

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Where do you want to start today?

CLIENT: I'm not sure. Like things are getting better with Sydney. Like when we talked after the fight. So I think the problem I guess is my tone of voice when I'm mad at him. (SIGH) And... Because like when we get into an argument, you know, and he says I'm yelling at him. I'm like, "I'm not yelling." He's like, "Well you sound really upset."

THERAPIST: Yeah.

CLIENT: And I'm like, "I am really upset." Like... (SIGH) I mean, I guess the solution then is to figure out how to fix my tone of voice.

THERAPIST: Mm hmm. Do you hear what he's saying? Like do you, can you hear in your voice what he's reacting to?

CLIENT: Not always. Like I mean, I used to think I sound mad but I don't think I sound like more mad than I am or really super duper mad and I just don't know if it's like... You know, part of me is like, "Well I'm angry and I want you to know it and... But then again that's just hurting him so... [00:01:09]

THERAPIST: Mm hmm.

CLIENT: I don't know. I told him, "Well, why don't we record the next fight we have and then I can listen to my voice." But I don't know if that would... Like I guess I have to... But I think the only way to change it is to like be more patient while being mad. Like it seems like the only way.

THERAPIST: Well you... Finding a way to say that you're angry...

CLIENT: Uh huh.

THERAPIST: ...but speaking calmly might make it easier for him to hear what you're really saying.

CLIENT: Yeah. Because then he shuts down and it's like he's not listening to me and then he gets mad because I'm repeating myself. I'm like, "But you're not listening to me. You're shutting down and not letting me talk, interrupting me. That's not really going to work."

THERAPIST: Right. So you do want to find a way that you can have a conversation that you can both participate in. If he's shutting down he's not really participating.

CLIENT: Yeah. [00:01:59]

THERAPIST: And if he's shutting down because he finds the tone too overwhelming...

CLIENT: Yeah.

THERAPIST: ...then it's not really working for you either because you're not being able to express really what you want.

CLIENT: Yeah. It's just that then... (SIGH) I don't know what to do other than try to be calm when I'm not calm. And like if a fight is happening I'm very much not calm.

THERAPIST: Can you delay the conversation until you are calm?

CLIENT: Umm... (SIGH) Maybe. I mean, the last time it was in the context of trying to wake him up on Saturday morning and Friday night he did the thing where he like stayed up late and then like...

THERAPIST: Was this after... So I spoke to you Monday.

CLIENT: Monday.

THERAPIST: So next Friday it happened again?

CLIENT: Next Friday, yeah. I'm like, "We had this conversation. You promised you wouldn't, you promised you'd take the Ambien before you were, you know, trying to stay up late, whatever." [00:03:01]

Because first he wanted to get a snack. He was like listening to some lecture when he got a snack and then he like got up again to like shower and shave and he took the Ambien right before he showered and shaved as opposed to taking the Ambien before he got the snack at like, you know... So he ended up taking more like four AM or whatever instead of two AM or something and like it was at least a two hour time difference if not longer. I think it was even one AM that he could have taken it but like, you know, he's acknowledged that he's like, you know (inaudible) he's told me before that he wouldn't do it again and he does it again. It's just like so frustrating. I'm like, "Why do you keep on doing this?" Because he's like, you know, being so immature. Like he doesn't want to face the day or whatever. He wants some alone time right now at like really late but then it like impacts our plans for the next day, like things he's promised. [00:04:01]

It's like really hard for me to deal with and so like, you know, it was in the context of trying to wake him up that morning and maybe I should've been nicer about it when I woke him up but I was just so pissed that he wouldn't wake up and I had to wait like another two hours before I could do anything because like he needed more sleep. But he needed more sleep... It was his own fault. (SIGH)

THERAPIST: What were your plans that day?

CLIENT: Well one thing he promised me we'd actually make out because we hadn't for like weeks and because he was up for it on Friday night but then he was too tired and so he was like, "I definitely will want to tomorrow." And then he was just like sleeping and I sort of knew that like... I mean, granted this is like a bunch of steps but like in the past when something like this has happened when I let him sleep in he's going to be hungry for lunch and not want to do anything and then after lunch he'll, he often will end up eating too much and need time to digest and like, you know, or not feel good and then nothing will ever happen and he'll change his mind and it had been weeks and I was kind of going crazy. [00:05:01]

Or at least a week at that... It had been like a week and a half or two weeks and it just made me feel like his desire to watch, like listen to those lectures that night at that point was more important than like being intimate with me.

THERAPIST: Is that a feeling that you've shared with him?

CLIENT: Yes it is. And he feels pressure but I'm like it's sort of hard not to like... You know.

THERAPIST: It seems very honest.

CLIENT: Yeah. Like, you know, it'd be one thing if I knew like going into this relationship that he had really low libido but like when he's not depressed he doesn't and he's starting to get better but then he had like a cold that like, you know, he's had for three weeks and so that's making things hard even if he is getting better mentally. Like he's not better physically and... [00:06:05]

THERAPIST: Well it sounds like that's one component of it is not... I mean, part of it is feeling like there's not enough intimacy but he's also not following through on other plans that you've made.

CLIENT: Yeah. Like he ended up being awake for New Year's Eve but we didn't get to do anything romantic mostly because he was sick and so that was a disappointment. He was like, "Oh, we can do something romantic later in the week." I was like, "Okay." That never happened either.

THERAPIST: Mm hmm.

CLIENT: But again I guess he keeps on thinking he'll feel better and then he doesn't. So there's like nothing I can really do about that. At least I got him to go to the doctor. And I did. And he actually like called and made an appointment. He called last Wednesday and then he had the appointment last Thursday and they like did a bunch of tests and he doesn't have mono or strep or anything but he did because of a debilitating cough, they gave him an inhaler to use if he's coughing too much and that's actually been helping. So...

THERAPIST: Oh good. [00:07:09]

CLIENT: Yeah. I'm really glad he finally got over the whole not seeing the doctor thing and then he's like, "Should I go in for an actual check up?" And I'm like, "Yes. You haven't had one in three years." So like sometimes we make progress but sometimes we still fight and like, you know, I was just so afraid on Saturday that like, you know, maybe we'll never be able to figure it out. And like I don't know a good solution other than don't sad mad when I'm mad or like have to keep everything in until I feel more calm which like I guess is the mature adult thing to do. But like I feel like then I don't get to accurately express my pain and frustration. [00:08:01]

THERAPIST: Well I think there's... You know, the... Part of it is the chronicity of it in that this is not, these are not isolated events. They're not feeling like isolated events anymore.

CLIENT: Yeah.

THERAPIST: So, you know, you have a right to express your anger. He also has a right to have your feelings expressed to him in a way that feels respectful and I don't know if that's what he's saying, that it feels... Does the tone of your voice feel disrespectful to him? I don't know. That's not a word that you used.

CLIENT: Yeah. It's not a word that he really used either. It was just more he said, you know, that I keep on hurting him. So it's hurtful I guess which is even worse than disrespectful but...

THERAPIST: What feels hurtful about being angry?

CLIENT: I guess he doesn't like it when I'm angry at him and he thinks it... You know? I mean, I don't like it when people are angry at me. I guess the difference is it feels like... [00:09:07]

THERAPIST: It feels like you have a right to be angry.

CLIENT: Yeah. So I don't know what to do. And it's not like I'm taking out my frustrations on, from something else on him.

THERAPIST: Right.

CLIENT: I'm taking my frustrations at him.

THERAPIST: Right and you sort of, you want him to take responsibility for the, for the things that he's doing that result in you feeling angry.

CLIENT: Yeah and it just really bothers me. He says, "I'm sorry." I'm like, "Okay, you said that the last time too." You know? And it's not... I'm not yelling. I'm not raising my voice. Like I was...

THERAPIST: But the tone feels yelling because the tone feels...

CLIENT: Yeah.

THERAPIST: ...like you're reprimanding him.

CLIENT: Which I am...

THERAPIST: Mm hmm.

CLIENT: ...because I'm annoyed at him because he keeps on doing the same things over and over again while promising not, while promising not to do them. It's just like how do I trust you if you don't ever follow through on your promises? Which I guess it's an over generalization. It's not like he never follows through. But...

THERAPIST: So you keep telling him that you're angry...

CLIENT: Yeah.

THERAPIST: ...and he keeps saying, "I'm sorry."

CLIENT: Yeah. [00:10:01]

THERAPIST: So which one of you is going to stop doing the same thing over and over?

CLIENT: I guess I'm the only one who can because, you know, and I've told him before that like if he says he's sorry that just makes me more angry...

THERAPIST: Mm hmm.

CLIENT: ...because I don't believe him. You know, I think he just, sorry that he did something that made me angry but not that like, or that whatever he did made me angry but not that like or that whatever he did made me angry but not like necessarily for whatever he did because he doesn't think he's doing anything wrong. But it's like impacting me.

THERAPIST: Ah. So does he not agree that what he's doing is detrimental to the relationship?

CLIENT: I guess he doesn't. He thinks that I'm being the detrimental one by getting mad.

THERAPIST: Oh.

CLIENT: I mean, somewhat he... I don't know. I guess with the staying up late thing. He thinks he's an adult. He's entitled to do that. I'm like, "Okay. But if you make promises for the next day and stuff it's really frustrating." And... Like he does admit sometimes that some of the stuff he does it self destructive especially because he is an insomniac and trying to fix that.

[00:11:09]

Like you need to get a regular sleep schedule if you're going to try to get out of depression and... But like, you know, so there's sometimes he thinks they're right and sometimes he doesn't think they're right. And... Whereas I usually think I'm right. Because (inaudible) it's not an isolated incident. It's a chronic feeling of not mattering sometimes and... Yeah.

THERAPIST: That's a really tough pattern that you guys are stuck in because you can't change his behavior.

CLIENT: Yeah.

THERAPIST: And it seems like for both of you, you don't really feel like... Neither one of you feels like you need to change what you're doing. [00:12:05]

CLIENT: Yeah.

THERAPIST: You feel like your anger is appropriate and your expectations of him are appropriate. And it sounds like for the most part he feels like what he's doing is appropriate as well.

CLIENT: Yeah. So there's no way to fix it then. Right?

THERAPIST: Well you can't, you can't fix him and you can't fix a pattern.

CLIENT: But...

THERAPIST: You can't change a pattern by yourself. You can only change your response to it.

CLIENT: I can try to respond more calmly but I don't think I'm going to get any less like mad about it. Like I have the right to be mad. He's like, "You can't be mad at me. Don't be mad at me." And I'm like, "You know, I'm allowed my emotions."

THERAPIST: Yes you are.

CLIENT: So all I can really do is just not respond right away and...

THERAPIST: Why can't you be mad at him? Can he explain why it's not okay for you to be mad? [00:13:01]

CLIENT: No. He said it's... Just said it's not okay to be mad about something. I'm like I have the right to. He doesn't say why, you know? I guess maybe because he can't do anything wrong but like I have the right to be upset. I guess maybe because me being mad hurts him but like he's doing things to make me mad.

THERAPIST: His behavior really just disappoints you.

CLIENT: And he was like asking about me and do I have problems with anger management. Like I don't. I'm not yelling at him. I'm just in a pissed off tone of voice because that's what I am and I'm not, I'm not calling him names. I'm not hitting him or throwing things or even raising my voice. But like it's just the tone of my voice.

THERAPIST: Which is pretty honest it sounds like in reflecting what you really feel. [00:13:57]

CLIENT: Yeah. And so I guess like what? I have to be dishonest or...

THERAPIST: Well if you want him to hear your message it sounds like you need to be more in control of the tone of your voice and whether that's being able to take a deep breath and speak calmly even when you don't feel that way or let him know that you're too angry to talk right now and delay the conversation until some of that anger and disappointment has subsided. If

you want him to hear the words that you're actually saying it sounds like you do need to change your tone. Whether that's right or wrong isn't the question. Because if you to... If you want to stay in a relationship with him and you want things to change the only piece you have control over is how you respond to the situation and it sounds like right now the response of letting him hear the anger that you feel is resulting in him not really being able to hear your message. He hears the tone and shuts down as you say. [00:15:03]

CLIENT: Mm hmm.

THERAPIST: So the piece that you have control over is can you change the tone and as I sit here and thinking about the two ways to do that are either to delay it until that anger has subsided or to find a way to take that deep breath and then speak in a way that's more calm. I'm not saying that you don't have a right to be angry or that it's not okay to express your anger. The reason I'm saying this is because he's not hearing you and you want him to hear you.

CLIENT: It makes me a little annoyed that I have to do this in the first place and I can't just express my anger and then deal with it. But like...

THERAPIST: I can understand that. You're taking on a lot of the responsibility.

CLIENT: And it's just like I feel sometimes like I'm the one doing everything.

THERAPIST: Mm hmm. I think that's part of why you feel so upset is because you do feel like that.

CLIENT: Yeah.

THERAPIST: You feel like you're doing your fair share of getting this to work. [00:15:59]

CLIENT: Yeah. You know, things like taking care of him and making food and doing all these things that like, you know, when I was sick and he was panicking, I would still do things for him. You know? I would still make him food even when I was sick or like do crazy things like emptying the dishwasher at his place, standing on a chair while dizzy which I really should not have been doing and things like that. But when he's sick and I'm panicking because he's sick, I still have to do all these things even though in the reverse situation I did all the things. Like I just... I'm taking care of him a lot more than he's taking care of me. And it's just really frustrating so, yeah, I can't really do anything though. Like... You know, like if I don't cook, then we don't get food and, you know, I don't want him to starve and I don't want him to starve and I don't want me to starve so, you know, all sorts of things that I just feel like I'm doing everything. [00:17:11]

I mean, in reality, I guess I'm not doing everything. Sometimes he does things but I think, I still think it's pretty unbalanced.

THERAPIST: It feels a bit lopsided.

CLIENT: Yeah. It's not like I take down and write every time I've cooked or he's cooked dinner for me or stuff. So... I could be wrong about this but I don't think I am.

THERAPIST: That's... Certainly it's the story that I've been hearing in here for quite a while.

CLIENT: Yeah.

THERAPIST: And, you know, I am only basing on what you say but this is not inconsistent with things you've said in the past. You have felt that you've been taking one more of the responsibility in the relationship and more of the responsibility of caretaking for a long time.

[00:18:05]

CLIENT: Yeah. And like he's been depressed for almost a year. Like that's a really long time.

THERAPIST: Yes it is.

CLIENT: I mean, it's not his fault because like he's at least, it's not like he's been avoiding therapy and drugs or anything like that. He's... He has appointments. He makes them. He goes to them. I mean, granted a lot of his therapy has been phone sessions because he's been feeling sick but he still usually goes to his therapy twice a week. But it's...

THERAPIST: So he's doing some of the things that you expect of him in working through this but not all.

CLIENT: Yeah.

THERAPIST: That's, you know, one of the reasons his sleep bothers you so much is because that feels like something he could be doing to try to get better that he's not...

CLIENT: Yeah.

THERAPIST: ...doing consistently. [00:18:59]

CLIENT: I mean, I guess more when it impacts my plans for the next day. So it is kind of selfish because if he needs to sleep in on another day and I don't need him for anything then I get, then I'm not mad about it and I can let it go. But when it impacts plans that we would be doing together and then I have to work around him because he stayed up all night. It's just really tiresome. Yeah.

(PAUSE)

THERAPIST: I'm sorry that you guys are having such a hard time being happy together.

CLIENT: I mean, I think most of it's just stems from his depression. That's like why I've been staying is because he can get better from that depression. Eventually, he will and then he won't be like this anymore. [00:20:01]

I mean, some things might still be the same but like he won't... You know, the low libido won't be an issue anymore and, I mean, I guess he'll still be an insomniac but if I can separate my plans from his... I think me having a job would also help things a lot because then I would be getting out of the house and stuff.

THERAPIST: You'd feel less dependent on him for your day.

CLIENT: Yeah. Except I... Yeah. I'm still not up for the past three weeks have stuck with the one application a week.

THERAPIST: You've gotten that in?

CLIENT: Yep.

THERAPIST: Good job.

CLIENT: Except that I have been gone and I (inaudible) actually did get two e-mails from two different physicians that I applied to that I did not get the position.

THERAPIST: But you don't... You have control of the sending it in piece.

CLIENT: Yes.

THERAPIST: So you're doing your job.

CLIENT: Yeah.

THERAPIST: And the temp agency hasn't come through with anything yet? [00:20:57]

CLIENT: No. I'm going to call... I mean, they sent (inaudible) they said like skipped a week of Christmas and New Years.

THERAPIST: Right. Mm hmm.

CLIENT: So I'm going to call, I don't know, maybe tomorrow or something but they've not come through with anything yet.

THERAPIST: I will follow up and put it on your list that one of your jobs is to follow up with them tomorrow.

CLIENT: Yeah.

THERAPIST: And I think, you know, you can be proud of yourself for getting in your one application a week because that's more than you had been doing the weeks prior. And I know it didn't result in the way you wanted yet but...

CLIENT: Though my parents... My mom seemed kind of skeptical when I told her I'm doing one application a week. But I'm like, "It's more than I was doing before."

THERAPIST: Mm hmm.

CLIENT: That's all I can do right now. So I almost applied to two jobs last week. Like there were two that I could have applied to but the other one, the website to apply for them was like so slow and broken I was just like, "Screw this. I'm not spending..." I hadn't written the cover letter yet so like I, you know... [00:22:01]

So it wasn't like I expended that much effort only to not apply but it was just... You know, it's one thing to have a really application where you have to fill out the things and basically like replicate your resume and then they ask you for your resume too but if the site won't even load, that's my point of giving up because I don't want to sit and wait for three hours for a website to load and wonder if the application even got in. So I don't actually... And then that one was posted on like the like (ph) Archives listserv thing anyways so a bunch of other archivists were also applying. So... I think it wasn't the end of the world not to apply for it. And it was... And it wasn't something that I was like really, really excited about. So... I think, yeah, I think slow websites counts as like a legitimate reason to not apply to something. [00:23:01]

THERAPIST: Well it's your list. So... (LAUGHTER)

CLIENT: I mean... And I applied to something else that day so I was... So I still fulfilled my one a week.

THERAPIST: Well let's keep going with that because that's working to at least get you moving.

CLIENT: Yeah. It's not really working to get me past...

THERAPIST: It hasn't gotten you a job yet.

CLIENT: Yeah. And I guess... My dad sent to me the e-mail. It was like, "Oh, give your resume to this person. Her husband might have, might know things about a job." You know, thinking about my dad I was like, "What the hell?" Like... But I didn't say anything. All I did was wrote the person sent her my resume and told her like, "I'm his daughter. Blah, blah, blah..." And she



said she would send it to her husband. I don't really know what kind of job. Like a lead on a job. Like what does that... In my field? Outside my field? Admin assistant thing? Retail? I don't know. Like he gave me absolutely no information and like and does this person even actually want me to send the resume? But I... [00:24:09]

THERAPIST: But instead of engaging in an argument with your dad...

CLIENT: Yeah. I mean, I could have sent it and then engaged in an argument with my dad but I didn't. I just sent the resume. And the woman was like, "Oh yes. I'll forward it to my husband." And I haven't heard anything since.

THERAPIST: You weren't harmed in any way.

CLIENT: Other than being annoyed at my dad being... Like when he sends me stupid things that make no sense like internship, internship that doesn't mention anything about being paid at like this Jewish girls school which has absolutely has nothing to do with my field. Also it's all the way out in nowhere and then like then I'd have to drive. And it's... I don't know. Like if an internship doesn't say it's paid and doesn't say it's unpaid, is the assumption ? or is there not an assumption you can make? [00:25:05]

THERAPIST: It sounds like it's worth asking a question because I don't, I wouldn't know which to pick.

CLIENT: Yeah. If something were in my field or remotely close to what I want to be doing it would be one thing but it's like when my mom sends me jobs sometimes they at least make sense. But my dad sends me jobs; they never make sense.

THERAPIST: Yeah. I mean, I think if there's, if there's an internship that interests you and it's unclear about whether or not it's a paid position, maybe worth a phone call or an e-mail...

CLIENT: Yeah.

THERAPIST: ...to find out if there is some sort of stipend or salary or something that goes along with it.

CLIENT: Yeah.

THERAPIST: But, you know, if you're not interested in doing the work...

CLIENT: Yeah.

THERAPIST: ...and you wouldn't apply for it if it were a paid position. [00:25:53]

CLIENT: Though if something is a paid position, don't you think it would be to their advantage to be like, "This is a paid internship," because, you know, more people would be likely to apply if it were paid then unpaid?

THERAPIST: I'm not willing to speculate.

CLIENT: Like if I had a paid internship to offer I would be like, "Here is this internship. It is paid with a stipend with X amount of money," or something.

THERAPIST: I don't think people are lacking for responses. Right?

CLIENT: True.

THERAPIST: In this job market, the employer or the internship holder is not really at the burden of trying to get people to apply.

CLIENT: But they might be trying to get good people to apply.

THERAPIST: I don't think it's worth your energy to debate it.

CLIENT: Yeah.

THERAPIST: Your goal is to get a job and you can spend a lot of energy trying to make an assessment or assumption about what the employer wants or has to offer...

CLIENT: Yeah.

THERAPIST: But you don't really know unless you ask. [00:26:59]

CLIENT: And is it okay to send that sort of e-mail to something? If...

THERAPIST: Sure. "I'm interested in this position. I noticed that there was no compensation mentioned. Is compensation available for this position?"

CLIENT: Uh huh. (PAUSE) Yeah. I think that's (inaudible) compensation (inaudible) something listed a while ago. "Like is it... Are you still taking applications?" So I guess it wouldn't be much different than that. But, yeah, I don't know. Maybe I should step it up to two a week.

THERAPIST: If you can.

CLIENT: I don't know.

THERAPIST: What if we say one with a bonus for two? Have you set up that incentive chart for yourself?

CLIENT: Nope. Have not.

THERAPIST: So that, doing that would be one way maybe if there is two that are interesting, maybe if you had some sort of incentive and reward for yourself you might be more likely to do it. [00:28:03]

CLIENT: Maybe. I don't know.

THERAPIST: So you see... You're having some of the same behavior that your boyfriend is having for different things.

CLIENT: But my behavior affects him a lot less than his affects me.

THERAPIST: That is true.

CLIENT: And I'm applying to one job per week.

THERAPIST: Yes. That is true.

CLIENT: And I don't see... Part of me thinks that the incentive... I guess because I'm just thinking maybe I don't deserve a trip if I don't have a job so why set up a system if I'm... You know, why get rewarded for, you know, writing an application a week or whatever if they don't actually result in me getting a job. Does that make sense? [00:28:57]

THERAPIST: Well... The way I think about it is what's the goal of the reward? The goal is not for you to go on a trip. The goal is to get you doing more things that benefit you and applying for jobs benefits you because it's the only way you're going to get a job. You're not going to get a job unless you apply. We know that no one application guarantees you a job also because we don't know the outcome of any of them. But if you're not applying, you're not getting a job.

CLIENT: Yeah.

THERAPIST: So the goal of setting up the chart is that it gets you to do things that give you a chance at getting what you want.

CLIENT: Uh huh.

THERAPIST: So if the chart gets you to apply to more things, to not let things that are possibilities slip by then it's doing it's job.

CLIENT: Okay.

THERAPIST: It's not a freebie trip. (LAUGHTER)

CLIENT: No. [00:29:59]

THERAPIST: But if setting that up for yourself, if setting up a certain number of applications and you get to go on the trip stops you from applying stops you from applying because you don't think you deserve the trip then that's not...

CLIENT: Okay.

THERAPIST: ...that's not helping you either.

CLIENT: True.

THERAPIST: We need to find something that gets you to do something to help yourself.

CLIENT: Mm hmm. So far all I can really do is just guilt myself and hope...

THERAPIST: Does that help? Because you've felt really guilty for a long time. Sometimes motivates you. Sometimes I don't think it does.

CLIENT: Maybe not. I mean, I've... I don't know. It's just hard. I'm also like a little bit sick and that makes it hard too. I guess just... I don't know. Maybe the... When there's something I want to do ? okay, I will just do this short job application first. Then do..." Like I think more immediate...

THERAPIST: Right. Works better for you. [00:31:01]

CLIENT: ...works better than something in the long term. But like I don't necessarily always have that there.

THERAPIST: Right.

CLIENT: Like the day where I wanted to dye yarn and like I did that after I sent out the application.

THERAPIST: Yeah. So maybe we could look for more things like that.

CLIENT: Yeah. I mean, I guess the other thing I could theoretically do is like dedicate one day a week for like spending, you know, eight hours of that day looking and applying for jobs and one day a week spent doing yarning stuff for my store, like dying things. Like... And then I'd only be working two days a week and the rest of the time I could do whatever and that would still be more than I was doing for either of those things. It's just that I sort of lack the discipline to... And I'm like, "Okay. Or I could just do the one job a week which seems like a lot less than that and..."

THERAPIST: Is there anyone in your daily life that could help hold you accountable to something that you set up? [00:32:09]

CLIENT: I don't know. Like maybe Sydney could in theory. I don't know if he would. I could ask him. But like something's also are location based. Like I can only do... I can only dye yarn if I'm at my place and not when I'm at his place.

THERAPIST: But you can be at your place whenever you want.

CLIENT: Sort of. I mean, yes and no. Like I can borrow his car and just go there but like if we were like, "Oh, we're going to sleep at my place tonight," then it's like, "Oh, I'm too sick to go over," and then I'm like, "Okay, fine. We stay at your place another night and, you know..." It's a lot harder to motivate myself to go over to my place and dye yarn then to already be at my place and then dye yarn because it's a whole like fifteen minute drive to my place and then I have to drive back. I guess it's not that long of a drive but like it's still... [00:33:09]

THERAPIST: It doesn't sound like a very long commute.

CLIENT: Yeah, well, assuming not rush hour. But it's enough to stop me from just doing it. I mean, that also could be the... I mean, I have gone to my place for a few hours and dyed yarn. So... (PAUSE) I don't know. I could apply for jobs when I'm at his place and dye yarn when I'm at my place or something. But as of yet, I haven't gotten a good system to motivate myself other than the, you know, I will apply to one job a week system which... [00:35:55]

THERAPIST: Well that's been working the past couple weeks so it sounds like sticking with that and not changing that but if you want to add something to it. Now that you've done it successfully a couple weeks in a row...

CLIENT: Yeah.

THERAPIST: ...you could maybe add something to it but I wouldn't take away something that's working.

CLIENT: Yeah. But right now I'm like having trouble finding a job for to apply to this week.

THERAPIST: This week. Well it's Monday.

CLIENT: It's Monday. That's true. But I usually try to get it done early in the week so I can enjoy the rest of the week. Yeah. I really don't know what else to do though. It's either that or (inaudible) or possibly maybe I could go back to volunteering.

THERAPIST: You could do that a couple hours a week in addition to applying for a job.

CLIENT: Yeah. [00:34:57]

THERAPIST: It gets you... I mean, one of the things I heard you say earlier is maybe one thing that would help with Sydney is actually being, having your day be a little bit less dependent on him.

CLIENT: Yeah.

THERAPIST: And I wonder if having, you know, setting up some time to go to a place to go to separate from him that you're not reliant upon him being up at a certain time for you to go...

CLIENT: Yeah.

THERAPIST: ...if that might, if that might actually feel good.

CLIENT: It might. And then I'll get out of the house and like at least be doing something.

THERAPIST: Yeah. You get out of the house. You see someone.

CLIENT: Yeah. Not that I'm necessarily that productive, but that's okay.

THERAPIST: But you get up and out.

CLIENT: Yeah, that's true.

THERAPIST: And I think having a little bit of structure, having a place to be, even if it's... Volunteering is a wonderful thing to do.

CLIENT: Yeah. Just don't want to volunteer forever...

THERAPIST: No.

CLIENT: ...because that would drive me insane.

THERAPIST: No. You don't want to only volunteer forever. [00:36:01]

CLIENT: Like I could volunteer on top of a job depending on what that job is. But...

THERAPIST: Right now volunteering wouldn't really getting in the way of something else. You have time to do it.

CLIENT: It's just annoying that I don't have something else to do. Because now it's been over a year that I have been unemployed. And like I really didn't think I'd be unemployed this long.

THERAPIST: It's longer than you expected.

CLIENT: Yeah. Like I really thought I'd find a job.

THERAPIST: It's a long time.

CLIENT: And I haven't and like the, I don't know, the economy is getting better but it's like right now only getting better in terms of like stock prices which only really helps the people who have stocks and like that doesn't always translate into jobs.

THERAPIST: And your field... Fields are moving differently and your field is one where it's not really being helped. [00:37:59]

CLIENT: I feel really stupid. Like maybe I shouldn't have gone into like library science and archives. Maybe I should have completely changed my focus to something more practical that like actually has jobs. But the things that do have jobs are like, you know... I don't even know. Anything... At this point any further education is only going to make me overqualified for things in my field and like I can't like start another bachelor's degree to like get a degree in computer science or something because that would be really expensive and I don't really like programming because I'm not very good at it. But like I don't know what else to do or like, you know, go get an associate's degree because maybe that would make me better at getting administrative assistant jobs. Who goes and gets an associates degree after they're already gone to masters.

THERAPIST: These seem like somewhat illogical threads to be following. [00:38:03]

CLIENT: I don't know. Just like sending one job application a week isn't really working either. I need to like think outside the box and do something crazy but...

THERAPIST: I think thinking outside the box is a good idea. But thinking about pursuing a different degree that you're not interested in seems like a little bit much of an investment.

CLIENT: Yeah. Just wondering if... Well, I don't know. I just also don't think I'm... Unless it was a PhD program that had a stipend I don't think I could justify going for another degree because they would cost money even if there was something that would like, you know, if I want to get a museum studies degree as well that would cost money. And I've used up all the money in my college fund at this point so I am not entitled to any more degrees. So...

(PAUSE) [00:39:00]

CLIENT: Unless I got a PhD in museum curatorship and that which case... That would help me for another four or five years and then come out and have even possibly a tougher time finding a job. I don't know. It's like really unfortunate. I just feel so trapped because all I can really do is send out job applications and it's not really doing anything and I'm stuck.

THERAPIST: Well you can send out job applications which you're doing some.

CLIENT: Yes.

THERAPIST: And you can do the dreaded networking thing.

CLIENT: Yeah (inaudible at 00:39:45) everytime I try to think it through I can't think of anyone that would be a good person to talk to and that could actually get me a job because I don't necessarily know people working placed with the exception of, you know, I know people who are working at libraries. [00:40:03]

And that is great except that because the system is so centralized that they have the same HR Department like doing the interviews for all of university like and like having been told when I was working at one department and asked about if like if I was to apply to somewhere at the university, you know, would knowing them help. And they say they don't get to see the applications or anything until it's like whatever stage, you know, maybe like the last round of interviews or something. Or at least, you know, it would be after initial interviews definitely and not like so... They wouldn't necessarily be able to pull my name from the pile. Unless I somehow I guess... If I knew someone who was friends with someone who was in the HR Department at the school. [00:41:03]

I think that would be the only way. I don't know anyone who is friends with people in HR and I don't really know the people in HR and they like to keep all that information top secret and stuff. So the networking thing I think... You know, yeah, I don't know people who work in other libraries that I'd want to work in or... Yeah.

THERAPIST: Do you know that the people that you know in libraries don't know people in the field that don't work at the same libraries?

CLIENT: That might... I don't know. It's also been a while since I've like talked to any of the people. You know, and really the only people at is the Divinity (ph) school library that was because I, you know, volunteer there. I guess also the (inaudible) that we gave to her. [00:42:11]

THERAPIST: So...

CLIENT: If I see a job there I could like talk to the people but it's like until I see that job.

THERAPIST: But so generally when people think of networking they think about the first step not knowing where the other steps are going to lead. That's what networking is. Right? It's one piece leading to the next piece which leads to the next piece and not knowing where those pieces are going with the hope that something will lead to something productive. And you're

jumping a couple steps ahead. You're jumping to, "Well, I know this person but they can't do this very one specific thing for me get me a job at the school." And when you think about networking what you really want to think about is a branch of networks that are all interconnected and you don't know which one goes where. [00:43:01]

You start with the one piece you know and ask them to cast a wide net and then you hope that someone in that net, if they don't have something that works for you, they cast a wide net and that's what networking is. It's connecting people from different places to the mutual benefit of those two people that end up connecting in a new network and you're... When you think about it you're daunted by the fact that you don't see exactly how it's going to work but that's really what networking is, is that you don't know exactly how it's going to work. You start the process and hope however illogically that something's going to come from it. And lots of people do that. It's not a burden necessarily to the person that you first ask. They don't have to do much work and the next person doesn't have to do a lot of work. Everyone does a little something. I know it's uncomfortable for you. When you think out the... [00:44:09]

CLIENT: It seems like I'm begging, you know? "Please give me a job or talk to someone..." Especially because (inaudible) you know, it's one thing to talk to the person you know and ask if they can like ask for you. You know, they can vouch for me but like the next person in that line doesn't know me.

THERAPIST: But they're not vouching for you.

CLIENT: Yeah.

THERAPIST: That's not, that's not... The question isn't, "Can you get me a job?" The conversation is, "Hey. I... Remember me? We worked together at blah, blah, blah," if that's how far back you need to go or, "Stopped in. Just wanted to let you know I've been looking for a position in this field. Thought I'd let you know in case you knew of anything." [00:45:01]

And then they get to take that where they want. They can say, "Sorry to hear you've been looking for a while. I don't know of anything," or they can say, "Oh, I don't know. But my friend is friends with whoever. (LAUGHTER) I'll drop her an e-mail." That's not a lot of effort for that person to make.

CLIENT: Okay.

THERAPIST: Or, "Oh, I saw in my Twitter feed that such and such is hiring."

CLIENT: Yeah.

THERAPIST: You know, they may not have to do much more than that.

(PAUSE)

CLIENT: I guess if I can find the least scary people to e-mail that... If I had... Because a lot of people I might be like, "Oh, it's been so long time since (inaudible).

THERAPIST: Yeah. So let's add that to your list. One application this week...

CLIENT: And one networking thing?

THERAPIST: ...and the least scary networking thing.

CLIENT: Okay. [00:46:01]

THERAPIST: Send the least scary e-mail and, and it doesn't... You don't need to beg for a job. You want to start at the reintroduction. Think about it as a reconnecting and just letting people know you're out there. You're out there looking. You're not asking them to do a specific thing for you. You're not expecting a particular response. You're reconnecting and letting them know you're looking so that... And think about who might be possible and it's absolutely fine to start with the least scary person. Set the bar at an achievable goal.

CLIENT: Mm hmm.

THERAPIST: Is that doable or is that too much?

CLIENT: I think so.

THERAPIST: I have faith in you.

CLIENT: I guess I might substitute second least scary networking thing if I can't actually find a job to apply to.

THERAPIST: Okay. [00:46:57]

CLIENT: Because so far I haven't found anything to apply to.

THERAPIST: Okay. That seems fair. So either one job and the least scary or least scary and tack on another.

CLIENT: Yeah.

THERAPIST: Yeah. I mean, it will probably be a very similar e-mail. Just changing the name.

CLIENT: Yeah or well name and where they might be from...

THERAPIST: Yeah.

CLIENT: ...because...

THERAPIST: Right. But I mean the, the hard part, the letting them know you've been looking is probably the harder part to craft than the, "Hello so and so." So I have faith in you. You can do scary things if you can get through panic attacks, which we know you can, you can do this too.

CLIENT: Okay.

THERAPIST: I will see you next week at the regular time.

CLIENT: Okay. Still nothing from the insurance?

THERAPIST: I actually got back... They needed an extra code that they don't usually need so I resubmitted it with an additional code.

CLIENT: Okay.

THERAPIST: So we're back to starting over again.

CLIENT: Okay so wait. Another six weeks sort of thing?

THERAPIST: Let's hope that it's not but it might be.

CLIENT: Okay.

THERAPIST: But it's not a denial. It was just a like, "Hey, we need a little more information to process this."



CLIENT: That's good that it wasn't a denial.

THERAPIST: Yeah.

CLIENT: That makes me grateful.

END TRANSCRIPT