucked it up because I just sort of I thought well, I mean it'll be good to get the fresh air and I didn't do yoga, I didn't play racquetball, I just... we'd been inside all day. So I mean I'm trying hard to take care of him and also realize that it's good for me, ways that I wouldn't be sacrificing my own needs but in a sense sort of supplementing my life and taking care of him. And I got him a... because he's been very stressed out I got him a wood... it's a wood card that says I love you a whole latte, and I put it by his espresso machine and he was very, very, happy. [14:57] And it reminds me of back in the day when... I mean it was before we moved in and I started to really focus back on school again. I would devote so much time and energy of bringing him little gifts, and it sort of disappeared and disappeared more and more. And then I realized that maybe it's good to start bringing back some of the things because it makes me feel happy when I make people happy. And it's just something...

THERAPIST: And then he shows his appreciation, which feels good.

CLIENT: Yeah. And I sort of... I mean, I don't know, I mean I guess I'm... maybe this winter's... the worst of winter's starting to go away. Now maybe it's spring I'll feel a lot more energy. I personally... I mean I personally feel like I'm able to do stuff, I have energy to do stuff, or drive, more of a drive. Not necessarily a focus; that's one thing that I need to work on. I actually wrote the list because I didn't remember... for... so maybe I'll put out that list, a list of sort of priorities. What are the goals that I'm planning on for the next five years and what are the priorities.

THERAPIST: Wow, that's a long time frame. I don't think I gave a time frame. [16:19]

CLIENT: No, well I mean...

THERAPIST: That's all right. That's good. It probably would've been a useful thing to do. So share with me.

CLIENT: Okay, goals. What I'm trying to achieve, or things that I'd like to achieve the next year, five years, I'd like to write papers. Right now I'm trying to write a paper and it sucks and it's hard, but I hope to get enough experience that I can write papers and build up a sort of a repertoire of what I've been writing. I'd like to finish my PhD and find a job. I keep on talking about this and... but I think I'll feel a lot... I'll feel really good about myself once I complete this chapter of my life and move on to something big. Plus, start earning an income. Maintain my relationship with Jeremy and close friends. And this is one thing that I mentioned earlier, that I was really focused in my... on my relationship with Jeremy and courting him and bussing over to his place. And that sort of kind of slowly started to diminish in these last few years. But now I sort of feel that to start creating a life together, and that's something that I want to keep up no matter whatever my job is, I mean I don't know what it is, but I know that there's certain jobs that would jeopardize that, such as being a consultant. And I guess it wouldn't jeopardize it but it would make it more difficult to be as close. [18:00] And also, I've been spending time with my friends and I think... I mean that's such a positive thing that I want to make sure that that doesn't disappear as well. So having a support network is something that I... is really important to me, and then keeping up with ballet, health, and appearance. That's one thing that... oh, for a while I've been trying out yoga, and yoga was good but now I'm starting to... I realize that when I take the more difficult classes of ballet, I mean they're more challenging. And maybe I'm not... don't feel as confident, but in the same sense I enjoy the dancing aspect of them. And I think that's something that's going to grow with my life, and how to maintain keeping that artistic side because I think it... I think a lot of maybe the reasons why I like to bake or cook, and maybe unnecessarily after I've cooked like five, six desserts, is because I have this creative energy. And that's... a lot of times I sacrifice, oh I'm tired or oh, I don't feel like going to racquetball. And I sort of feel that putting those aside, I just sort of feel kind of pedestrian. I like that sort of color to my life, and I think maybe that's sort of the color that... and sort of what are my priorities in order to accomplish those? Well I have to research in order to write papers and finish my PhD, looking for jobs and applying for jobs, as well as preparing for them. And yesterday I felt really guilty because I spent an hour looking at jobs and looking through them and I was like I should be researching. I just spent an hour doing nothing, and then I sort of realized well, that's sort of

part of the looking for jobs aspect. [20:07] And it's hard because I realize that nothing's really going to be a perfect fit except for a post doc because post docs are a little... I mean even the finding the right post doc wouldn't be exact carbon copy, but I guess I just have to realize that finding a job... and in find something looking for it. I mean it's a difficult process for everyone. And it's just going to take time. Spending time with Jeremy. I didn't put and the cats, but I guess that's... I already spend a lot of time with the cats. And so I think that's a big priority because a lot of times I would just be happy researching in my office all night, which is kind of weird. I mean I'd probably get a little lonely if I kept on doing that but there's been a few... there was a night last Monday I just worked until 9 p.m. in my office, or 9:30, and I... the only reason why I went home is because I didn't want to get robbed on the way back. But yeah, I sort of realized that trying to make an effort will help me stay close to Jeremy. And I enjoy Jeremy. It's a delight of my life. And yeah, there are times I get frustrated because I feel I have to sacrifice my job, my job possibilities for Jeremy, but then I sort of realize that it's something that I chose. I didn't have to choose to get in a relationship but it's been something that has really helped [inaudible] helped me come out of my anxiety, get my life more on track, get support. [22:07] And so I think it's sort of one of those things that you're always sort of... you don't appreciate things when life is going good but then when you realize it... if it were just to disappear, life would be pretty sad and lonely. And so I realize that is a huge... that's a priority, and whether that means spending more times on the weekends and that's what I'm really trying to do, is incorporate time on the weekends where we're together, doing chores, going for a walk. And yeah, we... I was going to say, we... this Saturday we celebrated his mom's 60th birthday, and it was a big birthday party but him and I, the whole day his mom was calling and sort of freaking out. And I was with him the whole day trying to calm him down and give him strategies for maintaining stress and maintaining his relationship with his mom, and I just sort of felt like throughout the whole day I was helping him cook, helping him set up, helping him set up for the party. I mean normally I do that but I think it was sort of... I don't know why this goes with spending time with Jeremy but I guess it is because... I mean I'm just always trying to be very supportive and in the presence and trying... even though most of the time I don't feel very warm and fuzzy because I'm thinking about research or thinking about obsessing about something, I'm trying to be warm and share that with him. And for other priorities, attend ballet three times a week at least and at this point I haven't been doing that. [24:03]

THERAPIST: Is that possible with also making sure that you spend time with Jeremy and spend time researching jobs and doing your current research? Because those were the other things I heard you [inaudible] so I just want to make sure you're practically... can you get to ballet three times a week?

CLIENT: Yeah, I definitely can, and especially on the weekends because Jeremy doesn't like me to work on the weekends. So being able to go to ballet while he exercises is definitely something. And then if I can go twice... going twice during the week I feel good because it's only an hour and a half to two hours' commitment, and on the weekends it's something. Get going on the weekends, going to bed early, waking up and having that time where he can go to the gym and me not just take a nap at home or do nothing, or go [inaudible]. So I guess that is sort of unplugging from the computer, and I think that's what I'm... I have a hard time doing. And even

today, getting ready, like at 12:00 at the Cinderella clock, and I had a hard time disconnecting, whether it was my research, whether it was a search that I was doing, I have a hard time disconnecting. And I mean it might just be because I'm on my laptop all day and there's so much... like I'm always researching something, whether it's... I mean I'm... I should be doing always my research research but I mean even face products, face masks, and cross comparing them. And I sort of realize that... realizing many [ph?] I mean part of the reason why I do it's because it just feels so natural just being on the computer all day. [26:02] It's really kind of like a protective shell that I'm...

THERAPIST: You have the screen in front of you blocking the world. So getting in the habit of shutting down your computer, whether it be for two hours to go get out and do ballet, or to really spend some time with Jeremy on the weekend, or be done a little bit earlier in the night, getting into the habit of doing that.

CLIENT: Yeah, and that's... I mean and the last time... I mean I subscribe to a few magazines, and rather than reading them at breakfast on the weekend, I'll open up my laptop and sort of see what's going on there. And I think that's... I sort of see what sort of hindrance... and it's still... my priority's, A, it's having a hard time sort of leaving one step to the other, and I think part of that is involves the computer, and leaving a program. There's times at racquetball I won't [ph?] end up holding my computer open and have it run a program. And I'm oh, I mean there's probably more savvy ways of doing this on a cluster but last time I worked on a cluster I sort of hammed up the system and they were about to kick me off, so I realized that maybe that's not a good idea. But I mean I don't even shut down my computer. I don't research it. I don't reboot it. It just keeps on running because there's... so much of my life is in those screens, and I have a hard time of just letting go and saying okay, it's time to go back to the computer later. I think... I mean...

THERAPIST: Can those things be saved and shut down?

CLIENT: Yeah but then I'll have to reopen them. And I think that's the resetting of my mind. It doesn't do so well. I have a hard time just sort of rebooting my own mind because in a sense I am scattered, and maybe I need to start writing notes of what my thought was before I left. [28:15]

THERAPIST: That might be helpful. And in the same way that the night before, deciding where you're going to go and getting your bag set up, work wise the parallel is looking at where you are when you're stopping for the night, gathering your thoughts and determining where you're going to start the next day. It's that same kind of practice of having a way of closing one part of the... closing one day or closing one activity and preparing yourself for the next one. If you write a note as to here's where I was, this is what I was thinking about, this is where I'm going to start tomorrow, it won't be so scary to really shut it down and give it a break. Let yourself transition to the next part of your life, which might be sleeping and relaxing or having dinner where you're really present with your boyfriend, fiancé.

CLIENT: Man, whatever it is, partner.

THERAPIST: That random guy you live with.

CLIENT: And not my [inaudible] Yeah, I think that's something I really need to get in the habit of doing because I think that's... it's really... I get... I sort of see it's a real... by not having... I have the set tasks in my head, but by not writing them down I start to look at... I forget even what I'm doing. And I mean part of the way I used to work is just do a bunch of things and then suddenly [inaudible] this has happened. But I sort of see that if it's just unstructured, sort of gathering of data, just... and even with my life...

THERAPIST: It might not work on the time frame that you want it to work on. [30:02]

CLIENT: Yeah, the [inaudible] is normal. And that's why I look at clothes, is because that's when my brain would take a break and synthesis would happen. But I sort of realize that in a sense it's wasting time because I start focusing more on the clothes or more on the face product or... and I think that's really being able to take a breath and say okay, it's... I mean there's [inaudible] 11:55, why... I had to look up a few more things, why I waited until 12:05. And that could've been ten minutes that I was here earlier. And there's nothing wrong with getting here early, and it's just... it's the why am I pushing it, why... a lot of it is that it's hard to let go of the flow of... it's, yeah, I just need to be able to... and maybe there's a lot of ways I can practice this is [inaudible] what time I have to get ready, it has to happen, and that takes so much self-control but I think that's... and how come normal people don't have problems with it. I don't know. I just...

THERAPIST: People struggle with different things. [31:27] So I think maybe the next step with this is keep that list. I want you to distill it down to headings. So racquetball, investing in relationships, completing research papers, and looking for a job. I think I got... am I missing one?

CLIENT: No, no, I think that's good. (pause) And then what you can do, create... and you can use your creativity here to make it inviting for yourself. On a regular piece of paper create something with those main sections, however it makes sense to you, so that when you look at it you can sit there at the end of the day, or the beginning of the day, and say okay, how am I going to hit these four main places in this day. And the goal is to go to racquetball three times a week so there will be lots of days when sort of honoring the creative part of yourself that is expressed through racquetball doesn't mean you necessarily go to racquetball class that day. But maybe it's just thinking to yourself, yeah, I'm an athlete, and I'm going to go to this class tomorrow. But it might just be a moment of recognizing that yeah, that's part of my identity. [33:04] It's one of my priorities, is committing to that. And it doesn't mean that it gets an hour or a class or anything other than that acknowledgment. That might be it. But then [inaudible] look and say okay, how am I going to honor the priority of looking for a job today. Is that doing a search? Is it submitting an application? So you can sit there, have a piece of paper on your computer, and maybe when you open up your laptop it's there so you have a moment to sit

down and kind of get grounded and say okay, here's these four main things, how's my day going to honor each one. And hopefully that will help you kind of set an intention for how you do the day. So it doesn't feel unstructured or haphazard or passive, that it just kind of happens. You can set the intention to hit those four things with some acknowledgement and some of them... some substantial time each day. And let's see how that impacts how you can go about each day and how the weeks take shape. Does that make sense?

CLIENT: Yeah, no, that really makes sense. I think it reminds me of my dad said when he was in college he would make structured lists of how he was going to spend his time. And so now I sort of see that maybe other people have difficulty in...

THERAPIST: Yeah, I mean people... it's... lives get complicated and complex and busy, and you're... and I think that's part of what's happened, is that your responsibilities have gotten bigger and in more places. [34:43] So it's harder to manage them all. And I don't know, you might be a list person. You have this creative side, maybe we can tap into that to make... to have it resonate for you. And find a way to organize it in a way that really fits your personality and is pleasing to you. Looking at a long list of things you have to do can be really offputting, but if you can create some sort of visual that feels creative it won't... maybe it won't be offputting. Maybe it'll actually be inviting to see that and find a way to use it. Why don't we stop there for today.

CLIENT: And I think we're on for next week. [inaudible] And it's in my calendar. [inaudible] for a startup. If you were a startup company and you were... found a way to make [inaudible] appealing and structured [inaudible] maybe there's a lot of startups doing that.

THERAPIST: It may be a great project. It cannot become one of yours.

CLIENT: No. I know.

THERAPIST: You just said what your priorities were and new startup was not on there.

CLIENT: No. Unless it gives me a job, but I don't think I'll be going on Shark Tanks anytime soon. (pause)

THERAPIST: Thank you.

CLIENT: I hope you enjoy the weather this week.

THERAPIST: I know, thanks. Much better today than yesterday.

CLIENT: Well there's something very heroic about walking around in the horrible weather.

THERAPIST: Yes, you guys were brave over the weekend, huh?

CLIENT: Yeah, I mean we were only so brave and then after mile two we're like let's go home.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: I... yeah, I don't know, not much. Yeah, I've been... really been just trying to work on the paper, and I think this week I really decided that I wanted to sneak my bedtime back. And so far it's... because I was getting [inaudible] 2:30 and I was at this... getting in bed by 2:00 but you can't simply fall asleep; that doesn't happen. So I shrunk it back to getting in bed by 1:20. And so I'm going to keep on... and I... Jeremy...

THERAPIST: How long is it taking you to fall asleep after you get in bed?

CLIENT: Well the first night, which was I think Sunday, it took me a long time. I didn't get to bed until 2:30 and I was... had my booty in bed at 2:00. [1:07] But then I went to bed at... got in bed at 1:40 on Monday and eventually fell asleep by 2:10. And this time I got into bed at 1:20 and I got to bed 20 minutes later. So it's getting... I'm getting used to it. And Jeremy had me... I was just so annoyed because I don't like suggestions when I'm sort of set upon my ways I mean it's kind of hard to change but he wanted me to install this... it's a computer program that takes away the blue lighting on your computer so that when you're working late at night it keeps on getting darker and darker and darker. And I tried it consistently with my second night trying and it really helped. I think I feel more restful. And I guess there is some study or some science to blue light affecting quality of sleep because I was able to get up at 9:00 with Jeremy, and it made me happy. I mean yeah, I took a 30 minute nap after maybe two and a half hours later, or two hours later I took a half hour nap, but the important part is that I felt restful for the first... it's because I didn't have any coffee this morning. [2:28] I've been feeling really dehydrated so I mean I guess it's sort of... but I mean I'm very positive that I can keep it up, going to bed earlier and earlier, because I think I have a goal of getting to bed by 12:00. But I can actually... I mean because I get frustrated when my day really doesn't get started until 11. And by then, to get fully ramped up and then have to go to dance right when I sort of hit max productivity, it's frustrating. But since I was starting at 9:30 in the morning and had time to think about it, I feel like my ramped up time is going to be around 3:00 versus 5:00, 6:00. So... because I didn't go to dance yesterday, and part of that was on... I did three hours, three... yeah, three hours of tutoring, and it's a lot. And I... one of the students... I was a former TA for the class that she's taking as a... I taught the class maybe three, four years ago and I have access to all the materials but... and she just wants to do extra problems. But I started to get very hesitant because I remembered in the guidelines that said because it's a peer tutoring council that I'm working through and it says students can't use their past materials for the benefit. And so I mean I think it's to prevent... because sometimes they... the students hold onto tests and tests are shared and tests are often reused. And I can see the point of that and... but so I mean... but there's actual practice problems on sight, and I was thinking about it and I was going to send them over but then I just started freaking out because I didn't want to... because I just I don't know. I don't want to be getting anyone in trouble. [4:34] And it's a serious thing that letting someone... I mean I don't

know. I mean of course I could count... consult the council and say are these extra practice problems that were used three years ago okay, and they might say yes or... but I just don't even want to contact the council because I don't want to be under suspicion that I'm doing this or...

THERAPIST: What do you typically use to help? What's...

CLIENT: What I do is I look at their class notes and I look at their homework and we go through the homework. And sometimes...

THERAPIST: Because she wants something more than just homework assignments to practice.

CLIENT: Yeah, so I spent an hour looking up practice problems to give them and then I was like oh shoot, I wasted a whole hour looking at practice problems and I also was still freaking out. I don't know, I have a hard time... once I freak out I have a hard time calming down because I mean just the... because I guess I was just starting to freak out thinking about all the possibilities of doing something that wasn't right and how that would magnify. And I sort of see the future of everyone getting in trouble. I just... my mind focuses on the... I mean I guess it's sort of like if I saw something disgusting or freak out about the what if. And in a sense freaking out about the what if can prevent us from doing things that we don't... we shouldn't...

THERAPIST: Well, it's the difference between freaking out and thinking about what were you doing. [6:16] Were you thinking about the what ifs or did it feel like freaking... I guess when I hear freaking out I... it conjures up panic that's going along with the thoughts.

CLIENT: Yeah, no, there was a panic in thought because I mean even talking about the possibility of letting her see the section notes I'm like did other people hear that and... because we were in a general café working and I was like are they going to think that I'm doing something wrong. And then I was like well, I told her I didn't know if it was right, and I think I'm just worried about just... I mean what people would perceive. I mean it feels kind of, I guess, what is it, the Truman show, where there's video cameras. And I don't know why I feel like that when just sort of...

THERAPIST: You feel like you're being watched.

CLIENT: Yeah, and I mean part of it is... I mean I don't know why, I just sort of... I guess I've always sort of... it's sort of like when I put things in the mail and I sort of freak out when I mail things. Did I really say everything? I mean I sort of freak out over what I just put in the mailbox and I don't know why. I mean I guess because my... I have a lot of random thoughts. And especially when I had thoughts about HIV, and I worry that maybe I put something down, some of these random thoughts, and I didn't catch it. [7:59] And I had that, and I guess it's sort of something I had that when I was very anxious about disease and HIV, and I don't think it ever went away. So I still fear. And when I'm writing the letter I just sort of freak out about possibly putting something about... not HIV but just... I mean at this point it's still just a freak out. I mean I don't even know what I would put, but it's just a freak out and...

THERAPIST: How long does the freak out last? Are we talking minutes, hours, days?

CLIENT: Well for e-mails it happens... I'd get really worried and tense for... until the person e-mails me back. For letters it goes away for the most part just after... because it's... maybe after a few hours. So I...

THERAPIST: That's an uncomfortable few hours. [9:10]

CLIENT: Yeah. I mean I guess I never... I mean I don't... I haven't brought this up, I guess, because I... it's, I don't know, it was always just a problem that I've sort of been okay with up until Jeremy was getting on my case for... because I don't mail things. And he'll be like okay, can you just put this in the mail. And for some reason, I mean it could be because there's not a mailbox right out our door. I mean you have to walk down a bit or... but I mean there's... eventually I'll walk by a mailbox or... to mail important things and I don't do it. And Jeremy was like... he's getting very sulky or oh, you're really bad at this. And I'm like well that's not very nice and he's like well you are. And I'm just like well I am. I just have a hard time mailing things. And then I explain and he's like oh, well do you want me to mail everything then and I was like well no. I was like because that's just sort of letting me get away with the behavior, I said. [10:21] And I need to learn how to mail because I feel [inaudible] not to be able to put something in the mail.

THERAPIST: So you feel worried even when it's not a letter you've written? So if he's put together a package or written a letter that you would feel anxious putting that in the mail as well as something that you've done?

CLIENT: Yes, actually, I do. And I don't know why. I mean... and for one it's like did it actually go in the mailbox. But then it's... I sort of feel like I'm leaving something behind or... and the idea of leaving something behind may be, I don't know. And see, that's where it just makes no sort of...

THERAPIST: What is the worry? You're leaving it behind and what's the worry?

CLIENT: It could... I feel like it could have... for some reason it feels like I'm leaving behind a piece, like if I left it behind and someone opened it it could be that oh, maybe they're going to open it up and take a check, or maybe I feel like there's something written about me, even though it could just be a wedding thing.

THERAPIST: So it feels exposing, that someone might read something about you or learn something?

CLIENT: Yeah. That's what it does. And I... yeah, it does sort of... I mean that's... I mean I guess it's not a very logical fear because I mean even if it's a deposit fee for the wedding cake or a deposit... I mean even with those... I didn't feel fear when about thinking about mailing them, I just didn't mail them. [12:20] And...

THERAPIST: What did you do?

CLIENT: I just kept them in my backpack, even though there's a mailbox as I'm leaving the physics department and there's mailboxes all over when you walk around the Square. And I just...

THERAPIST: So it... the fear's really interfering because you need to pay those deposits to hold your vendors.

CLIENT: Yeah.

THERAPIST: So it... I mean there's... at some points in life maybe it might not interfere so much, but right now is a time when you sort of need to be using the mail service for these kinds of things. So it is... when I think about whether or not a behavior is a problem or not, using the marker is it getting in the way with what you need to do and sort of... to fulfill your daily life obligations. And right now this is because yeah, if you don't pay your deposits then your vendors, yeah, don't feel beholden to the contract. And if it's hard to get those envelopes in the mail then that becomes a problem. [13:24]

CLIENT: Yeah, and that's... I mean it's just interesting because I... yeah, it is one of those hard things, and I know that I tend to obsess what I write on Facebook, and it goes back to the same... the mail thing. So...

THERAPIST: What will people perceive.

CLIENT: What will people think, yeah. I mean there's... and with the mail thing, as you say, it has nothing really to do with me, but in the same sense I feel like if I left it behind it still feels like there's something about me in that message. Or maybe I wrote something on that message or...

THERAPIST: What's scary about someone knowing something about you?

CLIENT: Well I could say something like... I mean it wouldn't be... I wrote the thing, is... I used to worry a lot if I wrote HIV in my e-mail and so...

THERAPIST: You kind of broadcast this thought that you didn't mean to broadcast.

CLIENT: Yeah. I'm either... and I guess that's the sort of thing, is I spent a long time hiding these thoughts. But I guess I sort of... but because hiding, not mentioning them, shoot, even the idea of World Aids Day I would just get really shuddered because I'd be like [inaudible] just hearing about it. I don't get that way anymore. [14:59] But with the mail I just... it's... or e-mail or messages, I just have a hard time. I don't know, I just... and it's just a lot like fearing I said something to people and it's... said something inappropriate or wrong. I have that same fear

with people. I don't know, for some reason it's... it reminds me of back in the day when I was really worried about germs, and I got my blood drawn and I'd be like dad... or I called up my dad and I was like I don't know if I put my hand in the used needle container. And he's like... and I couldn't convince myself that I didn't do it. And for some reason I still have lingering... I mean I don't feel like that anymore so much with needle containers or sanitary or feminine disposal boxes. I mean at that point it's trained out and I don't worry about that, but I still have that and I don't know if it's sort of saying I don't have confidence or maybe I'm just... my thoughts aren't right or I mean... but I... it's sort of like I imagine I say something inappropriate or even, yeah, I just... and then I just, I don't know. I mean I guess I get all these sort of weird thoughts. [16:49]

THERAPIST: A fear of what if, what if someone could read your thoughts, or what if you inexplicably blurted something out that didn't have anything to do with what you were talking about but instead... but what you worry about.

CLIENT: Yeah. And I...

THERAPIST: That would feel out of control and scary and revealing.

CLIENT: Yeah, and I think that's... I mean that's sort of... because I realize this is one of my sort of lingering phobias, and it sort of comes out in terms of obsessively checking e-mail or messages that I've written.

THERAPIST: Yeah, trying to prevent the mistake.

CLIENT: Yeah, and I mean I don't... my dad said, back in the day, he's like you just have to tell your mind not to think about those things or to tell your mind just to put mind over matter. And for... and he said that if something bad happens that's... you would know, and you can't just do something embarrassing or something weird or odd without taking notice. These things just don't happen and you forget about them. And I think that's the thing is because I'm trying to deal with a... I mean I'd cut my antidepressant [inaudible] but it's... I think the regular dose is 20 mcgs or... 20 or 30, which I was on for a while, and then I came down. And it's... I mean I... thoughts don't go away. I just have all of these sort of thoughts and it's hard to deal with them. And I think that's the sort of thing is just...

THERAPIST: And if I recall correctly, the reason that you were wanting to decrease the meds was to try to resume higher libido? [19:08]

CLIENT: Yeah.

THERAPIST: Did that work?

CLIENT: A little bit. I found that actually I think I was... I think it was actually what... it didn't work like I thought, and then I realized it might be maybe my views on sex are...

THERAPIST: More so than meds?

CLIENT: Yeah. And I think I'm still a little afraid of it and sort of my role in feeling sexy. I mean it's been a long time that I wanted to feel sexy and I think I'm getting... I'm feeling more and more comfortable about feeling sexy. And as far as... it reminded me, watching The Wolf of Wall Street, where it's very... they have lots of scenes that are very graphic, and to be okay with the sort of curiosity and the interest of sex. And I think that was another thing that I sort of... I still sort of feel bad for getting those thoughts or thinking about those. And...

THERAPIST: So watching that movie, did you feel like that gave you permission, sort of normalized it for you? Or did you feel... I guess I'm curious about your response to...

CLIENT: Oh, it... I mean in a sense I was just like wow. Wow, that is a... I mean there is of course the drama, the grandioseness, the prevalence... a lot of it, I mean it was a little... it was over the top, to say the least, but in the sense... just seeing men and women together and enjoying it. And it in a sense it didn't fully renormalize but it sort of reminded me how come I don't feel that way or how come... so it got me thinking and then I realized that don't... I don't think of myself as sexy or I don't even know what sexy... to be sexy means anymore. [21:25]

THERAPIST: Was there a time when you felt like you did know what that meant for you?

CLIENT: Maybe when I first... when I was younger. When I was younger, yes, and had my first boyfriend. And then even in the beginning with my second boyfriend, which is now my ex-boyfriend, I mean things were exciting and new and... but I think after the breakup and worrying about the germs and having a few hookups, I... actually two, but I mean I didn't feel sexy then; I felt scared.

THERAPIST: A very different feeling.

CLIENT: Yeah. And I think, yeah, I was... it was sort of tied with... I mean during my... with my ex-boyfriend I did enjoy sex and I was able to have a libido and to orgasm and... but starting... after that sort of broke up I was afraid to feel sexy or afraid to do anything that involved that. I mean in one sense I was afraid that I had something but I guess in another sense I was just... it... I didn't... the interest of being sexy or wanting to be sexy or viewed as sexy... I mean pretty, yes, but not sexy, not hot, not... and I sort of feel that...

THERAPIST: Because the sex felt dangerous, because you might give something to someone or you might catch something?

CLIENT: It made me sad. It... well in a sense it felt very dangerous but it also felt sad, like loveless. And that's... it might be because right before my second boyfriend broke up he had sex with me, and same with the guy I was sort of dating during the summer that was in between the two. [23:55]

THERAPIST: So you sort of connected sex with being left.

CLIENT: Yeah, I really... I think that. And also, yeah, I mean that was...

THERAPIST: And danger.

CLIENT: Yeah. And... well it didn't help... well I don't know, it didn't... back when I... my parents found out that I was having sex with my ex-boyfriend, my mom and sister called me a slut, and that...

THERAPIST: Yeah, so you were really ashamed.

CLIENT: I... yeah, I mean I was, and in the same sense it didn't stop me. I still enjoyed it. But once I broke... or once my ex-boyfriend broke up with me he... I sort of saw that as that... those years that I spent with him, the things that I did with him, were all wrong and bad and I did... after he broke up with me I wrote a long... a whole list of things that he should apologize for. Of course he didn't apologize for anything. Instead he made me feel bad for worrying and... or being upset about that and said that I was the bad one. Anyway, but part of... on that list I said that I was like why did you have sex with me if you knew it wasn't... if it... if you were going to break up with me. And he's like well he's like I don't know. And he's like it feels good or I was excited to see you after my trip. And that, I mean, and I guess with the... I guess... and following... after that sex, not only was it kind of sad, it was just sort of a feeling of... it was sad because it seemed to be... I felt used, especially right the next day. I felt very used. [26:05] And following, I know that when Jeremy and I were first getting intimate he said I made a... he said I looked strange when I was being intimate, my face. He's like it looks like you're in pain. It's like... and I feel like I'm molesting you. And after that Jeremy and I really didn't try sex for another... for a long while. I don't know, just because I was just... I felt really embarrassed. And not to... I guess I felt really embarrassed, just sort of like my first... I felt that I was being brave even though at that time I was still germophobic. And I thought that it would bring me the same happiness, but then when he said that I looked strange then I was... I just... it was... I guess there's a bunch of things that are revolving around me and sex. And I mean I know that I enjoyed it when I was younger, or at least with my ex-boyfriend I... but then it... in the end it just sort of... it felt sad after that, and dangerous. And then I felt just really embarrassed when I was with Jeremy. [27:33]

THERAPIST: How does it feel now?

CLIENT: It's getting a little bit better now that he's sort of taking on to cues and that I'm trying to tell him things that I like. And I think especially now, after I watched that video, I just... I was... it sort of piqued my interest into trying and... being more open and trying to feel sexy. And part of that is... part of the things of getting excited about it are things that might make me feel sexy, like maybe a tight short or just a certain je ne sais quoi as I... when I'm around Jeremy or... and it was actually funny because on Friday when I was feeling in the mood and he was tired or he didn't feel good and I was like what the heck, I was like normally you always get on my case for

not wanting... or not being in the mood. And that's part of it, I feel guilty that I don't have a high sex drive. And so I guess I had feelings of guilt as well. I think this is... it's sort of a catch-22 or, I don't know, like if you feel guilty, feeling guilty about not doing something, you would think that you could easily do something, but then I just sort of feel embarrassed rather than... I mean I guess it's really a loaded subject for me, and I think... I mean I think I need to really... because I told my mom about it and she's like you know, this reminds me of this... she actually was telling this lady that... because this lady had at one time liked sex but then just sort of lost her sex drive. [29:40] And she said... gave the woman advice, whenever you have a hobby, what do you do about it. You think about it. You dream about it. You arrange your life so that... I mean say it's with knitting, then I would look at yarns and caress them and think about the colors and the varieties and the possibilities. And she's like well, then you need to start doing that with sex, start thinking about it. Start thinking about ideas, getting these thoughts in your head and being excited about it. And then I realized... at that point I was like wow, I don't really think about sex. I think the only time I think about it is how can I avoid it. And that sounds horrible but I mean... and I thought it was because of my antidepressant because that's when but I sort of realized that maybe it's something more than that.

THERAPIST: Because I think... and it may have had an exacerbating sort of component. The antidepressant can dampen your sexual urges but it doesn't create meaning about what sex means or what it means about you to have certain feelings about sex. [30:57] And it sounds like part of what is getting in your way from sex being enjoyable is sort of the meaning that you construct around sex and the meaning that you attach. What does it mean about you if you want it or don't want it or want certain things and not other things. The medication doesn't have that power. It can certainly make it hard to orgasm, which can make sex not really that interesting, and it can decrease just the general feelings of libido, which make you kind of want to be sexually active at all. But it certainly doesn't create the feelings of guilt or discomfort, kind of vulnerability that you've been talking about, in a sense. Those are much more about the meaning that you attach to sex, the messages that you've kind of absorbed about it, whether it be from your family or your upbringing or society in general. And your past experiences. I mean it sounds like you had some experiences with partners that were negative.

CLIENT: Yeah. And what's a way to, I mean, sort of, I guess, detach the meanings or create new meanings or... and what... I mean do you have any advice on suggestions on how I should go about thinking positively or...

THERAPIST: Well what do you want sex to be?

CLIENT: Well...

THERAPIST: What would you teach your daughter? [32:22]

CLIENT: It should be... well one thing is funny because Kitty tells me, she's dating this new guy and she tells me very vividly about her sex life, how... or not vividly but vividly... more vividly than you think your mother in law would talk about it, how it's fun and exciting and just an

expression of feeling. And I want it to be like that. I want it to be fun and to laugh and enjoy and to have that component of feeling close. And at this point I'm still... I mean I think now I've been trying to sort of...

THERAPIST: What does feel fun, exciting, and emotionally close?

CLIENT: I know definitely rubbing of the back and the hugging and kissing and being physically close.

THERAPIST: So at what point does it change from that to something different? When do you... when in sexual play do you lose that?

CLIENT: When it starts to be like I'm... when it... I think it's when it starts to become instead of just being close and getting excited, when sort of Jeremy sort of starts to expect... he starts going...

THERAPIST: There's nothing that I haven't heard before. [34:15]

CLIENT: Okay. I... it feels like he expects me to either... I think it's because I'm... because when he goes to put on protection and then we're about to have sex. And then I'm like oh shoot, I'm not ready to come, and he's going to come and...

THERAPIST: Is there an expectation that you're going to come together?

CLIENT: For him? Yeah. And...

THERAPIST: So... and he's expecting you to come through intercourse?

CLIENT: Yeah.

THERAPIST: Okay, so we need to dispel him of this notion because that... it's rare, and I think it sounds like that's a rough expectation for you to try to meet. And it also sounds like he moves toward intercourse before you're really ready. So there's two things, if you can talk about this with him. Most women don't come through penetration because it's not how your body is made. Most women. I mean there are a few women that... for whom... how their bodies are aligned that penetration might lead to orgasm. But for most women the thing that's actually going to lead you to orgasm is clitoral stimulation. And your clitoris is not near where the opening of your vagina is. So actual intercourse, not necessarily what's going to be most efficient, if even possible, for you to come to orgasm. And if the expectation is that you're going to come together, my guess is that the expectation is that he's probably going to come through vaginal intercourse. And then you're just going to magically do that? So trying to dispel that. And a lot of times... flip through some Cosmos or Glamour or any of those because a lot of times they'll have articles written in easy language. [36:12] It doesn't have to be a clinical discussion that kind of says this is not actually what's going to work. What usually works is direct clitoral

stimulation, whether that be using his fingers or use fingers or a vibrator during intercourse, maybe, if that's really important or... before or after. That's going to be a lot... much more realistic in terms of just how your body works. And it's not because you're wrong.

CLIENT: Because... okay, that actually makes me almost want to cry because I feel like sometimes... yeah, I always felt like something was wrong with me because I felt that...

THERAPIST: No, you're just a woman.

CLIENT: I felt that... I mean I thought that other... I thought I was strange, that... I mean that something was wrong with me.

THERAPIST: There's nothing wrong with you.

CLIENT: Okay. Maybe we do need to flip through some Cosmos because I mean I guess I've been really embarrassed because that's... in the past there was a focus on exciting through the clitoris, and doing that before so I was just about to have an orgasm and then go from there. And it... and I guess, for some reason, I feel I haven't done that with Jeremy because I let him take the lead. And I think I just need to be... talk to him about it, that I need more time.

THERAPIST: Yeah, and you need... you wouldn't expect him to orgasm by rubbing his leg, right. So it doesn't make any sense to expect you to orgasm by rubbing a part of your body that's not actually an erogenous zone. [37:52] Intercourse is fabulously designed for pregnancy, right. It gets a man to ejaculate, which is what you need for women to get pregnant. So that works really well for him. Nobody really knows exactly why women have orgasms because it's not... it may be to get us interested in having sex so we can procreate. But if you're not having sex just for the purpose of procreation, which you're not, then it's important that you get to enjoy it. And it's... the intercourse part is just for pregnancy, and obviously you're trying to prevent that. But that doesn't mean that you necessarily want to prevent the other fun parts. So I think there's nothing wrong with you. There is something wrong with the way that the media portrays sex, and that's where this idea, right, because in a lot of movies oh, they have intercourse and everybody's ecstatic. And they're missing... they're not showing other things that are going on. And yeah, in order to get you to orgasm he's got to stimulate your clitoris. And unless... that's not necessarily what's getting stimulated when you're having intercourse.

CLIENT: Well that makes me feel a lot better because I think that I was just really embarrassed, and I think... because yeah, I do see the movies where the magic happens and it's like how does that happen. And I mean I don't ask my sister about these things. I mean especially because now she has hip problems. That's a very sensitive subject for her because she... I mean sometimes she tells me more but then my ears start to shut up because... and I don't really talk to my friends about it. [39:37] And maybe I should just, to... so I can see what works for them, or maybe read some magazines and see what... I mean because I've always been really embarrassed to read about sex. And I think that might go along with the why sex is such a loaded topic for me. And I think it...

THERAPIST: It just felt like you weren't working correctly.

CLIENT: Yeah.

THERAPIST: I think the message that's sent about sex is still quite... it's heterosexist and it's male... it's in a male dominated view. Even when we look at our sort of... the medical literature, the stuff that we know about what makes the male body work and the stuff we know about the female body is... it's not equal. Do you have cable?

CLIENT: No.

THERAPIST: There's a... there's actually a series. I don't know if you can stream it or not...

CLIENT: Maybe I do.

THERAPIST: ...called... I think it's called Masters and Johnson, or it's something to that effect. And it's a fictionalized account of real life, so it's somewhat nonfiction. But Masters and Johnson were these two researchers who did sort of the groundbreaking research on the physiology of orgasm and sex. And nobody had ever wanted to touch it before because medical science thought ooh, this is not like real science. But it's how the body works. So they did... their research was a little questionable, and their methods, because they couldn't get anybody to fund it, so they did a lot of research on themselves, and they hired prostitutes to work for them. But they did this groundbreaking research on looking at what are the phases of excitement, and they focused a lot on women because we knew some stuff about men. [41:29] But looking at the phases of what actually gets people excited, what works in orgasm, how does this help. So if you can Hulu that you might find that it's engaging to watch because they've made it into sort of a drama. But it's real life information about how does the female body work, what is an orgasm, what actually gets women excited. And so you... it might... in the privacy of your own home you might feel like you can check it out. Or yeah, let yourself pick up a Cosmo and go to the love and sex section and read what... read some stuff that just lets you feel a little bit more comfortable with the whole topic. I don't... it doesn't sound like you're abnormal; it sounds like the expectation is abnormal and misguided. Just present... you got presented with a lot of information that was incorrect and didn't have anything to... didn't have access to information that would help you kind of break the myth.

CLIENT: Yeah, and I think... I mean it's interesting because Jeremy and I, we don't talk about sex, and I think it sounds like he... I mean he said originally he likes to do it because... he doesn't talk to sex about... with his friends because he likes to keep the intimacy between the couple. But think about... we don't really talk about it or like even [inaudible] if anything it's sort of a joke, or he'll be like... he's like will you pleasure me. And he sort of looks at me. Jeremy, you can't ask like that. We always just sort of laugh. He's like but it's so funny when I say it like that. I think he's slightly uncomfortable talking about it, very sensitive, because... and I think

that's the thing is that he and I need to become more comfortable with each other about it.
[43:20]

THERAPIST: Well I'm happy to talk about this stuff in here with you, and if we can find a language that feels more comfortable and you can start to bring it up with him. And if you guys can't talk about it then it's really hard to approach it and change what's going on. And I think the end goal is that you do feel comfortable talking about sex, having sex, and that it's enjoyable for both of you. But yeah, there's some steps. I want to look... I used to teach a sex ed course so I'm wondering if I still have any of my stuff, or where I have it. Yeah, so let me... are we meeting next week?

CLIENT: I think so, yeah.

THERAPIST: So let me spend some time... I will... I know there's some good sort of basic info and that way you can present it to him in sort of a nonbiased way. It's not here. It's not like you telling him. If we can find some stuff that feels objective and won't feel like a personal threat and you can kind of share it. So let me find some time looking through here, find you some stuff, and...

CLIENT: That would be great because I think him and I both need to open up the dialogue and be comfortable talking about it rather than just... it seems sort of like a... more like a guilt trip when he talks about it, like oh, why don't you do this and oh, he gives me a frowny face. Because he was feeling very revved up right before we went on a walk and I was like well, I kind of want to go on the walk. And he's just like what, you don't... he's like you're making me feel dejected. And I was like well, I was like... and in a sense I mean I wanted to go for the walk, but I also didn't want to... I mean I...

THERAPIST: You were avoiding. [45:18]

CLIENT: Yeah, I was avoiding. So... but yeah, no, that would be really helpful because... I think because I haven't... in talking, I feel very uncomfortable talking about sex in general, and I think talking it in this room will help, and with the controlled setting feel like it's something really positive to do. And I think that part of getting married is being able to enjoy this with your partner, and I think at this point it's something that I still need to work on because at this point I don't... it's not something that's fun. I mean it's fun a little bit fun but it's not something that brings me back. Eating Cinnamon Toast Crunch seems a little bit more fun.

THERAPIST: So I think... I'd love to get you to a place where sex trumps Cinnamon Toast Crunch. Not eliminates it, but trumps it.

CLIENT: Yeah, I think it should, as good as everyone seems to talk about it. There must be something to it. It's not mentioned in most magazines or... Cinnamon Toast Crunch.

THERAPIST: All right. Well why don't we stop there for today. I will spend some time sort of perusing that and see if we can find some good information to start you in a conversation with him.

CLIENT: Okay. Thank you so much.

THERAPIST: You're very welcome.

CLIENT: And I hope [inaudible] here, but if not is it possible I can drop by...

THERAPIST: Yes, or you can pay me for two next time.

CLIENT: Okay.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: ...the paper is correlated with his present.

THERAPIST: Well, I was happy to oblige. I actually had a cancellation so it worked out perfectly that you could move to this spot.

CLIENT: Oh, that's great. Let's see, well it was... so taxes. I did taxes this last... well I was going to do a month Friday... I did the month Friday night. Jeremy's brother sent... his wife was going to a bachelorette party. Jeremy invited his brother over. And it's hard for me. There's lots of drama going on, whether Christina's being a good mother or whether she's overloading Ozzie [ph?] and making... spreading him too thin, giving him equal baby responsibilities but not equal total team responsibilities. [1:05] So that might be taking care of the baby and doing all of the cooking and the dog watching and the... so I mean I had some observations and sort of... but it's hard because the mom says something, Jeremy says stuff to me, and I have my own opinions. But it's... I mean I do feel bad because it does seem that even though they've talked about it, one person does have a larger portion of the work, and especially if [inaudible] personal experience with Christina wanting me to come over on Fridays and spend time with the baby, which I'm working on Friday. I mean I don't mind spending time with the baby Friday night but she meant during the day, and she's had... I mean just making sort of the assumption or extrapolating from her bringing the baby into the office on Fridays and then leaving to do chores. [2:15] I don't want to... I mean I guess I'm personally impacted by this as well so I mean I guess I do feel I have a say in what I think is fair or not, or whether... my personal opinion. But anyway, he came over on Friday and we gave him dinner. Made tacos, which was really fun. And it was nice. I got to hold the baby and I mean the baby didn't seem to mind me. He didn't seem to be too interested. I have to admit I'm more of a three year old toddler sort of... that's sort of where I... my interests come, rather than babies. But I wanted to at least tend to the baby while Ozzie [ph?] and Jeremy were making cocktails in the kitchen. So I feel I was doing my Auntly duties

and I was... the cats were sniffing the baby and sitting near it. So I felt... I don't feel like I'm a totally bad Aunt. It's hard to say. I don't feel...

THERAPIST: You feel like people are saying you're a totally bad Aunt? [3:37]

CLIENT: Well Christina said that she doesn't... she wants me to spend more time with the baby so that it gets to know his Aunt. And every time when we go out with them they're always like hold the baby, hold the baby. You don't want to hold the baby? And I'm like well, I mean the baby's... I can hold the baby. I don't particularly want to. It's nothing against the baby. It's just babies are rather fragile. I mean not that fragile but I mean I'd rather hold a cat, but not like a baby kitten, like a too, too tiny kitten. I just... I mean I just don't feel any warm and fuzzy feeling. I guess I'll say that. But I can understand once the baby gets a little bit older I'll feel a little bit more closeness to it. So [inaudible] being a bad Aunt but I think Christina puts a little pressure on me for spending time with the baby. And I feel like why are you doing this. I mean I don't demand her to come over and spend time with my cats. And I mean I guess cats are a little bit different but I mean there's a long time for that, the child to grow up, and I don't know exactly how to say Fridays are really busy but you're welcome to come over Friday night, or maybe that might...

THERAPIST: That sounds fine. I mean I think her desire to want her baby to be connected to... is it a boy or girl? [5:18]

CLIENT: It's a boy.

THERAPIST: His Aunt and Uncle, I can understand that. But it was their decision to have a child, not your decision to have a niece or nephew. And your life goes on. So I think being respectful of your schedule and your job. Just because you don't have to punch a time clock doesn't mean that you don't have to commit time to your work. And your work schedule didn't change when she had the baby, so I think saying Fridays I really need to devote to work, but Friday nights or another time that works for you I'd be happy to have you guys over to come spend some time. That's perfectly acceptable and lovely. Not everyone's world has to revolve around baby's needs. Hers does right now. And maybe Ozzie's [ph?] too, but...

CLIENT: Yeah, so I guess I'll use that because [inaudible] going down to Vermont for Easter and spending time with the whole family. [6:24] It's always sort of a... I mean it's... I know when Jeremy spends time with my family he probably gets a little exhausted from the intertentions and... but I feel that with... I mean I guess spending time with every... I mean I sort of feel that every family is sort of dysfunctional in a functional way, and just when you grow up with that family you're used to that dysfunction so...

THERAPIST: And you know how to work around it.

CLIENT: But so I'm curious just to see how that goes. It should go fine. I mean it's Easter and it's... actually, Easter's my favorite holiday. I... because I love... well it might have been

because our mom had us do... gave us Easter bunnies, and the colors and the season and how we had an Easter dinner and we went to church. And it's actually... it's fun because Jeremy and I were going to go to a long orthodox Seder. And it was actually funny. The rabbi took Jeremy aside when he came to my... Kitty's, Jeremy's mother's, birthday, and he was like what's the deal with Suzanne. [7:43] And Jeremy was like well she's not Jewish and he's like well obviously but... he's like what... why is she so interested. And Jeremy passed on, essentially, my message is that it's part of Jeremy's background and I want to be able to share that with my children someday. It's being able to answer questions and give them the traditions that Jeremy likes celebrating and being able to know about them. And the rabbi was like okay. But I guess he just wanted to know why I was so curious because I actually wanted to see the rabbi in a more frequent, maybe once a month, and (pause) [inaudible] but I mean and I just... I sort of feel... I mean there's two parts of me. One that's very enthusiastic about... to rekindle religion, and the other part that's just exhausted. And that sort of came up this weekend when I was doing my taxes late into the night and I was... Jeremy fell asleep on me. [9:03] I... taxes are just very stressful because I don't have... half of my year's a W2 if I teach, and the other half's a scholarship, and how I put away scholarship money is kind of a fluid thing, how much I'm saving. And it doesn't help that Jeremy, he skipped three paychecks, and so he's been really tense about money. And I actually had to have him pay my Rhode Island tax return and that was... I was just really sensitive about that because I know he's really touchy about money right now. And then we kind of... I mean I don't know if it was just in the morning when I woke up, whether I was touchy, but I wound up just crying when... and I was just... I was crying quite a bit when he told me that I... he was getting on my case that we didn't have any paper in the printer when he brought some home, and I didn't tell him that we were out or... I mean I don't know how we ran out or when we had paper. I just remember printing three or four pages and being out of paper. I don't remember. [10:28] I think it was just... I was asking him for money. He gets a little tense. So how much do I need and what's your finances and how much are your taxes, and it's just all such a delicate thing. I mean in one sense it's typical because we're still operating on... well I have two bank accounts, which is... it's kind of an artifact of the past, and he has a bank account. And so how money is distributed, it's all sort of random. And how much I'm giving him per month. And it's a lot of variables. And I mean I think I get frustrated when... I mean because I already feel guilty. I sometimes feel like I'm frivolous with money. And I mean for many years I was able to pay my taxes. I guess I was just... it's... when I was responsible for everything I had to live within my means because there was no buffer. And now, here, if it was \$700 that I was lacking for taxes, I... last year I was lacking that much so... because he's kind of a cushion. But it just sort of... it wasn't... after I was exhausted and I'd done my taxes, which were more, much more, than last year, I don't know why, I still don't know why. Anyway, but it was just... it was... so I started crying, and it wasn't a... and I got a message from my Dad, hello, is this your same number. [12:25] Mom and Dad have been trying to reach you. We miss you. And I was just sort of thinking about if it was... I've been meaning to call my parents but I was just really exhausted. I'm [inaudible] and at least two racquetball classes for a week and trying to get work done and yet I'm just... and I had this one girl, she gave me a letter of recommendation Friday night and wanted me to have it done on the 15th, today.

THERAPIST: She wanted you to write it.

CLIENT: Yeah. And she gave me a letter as a rough draft, and so I'm currently just fixing it really quick, just because, I mean, there's limited time. And I went to see my advisor today. That's... I'm going to have that until the Seder to work on it. But I mean I was just freaking out because it's like there's so much to be done and it's taking forever. And my parents are wondering where I am, Jeremy's mad at me for doing this, this, and this around... because he gets... he calls himself OCD clean, and in a sense he's not OCD clean or else he'd be cleaning the wall [ph?] a lot more often, which I do. [13:41] But he is sort of very persnickety about things being left out and he can get kind of harsh. I mean I guess it'd be different if I were a kid, but if I'm along his age, I mean I could... I mean I've gotten better about the toilet paper, and I do do that, and the tissues, replacing those. I just have a hard time when things need to be replaced or I just... it's not top of my priority list. And so I just felt like he was attacking me by just not being very nice about the paper and...

THERAPIST: So you're upset that he feels like he's the only one that does it, or...

CLIENT: Yeah. He feels that he's sort of the only one that takes responsibility for the paper. He ordered the ink and he was doing this so people can print out stuff. And I mean I can understand. I... the printer, I sort of ignore. Sometimes it has paper, sometimes it doesn't, and that might be just... I mean I haven't changed the ink on that machine for seven years. [15:01] It's been going good until just recently. And with paper, I mean it's just... I sort of... I mean I guess there have been little things that I've been sort of using the last of. I do use the last of... almost the last of the sugar but... and I didn't tell Jeremy because I didn't know I needed sugar. I normally just get sugar when I need it. But I didn't know that he was making simply syrup or... and so I think that was it, the sugar and the paper. And...

THERAPIST: So part of it is communication. And lack of sleep, it looks like.

CLIENT: Yeah.

THERAPIST: You may be feeling partly overwhelmed because it sounds like, yeah, a lot of people are sort of wanting things from you. Christina's wanting time from you for the baby, Jeremy's wanting you to really notice sort of some of these details and communicate with him and take more responsibility, it sounds like. Your mom and dad want you to pay attention to them. Everybody's wanting things from you, and it sounds like you're feeling exhausted. You clearly didn't get enough sleep last night.

CLIENT: I got to bed earlier. I got to bed at 1:00. So it's moving on up.

THERAPIST: You're moving in the right direction.

CLIENT: But still...

THERAPIST: Don't feel tired. Well it takes a while to reset that sort of sleep deprivation that you have accumulated. And I know, also, you're switching your schedule. But yeah, I mean it sounds like you feel overwhelmed. There's a lot of people wanting things from you, and not having enough time to do all the things that you want to do, whether it be racquetball classes or sleep or focus on your own work. [16:40]

CLIENT: Yeah, and I mean I guess... and sometimes I get frustrated because Jeremy needs these motivational talks probably like every other day.

THERAPIST: For you to motivate him?

CLIENT: About work, but it's going to... things are going to come through and that he doesn't need to worry about this. And I mean of course we talk about all the intricacies, but I mean Jeremy... I mean I think he's putting a lot of pressure on himself to be the main provider. And he got mad when I told my mom that he hasn't gotten three months' pay and so money has been tight. And he felt really ashamed and upset because then my parents might think that he's not able to provide for me. And I was like listen, we're a team here. I was like right now I'm... I guess I sort of... it's just an interesting sort of way of thinking about it, providing for me, because I've provided for myself for many years on my own salary. I mean I definitely live a better lifestyle than if I wasn't with him. For sure I'd probably do a lot more shopping at than I do now. [17:57] But yeah, I just... I get frustrated because when he's like... he comes home stressed and he needs someone to talk to and then unwind, I'm like what about me. I'm stressed. I mean I don't want to talk about it but I was like here I'm spending all this time motivating and ensuring that things are going to turn out, and in my mind it's a real push. It's a real push for me to say these things because I don't think... in terms of research I'm like... I get frustrated and... but in some... when push comes to shove I know that I can make up something at least to happen or occur or... I mean I guess in my mind it's just sort of you work every day. You work hard and...

THERAPIST: It's... your expectation of what the day would be like is different than his.

CLIENT: Yeah, and I guess I just... I feel like I put up with a lot more in terms of the commute, because generally it's not as straightforward as his commute. Even though there could be traffic there's not multiple switching of vehicles and interaction with the public. But sometimes that can be amusing. There was a guy on the subway that... he was staggering around drunk and then he entered this... supposedly it's supposed to be locked, but it's the cabbie of the subway. And he peed in there while we were just all scared that he was going to blow something up or... but it was just his pee leaking on the ground, which I credited myself with being disgusted but everyone else was disgusted. At least my stuff was not sitting on the floor like some people's. [19:55] But anyway, that... so... and Jeremy's done... actually he started picking me up at nights because I'll be working late in my office. Part of it is I just need that space to... once I get going. And the girl that I was... it doesn't help that I haven't had any coffee today. The girl that I was tutoring, she seemed fine with me picking problems. I felt a lot better. And then that was another thing with picking problems. It did take me a long time. And of course I'm going to mark down how long I spent searching for the problems and finding their answer, preparations. But I

mean I was happy that she seemed like oh, these are great questions. Some of them were actually pretty difficult. (yawn) Sorry, I've got to keep it together. I've got to get it together. But I mean and now it's sort of... I felt good because I sort of set the boundaries to my comfort level. I mean without having to ask. And I think the thing is, is that my mind just starts to over worry about what if. It goes in a negative spiral when I get scared or feel like something's not right; it just keeps on thinking and thinking and thinking, and fast forwards to cops coming to my door and saying...

THERAPIST: Yeah, so we have to watch for when you start to kind of predict the future in a catastrophic way. Think about what's realistic here. What's your worst fear? Your worst fear is probably not the most likely outcome. [21:40] And that's doing some of that reality checking and noticing I'm getting pretty catastrophic here, let's think about what's more realistic.

CLIENT: Yeah, and I mean and that's how... I was supposed to mail a letter today but I actually just forgot it. I mean I had it out. I didn't mean to forget it; I just totally was running late today. But I didn't mail my taxes and that was a... I didn't have much time to think about it just because today... yesterday was such a busy day. But I'm trying to get better at mailing and writing letters because I mean...

THERAPIST: Yeah, confronting that fear.

CLIENT: And Jeremy... bless Jeremy's heart. I have him reread my letters and verify. Okay, I'm going to close the envelope. Is that okay? He's like yes; yes it's fine. And so I mean I'm going to try and get to the point where he doesn't have to do that.

THERAPIST: Where you can trust yourself. You need a good goal to think about writing it. I mean you be the person that rereads it once, and then letting it go because that way, if you can work toward that, what you're doing is you're teaching yourself to tolerate a little bit of the anxiety rather than finding a solution that sort of makes it go away for you. [23:01] Because even though it feels like a relief when he reads it and says it's okay, you're sort of teaching yourself that you can't be trusted, that you need somebody else to okay it, to check it, that you're not letting yourself trust your own judgment. And then sit with whatever anxiety there is that your [inaudible] wasn't right and then move on from it. And just like with hand washing, when you were worried that there was something, some sort of contaminant, whether you would transmit something to someone or you had picked up something gross, by washing your hands repeatedly it feels... you get that relief in the moment as soon as you washed them but it doesn't teach you to kind of just let yourself be done and [inaudible] and if this... with e-mails or letter writing it's the same thing. Him checking it is like you washing your hands again. So you want to see if you can set what's an appropriate stance, which is washing once, which is rereading once, and then, yeah, you're going to feel anxious when you let it go for sure, but if you can do that over and over, the anxiety will subside just like it did with hand washing. And you're able to leave the bathroom now after washing once and not feel like you really need to go back. [24:14] That's, I think, what you want to work toward, is finding what's reasonable and what's also teaching you, give yourself the message that your judgment is good enough.

CLIENT: No, and that's... it's really paid off, really paid off for me just to wash my hands once. And even when I'm around the house and baking something, I still want to rewash my hands because I'm like oh, no, and then I just have to take a deep breath and realize that it's going to be okay. And...

THERAPIST: There's a difference between good hygiene and obsessive.

CLIENT: Yeah, and plus the time that it takes, and the worrying. I mean I sort of go back... I mean I've gone... and I think... I really credit myself just because Christina gets on my case for eating on the subway and not washing my hands. Are you sure, you know how gross it is. I'm just well, I'm not laying on the poles and licking the poles. Maybe I'm touching them but I mean everyone has different standards. It's just...

THERAPIST: You seem to be okay. [25:35]

CLIENT: Yeah, and I think maybe that's sort of my problem. Sometimes Christina will...

THERAPIST: Sounds like you have some people in your life that reinforce extremes.

CLIENT: Yeah, or sometimes it feels like she's kind of picking on me, like ewww, why would you do that. And I'm just like it doesn't matter. And so I mean I don't know how to respond when people say that and...

THERAPIST: Well I wouldn't. And you don't have to answer the question. How can you do that? I'm cool with it. And I think it sounds like Jeremy has some extreme tendencies as well, and it sounds like Christina does as well. And finding your own limit of what's... there's a range of what's normal, big range of what's safe, and it's okay to be in there, that you don't have to be to the extreme end. Good enough is good enough. And there's some benefits to having the flexibility, to not having to perform things to a really extreme end. And I don't think... you don't have to have an answer for Christina because those kinds of questions are very judgmental, and letting it go unanswered or pointing out like oh, that sounds like a really judgmental question is a fine answer of setting... of... because that's also setting your boundary. You don't get to evaluate my choices.

CLIENT: Yeah, no, that actually... because then you're not... I guess because she constantly does it over and over, and she'll bring it up.

THERAPIST: Is this new with baby or heightened with baby?

CLIENT: No, it just... Christina and I didn't really talk before or share things. [27:21]

THERAPIST: Because sometimes people's sort of fears of viruses and germs can get heightened when they have a baby, and rightly so. Baby doesn't have an immune system that's built up like an adult's is, so sometimes you [inaudible] a little bit more...

CLIENT: More, yeah...

THERAPIST: ...observant and worried.

CLIENT: Well I mean...

THERAPIST: You're an adult with a developed immune system that can handle lots of whatever's floating around out there on the T.

CLIENT: Yeah, and I will say...

THERAPIST: And your body's designed to fight against it.

CLIENT: When I'm around the baby I do make sure I wash my hands before I touch the baby. I think that's definitely reasonable.

THERAPIST: Yeah, because it's a baby.

CLIENT: Yeah. I mean they were thinking about installing hand sanitizer stations in the house but... and making sure that everyone had their flu shot before they saw the baby. I mean these are... there's nothing wrong with these things. I guess that's their standards. But I didn't get my flu shot just because I have a fear of getting the flu shot. I'd rather just ignore it and just make sure that when I'm around the baby [inaudible] go to the bathroom and wash my hands. So... and they haven't said anything about that. They don't question... I mean sometimes they... anytime someone goes to pick up the baby they put some hand sanitizer in their hands. But I can understand. [28:51] That's their boundaries and it has to do with that they...

THERAPIST: That's their kid; they get to make decisions about their kid. But she... but for you putting a... the boundary there, where she can ask that you to do certain things because she wants to protect her newborn versus commenting on what you do for yourself as an adult. You're not taking... you're not feeding a baby on the T. The baby's not touching stuff anyway. But putting a limit there. She can, if she wants to, install hand sanitizers in her house and make sure people use them before they touch her kid; that's her stuff. But it doesn't need to transfer over into your stuff.

CLIENT: Yeah, and I think that's... I mean that's one reason why I was talking to my parents. I do... I mean my parents are sort of dysfunctional in their own way, but I sort of feel that they're a little bit more relaxed on these things. And it's nice. I sort of have a general... they're definitely more... I think they see the bigger picture with some of these... and they don't see the bigger

picture in all areas so I guess no one's perfect, but those sort of things that I try to convince myself not to worry about or...

THERAPIST: It feels like they have a fairly realistic view of that stuff.

CLIENT: Yeah, and I think maybe that just might be a thing of upbringing or just... but I think that's a very smart idea, is just... I mean because I don't tell her I think you should be breastfeeding or I mean those sort of boundaries. I realize that if she wants to raise the kid a certain way, I mean I'll respect those if it has to do with me, but I don't bring up judgmental questions like why don't you do. I mean I never do. I just don't ask people those... I just... I... in the big picture of things, as long as it doesn't involve me, I could care very little. [30:43] I mean if it's a friend I'm going to care for their well-being but...

THERAPIST: But also using that same sort of barometer of there's a wide range of what's okay. It might not be the same as what you choose, but if it's okay, if she were harming the child or if you felt like the child was at risk, then there's a limit where you might want to step in and say I'm concerned. But these are not... breastfed, bottle fed, both are okay. No one's being harmed there. Those are choices and... or sanitizer or no sanitizer, choices that are probably both okay. So using that same standard for yourself and others because I think you can sometimes be a harsh critic of yourself.

CLIENT: Yeah and that's... yeah, I mean and that's... and I think that's really what boiled down on Saturday, is that I cried twice that day and just... I told Jeremy, I was like I felt bad because I said that sometimes he's the antagonist of me feeling overwhelmed. I mean it's true. Sometimes...

THERAPIST: [inaudible]

CLIENT: Yeah, just a sort of expectations and making sure that he gets out for walks. And there's so much that I do to make...

THERAPIST: You feel like you get put in charge of...

CLIENT: Yeah, and to make his... I mean I do enjoy spending time with him but there's some... I guess I'm sort of at the point of my PhD where I just sort of feel like I just kind of want to rot... or not rot with my sciences but just sort of...

THERAPIST: You can put the blinders on and focus on one thing. Yeah, I wonder if you could do that. [32:26] It's not forever but are there some things that you can cut out so you can sort of put the blinders on to some of these more peripheral things, so that you can finish this up and get it done. We need to wrap up. And I wanted to share from last time. So this book, I want to caution, it has some really good information but I want to caution you that it is... they wrote it for a younger audience than you and Jeremy, so some of the language feels sort of young a little bit. I don't want you to feel condescended to, but the actual information is pretty good. It's written in a

straightforward way. So I think it might be helpful, and you're welcome to just borrow it [inaudible]

CLIENT: Okay, that's perfect.

THERAPIST: I put some little sections markers that I thought would be helpful, so things that I marked off were kind of some of the general physical... general physiology and physical stuff that might be helpful. And then...

CLIENT: Yeah, because I actually... I did pick up a Cosmo and I did read, and I was very shocked.

THERAPIST: So this is written for a high school sex ed type of course. You'll find it's probably a little less... the terminology's a little more straightforward and clinical, which sometimes is harder to read, sometimes easier. But take your time. Read through what's helpful. Feel free to...

CLIENT: Oh, [inaudible] pretty [inaudible]

THERAPIST: Oh, thank you. [33:51]

CLIENT: Yeah, no, thank you so much. I must say I probably am at the high school level when it comes to this stuff.

THERAPIST: Well I mean there's also... I hesitated because it's... I think if you're a woman and if... the language in there is there is boy and girl, but the physiology doesn't really change so...

CLIENT: No, no, I mean I don't think... I mean I actually... I read a lot of Wikipedia and so I'm... and my sister tells me all these clinical things about every sort of drugs and health things. So I'm very used to the clinical. And being from the sciences. So I don't take [inaudible] of any...

THERAPIST: So I have us next for Tuesday the 29th at 1:30.

CLIENT: Okay.

THERAPIST: And then I didn't have us scheduled for May. Do you want to pick some dates now?

CLIENT: Sure, let me get out my calendar. I just got this new phone and I'm getting used to it. And next time I'll turn off... it's pretty loud any time it... let's see. On the 29th what time are we meeting?

THERAPIST: I had us at 1:30.

CLIENT: Okay.

THERAPIST: And then I can do 1:30 on all the Tuesdays in May, or if you want to skip. Sometimes we skip one. [35:05]

CLIENT: Let's see, in May maybe we could do three.

THERAPIST: How about we do 13th, 20th and 27th, unless you're going away for Memorial Day weekend.

CLIENT: No, I'm not going away for Memorial Day weekend.

THERAPIST: So let's do that. So let's skip the 6th and do the last three.

CLIENT: Okay.

THERAPIST: And we can do them all at 1:30 so we're nice and consistent.

CLIENT: I will say getting here early, it wasn't... getting here early is not my jam but I do feel that it set me up for starting the day.

THERAPIST: Well if we want to switch to that in the summer.

CLIENT: Yeah, I think maybe that would be... it depends on what my summer teaching schedule is but...

THERAPIST: Well when you find out your summer teaching schedule we'll sort of look at that. And I know we sort of moved away from the morning because it was really hard to get there. It's also sometimes really hard to get here on time in the afternoon as well.

CLIENT: Yeah, so...

THERAPIST: We'll play with it and figure out what works best.

CLIENT: Yeah, but I think for the remainder of this year it's a good idea. But yeah...

THERAPIST: We'll stick with what we have for now.

CLIENT: For the summer school it's going to be brutal. I have to get to school at 8:30.

THERAPIST: Oh, that's early.

CLIENT: Well the things you do for your job. I mean I guess I should be just happy that I get to teach summer school. Okay, so [inaudible] so 29, 13, 20, 27.

THERAPIST: Yes.

CLIENT: And [inaudible] pay [inaudible] \$20 or \$25 times 2 which is 50. [inaudible] bottom of the bag. [36:56] Yeah, I actually, surprisingly, didn't really... I didn't have sex ed. I... my mom signed me out of it so... which might be explaining some of this. So it's good. Parents always want to do what they think is best, so I can understand. Thank you so much for fitting me in. That was very kind and I really appreciate it. It really does... coming to therapy on a regular schedule does really... I feel like I'm making more progress. But I guess that's sort of generally how therapy is. You can't just go once a year and work on things.

THERAPIST: Doesn't have quite the same affect.

CLIENT: All right, thank you.

THERAPIST: Thank you. I'll see you in two weeks.

CLIENT: Yup. And for sure I'm going to have my phone on silent. It's so loud. I'm so sorry.

THERAPIST: Oh, that's okay. I think I forgot to silence mine as well today.

CLIENT: I will say the alarm is powerful on this one. Wakes me up. And I haven't figured it out.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: But I found that it's less anxiety provoking and it comes when it comes. It might have me... I mean now that the weather's nice it's no problem if I have to wait out an extra five, ten minutes, but... instead of knowing it's supposed to be there and it's not there. Just sort of judging by if there's a lot of people the T's going to come pretty soon and if... not... but so I want to thank you for the book. I read it and... or not all of it but sections of it, and it was very illuminating because I sort of... it sort of unveiled two things. One of the things was it was really actually nice because they were teenagers, and so it made me sort of realize how... sort of how much... how far I've digressed from, or feeling comfortable with, being sexy, or talking about sex, because they seem quite comfortable with it. And they were 15, 16 year old. [1:10] I'm like whoa, I don't even know... I didn't really figure out all the facts of life until I was in my 20s. But... and another thing it unveiled is that I think that... I sort of see where was the progression of that once sort of I enjoyed sex. Even though it was with the person that I... a person that I hate, what was... what happened and what are the things that led up to that. And what's preventing me now from talking to Jeremy about incorporating what I used to like, which involved self-stimulation before actual intercourse, and what stops that. And what was in the back of my head was because I read... it's ridiculous. I was reading through and then they're talking about... even the portion about why to have sex, why not to have sex. And they were talking

about the sexually transmitted diseases, and then instantly it was sort of like a portion of my brain was enabled. I thought I had... it felt to me like I had gotten so much over the germophobia, thinking something was wrong with me, but a light went off in my head and then I read and then I was like oh my goodness, let me read the section on HIV to see if my test at 16, 17 weeks from that hook up I had a while ago. What does that mean and am I good. [2:55]

THERAPIST: How many years ago was that now?

CLIENT: That was about four years ago. And I realized that after reading on the Internet, some people say to be... the doctors say that I've never had a case of after three months. And I was like okay, I'm after the three months, I'm good. But then I read it's not conclusive because there's one in a trillionth... and then I realized okay, now I sort of see there's something in the back of my head. Why I don't want to touch myself during sexual play and whatnot is because I'm afraid of hurting someone by getting fluid and even touching myself down there before touching other things, touching him, there's that sort of fear that...

THERAPIST: You're still worried about that.

CLIENT: Yeah, I still am. And... or at least I haven't addressed it now that I've overcome it. So I realize that there's nothing wrong with just getting a physical at the doctor and just taking one more blood test so that everything's conclusive. And that way I can actually... there's no... well 17 weeks you should be pretty damn safe. [4:16]

THERAPIST: Well four years.

CLIENT: Yeah, or four years.

THERAPIST: There's no symptoms, and you know the person with whom you had contact; he's not symptomatic.

CLIENT: No. And my friend is not worried so I mean it's just... there's all these things that are very logical, but in the same sense I'm clinging on to this one minute a doctor would not say it's absolutely 100% conclusive. And I realize that this just might be something that... I mean it comes provided for free from the hospital and if it will really... and I think it will really just sort of clear up... there's always been just this inkling question. And I mean it's not so much that I'm going to get it now, it's just... I mean I don't have that fear. I can use public restrooms nilly willy and I occasionally accidentally sit in pee and just sort of say eww, that's gross, sort of get over it and move on. But I think I just realize that there's still just this... it's illogical but in the same sense it's... I sort of feel like I just need that validation and that will make me feel better. [5:43] And so later today I'm just going to call up for a physical. And I mean I haven't had my blood taken to test other things. I've sort of been avoiding the doctor because I just don't like to go. So I mean it's one of those things I sort of realize that just to sort of really close up that chapter, that hidden fear. Illogical as it may be, I just sort of want to be able to just totally dismiss it. And I think that because one time my mom's like okay, well will another test really cure you or really

prove to you. And I... at the time I was like oh, well, it's not really necessary, but now I sort of see that maybe it will just really just sort of clear up everything for me because it will be conclusive, four years after the fact. I'm with my partner, hopefully, for life. And then the other thing I sort of saw is that if... once I sort of... once I get over that hurdle that I'm not going to hurt anyone by touching myself, then I start... I need to broach Jeremy because I read in the book it was the sort of... they had mentioned that the sort of intimacy and sexual play and the goal not being intercourse, the goal is just to have fun. [7:24] I thought well, it's been a long time since I've had that sort of fun. It's always sort of jumping into intercourse or jumping... or making it quick and just getting it over with sometimes. And I hate it. And I realize there's not that sort of time where you sort of are into each other, you can feel... just have the liberty or the freedom to just touch but not even know where it's going. It's usually okay, I know where it's going, and there's this pressure to come or... and I realize that wow, it's just... I mean it's just like how did this turn into... I mean in part it was maybe because I wasn't very open about touching myself or didn't want to because of the previous mentioned reason. But... and so I realize that I mean how... I started thinking how am I going to implement this sort of discussion with Jeremy to tell him that. I mean I guess implement without hurting anyone's feelings or just sort of... because it was in the... I really liked the comments, the people's personal comments, because they're like... because the pressure, it was talking about women when they're not able to orgasm. And they talked about the reasons, and especially the reason that most... a majority of women... or not a majority, a lot of women have difficulty coming during intercourse. [9:11] But also there was the pressure, the feeling that you have to come or that... and the girl was saying that her boyfriend's asking did you come yet, did you come yet, and she's like as far as I know. I don't even know what an orgasm is. And I was like there is this sort of pressure.

THERAPIST: It certainly doesn't help. Doesn't feel fun. It's hard to enjoy the process if it's so goal oriented.

CLIENT: Yeah. And I sort of realize this sort of, yeah, I mean a lot of this sort of... and then there's a feeling of failure, and I feel... I do sense... feel failure and sort of apathy to the whole sex thing because it just... it doesn't seem fun anymore. It's not exploring each other and sort of doing what feels good because that's what that book recommended, is it doesn't... you don't always have to come, just do what feels good. But I just sort of realized that that whole part of my brain, that sex can be fun, it can be just about exploring, that it's not always about intercourse. That part of my brain totally just... it feels... it just... there's no interest or excitement, and I sort of realized that part of that was me trying to destroy that or destroying that with my fear of being infected. And then the other part was just not really talking to Jeremy about it. [10:48] Because I remember in the beginning he was very aggressive and would hold my hand, [inaudible] them together. And actually we kind of... it wasn't what I wanted, and eventually it took time for me to express that something soft or that pulling my hair or... I was like this is... I was more scared by it. And then it was sort of replaced by... I mean just the... I mean slowly he's adapting to something that's more not as aggressive, but still there's not that sort of tenderness that would... that just sort of the joy. It's almost like it feels to me like sort of... like if I had to name sort of a place or a feeling or emotion, what I would... what I enjoy or what I could imagine is delightful or what would get me going because if you were like in a field with...

and it's springtime and you're just looking at each other and stroking each other's arms or other parts. And it's not that it leads to anything or just maybe you're kind of enticed to go more and more and more because it just feels better and better and better. And I sort of see that right now it feels almost like not The Girl with the Dragon Tattoo, that was a little bit too extreme, a little bit too, well...

THERAPIST: Maybe 50 Shades of Grey. [12:28]

CLIENT: (laughs) maybe some. Yeah, it just almost feels like it's just sort of not me being active in the process.

THERAPIST: It sounds like, and it very well could just be, this is what he thinks you are interested in so that's what's happening. He doesn't know. But I mean I think there's all different kinds of sex and it's... as long as both people are consensual to what's going on, it's fine. But it sounds like what's happening is there's much more of a power dynamic and sort of that where he's the aggressor and you're more submissive, and you're looking for less of a power dynamic experience and more intimacy and romance. And it doesn't have to be one or the other. But certainly you need your needs also to be addressed. Maybe sometimes can be sort of the field of flowers, romantic, soft, loving sexual experience and maybe other times if there's also... that you'd feel more comfortable with a more aggressive sexual experience. But I think talking about what your comfort level is, what your boundaries are...

CLIENT: Yeah, and I...

THERAPIST: I know it's hard to get the conversation started.

CLIENT: Yeah, and I mean... and it's... I mean sometimes he makes comments like I know... it's like oh, we're talking about children and stuff and he's like well, you know we're going to have to have sex to have babies. And I'm just like well yeah, I mean that's... yeah I was like... I mean I was just sort of like... I mean...

THERAPIST: Does he think you're not interested at all? [14:11] Are you not interested? It doesn't sound like you're not interested at all. It sounds like you're not interested in the sex that you're having.

CLIENT: Yeah, I would say... well, and one part... well I'm not interested in having that type of sex, and I have a hard time getting interested. Or sometimes when Jeremy's asleep very few nights, when I'm just... I feel... and this is one thing that the book was saying, that they said that once you're with a partner, you often feel this feeling that masturbation's weird. But they said that it's actually a good thing. And so I've been feeling guilty when I do it, especially because it feels so nice. It just, yeah, it's kind of a guilty pleasure once in a blue moon.

THERAPIST: Do you show him what kind of touch feels nice for you?

CLIENT: I think I could, and I think he wants to. I mean he wants to rub down there and it just winds up hurting because it's just very aggressive. [15:21] And I think that's one thing because I don't want to tell him no, that's a bad thing but... and since sometimes it just starts hurting.

THERAPIST: Are you using lubrication?

CLIENT: He's... yeah, he uses protection that has lubrication on the outside.

THERAPIST: But if he's just touching you and manipulating you with his fingers, you might want to get a separate lube for him to use with his fingers so that... because part of what might be hurting is that the fingers...

CLIENT: Yeah, there's a lot of friction.

THERAPIST: Partly pressure but also friction if it's... if you're not wet enough. And that can become part of the sexual play. Get a glow in the dark lube or if not, get plain. But it's perfectly okay to use that just for stimulation. And it might help. And then also, I mean it can be part of the play, show him exactly what you like with the pressure that you use with your hand. Put his hand over yours. That works. So I think a picture's worth a thousand words. If you put his hand over your hand so that he can feel what kind of pressure actually feels really good for you. Then you don't have to say no, that's too hard, right, which feels... he might feel criticized. But if you just invite him to see what you're doing, it's not... you're not saying you're doing it wrong, you're saying hey, this feels... this works for me. This feels good. [16:49]

CLIENT: I think... and that could probably be encouragement for him. And it would feel like a bonding if our hands are together. And I think, yeah, there's a lot of...

THERAPIST: And you can invite him to do the same. Show me how you touch yourself. And what pressure feels good for him.

CLIENT: And I, yeah, I could really see how he's been... I mean I don't think he's figured it out about sex. I think there's a lot of mysteries that maybe... a lot of sort of propagation of... I mean he's been with other women but I mean maybe they're different and maybe they...

THERAPIST: I'm sure bodies are all different. And also if people aren't honest, you think what you're doing is working. And if someone hasn't told you that it's not, how do you know.

CLIENT: That's true. Yeah, I mean, yeah, I think I need to... I think... because I think just in my head... sorry, I feel like crying because I just (crying) and I really do feel like that part of me, I want to revive it. I want to be comfortable. Because right now it just sort of feels like sort of like something you do to appease an angry God. And I want it... I just sort of want to rediscover what it's like to have fun. [18:23] Because right now it's... or even to put on a sexy bra or lingerie [inaudible] urge, and part of it was that what I thought was sexy, I guess, in the beginning, I sort of look at what is in my past collection maybe was not sexy to Jeremy, or maybe it just... when I

would show pictures of oh, what lingerie... do you like this, do you like this. No, it's not too this, it's not too that. I guess I was searching to what would turn him on and I sort of just got... sort of gave up on the...

THERAPIST: What feels empowering and sexy for you to feel?

CLIENT: Yeah, and I guess a lot of this component, I took myself out of it because (crying) I mean I sort of see that a lot of... I mean in one sense there's a lot of things I just... I don't care about, but the things I do care about I actually have learned to speak up about. Maybe I want to wear this or maybe I want to put this on the registry or... I mean these are little things, but I think with sex it's very much like it's still a mystery and I... the person that I was formerly with, he actually... he was very perceptive in what felt nice to me, and that... since he did that in his own head. Now not emotionally what was nice to me, but physically he was quite good at figuring that out. [20:11]

THERAPIST: And he was good at reading your signals. And he may have been more comfortable. It sounds like both you and Jeremy are fairly inexperienced before you were with each other. And you've gotten kind of scared to talk about what's happening, so when you're exploring, if you're not letting him know what's happening for you, then you're not really learning about each other. And you're so focused on what you think he might like that you might be missing stuff.

CLIENT: Yeah, that's... and I think, yeah, it's been a long time since I felt... a lot of times when I look in the mirror I'm more critical. Oh, there's a piece of fat here, there's a piece of... or not piece of fat but there's a little chub here. I need to exercise more. I mean it's very critical. Or it looks like there's a blemish and... instead of just thinking wow, I look good. [21:21] I see people on Facebook and they have their cleavage boosted up in their mini dress and I just... instead of thinking oh, what profanity. I'm like wow, what a hot tamale. And then I realize wow, I haven't put... thought about being sexy in that way in a long time. And I think some of it was that Jeremy doesn't like when I dress sexy going out, and so everything became either tailored or... and sort of wanting to feel sexy is kind of in the background in my head but it's sort of a don't even wear a bandage dress because so and so will get the wrong image. It looks like you're going clubbing. And I sort of think that I really... I do realize that it tends to be a little more conservative than Florida but... and this...

THERAPIST: You're from Florida.

CLIENT: But I do sense that. I sort of feel that Jeremy's... maybe it's... he's scared himself of me being... dressing sexy or dressing non-conservatively, and he's afraid of what people might think if I dress in a bandage dress. [22:50] Because I mean I have a nice... it's a somewhat decent bandage dress. Maybe I need to wear tights with it but I mean it's nothing... it's just tight. But I've always... I really like the dress but I haven't worn it in two, three years, ever since Jeremy went into shock when I wore it without tights. And saying oh, do you really want to wear that or you're going to be around older people. And I sort of... I realize that Jeremy likes to

control the situation and control feelings. And I think that's how he reduces stress but in a sense I see that it's... I mean even the way I dress...

THERAPIST: He doesn't get to control you.

CLIENT: Yeah, and I sort of see that a lot of this is... even whether he likes... doesn't like lace or likes lace. But that's a problem. A lot of lingerie is lace and he doesn't like lace, and I sort of realize well I like lace. I think it's very sexy.

THERAPIST: What happens if you push back?

CLIENT: You mean wear lace? [23:59]

THERAPIST: Mm-hm. Or the dress you picked out or...

CLIENT: Well I...

THERAPIST: Wear something more Florida.

CLIENT: Well I think in the beginning he'll just either say a snarky comment and act sort of weird, and to avoid that I've just sort of not done that. And so I think, or at least I perceive him as, I mean he just sort of... he doesn't say how beautiful I look, he doesn't give me compliments. And... or it just feels like ugh, why are you wearing that or really? He's the kind of...

THERAPIST: So beyond not giving compliments, he also makes disparaging remarks.

CLIENT: Yeah. And I mean it's just... I mean I remember just recently when we were going to go to my... to our friend's birthday party and I was like oh, it's going to be kind of dressy, I... how about I wear this bandage dress. [25:04] It's a nice sort of cocktail dress. And he goes do you really want to wear that? It's going to be a more informal sort of event. And I was like well, I was like... but I was like no, people are usually more dressy at Kylie's parties. And sure enough, who was wearing a bandage dress was the birthday girl herself, that was showing more cleavage than mine was. I mean she looked cute and hot but I mean... I said see Jeremy. And he was like well, you never know with these things. And then I... the whole night I felt really sad that I couldn't wear my bandage dress, especially if I keep in shape. That's kind of the point of keeping in shape, is to show off your body. And I mean he doesn't mind my skater dresses, which for a tall girl they tend to be a little bit short, but they have a... I mean the thing is, is that I think all of this translates into what's going to make me feel good. I mean mind you, if I was wearing something that was totally indecent, that that would be probably... I don't want that.

THERAPIST: But even if that was your choice, you're an adult and it's your choice. [26:21]

CLIENT: Yeah. And I think this is translating into my sort of lack of confidence or lack of feeling, lack of, say, in my intimacy and sex life. And I think...

THERAPIST: Kind of the way that your voice feels kind of squashed in choices like what you wear, sometimes what you eat, it also feels like your voice gets squashed in terms of sex. We want you to be able to have a voice in all those places. Or I want you to have a voice in all those places.

CLIENT: No, I want to have a voice because I sort of see that if I don't have a voice I'm not... it doesn't make me happy, and that's definitely, yeah, I mean... and I want to get to the point after reading... I mean the teenagers, gosh I like hearing things from young people because it's so unfiltered by the sort of demands of an adult, and it's just very... they're like... sometimes when they talked about masturbation, this girl was saying that I... whenever I'm feeling sexy I go in and get the job done. And I was just like feeling sexy and getting the job done? She's 15, how does she feel her thoughts going wild and vivid and fantasies. And I'm like fantasies, I don't have those. And I was like well maybe it's because... I mean it's probably a series of things that now I want to really focus on because I feel that my earlier... because I did read the section on people that have pressures that they face for or against. [28:21] And they mentioned their parents and their religion and... but... and I see that these are all contributing factors but I think a large portion is me just not really saying anything or addressing them, just sort of it goes, it goes. Not go. And I think that's how it was in the past. It goes, it goes. Unfortunately, or fortunately, it was... I was with someone that was able to pick up on physical cues and read things, and it did feel... I did feel more confident. It was more just two people learning as opposed to Jeremy who's... it doesn't seem that he's much into learning, or maybe scared to learn or not open to talk about it. And instead he sort of says these sort of outward remarks like oh, guess I'm going to take a cold shower tonight. And it really puts a lot of pressure on me because why is this just always what you need, and what about this sort of... I mean I think it just goes all too quick for me. [29:37] And I sort of see that you have to... we have a nice dinner, we're drinking some wine, and then maybe some hugging. All of a sudden... and pushing into the wall. And I sort of feel like at that point what do I do. Instead of oh, let's just sort of sit down, snuggle close, maybe watch a movie. And we don't have to... it's sort of like we can just, during the movie, just start snuggling and getting closer and closer. And maybe we start kissing during the movie and then the movie... and that's sort of what happened in the past relationship, is that there wasn't this bam, instantly we're going to, it was just more sort of gradual.

THERAPIST: You need more foreplay.

CLIENT: Yeah. There was a lot of that. And even with my first relationship there... I mean because we didn't have sex but we did get each other off in other ways, like orally and other sort of foreplay. And I see there's none of that, really. If anything it's just... I mean it's, yeah, I think that's what was really cut out from all of it. [30:52] And...

THERAPIST: You miss kind of just making out.

CLIENT: Yeah, I do. And just sort of not having... I think that's the sort of thing... what goes in my head when we start. Maybe he'll give me a hug or rub me on the booty and I'll be like okay, what does he want from me.

THERAPIST: One exercise that sometimes sex therapists use if they're working with a couple is to kind of create... take away the expectation of intercourse by saying okay, you have a homework assignment to fool around and explore sexually, but you're not allowed to have sex. And you don't have to take it off the table forever but what it does is it relieves that expectation so that in your head you're not thinking oh, is this... does he want sex. What... where's this going. Because you know that, you know what, actually for this amount of days or for on Thursdays or whatever you pick as the time, that intercourse is off the table. And that means that you get to kind of go back to that stage where maybe there was more just making out or just exploring what felt good on your bodies or just getting a back rub. And being able to really focus on the sensations that you're having rather than jumping to your head wondering what the expectation is next. Because when you jump into your head and think oh, what's next, you're no longer experiencing what's happening in the moment. [32:14] And maybe what's happening in the moment is really nice.

CLIENT: Yeah, actually, and it's really... it's interesting because when I just sort of... there was a brief time when we start sort of maybe kissing, hugging a little bit, and I'm like this is really nice. And then it jumps into the quick stuff and I'm like no, this is not nice. And I think that's actually something I can really... I mean I think it would be really good to talk to Jeremy about this.

THERAPIST: Yeah, you can certainly... and if it helps to start the conversation, share some of what you read. Maybe if he read along with you it would be a way of opening up the conversation. Or you could sort of share hey, my therapist suggested that we have this date night where we're not allowed to have sex and do anything else we want. And then it gives... see what that's like.

CLIENT: Yeah, I mean, yeah, and I think... I mean I think he knows something's up or has been up, or he probably wonders why maybe sex is not... maybe we're not as passionate or feeling like that or... but I really want to talk to him about it. I might wait until... because, well, I mean the thing is, I'm like okay, I'm always going to wait until Jeremy sort of... when it's the right time or when Jeremy's not tired and whatnot, but in a sense I think if it concerns me and it concerns him and the better of us, I think it's not something I have to wait. Because he had a... came home from a long trip. He drove to Chicago and had to drive back. But it was a business trip. [34:04] But it's like well I got as much sleep as him, and there's no reason why I should hold back just because... and that was another thing that occurred over the past few weeks or two weeks since I last saw you, is that Jeremy's having a hard time dealing with work. He's not getting paid and he's probably going to go... miss a second cycle and... or a four cycle but a second month total of pay. And so things between money... what I owe him and I mean part of it is we realize that we need to combine a bank account because he gets snippy any time I don't pay him. But sometimes it's like well I have other expenses. I've got plane tickets and I'm still waiting... the science department as of now owes me \$800. Hopefully I'll get that check but I

mean... so money has been tight. And so I got irritated because every time I don't pay him on time or I pay him late he gets upset, or if I don't pay him the full amount because say I have a plane trip, he gets really irritated. And it doesn't feel like a common pot because he gets irritated. If it's a common pot it should be understood that I'm contributing all that I can contribute, but if I give you more he's like well what are you doing with the rest of the money. And I'm like well I'm spending it here for the cats, for the wedding or... and he's like are you trying to tell me that you're giving me too much, or he's like well right now I just... I was like... I don't know what I'm trying to say. [35:41] I'm trying to say that in times of...

THERAPIST: The system isn't working.

CLIENT: So we're... I'm trying... I think that's one thing that we probably need to do when he has a work from home day, is set up a common bank account. But I talked to him and I sort of blew up. Well I always say sort of blew up so I have two different things that don't go together. But I had kind of a... well I got very annoyed and irritated and... because when I talk to Jeremy he just sounds so... he sounds down, depressed, life's not good. And then I read this news article on BBC that these villagers are... they're trying... they're having difficulty in not voting because lots of bad things are going on, and no one's addressing those things and... including their children are getting eaten by wild leopards. And then I listen to Jeremy. And I listen to my sister. And my sister, she has real problems and then she has problems with FanFick, [ph?] which are drawn out. And I mean yeah, there's boys online and yeah, they can say pretty terrible stuff, but why obsess and why can't you just ignore them. But with Jeremy it just seems like he's so down and depressed, and I try so hard to do things his way to make him happy, and it's just always to me seems like he's complaining or down or... and I'm like okay, well maybe it's just the work situation. [37:15] Maybe he'll get better. But then I remember the year before when we were in France and he's like oh, I just don't want to go back. And he was like oh, I'm just really dreading going back to work. And he was complaining and just life is just so hard to live. And I brought that up to him and he was like well, it doesn't... he's like most people feel that way when they're coming back from a vacation. I was like Jeremy, you were in utter dread and you said that...

THERAPIST: Life is hard to live is pretty extreme.

CLIENT: Yeah, I was like [inaudible] oh, it's a bummer the vacation's over but looking forward to the next time, is sort of how I feel. But... and so he's like well maybe it's just a west coast east coast thing. On Seinfeld they always get together and bitch and I'm like... well I was like but I mean you're probably just taking me too seriously. And today when... so we sort of resolved that. It was okay. Then I just need to not be so concerned with how you're feeling. Great. That's hard for me to do because I take people seriously, and it is, to a sense, learning different, east coast west coast, but it's like how can I tell the difference between...

THERAPIST: When to take him seriously and when not to. Is there a way he can let you know when he really means what he's saying versus being a little bit dramatic?

CLIENT: Yeah, I mean... and in some parts I mean... because of this, what's going on with [inaudible] financial, I mean I spend an hour and a half every weekend talking to him, giving him morale speeches. And I told him that he should go to therapy and he's like what, you think I need to go to therapy. And then he was like... he didn't seem very open to it. And I was like well... I was like because I said you need to learn how to... ways of distressing. And he's like

THERAPIST: He's got a lot of work stress.

CLIENT: And he's working on meditation. And I was like okay, what was it, different... transcendental meditation, a new type of meditation recently. And so I mean he has improved a little bit. I mean he used to be a lot more strung up and he's learned to cope with a lot more dynamics and work stress, but it's just hard for me because I know that... what lengths I go to to be a decent, enjoyable person, and sometimes it's like...

THERAPIST: You'd like him to do some of that work too.

CLIENT: Yeah, or less... to be less controlling and...

THERAPIST: Yeah, because it has... how he is has an impact on you. I do want to continue the conversation but we have to stop for today. I have to end on time today.

CLIENT: Okay. Yeah, I did. I came with lots of stuff to talk today because I thought before I come in here that... is it okay if I borrow the book, then, for another week?

THERAPIST: Absolutely. And we are not scheduled for next week but are on for the week after that.

CLIENT: Okay. At 1:30.

THERAPIST: Yes.

CLIENT: And what's the date?

THERAPIST: The 29th.

CLIENT: Okay, wow. I haven't written a check in a while. It's 2014. Either that or my mind's stuck in 2013.

THERAPIST: Thank you.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Thank you for fitting me in today.

THERAPIST: I know. I'm glad it worked.

CLIENT: It really was a lot of mess earlier this week trying to get the hospital bed for my sister, and along with it came a lot of – it was really tasking at first, because on top of—

THERAPIST: How did you get in charge of it?

CLIENT: The thing is, it was supposed to – my sister has to stay in the Eastern area, because she has a checkup appointment. She is from Florida, but her doctor is from Chicago, just because they're short on money, and having her stay in a hotel, she can't do a lot of functions at the moment. [00:01:06] I need help strapping her leg into her exercise boot and giving her a shower. Essentially she couldn't go back home and come back, so the arrangement was that she was going to stay for two weeks in our house, and since she can't sleep on the couch because she's 6 feet tall, she needs something very big, something very long. It was arranged with the hospital before the surgery in the hospital bed, and for some reason the case managers didn't handle it correctly, and my sister, they did a different surgery on her than they talked about doing before, and it was – my sister went to this guy especially for this surgery, and instead he did something else, because after he opened her up, he saw, ah, maybe this is more the problem. [00:02:20]

So my sister was really upset to say the least, because this guy was out of network, and she was going to this guy, and he's letting her write off the hospital costs except for \$7,000.00, but still, that's a lot of money for someone to do a different surgery than you thought, and what she was appealing for her insurance for. They denied it, but it went to higher up, because Florida has protocol for that. [00:03:04] It's been very challenging because of all of these things, and instead of her being proactive about getting her hospital bed, like two days after her surgery, like okay, is this bed confirmed? Is it ready? She was crying, and depressed, and saying she wanted to die, which because she was pretty immobile wouldn't be that possible, but she was very upset. I guess it was kind of hard, because I tried to point out positive things, like maybe this was less invasive, he saw that this was really the problem. She said I was dismissing her fears, and ignoring them, and how would I feel? Then I started crying.

THERAPIST: Really hard for both of you.

CLIENT: Then Jeremy got frustrated because he said that she's overstepping her boundaries, we're being nice enough to let them stay, and because the hospital bed didn't come until Tuesday and they were out of a hotel – they stayed in a hotel down in Providence for one night, but the second night, they didn't have any room. [00:04:17] They came over to our place to hang out, and it turned into – they slept in our bed. Then Jeremy was a little grumpy that he had to sleep on an air mattress, but he didn't seem as grumpy when I told him that when the bed was delivered, I got mauled by our freak-out cat. I did get mauled. It's frustrating because my sister's thanked us, but it seems like you know, maybe – I don't know. Maybe a little more thank

you, or help with wedding invitations, or making herself useful. I haven't said any of this.
[00:05:06]

THERAPIST: Is there any part of it that you could say?

CLIENT: Well I think that maybe if I ask her if she could do some little things, but I mean, now that I have these guys almost sent out, she can punch holes through some of the things, but for the most part now she's pretty pleasant. I found that making desserts for her was the best antidote, and she's gone through a key lime pie and a pan of blondies in about four days. I hope I'm not making her fat, (laughter) but I like these desserts. In a sense I feel like she's eating us out of house and home, but at least it's the cheap things like desserts. I like making desserts.
[00:06:03] This has given me a good week to catch up on my sleep, because I was really exhausted. I don't know if it was sort of the end of the semester sort of exhaustion. Jeremy and I, the last two weekends, we went on 10 mile hikes in some of the State forests up north, State forests and reservations. I don't know if my body is saying I'm exhausted, or stressing at all.

Also I've been trying to ramp up my sort of – because the wedding's near, I'm trying to find healthy eating with more vegetables, and also fixing my face care products, just so I look in tip top shape. That's something I've been meaning to do instead of buying drug store brands, because my skin tends to be sensitive, but something I bought had talc in it. [00:07:03] I didn't know I was allergic to talc, or sensitive to talc, but it lead to – I had along my forehead and my neck a few very large – they weren't cysts, but just huge, very painful acne. They're gone now, thanks to – I have an arsenal at home. But it was very frustrating because you spend all this time, money, and you know (inaudible 00:07:37) return it for something that was much better, but I guess I get frustrated because I sort of feel like it's not my fault. It's my body's fault, or whatever I put on, whatever was suggested.

I was so mad. I read reviews on cosmetics, and I wonder, like, wow, this person sounded a little harsh. [00:08:01] Then I sort of realized I can understand, because I need to make a warning. In the same sense I try to talk – it's interesting, because I'm very sensitive. I look around and now that I feel like my face has gotten much better, I look around at people who have much worse complexions and don't wear makeup, and they're just happy talking, and maybe they do wear it, but I see that being so conscientious about my face, it does hold me back. I mean, that's something I need to work on. I haven't gone swimming and gotten my face wet for a long time.

THERAPIST: It really limits you.

CLIENT: For one sense I don't like getting wet, but for another sense, swimming with my face above the water, I realized it is limiting and it is frustrating. [00:09:09] Everyone's like, "Why don't you jump in the water?" No.

THERAPIST: Maybe you're missing out on something fun.

CLIENT: Yeah. I feel like I'm doing the best that I can now. I just need to suck it up and sort of be okay if someone sees a zit or something. People get that.

THERAPIST: It's just a normal part of life.

CLIENT: I mean my sister right now, with the stress, and the operation, I see that she doesn't really – she's letting everything hang out. I have to give her a bath tonight. It's been six days. On one hand I think she doesn't handle things so well, but I see that I don't handle things so well. [00:10:06]

THERAPIST: How is it that you guys handle it differently?

CLIENT: The thing is, I don't express what I get worried about. I just reduce the potentialness to confront those fears. But my sister actively says these fears out loud and repeats them over and over, and it's very taxing on – she doesn't tell my mom because they kind of had a big fall out a few years ago when my mom thought my sister was making up her pain. So instead she – my mom said that she had become a monster. You know, so now my sister sort of puts the whole brunt of it on – there's part of things that I get not frustrated with, but you tell someone something, and she's like, "Well the doctor said my other doctors measured the rotation of my femurs wrong" [00:11:15]

I'm like, well, he's saying that to support what he did and go back to – I just see she's not as – I don't know. It's just interesting because some things, if she was more polite when she's in disagreement, she probably could be more persuasive, but for me to tell her that, I just see that that's like putting myself in harm's way. The good thing is at first Jeremy was quite grumpy about having my sister stay, but seems to enjoy the company. My sister doesn't really tell Jeremy the pains and struggles. [00:12:00]

THERAPIST: That gets censored, filtered, saved for you.

CLIENT: Yeah. The only thing he really does is when she was – in case you need – he had to get the wheelchair when I was gone because she had a muscle spasm, and had to wheel her back to the bed. These little things – I made the transition easier by putting all of her stuff – because when she first came she kind of exploded all of her stuff all over our bed, and she doesn't mean to do that, but she does that at home. Jeremy was freaking out, so I spent the day after the hospital bed was delivered to arrange everything into her room. It has the litter box in it, it is the study, but it's kind of like the size of this office, maybe half the size of this office, so it's a tiny space. I'd say three quarters the size of this office, but anyways, I think we're coping nonetheless. [00:13:09]

I think she's thankful, but I think just sort of setting some boundaries, like when she was arranging the appointment on Friday in Chicago, and she's like – the lady said 10:00 or 11:00 am, so she's like, fine, 11:00 am, and I'm like, Tammy, can you call for something later? She's like, "You're talking to someone who can drive to the airport at 3:00 am. I was like, you know,

that's great, but Jeremy's going to be the one driving, and that's a really early morning, and that's a lot of driving. She changed it to 1:00, but it was just – I was just like, it's great that you can do that, but you're not the one driving, and you're not the one dealing with the driver after we spent 5 hours driving – 10 hours total driving to Chicago and back in the same day.

[00:14:10] There's things that sort of show she's not maybe as grateful.

THERAPIST: Thoughtful.

CLIENT: Yes, thoughtful. So I mean, (pause) yeah.

THERAPIST: I changed that from grateful to thoughtful because it seems to me the way you're describing it is that part of it is she doesn't take the moment to think what it would be like from another perspective.

CLIENT: Yeah.

THERAPIST: And I wonder if she did do that, would she feel grateful for the sacrifice, or the time spent, if she had taken that time to notice it? You can't be grateful for something you don't know, but if she had taken the time to notice it, I wonder what she would feel. I don't know. She was maybe not thinking about it and not grateful for it. [00:15:01]

CLIENT: Yeah. I think in a sense she just doesn't think about – she's very in her own world, and I think that's the thing, focused on her own struggles.

THERAPIST: Own experience and own perspective.

CLIENT: Yeah. So that's sort of kind of what – I mean, I guess because I'm always thinking about – I do think about others quite a bit.

THERAPIST: That's how you guys complement each other.

CLIENT: (laughter)

THERAPIST: You do think a lot about how another person might be thinking, or feeling, or affected by something.

CLIENT: I was interested, because when we were going hiking with our friend Candace, instead of doing brunch, it was like, do you want to go on a hike instead? She was like, sure, great. The whole time we were talking, I was like, hmm. I don't know. I was always questioning what I was saying, or trying to conceive of what is she thinking? I mean, why am I doing this? [00:16:01] This is kind of weird. Asking yourself, does she like me? Is she my friend? It's like, of course she's been a friend for a long, long while. I mean, I don't do this with Jeremy anymore I guess because he's quite expressive, so I sort of know what a happy, or mad, or not content Jeremy is, but I sort of realized a lot of – I'm always trying to read people, except when I really know them.

I sort of see, is this coming off as natural? I don't know. I mean I guess there's issues with being too thoughtful, or—

THERAPIST: Self-conscious.

CLIENT: Yeah.

THERAPIST: Rather than actually engaged in the moment, you are being self-conscious about how you're presenting in the moment.

CLIENT: Yeah. [00:17:00]

THERAPIST: Finding that balance of feeling comfortable, and trusting the experience, and being thoughtless about it and not being self-aware at all. You want to strengthen that balance so you can enjoy the interactions you're having with others.

CLIENT: Yeah, and I think that's exactly what finding that balance is. In one sense it comes from every time I worked from home, or spending a lot of time – because I don't have to go in, I sort of spend a lot of time not talking to people. It is like a learned skill I think. So I think that it's good. I've been – for these past few weeks I've been really lazy to go to dance, or I go to dance like once a week or twice a week. [00:18:09]

THERAPIST: Is it that you're being lazy or there's something else stopping you?

CLIENT: A lot of it's just because I've been frustrated with the progress of my paper. It's been going slow, and of course the slower it goes, the less eager – it's a negative feedback, a lot of it, and it's frustrating because my advisor, he agrees that some sort of rigorous definition needs to be set to prove something, but he doesn't offer much insight, like calculationally, what do I do? Even some of his – recently what I've found, a lot of his theories, he wasn't very clear. He pointed that out, so we're going to write a paper on what does it mean, for one of his past theories. [00:19:02] I hope we're going to write it together and he better not write it without me on that paper. He goes off on tangents. It's kind of like the key to everything. The paper starts going slower, the calculations.

I get frustrated because you're stuck on, for instance, this one paper quotes a formula, but it quotes sort of a final answer, but they don't quote maybe what the whole meaning of the equation is, and in another book there's a minus sign. They correctly use the minus sign where the other paper doesn't. It's frustrating because I spent the whole four days of sort of – it's not a solid sit down for nine hours and try and figure out what's wrong in this formula. [00:20:07] It's sort of like, go back every two hours, go back and try to plunk around to see what's the difference. I guess it's all just sort of meticulous work, that it gets hard to see – I'm starting to lose sight of the forest. I'm seeing the trees. Something like that. I'm not good at quoting these things.

THERAPIST: You feel like you get stuck in the little details.

CLIENT: Yeah, and that's very bogged down because I'm afraid to leave the computer, or shut it down, because I want to get the details started over, or not started, just correct the details.

THERAPIST: So if you took a deep breath and stepped back, what is the picture in the forest?

CLIENT: [00:21:00] (pause) If I took a deep breath and a step back, I would say there's something quantum mechanically happening that classically is not happening, and that's essentially the big thing, and that's what the paper is about.

THERAPIST: I'm sure that makes a lot of sense to you.

CLIENT: Yes, it does. (laughter)

THERAPIST: I'm trying to move my head. As long as that's meaningful to you and your advisor. (laughter) Eye-level graduate physics doesn't work for. (inaudible 00:21:34)

CLIENT: (laughter)

THERAPIST: I don't need to understand your world. You need to understand that part of your world. I understand your emotional reactions and interpersonal patterns.

CLIENT: (laughter) And another thing that's been a source of frustration, just because I was supposed to be reimbursed last March, this most recent last March for the conference, and it was interesting, because the way I was getting reimbursed was I didn't pay for the hotel. [00:22:07] Another group member did, so I didn't have a receipt for the hotel, and that proved difficult in the reimbursement, because I'm supposed to reimburse him from the lump sum I'm given. But I'm the last one in the group who still hasn't been reimbursed. I feel like I'm a money grabber because I'm like, oh, what's the progress of this?

According to this, physics doesn't have funds for you. Well physics was not supposed to have funds for me. This was supposed to be processed another way. Talk to the chemistry secretary. In a sense I'm eager to get the reimbursement back, because \$800.00, \$900.00 is a lot of money, but it's frustrating, plus, because Jeremy, now that he's getting paid he's not such a pain in the butt about me giving him money. [00:23:04] It's just – it's interesting because even though we're a team, it doesn't feel like we're a team. It feels like I'm paying a landlord. There's things for instance, like buying—

THERAPIST: What makes it feel that way?

CLIENT: Because he expects a paycheck every month at a certain time, and if it's not, I have to ask for an extension, or say you're getting your money here. Like, when I found out I won this teaching prize, it was a \$1,000.00 prize I recently won. I'm thinking, I can treat myself to

something nice and put the rest away to save for taxes, but he was like, “Maybe you can give that money to me, because you didn’t pay me this last April during tax month, and I gave you \$700.00.” I’m just like—

THERAPIST: That feels very— [00:24:01]

CLIENT: Yeah, it feels like, wait. If I give you this money, the \$700.00, the rest of the prize money, minus what I spend on – I was going to spend \$200.00 on some bridal headpiece, which I didn’t do – but I was like, then next year, are you going to get grumpy when you have to pay me \$800.00 for taxes? Then we’re supposed to do the bank account thing, but somehow, I’m never up when he is up in the morning, and he normally wants to go and work out.

THERAPIST: Have you had the pre (inaudible 00:24:44) discussion about money and how you guys will utilize it in your marriage, and what you see as kind of what your method will be of how you guys merge funds, what you merge, what you don’t merge, that kind of thing?” [00:25:02]

CLIENT: We’ve roughly talked about it, but we both get very sensitive about money.

THERAPIST: Often a very complicated conversation. Do you have more of those sessions with a priest, or with a somebody?

CLIENT: (laughter) No. We only have one more meeting with the priest, and I think that’s something that – she had enough to cover in terms of talking about communication.

THERAPIST: But there’s not going to be more time for the money talk?

CLIENT: Yeah. I think that’s one thing I noticed, that what happened last night, I briefly mentioned, oh, maybe I’ll go to Guy’s tomorrow and you can meet me in the square. He was like, oh. Yeah, or we can go out to some cheap eat, or something. He’s like, “Okay, maybe I’ll think about it.” Then the next – yesterday night I hadn’t heard any talk about him going to the square, then 7:00 when I’m heading off to a different dance class on Cranston, because I didn’t feel like leaving home, he’s at the square, and I realized I didn’t even remember. [00:26:11] It didn’t seem like, okay, we’re going to do this.

THERAPIST: You did not feel like you had nailed down a plan.

CLIENT: Yeah, and I realized we really need to work on communication, both in terms of intimacy – we haven’t had many nights to be intimate, actually. Everything’s been so busy, or we’ve both been exhausted, or go to bed at different times, but I think the last time we were intimate, he’s doing a lot better job at – I still haven’t been able to come, but in a sense he’s doing a lot better job at trying to at least – I mean, I haven’t had that full-out conversation that more needs to be done. [00:27:04] But at least he’s doing more foreplay.

THERAPIST: And he's doing that because you've had some of the conversation, or magical intuition?

CLIENT: I think it's by magical intuition, by accepting. (laughter) So that's something that I need to – and maybe it's fine that I common on, "That's nice." during the act.

THERAPIST: That's not magic. That's communication.

CLIENT: Yeah, okay.

THERAPIST: It's reinforcing. It's something happening that you're liking, being expressive about that, that's giving him reinforcement in the moment. That counts. That is a type of communication, and the more straightforward conversation is one way of communicating, but those little messages that you give, either expressing enjoyment by saying, "That feels good." or by your non-verbal responses, the less direct communication leaves some room for interpretation, and you're making the assumption he's going to pick up on it, which is possible. [00:28:09] It's not guaranteed, but it's possible. It is intuition which is partly magic but partly – it exists. Some people are more intuitive than others.

CLIENT: Some people need to have it – I was going to make the joke that they need a hammer to their head.

THERAPIST: I know you don't really mean that. (laughter)

CLIENT: I was like, no, that sounds mean. Just very straightforward.

THERAPIST: Being able to have that direct conversation, I think you'll see more of a response, but with what you've been able to have, that's great that there's something happening that feels better.

CLIENT: Yeah. No, it definitely feels better. It was interesting when we were going hiking. We were alone in the woods, and he started getting frisky. I guess during – not I guess, but it was foreplay when we were in our clothes, and it was actually – it was kind of like when you said the sex therapist said, what you should do is not have sex, but go as far as you can without actually having sex. [00:29:12] I was like, this is a cool idea. We're out in the forest. It's still a public place, and we were the only ones far out on the trail. It did feel almost like the frolicking in the spring that I talked about. Yeah, it was kind of cool to just not have any goal, and it kind of made it even spicier because there was something—

THERAPIST: Illicit about it. (laughter)

CLIENT: (laughter) Yeah, you know. I realized, I have to take that boy on more nature hikes.

THERAPIST: Yeah. I think that's kind of exploring, and seeing what you like, and it sounds like in that environment you were actually able to feel sexy which is something that you had been missing. There was a boundary, and you probably weren't going to have sex in the forest.

CLIENT: No. (laughter)

THERAPIST: And it was different, different environment than being in your apartment where you spend a lot of time, and that feels sexy, and exciting.

CLIENT: And actually what you just made me realize is maybe – I mean, in my apartment, I feel very much like, I already have a pre-established routine, and way to think about myself. A lot of it is just students.

THERAPIST: You have so many roles there.

CLIENT: Yeah.

THERAPIST: Being a mommy to your cats.

CLIENT: Yeah.

THERAPIST: And working on your paper, and also you've had some negative associations with how sex has gone there, and that it hasn't felt as nurturing as you'd like, and it hasn't had as much foreplay as you'd like, so you have these associations of how things are going to be in that setting, and they're not how you would like them to be. [00:31:03] So being in a place where you won't feel the responsibility of the dishes you have to do, or the cats nipping at your feet.

CLIENT: Yeah.

THERAPIST: Those things aren't there.

CLIENT: (laughter) Yeah, I have to be useful. It makes me realize that sort of we need to go places, and set a time together for each other, because at home, it's hard for me to – I buy him specialty ice cream, and do little things here and there, but to actually feel that togetherness, at home, it almost feels a little bit more like two boarding roommates at the moment, and I think part of that is just maybe my schedule, or maybe my frame of mind.

THERAPIST: It sounds like a couple things might contribute to that. Maybe schedule, frame of mind. Sounds like the money, the way you guys deal with the finances feels less like a couple working together towards something, and more like you said, landlord and— [00:32:16]

CLIENT: Tenant.

THERAPIST: So there may be room for you guys to renegotiate how you approach some of those things so it feels more like a marriage and less like roommates or tenants.

CLIENT: I think that's one thing our pastor had pointed out. She was like, in a sense, marriage isn't going to change who you are, but it does bring up the moment where you guys make plans together, and that's something that it's hard – having dreams together. For a while, Jeremy hasn't been dreaming because he's been so freaked out about money. [00:33:04] Finally he's getting paid, so he seems a lot more cheerful. I guess it's hard to work and not get money. I understand.

THERAPIST: But being able to be upset about that and not having it circle back to being put on you.

CLIENT: Yeah.

THERAPIST: Because you're not getting paid, that's not a changing arrangement you guys have, and it's not because of anything that you've done. It's understandable that it puts pressure on you as a couple, and it feels upsetting to him. It's frustrating how you guys absorb that together, rather than feel like it gets vented and directed at you.

CLIENT: Yeah. I think—

THERAPIST: Because that may happen again. They may have a slow month.

CLIENT: That's what I was telling him, and why I said he should go to therapy. (laughter) I said, you know, the way you – things like this are going to happen all the time and you can't let this get you down like it's gotten you down. Then I was thinking, I can't let him do this to both of us because I spend quite a bit of time pep talking, or being supportive, and judging, or asking about work, and if he gets grumpy, I realize that maybe I shouldn't ask him about work.

THERAPIST: That sounds like a lot of responsibility.

CLIENT: Naturally if he asks, how's your day, if it went bad or well, I'm like, oh, it went okay. Could have been more productive, but I guess I'll work more after dinner. But there's never a – I noticed with Jeremy, coming home, the other day he was making dinner, and he just got into his chair. I could see the tense – I was just like, deep breath, Jeremy. It's okay. There's dinner. There's food. [00:35:04] Yeah. He's trying to do meditation, but I think I'm going to keep on suggesting therapy. I think everyone feels better given therapy. It's not a bad thing. It's a good thing, but in the meantime my dad told me – because I told him how I was frustrated with my sister. He said there's this thing called co-dependency where people often put other people's emotions as their responsibility, their hardships, their feelings. In a sense, you can't be so co-dependent on someone that their whole self-worth or happiness is weighted upon your feelings.

THERAPIST: That's too much pressure.

CLIENT: I do that a lot with Jeremy and Tammy. It's interesting. There's similarities between the two. [00:36:05]

THERAPIST: I've been trained. (laughter)

CLIENT: (laughter)

THERAPIST: And a lot of times in these close relationships, we do find that there are these repeated patterns, because our typical way of responding to things meshes well with a particular style, you know what I mean? It ends up getting reinforced, and I think in healthy relationships, there's a degree of flexibility in how you respond to things, and when you feel like you're – you may notice you respond to Tammy in a similar way that you respond to him. These are two pretty significant relationships in your life. It makes sense that there would be some similarities in the way that they handle things, and you respond to those things, and your typical way. But looking for where there's some flexibility in how you respond differently so you don't feel like you have this really narrow way of being – because that's when people start to feel resentful, or stuck. [00:37:04]

CLIENT: Yeah.

THERAPIST: Or feel like there's only one way you can be, and you have all this responsibility to make sure things stay just so. That's really hard.

CLIENT: Yeah.

THERAPIST: You want to be able to have freedom of expression.

CLIENT: Yeah, and I think that's something with Jeremy I know I'm working on in terms of what I wear.

THERAPIST: Being able to have your own voice.

CLIENT: Yeah.

THERAPIST: And be okay, like he might not love some of the things that you choose, and that's okay.

CLIENT: That was all of these bad boys. He liked what I put together, but I realize at a certain point, if I really want to do something, I'm going to be the one doing it. If I'm putting all the effort and stuff, as long as he can tolerate it, he won't feel embarrassed. That was another thing for wedding invitations. I tried to just get it done, and he had approved everything except this one quote from Dr. Seuss I found about love. [00:38:07] He tells me last night, "Did you send that in?

That quote was really cheesy.” I was like, okay, I’m sorry. I thought it was cute, but we can nix it. We have a proof before it gets printed. I was like, sorry. Last time you used a quote, it was a nice quote by Oscar Wilde, something about love. It was a nice quote, but last time – in all fairness, when he put together an engagement picture album, he hadn’t run the pictures by me, and I got upset because he chose some of the pictures I didn’t like of myself. Then I apologized and said, “It’s a nice book. I’m sorry.” [00:39:01]

THERAPIST: Maybe all lessons in starting to work in a unit rather than working as two independent people.

CLIENT: Yeah. I think that is the overriding lesson that we need to take and integrate, because I think right now the way we do things, and schedule our lives, sort of how we delegate chores, it’s not working together so much.

THERAPIST: So you don’t want to be codependent in that you’re too dependent on one another in order to exist, but you’re also finding that when you’re too independent from one another, you end up running into issues. I think coming together as a married couple is going to be a lot about finding out where are the places you want to check in with one another and make decisions together, and where are the places that it’s okay to have a difference of opinion or do things independently without checking. It’s part of the process, figuring that out. [00:40:00]

CLIENT: Yeah.

THERAPIST: We’re going to stop there for today.

CLIENT: Okay.

THERAPIST: And we’re on for Tuesday?

CLIENT: Yeah, as long as now no more hospital beds are being delivered. (laughter) Ay yi yi.

THERAPIST: I have us down for 1:30. That’s what I have.

CLIENT: Okay. You have a pen?

THERAPIST: Sure.

CLIENT: I found a cinnamon candy. Yum. (laughter)

THERAPIST: Good treat.

CLIENT: I know. I got this five pound bag of hard candies from this one conference at Brown, and it was supposed to be for everyone, but no one punched it. So I’ve gone through about – over the past fall and spring semester, it’s the 19th?

THERAPIST: 16th.

CLIENT: Oh, 16th. [00:41:05] All of the unwanted flavors are left. Doesn't stop me.

THERAPIST: (inaudible 00:41:15)

CLIENT: How long were you in your PhD program?

THERAPIST: I did four years of school, and our fifth year is an internship, and full-time internship, then I did a year of post-op.

CLIENT: Oh. You know what it's like being a student.

THERAPIST: Yes, and I finished my dissertation during my internship year, maybe halfway through my internship year.

CLIENT: That's hard. (laughter)

THERAPIST: Very different types of programs. Mine is much more clinically-oriented than what you were writing about. [00:42:02] In a sense, everything comes with its own challenges, and any sort of doctorate degrees is impressive. (inaudible) We'll get you there.

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: If there's room, that's probably okay. So things are going – for the most part, having Tammy – I think things are good now, but Jeremy got upset because she – her and I had discussed, and I thought I had discussed with Jeremy that we're going to take her to the doctors on Friday, then she had a flight back on Saturday. Jeremy didn't hear that part. He remembered the part a while ago where she was going to get a flight on, so he had to make plans mentally, and he got frustrated when he heard Tammy might not leave until the week after. It's interesting that he gets frustrated because he's not – other than just having to see her and having to sort of cook up a little bit extra, and have me – I mean, I'm baking desserts right and left, because that's what my sister likes. [00:01:14]

So you know, then in the most sense, I've been taking care of my sister, and she's gotten much easier to take care of. Just strap her into her boot, help her shower, give her a bath. I mean in terms of – I mean I think I understand. The reason why they hadn't bought – my sister is not very organized, and as well as sort of (inaudible 00:01:46) in the hospital on Friday, there was no hospital bed on Friday. It was supposed to come on Monday. Now it's coming on Tuesday. She was supposed to have a flight on Friday. That's very expensive. Then there's Saturday.

Saturday ended up to be too expensive, so she's going to stay another week. For some reason, being flexible, I don't mind. [00:02:14]

Memorial Day weekend for me is like, really I don't want to take Monday off because I just want to do my research, so you know, it's different when you're a worker and you have – you don't have the sort of luxury – you don't have flexibility in your schedule. So I can understand why people like to do something special for Memorial Day, and that's what Jeremy was planning, that we drop Tammy off on Friday at the airport, then stay over. So he got angry, but fortunately Tammy, they found a flight that was affordable, that was \$200.00 on Sunday night. [00:03:04] I got angry at Jeremy because first of all, it's my family, and I do conceive that it is frustrating when plans aren't set forward, but I just sort of go into flexibility mode, and understanding that they don't have much money. They're looking for a cheap flight back. She could have arranged this a while ago, but the moment that she decided that she was going to go through the surgery, she could have been much better at arranging everything in advance, but I know she's not that type of person.

Then again, I sort of realized I'm not that type of person either. So I got frustrated. Ultimately I said, I'm sorry. [00:04:05] I thank you for being so accommodating and taking a day off of work. It is a lot for him to take a day off of work and drive down to the airport, then drive back the same day. But he was happy once he found out Tammy had a flight back, and things would go back to normal. I mean, I guess you sort of – that's one thing during this whole thing. Jeremy's like, I love you. I'm not mad at you. I'm mad at the situation. If anything, you've shown me that you're a much better person than I am. And I think that's true. I am a very – I mean in a sense, maybe I'm not the best at protecting myself from getting walked on, but in this situation, you have to be understanding because someone's up there, and Tammy's been thanking, been very thankful recently. [00:05:14] Every day she's like, "Thank you so much." She's like, "Thank you for not being begrudging about giving me a bath." I'm like, well, you're pretty helpless. I always felt the calling when people are in need, to help them out.

THERAPIST: I'm glad she can appreciate that and Jeremy can see what a strength that is for you.

CLIENT: Yeah, because that was the thing when I met him. It's funny because I was not in a good situation, but neither was he, and it was actually – it felt nice to help take care of him. In that sense he was in more of a sort of not good position. [00:06:01] It's interesting because when he was not in a good position with money, and he was stressed out and angry, I felt it was harder to help him, and I got angry that he was so—

THERAPIST: You have more empathy for some difficulties, not others.

CLIENT: Yeah, it seems to me—

THERAPIST: People do have soft spots.

CLIENT: But you know, it's just – sometimes I get frustrated with the limitations. One thing my dad joked, and I, he was like, "Why don't you just (inaudible 00:06:37) spend all that time with Christina." Mom's like, "No, no, don't do that." I actually brought that up with Jeremy and he quieted down a little bit, because I actually was – in a sense I think it needs to be said because there's favors that we do back and forth that reduce them to a considerable amount of time with his family. I like his mom. [00:07:00] His brother's okay, but Christina, I mean, she's just not my cup of tea, but I suck it up and spend time with her because I know that Jeremy should be close to his brother, and you know, I think – because my family's not nearby, we don't spend that much time with my family. It's been nice to spend time with my sister. We laugh. Even Jeremy, we all sit at the table, we all talk.

So I think in a sense I just get frustrated when he gets more stressed out than it needs to be, because very little of his life has been impacted. I mean, apart from the initial beginnings when we slept on the air mattress, but in the same sense understanding those are his boundaries. He's just not as flexible. [00:08:06] But the one thing that my sister, which she's talked about this before, but when she goes into how much of a self-hater she is, and how mom was very critical, and instead of taking her to therapy when she was young, she just did not – I mean, my mom is not known for saying – for being non-judgmental, and non-critical, and open, and understanding. That's not a characteristic of my mom unless it's choosing a color of pink, or a hot pink. From my own experience, I've experienced not being welcomed home because of who I was dating. [00:09:01]

Even my hair being long, my mom said it was very unflattering, and which is why I chopped off my hair. My hair was very, very long, not as long as my sister's, but my sort of things, I don't like to dwell on it, because it's not – for me it's just not constructive to dwell on something that was in the past and will only bring up sore wounds. For my sister, she talks about it, and she talks about it a lot, and I don't really know – I told her maybe it was best you didn't go to therapy when you were younger. Sometimes therapy can do more harm. In a sense, it can't really do any harm – it can't – I didn't mean harm. I just meant that maybe it wouldn't have done any good, done the best, or I don't know. [00:10:04] She took that as kind of like – I mean, she just didn't say anything. She put on her headphones and was a little upset that I said that, so I apologized.

THERAPIST: It wasn't the response she was looking for.

CLIENT: No. (laughter) I apologized and said that I'm sorry, and I know it affected you so much, and I said, (inaudible 00:10:29) when you're old, once you get a little bit more money, when you're working, you can go to therapy every week like I do, or three times a week, biweekly, like I do, because I like it and find it helpful. She's like, "Well, I probably won't have time to do it." She's like, "I've come into terms with it." Well if you've come to terms with it, why are we talking about it? Why can't we just move on? I don't know what to say to someone like— [00:11:03]

THERAPIST: What's it like for you when she talks about it? Does it trigger upset feelings for you?

CLIENT: No. I actually feel bad for mom and feel like – I mean, I feel bad for her. I feel bad for mom. It makes me just sort of – I see it as an intense moment, and I feel like, you know, I sort of feel like it's like a fight. It's like a fight with an invisible person. I don't know. For me it sort of goes against the things maybe I told myself about my mom to sort of feel good and be able to spend time with my mom. [00:12:03] That's ultimately – I've always been sort of very – there's some things I don't forget, and for some reason I cling onto many things, but for the most part I forgive, especially when I love the person. I guess – I don't know. I know it was making me upset, but I don't know why, whether it was because it made me feel bad for mom, feel bad for Tammy, just feel sort of like stuck.

I think it just made me feel sort of helpless. I don't know what to tell her. I'm sorry that happened. I'm sorry that it affected you so much. I can't do anything about it. I think it's once again sort of – whenever she says she's a self-hater, and some people do have that quality where they – that's another thing. It makes me feel like I want to make it better, but you know, sometimes people just need other people to listen. [00:13:14] So I think sort of after that I realized some of these things, just sort of nod your head, and sort of listen, and say something now and again, but nothing too dramatic.

THERAPIST: Yeah. You don't have to fix it between her and your mom. You're stuck in the middle feeling badly for both of them, and you can't change what happened in the past. You also don't have influence over how they interact in the present. It's okay for you to set limits about how long you can listen and be empathic, because it is something also that impacts you, hearing about her perception of what family life was like, impacts the story and narrative you've created for yourself to be okay and accept what your family life was like. [00:14:08] That's striking a balance between meeting her need to be able to talk about it and having you empathize, and your need not to live in the past.

CLIENT: Yeah. And I think I need to sort of learn how to set the boundaries, and set them without saying something that sort of seems like I don't have any empathy.

THERAPIST: Finding a way of saying, "Can we talk about this for a little while?" Or maybe there are times when it's better for you to talk about it than others. So asking, "Can we talk about this tomorrow?" if you find there's a space that's easier for you.

CLIENT: Yeah. Maybe that would be sort of like, I have to get back to work. We can talk about this later. Yeah. [00:15:05] I think saying something like that, because she understands when I'm on G Chat, I'm like, I have to go. I have to get back to work. She's like, "Okay, bye." Or, "Okay, talk to you later." So I think setting those boundaries – I guess normally I haven't spent this much time with my sister for a while.

THERAPIST: And you don't want to have to leave your house. It's a little bit harder when you have a house guest.

CLIENT: Yeah, especially one who's not particularly mobile. She's gotten better. Jeremy and I, we – what is it? We went hiking this last weekend, the third weekend in a row that we went outside and did a three hour, three and a half hour hike. [00:16:00] This one was actually really strenuous, which was good, because the other ones were like baby hikes, or just walks in the woods. I found a really positive thing, because we're spending very concentrated time together, and it's something we both want to do, get exercise. It's amazing how positive it's been. He's been very loving and appreciative because of these hikes. It's crazy because I realize that during the winter, when we can't go outside, to think of things to do together, like ice skating and yoga, because I'm going to try to push for that, it does take sort of a considerable amount of – there's times when I'm tired. These hikes are exhausting. [00:17:00] I like doing them, but I get exhausted. So I'm the one who actually suggests these things, but—

THERAPIST: Are you eating enough to fuel a three-hour hike?

CLIENT: I am after, and we realized that when we're both sort of in the middle of the hike, we're sort of like, ugh, why is this so difficult? Let's split a Powerbar. Jeremy, for some reason, is back into – his middle is thicker. Basically, he's put on muscle, so he's gained weight from his normal – he's been cooking quite dietetic, and after these hikes I'm starving. So he goes to bed.

THERAPIST: You need fuel too, to do all that activity. [00:18:00]

CLIENT: So you know, that's one of the things. It's interesting because him and I will sort of both know, okay, we're exhausted, it's time to eat. So I think – that's part of my favorite things after, because after we went on the hike, he cooked spaghetti. I was like oh, I'll have a little wine. It was really nice to just sort eat with wild abandon after doing all that work, and I can see that's why some people enjoy doing the extensive workouts, because then you get to reward themselves after, but it's getting better because I'm working up. It's kind of like any time I – I exercise, just I'm just now sort of ramping in going to dance, and trying to do it twice a week, and go hiking, and maybe do yoga once. [00:19:13] I think that's sort of it. I sort of went into a role of – I think I was just sort of exhausted from the semester, and last week I didn't get much done. I think I was getting frustrated with the meticulous work, but after this Friday, I started thinking about – after talking with you and sort of going back to me, and what am I trying to prove, and are there other ways to prove it, things that sunk in last night – I found trying to visualize it rather than trying to make it mathematical. [00:20:02]

Because with mathematics, it's so difficult. Sometimes a nice picture can be more illustrative than anything. So yeah, I have lots of exciting things to do, creating a deadline for myself by the end of this month to have the paper finished. I have two weeks, or one and a half weeks, something like that. I feel that by having that deadline, I'll feel very accomplished. It's going to be a rough draft, so it's not going to be the best, but just trying to get the pictures in.

THERAPIST: Complete.

CLIENT: Yeah, and I have lots of pictures. I'm just sort of sitting on them, and for some reason, I don't know why I'm sitting on them. I think I'm waiting for some other things. So I'll just put them in the paper, and maybe if they're all together, they'll make sense. [00:21:03] I sort of last night, that clarity came—

THERAPIST: It's a good feeling.

CLIENT: Yeah it is. Sometimes – I remember some of the things my advisor had mentioned. “You should think about this.” I mean I guess the first paper's always going to be hard, but let's see. What else? I finally – well, I was very proud of myself because I was able to mail off the invitations. I still have three more to mail off today, but I know I had a fear of mailing. I even mailed one without the – it had 84 cents of postage, and I was supposed to put an extra stamp on it to make it 91, but for some reason I was just putting lots of them in the mail because I was sick of watching every one. [00:22:10] I started to worry about it, and then I was like, it's either going to come back to me, or it's going to go to them, and they're going to be like, “If you're short a few cents, maybe we're not going to do that (inaudible 00:22:26). Maybe it will go to them and they will get a slip that you're missing five cents. Come pick it up at the post office and pay five cents. So I just realized—

THERAPIST: Worst case scenario is not that bad.

CLIENT: Yeah. So—

THERAPIST: That helps to think about sometimes.

CLIENT: Yeah. I found that that calms me down, to realize if you can deal with the worst—

THERAPIST: That problem is solvable.

CLIENT: Yeah. I think – Jeremy and I actually did lots of wedding stuff on Sunday together, and it was nice because he was right there. We were sitting together. We were doing wedding stuff together so we could make a plan. We finished the website, and we sent it out to our family. We had been proofreading. When I read the website, I was rough drafting everything. My mind was here and there. I got kind of annoyed when one of his – it's actually his really good – he has a really good relationship with one of their workers, Jackie. She found all these mistakes of the things that I wrote. I was like, really? Is she really reading it? Then I was like, well, she's just trying to help, and realized this wasn't critically-acclaimed literature that you're writing, rough draft it, and it's good that she catches that before other people read it. [00:24:05]

Jeremy's making the changes, so even better. Just sort of making a checklist of all the things we have to buy, and starting to buy those things, and buying invitations. There's a lot of stuff you have to buy, little odds and ends, and vases, and velvet ribbon. I'm fortunate that I'm an eBay, because you can find lots of the crafting stuff straight from China or Hong Kong, so it's much cheaper. I'm looking for velvet ribbon. It doesn't have to be from France or Switzerland. I just

has to be velvet. But I really see things coming together, and Jeremy says he really likes how everything's coming together.

THERAPIST: Good. That's nice feedback.

CLIENT: Yeah. He's like, "You know, in the beginning we had all these pictures, but I still couldn't visualize it." I was like, yeah, I know you couldn't. [00:25:02] I was like, even with pictures, you couldn't – the PowerPoint – I sort of (laughter) I guess I'm one of the few brides who creates multiple PowerPoints. (laughter)

THERAPIST: It's useful.

CLIENT: Yeah.

THERAPIST: I think it ran – it's running out of space there.

CLIENT: But yeah, he agrees it was very thoughtful to do the incorporation of herbs. In a sense, he liked that, but I also liked that. I think I'm getting better. For example, this dress – I didn't ask him at all what he thought of it. I just saw it, and was like, oh, my mom is giving me money for my birthday. I will get this dress, because I really want it. Then when I tried it on, I was like, I'm not sure if I really like it. I was almost growing into like a – I go, why did I get this? [00:26:03] It looked so nice on the model. I find out that this part is see-through, so I need another tank top underneath. But I sort of, putting it on again today, I—

END TRANSCRIPT

BEGIN TRANSCRIPT:

CLIENT: Finally I told the cab driver just to pull off. I'd be okay if he's dropping me off. I can walk faster. (laughter)

THERAPIST: We need to schedule for June as well.

CLIENT: Thank you for rescheduling. Things went rapidly way down hill this morning. That's why I had to take a taxi, because I spent about an hour Facebook talking to my sister. I woke up late. What happened really on Friday or Thursday night was as it wound up, Jeremy realized, or read a report, that Memorial Day traffic would be 30 percent worse than it was in years past, making it out of Chicago, and they anticipated after 2:00 pm for it to take five hours to go from Chicago to the edge. [00:01:11] We had to take my sister up to a doctor's appointment, and Jeremy and I were going to go to Chicago at 1:00 pm on Friday for the appointment. Jeremy and I originally were going to go down, and after dropping her off, she said she'd be fine waiting. We'd have a nice lunch, nice extended lunch, but once he found out about the traffic, he realized he didn't want to do the lunch anymore.

I was at Guy's. They talked before and realized that depending on when the appointment got out, they were either going to try to beat the traffic home, or have to somehow wait it out in Chicago. [00:02:05] Bless you. When I got home I heard the situation and was like, oh, we can wheelchair you around, Tammy. We can go to the park. Oh, it's going to be a rainy day. Jeremy's like, "Oh, it's a rainy day. We won't be able to do much." We're like, oh, what about a museum? So he was looking up museums, and at first my sister said she was fine with waiting in the car while we went to the museum, but after Jeremy went to sleep, and we made a plan just to leave right after the appointment to beat the traffic, my sister came up and said she was going to be in a lot of pain because of her back. [00:03:02]

She had surgery on her hip, but it's her back that is not really being treated in terms of – she gets back pain. She thinks it's an early onset of the degenerative disc disease that my mom had back when she started 31, 32. My sister's 29, so I can see this is around the age she would get it. So then she said she's not going to be okay with staying in the car for six hours while we go out and see Chicago. She's going to be in a lot of pain, and we need to stop in a hotel out of the city so she can lay down during the six hours. I said, well, that's not going to work. What are we going to do during the six hours that we're waiting in this hotel? [00:04:04] Jeremy and I talked about it, if traffic got really bad, maybe we could stop off in Evanston and see a movie. He's like, no, that's not going to make sense, or not what I want to do. Then when my sister, after Jeremy had gone to sleep, and we talked about this, what are you supposed to do? You can lay down and look at Internet videos like I do. I was like, that doesn't sound like fun. That sounds boring.

That's when she blew up and said how dare I elevate her pain to boredom, and I don't understand her pain, and if you leave me in the car for six hours, you better bring some headphones because I'm going to be crying the whole way. Then I called my mom and mom's like, you're going to tell Tammy she's going to have to deal with it. [00:05:04] It's unreasonable for you to get a hotel out of the city. Then I go back and Tammy's like, "How about I get a hotel outside of Chicago, like Evanston?" Then there was the ordeal of having to drive her there. I was like, okay, we'll drive you there.

THERAPIST: What are you feeling as all of this discussion is happening?

CLIENT: It's hard because now it's all been processed. In one sense I feel bad because Jeremy is the one doing the deciding, and in a sense we're doing her a favor by driving her to Chicago.

THERAPIST: One whole trip is for her doctor's appointment.

CLIENT: I understand and I want to be there for her, within sort of the means, and the boundaries, and confines of what – then Tammy said, "Why does Jeremy have to take a day off of work? Why can't you just drive me?" [00:06:18] I don't have a car. Driving Jeremy's car, I would not feel comfortable. Driving alone and driving someone else's car through Chicago, this is really a lot to ask of me. None of this was set in stone before when the appointment would be, and originally she was going to have the appointment, then fly off to Chicago, and Jeremy didn't

find out we needed to drive her back home that night for a flight on Saturday until the day before. That's why he was frustrated, because there were no solid plans. [00:07:06]

I feel really bad because of these things that I said, like what are we supposed to do for six hours? It was a legitimate question in the sense that granted, if someone is just like – I said it on the basis that it felt like she was getting her way and being ungrateful for what we were doing, and now she's – unfortunately I relayed that to my parents, because my mom just called up my sister yesterday, and they got in a huge fight. More on that later, which leads to today. In the morning, I said, we'll drop you off in Evanston I'm sorry I said those things. Now I sound frustrated, and it feels that she's ungrateful because we're doing her a huge favor to drive her to Chicago. [00:08:08] So then we drive her to Chicago. Then we wake up – sorry – we wake up the next morning and tell Jeremy we have to drop her off in Evanston. She wants to stay in a hotel. Jeremy's like, "What? Why didn't you wake me up? I thought we were going to go straight home. What are we going to do? I don't want to add another two hours to our drive already."

Driving to Evanston's about an hour when there's bad traffic. She would stay at the bottom, the way bottom, because it's what she could afford. Then he's like, "Why doesn't she just get a place in town? It will be \$120.00, \$150.00." I told that to my sister, and she was very angry about it. [00:09:01] I told her that Jeremy yelled at me this morning. He didn't really yell at me. He yelled at the situation, but I was there. Tammy's like, "I can't afford a hotel in town." I was like, I found a place for \$150.00. She's like, "But that's going to be \$200.00 with tip and gratuity." I was like, I'll pay the difference. Just pay what you would at the hotel and I'll just pay the difference for you to stay in town. I've had enough people yell at me. She's like, "I didn't yell at you." I mean, she didn't yell. In a sense she didn't yell at me, like a traditional yell, but she expressed some angry things.

THERAPIST: When you say yelling, you don't mean the volume, but the tone, or the feeling behind it.

CLIENT: Yeah. That's what I mean. Then we ended up driving to Chicago. She's sort of silent. We take her, and drive her, and get into the – everything seems like it's all in the past, and this is what we're going to do. [00:10:10] But then I go with her into the hospital room, while we're waiting, and this is when she starts going off and telling me, how dare I make her feel like dirt? She already feels like dirt. How dare I not understand her pain, "And tell me that Jeremy yells at you, because that puts me in a difficult position." She was saying, "My friends," because she has friends that she talks to on the Internet, and they're great, good friends, "But her friend says she doesn't like Jeremy." Tammy was saying I shouldn't marry him, and that what is he going to do when I have cancer? He's not going to be around. He's the type of person who would leave me for another woman. I'm just saying, I'm sorry. I'm sorry. [00:11:01]

It's like, why is this happening right now? She was upset that we weren't going to take her into Evanston. She's like, "But I said Evanston, and I thought we came up with a compromise." I don't understand why there was all of this, then she just kept on going, then I started screaming and hitting myself in the hospital room, and she told me I better leave or else they're not going

to give her pain pills if she's associated with me. I just left and I was sobbing. I realize that Jeremy is not the type of person that will be ultimately flexible and give his whole self. He's not Mother Theresa. [00:12:02]

I've always been like, I have bits of Mother Theresa by wanting to take care of my sister, and taking time out of my life. I'm trying to write a paper, and do our things, so eventually after the hotel, she's like, "I'm sorry. I think it's just a stressful situation for us all." I was like, it's okay. I'm trying to move on. I just don't want to continue the fight. In one sense it didn't help because Jeremy wanted to leave at 2:00, and because Tammy's appointment was taking really long, he thought she was staying in there to make us mad and drive through the traffic, and I thought about that, but I was like, no, I don't think she would do that. Her appointment was just long. Then we had to get her pain medicine. [00:13:00] Eventually we drove back, and it took us – it was four hours to go down, and we got home at 8:00, so six hours to drive back. So a 10 hour drive.

THERAPIST: That's a lot.

CLIENT: Then of course I was relaying to my parents what my sister was saying, and I was like, I don't want my sister to be my maid of honor if she's saying all these things about Jeremy, but of course I realize it was Facebook. They called me, but you can't talk about these things driving back in the car. We got through it later in the day, and I think Jeremy and I agreed that this was a little bit too much. It would have been great if she had a hospital in Rhode Island or Providence. That's very doable. Things were fine. We had to—

THERAPIST: You're not really local to New York. [00:14:02]

CLIENT: No, we're not, and that's what – I said – she's like, "What about all the things I've done in the past? I took you in a week when mom wasn't talking to you." She did, but then again, I didn't ask for these things, these favors. Like, picking you up from the airport was a 20 minute drive, not a 10 hour drive. So yes, you've done nice things for me in the past, but there's a continuum of how big a favor you're asking. She even got on my case that I tortured her by giving her the generic Crystal Light, and no diet soda, or juice, and first of all, I forgot that she liked juice. I was making her blondies, and desserts, to make her more happy. I wasn't doing it just for her. I do like to make desserts, but I was really trying to cheer her up, and make her feel good, and talk to her about her surgery. I'm listening to her, and at the same point, I have my own problems. [00:15:05] That's sort of why I blew up in the hospital room because all of these on top of my own problems, and being able to write a paper, it's just a lot. I mean, I vented to my mom, because I don't really vent to my friends. It would seem like out of nowhere. Finally I contacted Gina because my sister said she was not going to the wedding. (crying) She said that mom called her up, and I primed her to attack her. I didn't prime anyone. I just vented to mom because—

THERAPIST: She's your mom.

CLIENT: Yeah. Then she's like, "I don't care if you and mom hate me." I was like, I don't hate you. I thought things were fine. I thought we grew past. I apologized for it. [00:16:02] Then she started going back on everything, and I said, you really hurt me in the hospital room. I was like, you said I shouldn't marry Jeremy. I don't want her opinion. I want support, not opinions. She was like, "Well, it was an ethical dilemma, and I felt like I needed to say something. Then she brought up when she first got married, and she was living with me because of summer school. Her new husband, just married husband, said, "You should work out more. You're looking big." That's when Tammy was emotional. I wrongly – I was 21 then. I wrongly stepped in and said, "Why did you say that? That wasn't very nice." I didn't remember that, but she brought my attention to it. [00:17:02]

She said at first I cussed him out, and I realized, no, I didn't cuss him out. I don't cuss. I have a hard time saying the F word, or saying any word. Of course I didn't even try to say, I'm sorry I did that. I was young back then, and had I known what I know now, I know not to step in. That's personal things. So I mean, she said that she doesn't ever want to see mom again, and she's not coming to the wedding. I guess I got my wish. She doesn't want to be the maid of honor. But it's frustrating (crying). She hasn't been a part of any of this wedding, and if anything, she's said hurtful things about Jeremy. I realize he's not Mother Theresa, and he still has some growing up to do, but in a sense, I feel that he's been supportive, and helped me, along with going to therapy, and working through things myself. [00:18:18]

He's been there for me. I do love him, and except for the few things I'm getting over, his sometimes being over opinionated about fashion, and clothes – he's growing up too. Then I wrote a message to my mom. What did you say last night to Tammy? Nonetheless, she's like, "I'll pay you \$100.00 to get my CPM machine to" – she left her hip restorative therapy machine at our house and it needs to be mailed back by UPS. [00:19:10] I said, that's fine. We'll mail it back. I tried to take care of it myself because I didn't want any more issues. I called up for the hospital bed for them to take it away. Then they called up her, and she was like, "You're going to have to call me back if you want it out of your house." I thought, why are you saying it like that? I was like, I called them on Friday. I called them on Monday, then on Tuesday, and finally on Wednesday they were able to pick it up just barely. They said, it's not a life-enduring thing.

I had my hairdresser over at 10:30. She got fired, so that's why she came to my house to do my hair, as part of – even though it did wind up making a mess, it was part of I need my hair done, and she doesn't have a place to do it. [00:20:03] So do it at my house. I said the guy couldn't just come right over, because the last time the guy came over, my cats freaked out and mauled my arms and legs, because they freaked out so much. I was so worried. I was like, I can't handle him coming over during the hair appointment. Eventually I called him right up after the hair appointment. He was able to come pick it up. So in one sense I feel mad at myself for losing my cool. I know my sister's – there's a lot of things. I know she's in a lot of pain, but I know she didn't make me feel very good. That was the thing today. She was like, "I sure wasn't staying there to be happy." – at my place. I was like, I did my best to make you feel comfortable. It's frustrating because she says these things. [00:21:05]

THERAPIST: Really hurtful things.

CLIENT: It's like, I understand that she's really not a mom, but I'm going through my wedding. (crying) She said she's not doing it to hurt me, but it is hurting me. (crying) Saying those things about Jeremy —

THERAPIST: You can't take it back.

CLIENT: Now I'm starting to wonder, is Jeremy a jerk? Do I not see it? I know he's not a jerk like my last boyfriend, and he's not—

THERAPIST: What makes you believe the words she says?

CLIENT: I mean I guess because he was kind of — I know sometimes he's not super flexible about having to pick me up, or money. [00:22:14] I know sometimes he complains about these things, or has a hard time dealing with stressful situations. I mean, ultimately he's there for me in case something is really wrong, in terms of — that's like the last time when we found out my parents were having that thing, he was really strong, and listened to me, and took it one step at a time. In a sense he's not as strong with someone staying in the house with a hospital bed, and with there being a toilet protector seat. [00:23:03] He wasn't as — I mean, he still made my sister dinner, and drove her to New York, which was a lot, because he took a day off to do it.

THERAPIST: He made big sacrifices.

CLIENT: I just feel like my sister, because she wasn't getting absolutely what she wanted, she said some very vicious things, and very much thinking about what's right for her.

THERAPIST: It's interesting how what was a fight about you and your sister somehow became about Jeremy. [00:24:03] It sounds like the question of whether or not Jeremy is a good partner for you is something you've decided already, and the issue of is your sister really angry at you, or angry at the world right now, is separate from that. (pause)

CLIENT: It's just so frustrating because she always claims that so and so — I made her feel lower than dirt, and she's a self-hater, how can I do that? In the same sense, you're not lower than dirt if you say something mean or vicious. It's just very hurtful, and I have feelings too. There's no way to convey that without her going overboard, and that's been our problem since we were young, is— [00:25:02]

THERAPIST: That you're not allowed to express your feeling, because she's—

CLIENT: Intimately tied into — we're either happy with her, she's a great person, or any little thing she does wrong is multiplied and exaggerated. For me, I wanted to — I saw her message last night, because I couldn't go to sleep last night, because I was wondering about my bridal gown. I read some Yelp reviews about this place. Like in, 2014, when I went to the bridal store, they

had no reviews like this, but there were three reviews that talked about, they never called when her dress was ready. They lost the order. The dress came a week before the wedding and miraculously showed up. Then I realized I hadn't gotten a call, then I called them, and I couldn't give them a straight answer. [00:26:02]

They're like, "Let's talk to the manager and see if she can locate your gown, see where it is." I'm like, where's my gown? So right now I don't know where my gown is. Now my sister doesn't want to come to the wedding even. Oh shoot. Do I make someone else the maid of honor? I know my friend Gina has been planning the whole bachelorette party, and been really supportive and positive, but—

THERAPIST: Give your sister some time to cool off so you can see where she really is, then decide what you really want, but I wonder if some of the things she's saying, she's saying out of hurt and anger. There's time before the wedding. [00:27:05] You don't necessarily need to have a maid of honor. They can all be bridesmaids, if that makes it easier. Then you don't have to worry about terminology. I know you want your sister to be there, and be supportive, and be a part of it, and I hope she will, but I think taking the pressure off who you're naming who, so we can focus on this repair of the relationship, giving her some time to cool off, giving your wound some time to heal.

CLIENT: (crying) Things seem to – they're on a better – after the end, I was fine. I was like, I need to leave and get to therapy. It was 10:30. That's when I should have been on the T. I didn't even have time to have breakfast, or coffee, or anything. I just woke up and saw – the night before I did see her saying, "I'm not coming to your wedding." [00:28:02] I was like, I just have to go to sleep. Then I woke up to about 20 long line statements about how it's okay if I hate her and never want to see her again.

THERAPIST: Dramatic, provocative statements there.

CLIENT: It's frustrating because I'm having a hard time writing my paper. I just want it to be done. (crying) I have a hard time because it's my first paper, and I need 100 percent focus. Now my sister staying over, it's hard to have 100 percent focus. There's things I sacrificed in terms of coming home early, talking to her, seeing if she's okay, rather than just focusing on my paper and locking myself in a Starbucks.

THERAPIST: And now you're still distracted.

CLIENT: Yeah. That was the first thing I was going to do, run some calculations, because I have to talk to my advisor at 2:00 before he leaves for the summer. [00:29:06] I'm just really frustrated because part of me just wants to – I don't want to de-friend her. I just want to turn off my Facebook so that—

THERAPIST: Don't check your Facebook for a bit. Give yourself some time, because she is being really provocative, whether it's intentional or not, or how conscious she is of what she's

saying, the intensity of what she's feeling is fueling her to say things that are really hurtful. She may not really mean all of the words that she's saying. So to protect yourself from having to hear all of it, and be wounded by all of it, it's perfectly okay for you to take your Facebook off your phone a little bit, and just not engage with it. Give her some time, then the two of you can engage with each other when some of this has subsided. It sounds like part of this is just really intensely dramatic. [00:30:05]

CLIENT: I mean, it was really – I explained the Dr. Jekyll and Mr. Hyde. I don't know who was the scary one. I think it was Mr. Hyde. I don't realize, but the sort of transition from – they talked over at dinner, and came to an understanding. I talked to—

THERAPIST: The flipside.

CLIENT: Yeah, just totally flipped when Jeremy went to bed. I was like, if I had known this earlier, maybe a few days ago, that you were going to stay in Chicago, we could have made plans. I think that was the frustrating thing.

THERAPIST: That made you feel really stuck in the middle.

CLIENT: That was the frustrating thing. It's one thing if you have a guest who knows when they're leaving, instead of "Oh, we can't get a flight for Friday. It's too expensive. Can I stay until next Wednesday?" [00:31:06] That's when Jeremy had a hard time dealing with that, because that's over two weeks.

THERAPIST: It's okay to have limits and boundaries. That doesn't make him a horrible person.

CLIENT: I get frustrated because she talks about how wonderful her friends are, and how supportive they've been. Well, they're not having to put up with your shit. They're not having to deal with you, and feed you, and take care of you, and give you a bath. All these things I did with a smile on my face, and she said thank you, but it was just—

THERAPIST: Doesn't feel like a thank you at all.

CLIENT: No.

THERAPIST: Just very much erases that feeling of being acknowledged. So I think that's sort of where I am today.

THERAPIST: I'm so sorry that's how things ended on this visit. [00:32:03]

CLIENT: Yeah. I mean, I guess the other thing is – then my mom compared it to when Julie was over, Tammy's – a long time ago, because her sister in law, Julie, was going to school in the States, and was going to go back home, but the way the situation turned out, she was going to have to stay at their house, and Tammy got really frustrated, and yelled at Taco (ph) for having

Julie over, and things escalated, and she ended up throwing Julie's laptop across the room, and Julie ended up leaving the country a day early just to get out of that situation. My mom compared it to that.

THERAPIST: So your sister does blow up.

CLIENT: She does. Last time she was here, there was that situation where she was saying she wanted to die after she saw the hip surgeon, and got lost, and couldn't find a taxi, or couldn't call a taxi. [00:33:16] We ended up having a huge screaming fight in the mall, out of all places to get into a screaming fight over the phone. I should have known this would be too much, but you can't say no to someone who really feels like they're out of chances. I like to give people chances. The fact that she doesn't – that was what she said today, "I wasn't happy about staying there. I wasn't staying there to be happy." I'm like, I'm sorry. It just felt sort of – I felt like we were kind of used, and emotionally used. [00:34:02] I think it's just – in all senses – I don't know why my mom said these things to her. It certainly didn't help the situation. Then I was like, I'm sorry.

THERAPIST: Like you got put in between your sister and Jeremy, your mom got put in between two daughters.

CLIENT: Yeah. Then my sister was like, "Mom's on your side for now."

THERAPIST: You don't want to make it about sides.

CLIENT: No.

THERAPIST: We do have to wrap up for today. We have it scheduled for June.

CLIENT: Okay.

THERAPIST: Let's do that. I know there's lots more to talk about.

CLIENT: I'm sorry I came late. It was a disaster getting over here.

THERAPIST: This time of year, it's hard here, but I'm glad you made it.

CLIENT: Fortunately I found my wallet. I was wondering. I couldn't find it when my credit card wasn't taking to the taxi, and I was worried I lost my other one. [00:35:04]

THERAPIST: Okay.

CLIENT: Do you have a pen?

THERAPIST: Sure.

CLIENT: I'm leaving for Florida around the 6th.

THERAPIST: I have time on Wednesday, the 4th. Do you want to come back before you leave?

CLIENT: Sure. What time on Wednesday?

THERAPIST: 1:30, 2:30, 3:30.

CLIENT: Let me see. I'm meeting with my advisor on Wednesday. Okay. He's meeting – I said 1:00 pm with my advisor, so what's the latest we can do on Wednesday?

THERAPIST: 3:30.

CLIENT: Okay. We'll do 3:30 then. Today is the— [00:36:08]

THERAPIST: 30th.

CLIENT: Oh wow.

THERAPIST: When do you get back from Florida?

CLIENT: I get back on the 22nd. I'm not sure what my summer schedule is for teaching, because I have to teach this summer, but maybe we can plan at least for the – I was going to say maybe for – we'll plan on Tuesday, and as I get more information—

THERAPIST: I'm actually going to be out Tuesday, the 24th, just that one Tuesday, but that week you get back, I can meet with you either Monday the 23rd or Wednesday the 25th.
[00:37:04]

CLIENT: The 23rd I'm – maybe Wednesday, the 25th.

THERAPIST: Want to try for the 3:30 again?

CLIENT: Yeah. By then I should know my schedule.

THERAPIST: Sounds good.

CLIENT: Thank you so much.

THERAPIST: You're welcome. See you on Wednesday.

CLIENT: Yeah.

END TRANSCRIPT