

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcripts were provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

Two psychotherapy sessions follow that feature the work of Drs. Richard Felder and Carl Rogers. Each has a distinct approach to this patient, Loretta, a hospitalized woman with schizophrenia. Following the two sessions is a discussion featuring these therapists as well as Dr. Albert Ellis and other (unknown) participants. In the discussion, several participants refer to a session that Dr. Ellis did with Loretta the day before Drs. Rogers' and Felder's sessions. Unfortunately, that interview is not among the ones on the AAP tapes that were transcribed. Nevertheless, it is a lively discussion session that addresses the pros/cons of these therapists' approaches.

ABOUT THE THERAPISTS:

Albert Ellis, Ph.D., was born in Pittsburgh in 1913. He received M.A. and Ph.D. degrees in clinical psychology from Columbia University, and held many important psychological positions, including chief psychologist of the State of New Jersey and adjunct professorships at Rutgers and other universities. He is the founder of Rational Emotive Behavior Therapy (REBT), the first of the now popular Cognitive Behavioral Therapies (CBT).

In 1959 he established the Albert Ellis Institute, a non-profit organization whose mission was to promote Rational Emotive Behavior Therapy (REBT) as a comprehensive educative and preventative theory. Albert Ellis died on July 24, 2007. Richard Felder, MD graduated from Emory University School of Medicine in 1944, served as a US Army physician in Germany and practiced internal medicine before going into psychiatry. With this medical background, Dr. Felder viewed clients' mental health along with their physical well-being and by linking the two, advanced a more holistic approach to healing.

Dr. Felder was president of the American Academy of Psychotherapists and a founder of the Atlanta Psychiatric Clinic. He died in May, 2008.

Carl Rogers, PhD. (1902-1987) was one of America's most prominent psychologists. Rather than identifying persons as "sick" or mainly flawed from childhood experiences as the Freudians did, Rogers was interested in how he and other mental health professionals could recognize the strength in people.

Rogers is the acknowledged creator of the "client-centered" approach to psychotherapy. It has also been called "person-centered therapy." His studies resulted in the creation of several totally new mental health therapy techniques. Client-centered therapy is based on the principle of talking therapy and is a non-directive approach. The basic elements involve the therapist creating a supportive, non-judgmental atmosphere in which the client is encouraged to reach his or her full potential. The therapist encourages the patient to express his or her feelings and does not suggest how the person might wish to change. By listening and then repeating back what the patient reveals, the therapist helps them to explore and understand their feelings for themselves. In client-centered therapy the therapist's role is mainly to act as a facilitator and to provide a comfortable environment and NOT to direct therapy outcomes.

Called "the quiet revolutionary," Rogers also accomplished what no mental health professional had done before. His 1942 innovation of the tape-recording of psychotherapeutic interviews was far ahead of its time. Many of his taped interviews were donated to the American Academy of Psychotherapists' tape library, and those tapes have now been transcribed for this database.

SESSION #1 with DR. RICHARD FELDER

BEGIN TRANSCRIPT:

MODERATOR: Loretta, this is Dr. Felder.

DR. FELDER: Hi.

LORETTA: How are you?

DR. FELDER: You want to sit over here. Did you know we were going to see you again today?

LORETTA: No, I just thought it was going to be one doctor.

DR. FELDER: You want him back?

LORETTA: Well, I don't care. (inaudible) with me.

DR. FELDER: Okay. You knew you were coming back today, but you thought it would be the same doctor?

LORETTA: No. I thought it was going to be just one doctor.

DR. FELDER: Just one, one time? Yesterday?

LORETTA: I didn't know about today. I mean I knew I was going to talk to the doctor, but I didn't know who it would be though.

DR. FELDER: Oh. Well I was in the group yesterday.

LORETTA: (inaudible)

DR. FELDER: And I wanted to start today by telling you my feelings about yesterday. I came away from it with a headache.

LORETTA: I had a headache today. So. (inaudible). I tried to read a book and I couldn't.

DR. FELDER: And I had two main feelings about yesterday. One of them is a little bit complicated. I felt you entertained this and we enjoyed it, but that that was kind of a dirty trick on you as far as to enjoy your entertaining.

LORETTA: I'm glad you were entertained.

DR. FELDER: The second feeling I had, and I'd like to find out some more about that today, is that you have been helped someplace along the line.

LORETTA: I don't know. I had shock treatment. I know I had insulin and some insulin and deep insulin.

DR. FELDER: I didn't mean help in that kind of way. I meant, had the feeling you had been helped by some person rather than something artificial.

LORETTA: I don't know.

DR. FELDER: Then there's something else I wanted to tell you. After they told me they wanted me to talk to you today. As I was going to sleep last night, I thought about you. I was sort of half asleep. This was half a dream. When you're half asleep, half awake. You and I were there in this place wherever it was and I was offering you a mushroom.

LORETTA: Oh dear.

DR. FELDER: And I got the feeling that you were afraid to take it because so many mushrooms are poison and then immediately you changed into a goose. A goose or a duck. I'm not sure which, which had two heads and two necks, and one pointed in each direction, in opposite directions.

LORETTA: I don't know what to say about that.

DR. FELDER: Well, I wasn't asking you what you thought about it. I just wanted to tell you about it.

LORETTA: I beg your pardon.

DR. FELDER: So to bring you up to date on where I am with you.

LORETTA: Well that's nothing. I had a dream that I was in back of the hospital and I did.

DR. FELDER: I don't know what you're asking me, but I'd like to tell you that I think you're capable of anything you dream.

LORETTA: Well I dreamed that I had a tooth that needed to be extracted and I didn't want it taken out, and he said, "either you have to take it out on your own free will or we'll give you shock treatment and take it out". And I said, "No. I don't want shock treatment". He said, "Well, I don't care. You're going to get it anyway and you're going to get that tooth taken out".

DR. FELDER: I felt kind of mad when you were saying that.

LORETTA: I can't help, but that's the truth. That's what happened.

DR. FELDER: I wasn't mad at you.

LORETTA: I also dreamed that my brother-in-law was in love with me, but he married my sister instead. And I couldn't figure that one out because I never met my brother-in-law until after I got out of this place. I've only seen him once or twice.

DR. FELDER: I can't figure that one out either.

LORETTA: I can't either, but I've dreamed about him twice. The time he was helping me and nobody else would. Well it was more than that. It was quite complicated though.

DR. FELDER: I felt sort of excited when you said that. I could feel my heart rate speed up.

LORETTA: Well, he was the only one that would talk with me when I was (inaudible) . And my other brother, he said that was always the thing he could do was to talk to me. And I don't know where he got this information because they claimed they never talked to the doctors around here when I was let out. So I didn't know where he got his information, but my brother-in-law, he had a lot of talk to me. He said that was the worst thing he could do for me.

DR. FELDER: I was beginning to get tired of your talking.

LORETTA: I don't blame you. (laughter). Everybody gets (inaudible) after a while.

DR. FELDER: What I was thinking is that, it's quite an experience to look into your eyes. It's kind of frightening to me.

LORETTA: It shouldn't be.

DR. FELDER: And yet I like to.

LORETTA: I don't try and hypnotize me. (laughter).

DR. FELDER: Well, I've felt it was sort of the other way around. You know, I felt like asking you if you could help me with this. Why should I be scared to look into your eyes?

LORETTA: You shouldn't be.

DR. FELDER: But why am I?

LORETTA: I don't know. Maybe you're a hypnotist. You hypnotized yourself.

DR. FELDER: It sort of relaxed me when you said that, as though there must be some truth in it.

LORETTA: You look like, ahm, what's that movie star's name? He's on TV a lot. McClock. No. I can't remember his name. He's always called in on these criminal cases when they can't McGraw? I don't know what his name is. Pardon me.

DR. FELDER: I don't want to pardon you. I liked it when you touched my -

LORETTA: Now what?

DR. FELDER: Well, I think that's one of the exciting things about seeing you. I have no idea what now. What's coming next.

LORETTA: I think your (inaudible) for a specific purpose, but I don't know just what it is.

DR. FELDER: Does it matter?

LORETTA: Yeah. It does, because I don't like people to mislead me.

DR. FELDER: I think you're right.

LORETTA: I think you're trying to hypnotize me. I don't think it's working.

DR. FELDER: Would you like to be hypnotized?

LORETTA: No. I wouldn't. I'm afraid of being hypnotized.

DR. FELDER: I'll try not to. (background screaming)

LORETTA: I've been listening to that for three days. It's beginning to get on my nerves.

DR. FELDER: Do you think she's feeling anything?

LORETTA: I don't know. I know she doesn't want to be locked up though.

DR. FELDER: Do you think she's just trying to (inaudible) ?

LORETTA: I think she's been given so much medication, she doesn't know what she's doing.

DR. FELDER: Would you like a cigarette?

LORETTA: No thank you. I don't smoke. You better put on your sunglasses. (laughter).

DR. FELDER: Well, I'd sure like to because you still frighten me when I look in your eyes. I get very tense, but I'm not going to because I don't want to hide from you.

LORETTA: I don't think you're hiding, but I don't want to be hypnotized either.

DR. FELDER: Sure don't blame you for not trusting me. I don't trust you either.

LORETTA: Good. I'm glad. I'm not to be trusted. I wish you'd (inaudible) glasses. (laughter) or else let me put them on.

DR. FELDER: I don't think it's too important, but I feel like telling you that I'm very tense with you.

LORETTA: Well, that feeling is mutual. (Screaming in background) I wish she'd quit that screaming. That's what I wish. I don't think that's going to help.

DR. FELDER: It doesn't bother me. In fact, more than wishing she would quit screaming, I think I kind of wish I were there with her.

LORETTA: Not me. It's too much. Been listening to her for three days. It's getting on my nerves. Not to mention the fact that my knees tickle all the time.

DR. FELDER: Tickle or tingle?

LORETTA: Tickle.

DR. FELDER: You don't like that?

LORETTA: No. I don't. Should I? How would you like it -

DR. FELDER: I was just a little surprised.

LORETTA: If your knees tickled all the time?

DR. FELDER: I think I'd like it.

LORETTA: Well, you wouldn't. I can tell you that now. They don't tickle like when you're ticklish. They just tickle.

DR. FELDER: It's annoying, right?

LORETTA: Very annoying.

DR. FELDER: I'll tell you what came to mind when you said it. It's a silly old saying that doctors tell patients when they've had a paralyzed arm and it starts tickling and the doctor says, "You should be glad because it means it's coming back to life". And the patients always thinking he's full of crap.

LORETTA: Maybe I don't want it back to life though.

DR. FELDER: That's just, that's what came to my mind. It was something about you coming back to life.

LORETTA: I don't mind being living or being dead, but I don't care for life imprisonment. That's about what you get when you come back to life.

DR. FELDER: This is kind of the way I see you too. I don't feel that you're alive.

LORETTA: I'm not. So -

DR. FELDER: And I don't feel that you're dead. I just feel like you're in prison. Oh. I almost forgot to tell you one of the most important feelings I had about you yesterday.

LORETTA: I think you're handing me another line, but -

DR. FELDER: I do too. I'll skip it. Got any ideas how I can quit handing you a line and get really relaxed with you here and talk straight, quit lying to you?

LORETTA: You're talking now, but I just don't like people to tell me something that isn't true.

DR. FELDER: I sure don't blame you, but I'm asking you do you have any idea how I can quit doing that?

LORETTA: You're the doctor. I'm just the patient.

DR. FELDER: Well, you're a human being. You have feelings. You have ideas.

LORETTA: I'd just like to go home and forget everything.

DR. FELDER: You want to go back to your room now? Is that what you want?

LORETTA: No. I said go home. Going back to my room is not going home.

DR. FELDER: I thought you were talking about you and me.

LORETTA: I don't have a private room anyway. I sleep in the dormitory.

DR. FELDER: Suddenly felt glad that you had been courageous enough to take off the glasses.

LORETTA: I thought of a word called peristaltic this morning and I don't even know where I got it from, but I knew what it meant.

DR. FELDER: I sure know what it means too.

LORETTA: That is I didn't know what it meant.

DR. FELDER: And I have a silly idea that you're answering my question.

LORETTA: I have a silly idea that you're trying to hypnotize me. (overhead speaker in background)

DR. FELDER: (inaudible) ?

LORETTA: No. (inaudible) .

DR. FELDER: Do you think I'm afraid you're hypnotizing me?

LORETTA: No. Why should you be? You're the hypnotist.

DR. FELDER: I'm scared. My hands are sweating. I'm shaking.

LORETTA: Well, maybe you got a cigarette reaction. That's all.

DR. FELDER: No. I have a Loretta reaction.

LORETTA: No. I don't think that's true. I think you're just telling me that.

DR. FELDER: I don't think you believe what you're saying.

LORETTA: I am not going to contradict you.

DR. FELDER: I had a feeling you wouldn't. I'm glad you didn't. Is there anything you'd like to ask me?

LORETTA: No. When can I go home?

DR. FELDER: We'll stop now. Thanks (inaudible)

LORETTA: Thank you.

DR. FELDER: You're welcome.

LORETTA: (inaudible)

DR. FELDER: Thank you for coming.

END TRANSCRIPT

BEGIN SESSION #2 WITH DR. CARL ROGERS

DR. ROGERS: (inaudible) It must seem confusing and odd and so on. But I feel when you left, I felt really sorry that the interview had been kind of cut short, because I sort of felt maybe there were other things you wanted to say.

LORETTA: I don't know. I'm really new. So (inaudible) transfer. And I was just wondering if I'm quite ready for a transfer. I mentioned that it's annoying, that woman talk or been yelling like that, but I really rather like that ward. And I had been hoping, I had thought maybe I could go home from there. I know being transferred (inaudible) and I don't feel quite up to that.

DR. ROGERS: That's one immediate thing of concern. Am I ready to face whatever is involved in moving away from the spot where I've -

LORETTA: You get kind of oriented to one place (inaudible).

DR. ROGERS: You get sort of used to it and -

LORETTA: I meant to correct one thing when I said no before. I didn't mean I was talking to that doctor. I just meant (inaudible) that I was ready that I wondered why I couldn't go home.

DR. ROGERS: But we felt we didn't quite understand you on that, that really -

LORETTA: He thought I was being blunt and I just meant, no. I didn't want to talk to him anymore.

DR. ROGERS: If I sense some of your feeling now, it is a little tenseness that maybe he didn't really get that. Maybe he thought you were sort of -

LORETTA: I thought that he thought I -

DR. ROGERS: Shutting him off or something.

LORETTA: Yes. That's what I had thought and that isn't what I meant. I don't know. I'm wondering if that transfer is a good thing. I mean they make you feel so important around here (inaudible) you aren't, but then when I go over to Two, I know that's an open ward. That's dormitory. And I've been wearing not so many of my own clothes, because I don't like to loan them. (inaudible) quite ready for that change.

DR. ROGERS: Um hum. And that -

LORETTA: But my father and aunt don't come to visit me or anything. So I don't get out at all on weekends or anything.

DR. ROGERS: And I'm not quite sure about this, is it in the ward where you are now that you feel they seem to make you so important, but then really you're not? Is that?

LORETTA: That's really it. I'm important, but I'm really not. I probably would be on the other ward if well I know that you're not very important when you're moved to that ward.

DR. ROGERS: I see. So that if you're not very important where you are right now, you feel than if you were transferred even less so.

LORETTA: Even less so.

DR. ROGERS: That's something that concerns you.

LORETTA: I think it means working (inaudible) the laundry and I'm not quite ready for that. I mentioned earlier that I had this tickling sensation in my knees when I was on 6C. When I was getting (inaudible) and (inaudible). And I asked the doctor if at that time if he would move me so I could go to work and work in the laundry. And transfer came today. I didn't ask to be transferred over to them.

DR. ROGERS: The trouble is whether you're really ready to face some of the things that would be involved.

LORETTA: I don't know there isn't much to face. It's kind of confusing I think.

DR. ROGERS: I see. It's more a question of facing the uncertainty. Is it what you mean?

LORETTA: I don't know what I mean. (laughter) I just know that -

DR. ROGERS: Right now you feel kind of mixed up?

LORETTA: Well I know that there's Anita on that ward that I didn't trust very far because she's the one that put me on shock treatments.

DR. ROGERS: I see.

LORETTA: Well I think she did anyway. And still she put her arm around my shoulder when I came back, but she was the one that told me I had to go on it, and that I had done this, and that I knew of to be put on that kind of treatment.

DR. ROGERS: So there's something that's real confusing. To be putting you next to a person who seemed to like you and put her arm around you. And by gosh, was responsible for shock treatment.

LORETTA: That's right. Of course she said it was doctor's orders, but I hadn't talked to a doctor that I knew of at the time. And I know that they gave (inaudible) even though that was a work ward, they had them go over to the treatment ward and then back to the work ward, and then to work.

DR. ROGERS: Your sure you hear all the explanations it was doctor's orders and all that, but you can't help but feel is she really trustworthy. Because here she seemed to -

LORETTA: Well I don't trust people anyway any more. That's why I don't want them to trust me. I either believe in them or I don't believe them.

DR. ROGERS: And it's all or none.

LORETTA: And I don't think I quite believe in her very much.

DR. ROGERS: Really with most people, you feel, I don't think I trust them.

LORETTA: That's true. I don't trust them. Either believe them or I don't believe, or I'm not quite certain whether I believe them yet or not. But I don't believe in trust anymore.

DR. ROGERS: That's one thing that you feel has really dropped out for you. That just to trust people. Not for you.

LORETTA: No. I don't trust them. You can get hurt much too easily by trusting people.

DR. ROGERS: If you really believe in someone and let your trust go out to them, then I guess you can -

LORETTA: I don't have any trust. That's why I can't let any trust (inaudible) .

DR. ROGERS: Evidently your feeling is that when that has happened in the past -

LORETTA: You just get hurt by it.

DR. ROGERS: That's the way you can get hurt.

LORETTA: That's the way I have been hurt.

DR. ROGERS: The way you have been hurt.

LORETTA: I don't mind being moved. I mean if it's another thing toward going home, but I don't get out anyway and I don't know that he my brother I wrote a letter, but I didn't get any answer from him. He never came.

DR. ROGERS: It isn't, at least what I understand you to be saying is, it isn't this practical question other than the move so much that, but it's the question of -

LORETTA: Am I quite ready for that.

DR. ROGERS: Yeah. Are you ready for a next step? Is that -

LORETTA: I don't think I'm going to like working in the laundry. That I know, because I didn't like either the other two times. And I don't think I care too much working in the food center over there either, because I worked there before and I didn't care for it. Well I didn't have anything The first day I worked or the second day I worked for about a half an hour and I blacked out. I tried it three more days and I blacked out each day. So I just quit trying to work there. It was too much electricity or something.

DR. ROGERS: You feel something was wrong over there. Too much electricity or something that really had a bad effect on me when I was working there.

LORETTA: It did. I blacked out completely. If I hadn't gone and sat down, I would've have fainted.

DR. ROGERS: You feel really you were in kind of a desperate way at those times?

LORETTA: No. I didn't feel desperate. I just I didn't understand it. I didn't know why I blacked out.

DR. ROGERS: I see.

LORETTA: It did frighten me though. I just couldn't work so I .(inaudible).

DR. ROGERS: Just something very odd happening to you more -

LORETTA: Because I don't have epilepsy seizures or anything like that. So I couldn't imagine what it was. I don't I'm not. I don't usually have fainting spells.

DR. ROGERS: This made you feel real puzzled. "What is happening to me?"

LORETTA: What it was. Yeah. I tried. So I couldn't work and they wanted me to work. So sometimes I think you could be put back on treatment if you refuse to work.

DR. ROGERS: You know, maybe shock treatment is really something they may use for punishment if you don't do the things they want you to do.

LORETTA: Well it would appear that way from what everybody says, but I don't think I was even I don't know why they even gave it to me in the first place. I was just beginning to come to enough to realize that I was in an institution I think. And the next thing I knew, they said, "You're already on treatment". And I said, "Why? I didn't do anything. I haven't had any fight or anything with anybody." And they said, "Well, doctor's orders". And I said, "Well I haven't even talked to the doctor", because I hadn't talked to one. At least, I didn't know if I had.

DR. ROGERS: So you it seemed, here I was just beginning to come to life a little, to really to know a little bit what was going on.

LORETTA: I was just beginning to realize I was in the hospital when they put me on it. And they put me to work the same day.

DR. ROGERS: Then you feel that for no reason you could discern -zingo you were -

LORETTA: I began talking very badly and everything. I still haven't forgotten some of the things they said.

DR. ROGERS: Feel that as though that sort of brought out the worst thing you had ever (inaudible) .

LORETTA: If I had it was like it wasn't even me talking.

DR. ROGERS: Almost seemed as though -

LORETTA: Then I went home weekends and I got in trouble there because I talked so much. Of course, I was getting sodium amytal too. So it might have been the combination of the two, not just the one thing.

DR. ROGERS: There too, I guess I get the feeling that you're wishing you could understand that part of yourself. Whether it's something that was not you talking or was it just the effect of the drugs or what was it that made you act?

LORETTA: It was a combination I think. As you noticed, I move my feet.

DR. ROGERS: Yes. I did notice.

LORETTA: As I said, my knees tickle. I don't know if it's the drugs I'm getting or what, but it's something I can't help. It isn't that I'm so terribly nervous that I can't sit still. That isn't it. I do that at group meetings or anything, and I can't control them. It's rather embarrassing.

DR. ROGERS: You would like me to understand that it isn't just tenseness or something, it's -

LORETTA: I'm not do-

DR. ROGERS: (inaudible)

LORETTA: Something I can't control.

DR. ROGERS: Uncontrollable tickling sensations.

LORETTA: In my knees and therefore, and my feet just move. If I am sitting up there in the corner alone, that isn't so much, but my knees still tickle. But when I get in a group and that my knee just moved.

DR. ROGERS: Feeling as though being in a group makes this worse.

LORETTA: Well I have it when I'm alone sometimes too. I think it's medication I'm given.

DR. ROGERS: Probably it's just the drugs.

LORETTA: I think it's the gray medication I'm getting. I don't even know what it is because I haven't asked (inaudible) . I think these meetings are very enlightening.

DR. ROGERS: Do you?

LORETTA: Well, if she can't think quite clear at this time, you can think about it later.

DR. ROGERS: In that sense, they're somewhat helpful in making -

LORETTA: I think I've been helped a lot by -

DR. ROGERS: You think more clearly (inaudible) .

LORETTA: More by talking than I have by the pills (inaudible) .

DR. ROGERS: Really it seems as though getting things out to some degree in talk.

LORETTA: It seems to alleviate whatever the situation is. If it's created a situation that seems to alleviate (screaming in background) I wish that woman would quit screaming.

DR. ROGERS: Why doesn't she stop.

LORETTA: She can't stop. (inaudible) that's the worst of it. That gives you a terrible feeling, what's going to happen to you if you end up like that.

DR. ROGERS: Part of the disturbance of that noise is the feeling, "My God. Could this happen to me?".

LORETTA: Yes. Exactly. You think you could just about go out of your head just from hearing that all the time. That's been going on for three days now and why did they give her that much? If it's who I think it is, she was up on the ward for one of those GYN clinics and I sat next to her and she said something about liking to talk. An all of a sudden she just began talking and didn't quit.

DR. ROGERS: This seems kind of awful. Here is this person and -

LORETTA: She was perfectly all right, then calm. She wasn't (inaudible) or anything.

DR. ROGERS: Next to you and telling them and now here it's just going on and on.

LORETTA: I should think I thought they could relieve those, not make them worse.

DR. ROGERS: And that's kind of discouraging in a sense to feel that they seem to that they aren't helping her.

LORETTA: Yes. Considering it's an admission ward and they shouldn't be that far out of their heads. It's more like the drugs they're giving (inaudible) are doing it to them.

DR. ROGERS: Almost makes you feel, are they making her worse with their drugs. Isn't it?

LORETTA: That's right.

DR. ROGERS: That's kind of a disturbing -

LORETTA: I think it is.

DR. ROGERS: Thought too.

LORETTA: Because after all, I'm getting drugs too and I wouldn't want to end up like that.

DR. ROGERS: You can't help but raise the question in you, with the drugs they're giving me. Make me like that.

LORETTA: That's right. And then once you're that way, what can you do about it. Only, only I know what they're like and I can see it. So I have enough control to hang onto myself not to keep from just batting my head against the wall like you some of them have that feeling and they just can't control it. They but I've seen so much, but it hurts so much of it, that I can't hang onto myself a little bit.

DR. ROGERS: Yeah. Those things are kind of -

LORETTA: I think that's why pardon me. I think that's why my knees tingle all because rather than batting my head against the wall, I have that type of reaction.

DR. ROGERS: So in a sense you can hold yourself enough so that you aren't going to bat your head against the wall. Yet it's as though it has to come out somewhere and it comes out -

LORETTA: It comes out . the tickle is terrible.

DR. ROGERS: In the tickling of your knees.

LORETTA: Because, well I've seen my (inaudible). So I mean I know that it's just futile to bat your head. Anyway I think my head is too valuable to bat against the wall. It's my own head and I like it.

DR. ROGERS: By gosh. I'm not going to smash my head against walls.

LORETTA: That's right. After all, God gave me that head. That's the head I want. I'm not going to bang it against the wall even if I like to, which I really wouldn't like to do anyway. How does that help that girl to be locked up like that and screaming like that? I mean what beneficial aid is she getting out of that?

DR. ROGERS: I guess that's the question -

LORETTA: Anything?

DR. ROGERS: I guess that's the question you're asking yourself, what earthly good. -

LORETTA: No. I'm asking you.

DR. ROGERS: Asking me. Well, I'm not on the hospital staff and I really guess I wouldn't try to answer because I don't know her and don't know anything about it, but what I can understand is the way that that affects you and the feelings that it stirs up in you. Sounds as though with you that is disturbing not only from the noise from her, but the things that it stirs up in you.

LORETTA: I don't know. I'm all mixed up. I want to go to building 1, but still, I know building 1 is not (inaudible) home (inaudible), but if I can go home tomorrow, I'd say yes. I've been there before. I know it's going to be a great change from this building. I hate to leave this building because it's quite beautiful. But still maybe its better than listening to that girl screaming all day or everyday.

DR. ROGERS: It's a real tough choice to make.

LORETTA: But I hate to think that I'm going to have to go to work in the laundry all week. I'd rather and there isn't as much to do around that ward as there is here. That much I know.

DR. ROGERS: To feel (inaudible)

LORETTA: Like people laugh in their sleep because you do have (inaudible), but I don't think they do. I think they expect you to work if you come. They don't go that far as to just let you rest like you're in a hospital for a rest. Keep you working all the time.

DR. ROGERS: If it represented a chance to rest, then you might like it. But if it's a chance just to work all the time, then you're not sure that (inaudible).

LORETTA: I don't think I'm ready for it. Because my knees tickle. Maybe that I worked in the laundry before and I know. I got a long all right. I know I can get along now, but -

DR. ROGERS: I could do it, but am I really (inaudible) for it.

LORETTA: But why?

DR. ROGERS: Why.

LORETTA: Well I packed my own (inaudible) I'm more ready to go. I didn't say "No. I won't go", because I'm always putting up a big fight about it. If it's an improvement, well I'm willing to go along with it.

DR. ROGERS: Chance you're willing to take, although within yourself, you feel a lot of question about it.

LORETTA: I'd rather like to feel than admit it, although I can't say that I like to see them get worse. But when they improve, it's quite a joy to be where they're all coming in and going out.

DR. ROGERS: It kind of helps you inside when they get better.

LORETTA: I know that others get well (inaudible)

DR. ROGERS: So that you're sort of discouraged and encouraged of what happens in others.

LORETTA: I had thought I had thought that I'd go home from here because I haven't done anything very serious or I hadn't had any violent struggle with anybody or anybody, anything like that.

DR. ROGERS: That's part of your feeling (inaudible) "I haven't done anything wrong. I've held myself in a I really have not been violent. I haven't broken many rules".

LORETTA: I haven't broken any I don't think.

DR. ROGERS: Broken any.

LORETTA: And you have to find out what the rules are because they don't tell you.

DR. ROGERS: But the feeling is I've been good.

LORETTA: But I haven't been too good though. (inaudible) can go over board about being good too. I don't believe in that either. I've been as good as I know how to be and I'm not letter perfect. I would like to be, but I'm not.

DR. ROGERS: In terms of what you can do, you feel you've done the best you can do.

LORETTA: Good. It's good (inaudible) how.

DR. ROGERS: Loretta, I know that some of these people have gotten to go and I expect you will get to collect (inaudible). I appreciate the chance to talk to you.

LORETTA: Thank you very much. I know that you're very important people. That's what I've heard anyhow.

DR. ROGERS: Nice to nice to have talked with you.

LORETTA: Thank you.

END TRANSCRIPT

DISCUSSION SESSION

BEGIN TRANSCRIPT:

MODERATOR: I think the I think the difference in the interviews was dramatic and at the same time there were similar patterns manifested .

I think when Al was interviewing her, he was working in an area that she felt comfortable in. Namely the area of verbal dueling and with her, character defense. So that the exchange was strictly in terms of the power struggle that she engages in. Dick did not engage in a power struggle with her. This threatened her and frightened her. It undermined her usual defense of talkativeness and verbal dueling. And at the point where she began to feel some communication with him, she tried to resort again to the defense of the power struggle by insisting that he was trying to hypnotize her by insisting that this was a struggle between them. And something in her had to reconstitute the events that (chairs moving in background) he could not permit himself to fight with her, and I think this was unnerving to her. And the dramatic change was the change from talkativeness and clowning to a feeling of anxiety and tension with the lowest of the usual defense, and I thought it was beautifully handled within limits in view of the circumstances.

PARTICIPANT: Why did you terminate the interview?

DR. FELDER: I felt like she was saying she wanted to (speaker announcement in background). I want to go home. I always assume the patients talking about her and me, no matter what she says.

PARTICIPANT 2: Dick, I want to ask you something. Several times (I was sitting behind you), and several times I thought you were going from the borderline of technique to feeling, technique to feeling, and I thought of all the stuff written on a double bind. You know? When you communicate on one level and you're saying something on another level. And at these points, I felt that's where the contact began to get a little shaky and I felt that you're saying to her, "Yes, I'm concentrating more on technique now than on you", was the point where she was helped because you were being honest with her.

DR. FELDER: I intuitively double bind schizophrenic patients in the beginning of therapy.

PARTICIPANT 3: You do?

DR. FELDER: Yes. For a long time I felt terrible about this, but I have come to not feel terrible about it because I think it puts me in the position of being their parent. Then they get mad at me about it and I'm glad to hear them being mad about it. Whereas the parent would refuse it.

PARTICIPANT 2: Are you always comfortable in your capacity to extricate yourself from the double bind or is that why you use (inaudible) ?

DR. FELDER: Yes. I'm not saying I extricate myself. I'm saying that I'm proud of them for not tolerating it from me. But I go in and deliberate not deliberately, unconsciously deliberately be a bastard. And sometimes I'm horrified at this, but it seems to be an unconscious technique, whereby I become as bad as the parent.

Well, I'd like for somebody to answer a question for me. I was terribly tense through the whole interview and never got over it. (laughter).

PARTICIPANT: I felt that I was just going to offer as a comment. I thought you terminated to comfort to your own tenseness.

DR. FELDER: Well I declined to terminate the first time I thought she asked to, because I didn't want to terminate out of my own anxiety.

PARTICIPANT: rather than undermining completely. . .

DR. FELDER: I had no idea had no idea previous to the interview that I could relate to her on a positive basis. It seemed utterly fantastic to me this was even possible.

DR. ELLIS: I think you proved that it wasn't. And I think you were tense because there was never any contact between the two. You were exactly different things. She was saying one thing and you were saying another thing. This went on consistently. (cross talking).

DR. ROGERS: I think on the subverbal level, it was a sort of communication (inaudible). Were you conscious of the constant edging up of her, both her feet that (inaudible) ?

DR. FELDER: Yeah.

DR. ROGERS: This was confused (inaudible) (cross talk). (inaudible) yesterday as well.

DR. FELDER: She said, "Pardon me" and (cross talking). Well, I don't see what you're talking about.

FEMALE PARTICIPANT: Well she was (inaudible) (cross talking)

DR. ROGERS: We received communication in this sense. Not always, but sometimes we're in in that your next response shows that implicitly you must have received hers. All right. That's mostly what ordinary conversation is, but I think of her (inaudible) as a person frightened (inaudible) most people in her state (inaudible).

FEMALE PARTICIPANT: not the deepest thing I felt that she said there. I felt real, I'm real (inaudible) . This business about lights and (inaudible) I would have really wanted to understand her.

DR. FELDER: Well, now if you remind me of two brakes I had on. One Max telling me I have to keep my brakes on in here and John telling me to cut the interview short. And I respect both of them enormously. So I'm sure that was part of my intensity. She was taking care of me when she challenged me on my sincerity the second time. Because what I was going to tell her was that that I had forgotten was that my feeling of how terrified she was yesterday. I feel now that if I had told her this, she would have had to deny it and she didn't want to put me in this embarrassing position. And she protected me both in embarrassing situation by stopping (inaudible)

PARTICIPANT: When I was sitting behind you, Dick, (inaudible) recall what Carl was talking about with your eyes. There was a characteristic about this woman in terms of our discussion yesterday, Jule. I felt beyond being frightened, she was terribly frightened of her own aggression. She was very hostile.

DR. FELDER: And so was I and I told her.

PARTICIPANT: And that's what you were talking about and maybe that's what Harry had sensed with this breakthrough was that she could become violently angry and she was frightened of it and so she couldn't decide which role she should play.

DR. FELDER: I guess the reason I felt that she would not do that in here was because I was able to tell her that I was scared.

PARTICIPANT: I think she was (cross talking).

DR. FELDER: The one thing she can't tolerate is a positive relationship (inaudible)

DR. ELLIS: One thing that she can't tolerate is somebody being more irrational than she.

DR. FELDER: She can't tolerate that?

DR. ELLIS: That's right.

DR. FELDER: I beg to differ with you. (cross talking) Indeed I wanted I wanted to be (inaudible) with her that I can be crazier than she can.

DR. ELLIS: And this poor girl is grasping out for some possibility of rationality and you're regressing.

PARTICIPANT: I think that the I think that when you have a damaged ego, you don't .. you don't threaten it so directly with subsequent, with the consequent anxiety that comes out, which only leads to a remobilization, remobilization of events in terms of "I don't trust you. You're trying to hypnotize me". There should be some communication between the two levels.

DR. FELDER: There was a point where I did what you're suggesting. I should have done more of. That was when I told her I didn't trust her.

PARTICIPANT: Why did you tell her that?

DR. FELDER: Well, I started to say because I felt it, but that's not quite true. It was more technique.

PARTICIPANT: That's what I felt (inaudible).

DR. FELDER: But I think technique in exactly what you're talking about. To hear something for your ego now so you won't be so troubled about what we're doing, about my (inaudible) you.

PARTICIPANT: Yes. I felt that this was an artifact, however. When you said, "I don't trust you".

DR. FELDER: Yeah. I didn't feel that. That was technical.

PARTICIPANT: It was technical. It was by way of saying, "I'm not the one with the power. You are the one with the power". And she said, "You're not (inaudible)".

DR. FELDER: All I'm saying is that I was doing what, what you were referring to I think.

DR. ROGERS: I can't help but come back in here predictably. It's very interesting. Most of the time, especially with a discussion of this sort (background noise) I can really let other people have their own way of working with people and realize, sure, which works one way.

Very surprising how deeply I feel in that yet in an actual specific situation, how much of a partisan I have become. So what I will say now is definitely partisan. But I can't help but feel truly disturbed by the fact that we are so convinced that all the judgments have to be made in US! We get to know if her ego is strong enough to fix this and so then yield a little to her unconscious. And does she mean by peristalsis what I mean by it? Sure. I know just what she means by it. So, the hell you do. I feel like saying all of that stuff.

(laughter). And my feeling is that there is an in-between kind of way. Curiously that happens to be the way I work. (laughter).

But the take combining (inaudible) these things just fit. It seems to me that when she was afraid you were hypnotizing her, I feel it really would have helped to have tried to understand that, which would have led into the kind of thing you were just saying. I mean if one had responded, "you really are scared, but I'm going to somehow exercise power over you". Yeah. I'm sure. (inaudible) you're talking about.

And on this peristalsis thing, pick any angle. But there, I would say, "You don't know what you mean. I don't either. I have hunches, but I don't know". And I would've, I would've liked to respond, "somehow this experience had real meaning for you. That this is a turn that somehow seemed to make some kind of sense to you". Then I think she would have felt very much drawn to explain what kind of sense it did make to her. Then I would know whether she was gradually beginning to know it whether she was talking about a positive experience with illness or whether out of the fact, out of that experience or the total experience, where things are in the hospital, or what not.

Another meaning that occurred to me whether she felt that the life does have a rhythm and things do digest and move on through,. And I just feel we would not need to make all the judgments and all the decisions in ourselves. Dammit we have the best resource for knowledge right there in the other chair.

PARTICIPANT: Carl, can I ask you a question since I kind of (inaudible) ?

Why don't you start with her and from an analytical point of view, I'd be interested in knowing more about now (inaudible) peristalsis. But it's been my clinical experience inside her history, that she can (inaudible) for months, with elaborate conundrums on peristalsis spelt backward, forward, up, and down.

DR. ROGERS: Not if you responded to the feeling. If you notice, the way I responded, it wasn't all, "What is the meaning with (inaudible)". The context of feeling in which she expressed that, but here was something important. She didn't know why. Didn't know where it came from. The cause. She didn't understand the point. All right. That feeling I would respond to. And then she starts to give me some elaborate intellectual thing which I don't believe she would. It just that (inaudible) . Okay. So she does. Then I would respond to the feeling context of that. That, "I guess your feeling is now that there really is a precise definition of this that makes so much difference to you".

PARTICIPANT: ask something that I don't feel (inaudible) (laughter). Let's suppose you did say to her you were hypnotizing her and proceeded to hypnotize her. What do you think would happen at that point? I have an idea. I have done this with exactly the same kind of patient. But I would like to know what you think would happen?

DR. FELDER: I'm afraid I can't answer it because I have never hypnotized anybody nor would I ever any more than I would give anybody shock therapy.

PARTICIPANT: You don't think it's fair.

DR. FELDER: I don't feel it's fair.

Two questions I wanted to ask you or one. Did you think I was saying that I consciously and purposefully was doing some ego repair?

DR. ROGERS: No. No. I was speaking more about the comment on the (inaudible).

DR. FELDER: Second question. Do you think she would say the same things to you that she would say to me?

DR. ROGERS: That doesn't make any difference. The thing I feel is that with most of us or I would add with any of us, though I know some would differ with this, if the thing moved at all or she would get more and more into feeling (inaudible) the one generalization I would make. Then I'd think if that's cool with you then I think that would be cool with me.

FEMALE PARTICIPANT 2: I was wondering, Doctor Rogers, she asked several times for reassurance about the way the hospital was treating these patients.

PARTICIPANT: (inaudible) what?

FEMALE PARTICIPANT 2: Reassurance -about the way the hospital was treating these patients, of which she is one. And I know you all have met the hospital staff, but still, you were there. You were the only person she could ask. I wonder why you didn't give her the reassurance of this instead of disassociating yourself from it. Since you were a person in authority in this hospital as far as she was concerned at the moment.

DR. ROGERS: Yeah. I'll answer her. I want to make sure somebody in the hospital is here to hear my answer because part of my feeling is I wouldn't (inaudible) the hospital proceedings because in my experience hospitals are made of the human beings and human beings are not always right (inaudible). I feel she is in a hospital. So the things she is uncertain about, "Are these people treating people right" and "Is there any assurance I'll get well" and so on. But if she weren't in a hospital, it would be other people that she felt the same kind of issues about. No. I'd prefer to try to help her live with the situation which I'm sure has bad elements in it, as well as good elements, but I wouldn't, I wouldn't be properly assuring her. (inaudible)

PARTICIPANT: I'd like to give my impressions of the three different approaches of the other two. I think with Al, he was working with a defense that she had and in that defense, actually stimulating it and mobilizing it in terms of inducing her to fight with him and to engage in controversy. I think with Dick, he didn't fight with her, but with his intrusive kind of warmth at that time, he was threatening her and thereby tended to remobilize her defense, namely "I don't trust you. You're trying to hypnotize me". I think Carl did neither of these things, but what he did do was not fight with her, thereby not giving substance or support, subsidizing this combative controversial clowning defense. Instead stayed with her on a level that she was prepared to stay on.

Now this brings us to another point and that is what is her motivation. She is not coming here for therapy. She has her own ideas about what she's going to get out of this situation. I think her ideas have been the same for the most part, although she has secondary gratification as she did yesterday. Her idea is, "I want to have this jury help me in my hospital situation", and this was her continual preoccupation. And this is the thing that you of necessity related to. Namely, "Am I going to transfer to this ward or to the other ward? Am I ready to be transferred? What can be done?", so on and so forth. And in terms of motivation, I think that the most constructive kind of approach was the one that you used with her.

DR. ROGERS: Could I differ a little bit with one thing you said? It might be the incorrect way to comment, I feel that part of her motivation is this jury, that she may well be. Part of it though is the desire of any human being to get somewhere within themselves. So that I feel it isn't a question. Whether this person or any other is motivated for therapy. It's a question of whether or not I can reach that motivation. Whether that is so deeply buried you can't touch it or whether you can some way (inaudible) respond to it.

One reaction I'd like to give a different sort of experience -I don't know what I did expect her to begin with, but I somehow sort of thought it would have been some way kicked off from her contact with Dick. I was a little floored by this notion of the practical problem of transfer to another ward. But it's interesting to me and it seemed to be evident several times in this (inaudible), that if you're willing to stay with what is meaningful to the person, even though it seems like trivial administrative bunk, it leads somewhere in each case, it led to something quite (inaudible).

PARTICIPANT: I think the difference where it went had to do with the therapist not with the patient. There is a striking difference in the two therapists that we saw having the study because they were both therapeutic images. In the first place, I think Dick accepted her as another adult, as he met her frontally more or less. (inaudible) and the exchange was in terms of his person, as well as her person.

With you, there wasn't a single comment about your person. She wants tried to ask you a question about the hospital, which is sort of a long way around to get to you. And it brought me back to some of the child guidance days where the person and the therapist is doled out in real small doses because the disturbed patient is so little Her response to this seemed to me was to become more and more defensive even in terms of her transfer, which initially though she announced that she was (inaudible).

JOHANNA: It's interesting. I had the opposite feeling exactly.

PARTICIPANT: She did not announce (inaudible)

JOHANNA: I just said that the first interview today was to (chair scraping) and the second one was much closer being two adults.

FEMALE PARTICIPANT 4: I didn't hear what you said (inaudible).

JOHANNA: The first interview was much more two children. Not two adults.

PARTICIPANT: I think what John was saying, Johanna, is on the surface, this is the way I understand, on the surface, possibly calls this more adult, but on the deeper level, Dick is dealing with the more adult material because he's confronting her more directly -

JOHANNA: But the direct -

PARTICIPANT: Way of life.

JOHANNA: But what you confront this person with, what you confront her directly, is her babyish, most babyish self.

DR. ELLIS: All I hear is reading in again, because I have also (inaudible) and cause is unquestionably much different in my mind, makes it much better and it was better than mine because I was intent on doing something else than you were. I was intent on literally showing a technique and you approached her therapeutically by far the best of all three as far as I can see. All three of us, but the significant thing was that this patient has not moved an iota. She is exactly where she was when she came in to me. She will be here as far as I can see 50 years from now because I suggest to you, going on and on and on like this, and she is very concerned with specific problems (inaudible) anything to really solve the problem. She wants you to solve, wants me to solve, wants Dick to solve these problems for her.

JOHANNA: Seems to me this is a contradiction of what she said. At first she didn't trust anything. Now she's saying she's putting some trust and faith in the hospital. I felt this could have been affirmed somewhere. Certainly she's going to trust the administration -

DR. ROGERS: No. She's going to let (cross talk) trust in herself more than (inaudible)

PARTICIPANT: She simply said, "I'm doing this, because if I don't do it, I'll either beat my head". (cross talk)

PARTICIPANT: (inaudible) that isn't used by you, Carl. I don't know just in terms of therapeutic technique. You got two things that she led you to and I think this is your affirmed belief. I think personally I would use some juxtaposition. When she says, "I don't trust anybody", and then she makes three appearances here, I think I would like to know, "But you came here three times and you say you don't trust anyone". When she said -

DR. ROGERS: Can I pick it up right there and answer? Because that's a very good example. That certainly occurred to me (inaudible) also are these equally strong things occurred to me. She was, you can say she was saying, "I don't trust you either. I want you to know this" and so forth. But the reason I don't do that is that, and here I'm speaking from someone that's in physiologic research or just getting started, and I'm talking off the top of my head on this stuff. I'll bet you that if you had used this response you speak of, you'd have seen the PGI go shooting up. In other words, I would prefer to keep a threat level situation as low as possible because in my estimation, that's the best way for her to deal with the internally threatening things.

PARTICIPANT: And I would say that the threat level should be kept at some optimal level for the quickest movement and I don't think that the lowest level is necessarily optimal.

DR. ROGERS: Well, let me, let me put it this way because I realize then I didn't quite communicate there. I would like to keep the external threat as low as possible because then I think the person who left the internal threat rises as high as I can tolerate (inaudible)

PARTICIPANT: Well with your physiology (inaudible), how are you going to distinguish (inaudible) the external from the internal?

DR. ROGERS: That's (inaudible) (laughter). I don't have an answer to (inaudible) impossible.

PARTICIPANT: I have been sort of watching this. I didn't see now, Al Ellis's interview yesterday, but I in fact probably, part of the problem we're getting entangled with is -which is the preferable approach to a total situation. Now I think personally that if I, myself, were carrying this as a case, I would probably start with your technique. I would move very cautiously, very slowly, feeling my way. Letting her come forward. At some point somewhere, I think I would move toward Dick's approach, being more provocative, even sexually arousing as I think he somewhere advertently or inadvertently attempted to be, and then taking up some of these things and eventually ending up if there were movements aroused, assuming that there were, with something more on an intellectual level and a direct exchange, if this ever became possible.

I feel that this is how the problem of the difference between the eclectic approach and the approach where we feel we've got to stick to one way consistently. I think that there is more likelihood that somewhere at a given point we have to shift from one approach to another. Now this may not be true in all cases either. Some cases may be (inaudible) totally in one fashion. Now, I really would like to know how some of the people here, including yourself, Carl, (inaudible). But I think that this is an area we tend to neglect because we have so much vested interest in the given approach.

As for the physiological point, I think that the arm PGI sometimes may be a very important indicator of movement. Now whether we should keep it high or let it fluctuate, I know with some of my schizophrenic patients where we have some records of when we get this little shift, we know that something is happening, because we take it out and move it.

PARTICIPANT: I'd like to firstly underline very heavily what Henry said, but there is one addition which I would note is rather important in many of the cases we have seen and this reminds me of what many of us have seen so often in diagnostic reports. We see so much of what's wrong with the patient and often not enough of what is right with the patient. What do we have to work with in this particular patient?

Now, I think in our sessions too we often encourage what we say to patients who speak of what's wrong with them. I felt for example in the session that you had, Carl, where you talked about trust. She talked about trust. But she didn't start off by saying, "I don't trust anyone". The initial attitude was, "I either trust someone completely or I don't trust them at all".

PARTICIPANT: I believe them or I don't believe them.

PARTICIPANT: All right. Whatever, but (cross talking) but what I felt was picked up more was the not trusting. I think this is the thing that turns into control. You have a patient who may speak of fear or anxiety about maintaining control. But at the same time, is managing to have some kind of control. But we often talk about the fact that she's afraid of it rather than she has been able to do it.

So that what I'm trying to get at, I'm trying to get the patient to perhaps get some kind of picture of herself, an image of herself. We want her to see what's wrong, but we also want her to realize that here is hope in terms of the fact that there are things that are right with her and that these are the things that are really going to help her get well.

DR. ROGERS: Even more importantly, (inaudible) there's another (inaudible) see both those aspects, but you really live them. I feel that's what therapy is to give them a chance to live the worst aspect of themselves, the things they're scared to death of, and to live the constructive aspects. I quite agree that there should be room for both.

If I can comment just to go back to Henry's statement just for a moment because there's something I would really like to say on this. That is, that though I think there is much to be said intellectually for an intelligent eclecticism. Yet I would have to say, Henry, that you couldn't start with the same "technique" that I used today if in the back of your mind is the feeling that it is your judgment that you are trusting as to when to change the approach. Because the very basic part of my approach of me in this situation was both for today even when I had feelings of, "Oh my goodness. That's trivial stuff (inaudible)". I was willing for it to be her

situation and just follow. In other words, you can't if I'm only going to trust her potential for movement up to the point where I decide I better do something else about how to have her move, then that represents a different quality than really trusting her potential (inaudible) .

PARTICIPANT: I also got to make a comment on this too. I agree deeply with Carl's approach with this patient in this single interview and for a very specific reason among others. But the main reason is being that this particular patient -any interpretation or any comment or observation is construed as an accusation and as a challenge. Now it seems to me that what you were doing in this interview in my terms was giving very effective ego support in the sense that you were saying, "You are a person with choices. You choose this. This is your perception of things – this is the way you feel". This was constantly reminding her that you knew that she was a person capable of independent judgment, capable of making choices, and having feelings. Now I think that if, had this kind of supportive therapy and I would call it supportive therapy, continues, a time is reached when her tendency to construe an interpretation as an accusation would be reduced. At that point, I think the patient dictates a certain change in our approach to them.

PARTICIPANT: I'd like to throw in a thought. What struck me was how they seemed to be three different people. I didn't see the comment about the person who could trade blow for blow was certainly a different(inaudible) person that I saw (inaudible) other times. This is about (inaudible) respect to the problem of varied therapists as we have seen them, having success. Maybe we have success because we work with our person.

DR. ELLIS: No. I think that's wrong. I think we have unusual unanimity of agreement here (inaudible). Because I agree with what Jules said and I agree with what Henry said, and I agree to a large extent with what Carl did today in that if I were seeing this patient under normal circumstances, I wouldn't do an exactly (inaudible) or anything like that. But for many sessions, I would just get her to open up and respond (chair moving) . I completely get what Dick says because I think it is very wrongful. He was way off the beam. He didn't know what he was doing. He was completely autistic. He had no contact with the patient and so on. So I would give that (inaudible) . Gradually I would get to my own phase. I think that there has to be with this kind of patient who is a small minority of individual, and I still have a basically poor prognosis for her in particular. That there has to be some kind of difference in movement and in technique, because I don't see now doing what Carl would really get done indefinitely, would get her to change her basic plot or anyone else for that matter.

FEMALE PARTICIPANT: I'd like to communicate something which was very important to me in my perception of this patient (inaudible). It's very important to me and I would like to try to (inaudible) . It has to do with the thing that I like most about your approach and that is your respect for self-direction and autonomy. To me this patient's reactions were such a beautiful illustration of this in a way that had continuity from yesterday to today. I responded very much against what you said, when you said that her reality of the patient today was a decision made because of yesterday, that she was good and cooperative. You weren't here yesterday. You didn't hear her response. What she said at the culmination of the attempt to calm her was in effect, "I will stay in the hospital and I will die before I will accept this (inaudible) ".

PARTICIPANT: (inaudible) after thinking about her.

FEMALE PARTICIPANT: Then today she came with a dream of a tooth which she wanted to keep and somebody was trying to take those away from her. In my mind, she requested this of you.

DR. ELLIS: In my mind, there is.

FEMALE PARTICIPANT: And then, (inaudible) with her. Then she was able to feel her own upcoming and she was able to feel her own self directly and that she was able to apply that reality (inaudible) .

FEMALE PARTICIPANT 5: I'd like to say something about this. Now I wasn't here yesterday either and people who where I was know that my general approach was pretty much more like Dr. Rogers. I feel very strongly, in agreement with what you have said, but I do believe that besides the dream, we have the evidence of her reaching out for other members of the group, which was certainly somehow related to what had happened before with Al. I think we have the fact that she came back with a tape, the fact that she came back to the very room and sat down. I can't help but feel that if we're going to make some of the other interpretations we made with some facility, that something positive must have been involved.

FEMALE PARTICIPANT: I (inaudible) . I believe in that very much. I think Al reached her. I think he reached her in a way which mobilized her determination that she was not going to submit to (inaudible) . I think you reached her and it was effective, and she came back fighting. Then I was so pleased that Carl was able to come in and (inaudible)

PARTICIPANT: Say something about what you said, Jules, where you felt that this was an ego supportive approach and Carl was using that and enhancing the positive feature. I think it's also important and I would agree with that, but as a also she was allowed to admit confusion and doubt and uncertainty.

PARTICIPANT: Which is ego supportive to that, "I have a right really to my doubts and uncertainties and I can acknowledge my confusion. I don't have to be perfect". At one time she said, "I feel as if I ought to be perfect". But then she modified it and she said, "Well, I'm not perfect". This I think is ego supporting. (inaudible)

FEMALE PARTICIPANT: I wonder if Dr. Peterson would care to say anything about this.

DR. PETERSON: Oh I could make some comments about the group, but I think (inaudible) (laughter).

PARTICIPANT: We're ready.

DR. PETERSON: Or maybe that's a very important thing to hear which is here on one end is Dr. Rogers and another end is Dr. Ellis. Maybe they represent two extremes. I don't know. Maybe all the rest of you folks are somewhere in between, but regardless you can bet a plug nickel that Dr. Ellis's percentage of helped patients is probably equivalent to that of Dr. Rogers. However, the same percentage would apply in general to the whole group. I don't know, but we can only agree it seems that way and so normally inescapable conclusion you can come to is that there must not be anything horribly wrong with people in any of these techniques. Oh we can fight like cats and dogs (inaudible) (laughter) what's wrong with one guy and what's right with the other. I think that possibly since this group apparently ostensibly is gathered here to learn, well maybe that might be one variant we could sort of investigate, perhaps to learn by this experience, what these common denominators are that cause patients to get better in spite of such a wide variations in approach.

PARTICIPANT: That's why we sent (inaudible) (clapping).

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy. Noted therapist Carl Rogers takes part in the excerpt of the final session.

BEGIN TRANSCRIPT:

THERAPIST: This is a sequence of five excerpts from the first nine interviews with a 19-year-old young man. A brief description of the tenth interview is also included. These first ten interviews represent to me the gradual development of a potentially therapeutic relationship. The five excerpts here seem the concrete steps in the progressive development of that relationship.

This is from the first interview.

THERAPIST: Jack-ass seems to me a pretty -

CLIENT: I mean it feels stupid.

THERAPIST: You know, what kind of a jack-ass would go around saying things and never knowing whether he believed them or not.

CLIENT: Yeah, I don't know how to tell if you really believe in something. I mean, I feel that I believe him but when I really sit down and say now do I actually truly, completely believe and so I just, because so many things that you do believe in you've been conditioned to believe in.

THERAPIST: Uh-huh.

CLIENT: And then if you try and break away from your conditioning, you're trying to be sort of an individual then you, at least in our day and age right now, you start to think well am I doing this because I really want to be different or am I'm doing it because there is such an emphasis placed on individualism. And you don't even know that so you don't know if you're being an individual because you want to be or because people think that's the thing to be or just what the deal is.

THERAPIST: I guess you don't know how to break through this contradictory mess -

CLIENT: Right.

THERAPIST: and really find your own authentic individuality. That is not a reaction against something or cover up for something but is you.

CLIENT: Right, I just don't know. And, you know, because right now it is very easy to be a non-conformist or an individual, you know.

THERAPIST: Uh-huh.

CLIENT: Not go along with what everybody else says.

THERAPIST: You can play at it pretty easily, yeah.

CLIENT: But then, you know, I don't (inaudible 0:02:14.1) be funny.

THERAPIST: Yeah.

CLIENT: Or (inaudible 0:02:16.5), you know, really bothers me. And yet I don't know whether or not I am a hypocritical, I mean I can't tell, I have no way of telling, you know because I just say, you know, well am I doing this or am I not doing this, it's very confusing.

THERAPIST: Yeah.

CLIENT: And you can't go to the book for an answer.

THERAPIST: And some how we, if it's to be found you have to find it within yourself, right?

CLIENT: Yeah, but I don't know if it's in myself because there is so much to a person, so many different streams of thought and so many beliefs that I guess you really believe in. But there are so many beliefs that you're suppose to believe in that you don't believe but you don't want to admit that you don't believe in them, and, you know, how do you separate the two? I don't know.

THERAPIST: I think you present the problem pretty clearly, not be able again to break sort of a net that's holding you, a net of many possibilities. There's a break through that net and be those possibility that are really you.

CLIENT: Uh-huh.

THERAPIST: So the problem is how to break out of this net. The solution is something, I guess, I certainly don't know what your way to break out of this net is but I sort of have a feeling that maybe you'll find a (inaudible 0:03:47.9).

CLIENT: Yeah, but to do that you've got separate off every single little stream of consciousness, every little thought that you think, you have to compare with every other thought. And then you have to stop and think why you thought that. What was it that lead to your thinking?

THERAPIST: So that's one method of solution is to sort of keep everything in your mind and weigh it against every other thought.

CLIENT: Yeah, but you're not aware of every other thought either. I once thought the way to do it would be for me to be hypnotized and just to go ahead and sort of explore your mind completely -

THERAPIST: Uh-huh.

CLIENT: because there are so many thoughts that you're not even aware of.

THERAPIST: Uh-huh. And you wanted some way to get to those sort of unavailable thoughts -

CLIENT: Yeah.

THERAPIST: that you're pretty sure you're experiencing in some way.

CLIENT: What I thought was feared but the person keeps hidden away and never admits and never looks at it and you can't, just sitting by yourself, you can't go right in your mind, at least I can't I don't know if somebody else can.

THERAPIST: Again, how to sort a dive down and get your hands on a fear or an anxiety. Like you can at times get your hands on it feeling a little intense, jealousy and anger and insecurity that sometime just, you know, even if you can dive down it, it seems to come up and almost knock you over.

CLIENT: But it takes quite a shock to do this, you can't get a shock like this for everything.

THERAPIST: Yeah.

CLIENT: So -

THERAPIST: That method doesn't seem again

CLIENT: The only one I think that I ever thought is hypnosis, but I don't know.

THERAPIST: This would certainly again, you fell sort of free you from the restrictions that fear you have -

CLIENT: No, it's just -

THERAPIST: more open to exploring your.

CLIENT: I thought it essentially just the ability of the conscious mind being able to go into the subconscious and that is where you keep all of your, at least I think, is where, you know, most of the fears are hidden.

THERAPIST: Uh-huh.

CLIENT: You know, you stuff them away back there somewhere and well, like right now, you know, just the thought of trying to get in there I don't know it can be done, how you can turn your mind and go into your subconscious because it doesn't really manifest itself when you're awake. And, you know, it sure, your conscious mind without any kind of aid, a shock or something, isn't going to admit all these.

THERAPIST: So you think that, again, hypnosis could knock down that barrier?

CLIENT: Yeah. Because then I guess your conscious mind, I don't, I don't know that much about hypnosis actually.

THERAPIST: But I wonder what makes those barriers there is something I don't know what you feel keeps those barriers, what keeps these fears from coming into your awareness?

CLIENT: Well, probably because the fact that if you were, if a person were, didn't have these barriers well supposing they suddenly broke -

THERAPIST: Uh-huh.

CLIENT: It would probably scare the hell out of somebody and literally drive them insane to the point where they would retreat from everything.

THERAPIST: Now, is this the way you really sort of feel about yourself? Remember we said you couldn't get this anywhere but in you, you can't get this from anything you read or anything that people have told you. Do you really feel that if you really let down these barriers you would be overwhelmed by your fears and maybe go insane?

CLIENT: Well, no, of course not. No person feels that anything can actually harm them. It's like I know I'm going to die but, you know

THERAPIST: And this is all a bunch of intellectual bullshit then, isn't it?

CLIENT: No, well, yeah well, I don't know see right there, I don't know. Obviously, there is some kind of a barrier which keeps me from being completely aware, because I'm not completely aware so obviously there's something stopping me from being completely aware. I don't admit that I could ever go and say no matter what happened to me, you know, from a (inaudible 0:07:47.2) point of view I sort of consider myself above that. Like I don't believe, you know, I know I'm going to die but I'll be damn if I'm going to admit it.

THERAPIST: I see.

CLIENT: You know, I can't conceive of myself being dead or being insane, it's impossible for me to conceive it.

THERAPIST: And I think insanity, you can sort of get away maybe with saying well, I feel I'm really basically stable and I'm not to really be overwhelmed. But, you know, a little more difficult problem of avoiding your ultimate death don't you?

CLIENT: Yeah, well, I know I'm going to die, you know, this is sort of inescapable and yet it's, you know, to sit here and damn myself that tomorrow, you know, maybe I'll be dead, well, I've never been dead so I have actually no idea what it's like. And to imagine being something which you have never in anyway experienced for me is very difficult, and just a completely, you know, an egotistical thing. I was saying that I couldn't possibly go insane I'm sure that I could and yet if somebody were to say to me that no matter what happened to you would you retain your sanity I would probably, well I would probably say no because that would be the thing to say and I'm sure I wouldn't believe it. It wouldn't happen to me it's like driving an automobile, other people have killed one another.

THERAPIST: As I told you, I got the feeling you were crazy.

CLIENT: Well, I am probably a little crazy.

THERAPIST: You don't seem overwhelmed by that.

CLIENT: Why should I? Supposing you told me I had the black face or pink eyebrows or purple hair, I don't give a damn what you think about.

THERAPIST: But you said you thought you were crazy too.

CLIENT: I beg your pardon?

THERAPIST: I thought you said, well, sometimes you think you're a little crazy too.

CLIENT: Well, sure.

THERAPIST: Were you overwhelmed at those times?

CLIENT: Yeah.

THERAPIST: You were a little frightened really?

CLIENT: Yeah, I really was. In fact I was quite frightened. But then it's one thing for you to sit there and say something like that because you don't know me at all. But when I say something to myself I have quite a reason, you know, good reason for saying it. Instead of (inaudible 0:09:57.1) what other people say about me.

THERAPIST: Yeah.

CLIENT: At least I will pretend to myself that it doesn't make any difference.

THERAPIST: Oh yeah. I think I can get that feeling about you.

CLIENT: What, that I'm a little crazy?

THERAPIST: Yeah. I think, yeah, I'm pretty crazy too and I'm not afraid or ashamed of it.

CLIENT: As long as it doesn't bother you but when it becomes and you can't cope with it.

THERAPIST: Do you have this fear that it could get I mean can you even in a vague way get a feeling for that fear or. Even though you haven't been insane can you sort of get a feeling that you could be overwhelmed?

CLIENT: Well, put it this way I've come awful close to having it happen.

THERAPIST: I see.

CLIENT: You know, when I get depressed or something. And afterwards I just felt the same, you know, but Jesus I was pretty close back there. And there doesn't seem to be anything I can do about it. I decided that all I need is \$7 million and I'll be all set.

THERAPIST: And you will be a crazy millionaire.

The second excerpt is from the fourth interview.

THERAPIST: The nuts and bolts feeling I had that's the way I want to know you, but not because I am a person.

CLIENT: Yeah, exactly.

THERAPIST: And as a person I really want to know you. That doesn't come across to you at all?

CLIENT: I don't see why you should. (Inaudible 0:11:44.9) I don't know but I don't, you know, I don't see why you should. I don't want to know every person I knew.

THERAPIST: I guess you're not sure whether you want either me to know you or if you want to make me a real part of your life.

CLIENT: You know, I mean for selfish reasons (inaudible 0:12:14.9). Obviously I need something. I'm not here to help you, you know, I'm not here because you were looking for somebody I mean because I wanted to be here.

THERAPIST: But at least now you're not sure though whether you really want to be here.

CLIENT: Oh yeah I do, you know, but.

THERAPIST: I mean let's say you really want to be here but whether you want to be a real person here or not.

CLIENT: Well, I don't know if I know how to be a real person, you know, there is so many of me. I'm a real conglomerate, whatever that means.

THERAPIST: Most of the time you don't want to be here with me, personal.

CLIENT: Personal?

THERAPIST: Personal, yeah.

CLIENT: I think that's probably good, so far I haven't been (inaudible 0:13:21.8)? I don't know. So far I haven't been.

THERAPIST: Maybe you don't trust my reactions to you as a very personal person or your own reactions to yourself.

CLIENT: Yeah, I don't know what would happen if I got very personal with you I don't know how I would, unknowing that we have to (inaudible 0:13:45.2) that I was being personal with you.

THERAPIST: And I imagine it would be a very mixed kind of feeling.

CLIENT: Well, I would just shove it out of my mind because I wouldn't want to think about it. But, you know, I just shoved it out of my conscious (inaudible 0:14:01.0).

THERAPIST: You wouldn't really deal with the fact that I got (inaudible 0:14:05.1) with each other.

CLIENT: Actually I don't even think about no problem. And that can have all kind of disasters consequences, maybe it wouldn't have any.

THERAPIST: By the mixture I was thinking it certainly does, it sounds like it would be a real dangerous venture for you.

CLIENT: Maybe, you know, I happen to prefer (inaudible 0:14:30.4).

THERAPIST: It might be sort of, oh you're feeling a monster that might be a mouse or something.

CLIENT: I don't want to take the chance right now.

THERAPIST: If it turned out to be a real monster then it's no fun that you are with monsters.

CLIENT: Right. May be my monster that I have to deal with. Maybe the fact that I recognize the fact that just telling you things (inaudible 0:15:10.1), you know, wouldn't be good at all (inaudible 0:15:18.2). That's what I said about feeling insecure.

THERAPIST: We both sort of got it that way.

CLIENT: But, you know, it doesn't do me much good that way, for me anyway.

THERAPIST: And I sort of feel well the reaction to that sort of personal for you not to (inaudible 0:15:40.2).

CLIENT: Well, again if you're wasting my time you're wasting your time. If I'm going to be like that I shouldn't be here.

THERAPIST: But you can be like that any place else but maybe make a couple of hours a week where you're not quite (inaudible 0:15:59.3).

CLIENT: Yeah. Well, I don't mind, you know, spending a couple of hours a week here.

THERAPIST: You know, I get one feeling that I had is that, this is my feeling, and it may have nothing to do with you again, I hope you feel free to tell me, I have a feeling that getting close to me would be very frightening to you in many ways.

CLIENT: I would like to answer that but I would answer it subjectively so I'll let it go for awhile. I mean I would answer that, I would fill it out and it wouldn't.

THERAPIST: You would defend yourself against that and given you a number of logical

CLIENT: No. I could tell you yes that it is frightening and I could say why that it would be difficult for me to tell you why because I would be doing it very objectively.

THERAPIST: Well, you're right. And the first time it could come out just directly from the subjective reality of it.

CLIENT: No.

THERAPIST: It would have to sort of come out

CLIENT: It's just like telling somebody, you know, anybody.

THERAPIST: I wonder if you just like throwing out insecurity at least gotten into the room, it has only been not a very active forum but it was there for us to maybe

CLIENT: Well, it was a thought or something.

THERAPIST: Yeah.

CLIENT: But I'm sitting here.

THERAPIST: Yeah. And I wonder if this kind of fear would be another start even though it's a small beginning.

CLIENT: Well, okay. I don't trust me particularly. This is ridiculous I really got the thing going about queers and I have some run-ins with them. And being an older man I have, you know, kind of half worried about, you know, we're just going, you know, home and playing the make on me or what. And, you know, (inaudible 0:17:58.2) something like that.

THERAPIST: So when I said I really wanted to make you a real person in my life, I really wanted to know you, to you it has sort of an overtone of maybe I'm really trying to queer you.

CLIENT: Yeah, and I can't help it -

THERAPIST: Yeah.

CLIENT: this is the thing that I just inside me and it really bugs me because sometimes I think I got, you know, bad homosexual tendency and this bothers me too.

THERAPIST: You know, you're not sure again whether this reaction is always in the other or maybe in you. Where is the darn thing is the thing that worries the hell out of you?

CLIENT: I don't want anything to do with queers, you know. Anytime my sexual activity (inaudible 0:18:44.1). They're going to be like that and, you know, I'm not going to bug them for it, but I don't want to be in it. Again, I can't, you know, I sometimes wonder, you know.

THERAPIST: So you're saying you can't really come to realistic terms with this whole issue of homosexuality.

CLIENT: No, I can't believe you (inaudible 0:19:06.2), I really don't know. You know, it's kind of for me it's frightening, you know, not to know, you know, what to do or.

THERAPIST: Not to know when you're with a man whether he's going to try to seduce you or you're going to want him to seduce you or -

CLIENT: Yeah.

THERAPIST: know exactly what his sexual business between you and the man might be all about?

CLIENT: Yeah. And then if (inaudible 0:19:32.2) like a girl sometimes which has happened well then Christ I just, you know, I'm really bugged by it then. Then I start thinking Christ, you know, maybe I don't dig girls at all and it's embarrassing besides.

THERAPIST: When something goes bad with a woman that's painful enough in of itself but it makes you think that maybe these fears I have are real.

CLIENT: Yeah and it really bugs me. But I try not to think about it if I can help me, if I just sort of forget about it, you know -

THERAPIST: This is what you told me about the general (inaudible 0:20:03.9) start to drift away like some of the other -

CLIENT: Yeah. I brought it out in the open. Well, no I don't think I have ever sent flowers (inaudible 0:20:19.5). And that really had me worried the first time it happened. The second time it really bugged me. I don't like to think about it. If I ever, you know, it's kind of frightening.

THERAPIST: Yeah, for someone who spends so much time involved with women

CLIENT: Well, exactly, you know, because, I, you know -

THERAPIST: Sort of an older guy.

CLIENT: It is. And then to have a girl (inaudible 0:20:47.1) you can't do it, well shit, you know, and after sort of getting yourself built up in her eyes as a big Don Juan.

THERAPIST: You can do everything but -

CLIENT: Right. And then, you know, and the excuse I came up with sometime, I come up with some of the most beautiful goddamn excuses in my life, you know, things which they believe completely but they were just so weird, you know, and I knew I was making an excuse, you know. So I sort of save myself in her eyes but then I didn't save myself in my eyes at all.

THERAPIST: Yeah. And it was so painful that I guess you couldn't just be straight and honest with any woman, you never trusted a woman that much.

CLIENT: I did one girl I was just lucky I was just talking to her about the other day. I don't know how we got on the subject but, you know, well we're pretty close anyway, you know. Well, we have a really weird, completely plutonic, you know, no physical thing going with her at all but we're very, very close.

THERAPIST: So she has enough so then distance from being a real woman in your life that you can sort of explore this with her.

CLIENT: Yeah. Well, I know that she is not going, you know, she's not going to think anything about it or, you know, hold it against me or.

THERAPIST: She is going to accept you just the same.

CLIENT: Yeah. (Inaudible 0:22:05.0).

THERAPIST: I guess it's not threatening to her because she's not directly involved with -

CLIENT: Yeah, the same with me so.

THERAPIST: Yeah.

CLIENT: I think she is the first girl that I ever discussed that with at all. The first time I discussed anything about my sex life. I use to worry about masturbating so much.

THERAPIST: It's a little easier to deal with masturbation then with the, sometimes with women having the fear of homosexuality. Those three kind of things that has all caused you some concern.

CLIENT: Yeah. The thing with masturbation, you know, I, you know, when you're a little kid you're always told a whole bunch of shit about it. Well, you know, I had read, you know, this is, it was such a crap. And yet I couldn't help wondering well maybe down when held down deep inside I am being bugged by this thing and I don't even realize that it's bothering me. That's what gets so confusing the fact that I realize that maybe things really are bothering me but I'm not aware of the fact that they are bothering me.

THERAPIST: Well, do you think maybe way down inside there is some truth to those little wives tales -

CLIENT: Yeah.

THERAPIST: about (inaudible 0:23:15.4).

CLIENT: And, you know, it's bothering me, it could effect me without my even being aware of it. That's what is so (inaudible 0:23:22.6) about knowing myself is I never know what's way down deep inside and how it, you know, how it has effected me. I just got the purpose, you know.

THERAPIST: It sounds as if -

CLIENT: And I can control that.

THERAPIST: And it sounds like you're pretty sure that way down in there, there is quite a bit of fear about some of these things.

CLIENT: There might be getting from my reaction yeah. But I can't get at them, you know, look at them, examine them and then push them out.

THERAPIST: You can't really again come to direct term with these things?

CLIENT: Yeah.

THERAPIST: You have to do it sort of.

CLIENT: I do it objectively.

THERAPIST: Yeah. Sort of you looking at them through -

CLIENT: Somebody else's.

THERAPIST: fences or -

CLIENT: Yeah.

THERAPIST: screens, but you're not tearing the screen down and just living with it.

CLIENT: Yeah, exactly.

THERAPIST: Do you think these may be some of the monsters I guess you're afraid might really?

CLIENT: Yeah. It's something that I got like prejudice, you know, I'm not at all prejudice as far as I know. But maybe way down deep inside again I am. And that would make me, well, it would sort of almost make me a hypocrite and, you know, that really bothers me. It's about everything, you know, that I feel strongly about.

THERAPIST: Almost everything you really value is potentially unreal.

CLIENT: Yeah.

THERAPIST: Don't you think if you really knew the real you about these things (inaudible 0:24:51.4).

CLIENT: Yeah. But, you know, I never can get in there.

THERAPIST: I guess the real you might be prejudice, masturbating, inadequate homosexual.

CLIENT: You know. This is not a very pleasant thought, so I won't think about it, to hell with it.

THERAPIST: Make sure those screens and barriers are up there.

CLIENT: They are up there and they better stay there. And yet I want to know is the funny part about it. I would, you know, I sort of, I would like to know just what the holy hell it's all about inside down there.

THERAPIST: Really give you a feeling I guess of open space and freedom if you really just stood there all with yourself open.

CLIENT: And I think, you know, hypnotism could do it, get you down in there I don't know. Besides if you could wash away all of those things, you know, and understand them well, actually I think when I first started thinking about this I read a science fiction book once which was fascinating. One part of it was (inaudible 0:25:54.8) saying they discovered some weird stuff that produced hallucinations directly from the subconscious mind and this guy fought with, you know, all the little monsters and the trash and everything and all the horrible things that were stored, you know, in the mind of the person. And, you know, he made me sort of overcome this thing and it, you know, much more powerful mentally but that was just because he used this other thing, you know. But anyway it sort of started me thinking and (inaudible 0:26:19.5) hell, actually that's very logical, you know, all this shit should be in there it makes a lot of sense.

THERAPIST: Uh-huh.

CLIENT: You know, I'm sure the person realized because there has been a lot of good science fiction books where they would talk about this. And there are so many people, you know, even would use this as part of a plot that means that they have thought about it. And I'll say thought about it chances are it exist. The more I thought about it the more convinced I seemed, you know, that this is in fact reality.

THERAPIST: Yeah, I guess that description story struck pretty close to home.

CLIENT: Yeah, at the time I don't suppose I was quite aware of it but, you know, after I started thinking about all of this I, you know, I just started thinking about it I never said any about what might be in me but I just started thinking there would probably be a lot of crap (inaudible 0:27:03.1), all the shit that we store up.

The third excerpt is from the sixth interview.

THERAPIST: So I see do you think maybe you I see it yeah, yeah. So maybe we aren't so far from agreement then that when you talked about your sexual experiences and the difficulties that they bring you were a little more there (inaudible 0:27:42.9).

CLIENT: I think it's very real to me. And I really have been thinking about this, you know. I think there are probably three possibilities what the deal is. One, you know, that credible I hate when women (inaudible 0:28:03.4) which I don't really think is it. What I think it is that I really have to be emotionally involved with a girl (inaudible 0:28:09.2), I think that is probably what it is. It seems to me that this would probably be it.

THERAPIST: So that's the problem and how to be emotionally involved.

CLIENT: Well, there's no problem if that's why I can't make love to a girl, you know, is because I'm not emotionally involved with that's no problem.

THERAPIST: You mean to learn how to be emotionally involved with people is no problem?

CLIENT: No, no I didn't say that. It's just that some people you fall in love with and some people you don't.

THERAPIST: Okay.

CLIENT: And if I can't make love to a girl because I'm not in love with you well I'm just not going to.

THERAPIST: You mean it's not you it's something that happens to you, is that right?

CLIENT: It just means that I have a certain, so I got it figured out that I'm really sort of a prude in a lot of respects. I don't want to go out with girls, go out and drink and swear (inaudible 0:28:55.8), you know. I'm shy, modest and everything else, you know, everything that I spend a lot of time saying is a bunch of bullshit and is ridiculous, you know, I'm all those things. Even if I'm a hypocrite says it well that's what I am and I'm not going to say differently, trying to pretend differently to go along with a certain imagine that some people expect and which I think (inaudible 0:29:25.2).

THERAPIST: You mean, you really think that again, I guess I want to be careful how I say it because I, I don't want to really be taken in by you and yet I don't want to discourage the possibility that you may be discovering something real about yourself, but are you really saying straight then that you think maybe you are sort of a private, delicate, sensitive guy where women are concerned?

CLIENT: Well, it could be because I, you know, it's easy to, you know, to say I don't worry about a girl watching me undress or something like this. It's very easy to say and to do it even and yet I feel funny, you know. I know that I'm forcing myself to basically guard it, you know, to act as though I have no modesty at all sort of speak. I know that I am consciously unaware of when I'm doing it, you know, and I feel funny, you know. Like I actually would prefer if they weren't, you know.

THERAPIST: Uh-huh.

CLIENT: But I will sit on this picture and it doesn't bother me.

THERAPIST: Do you have any feelings of why it may bother you more then it might?

CLIENT: Anxiety, you know. Of (inaudible 0:30:33.3), hurt, you know, you don't display your body to people of the other sex, you know, so, I don't know why.

THERAPIST: It's that generally, it's not anything specific that worries you?

CLIENT: Well, I could probably say no and get away with it but I don't know I have always sort of have this feeling that I am not adequately equipped sort of speak.

THERAPIST: Uh-huh.

CLIENT: You know, but I don't know if it bothers me or not.

THERAPIST: Uh-huh.

CLIENT: I can act like it doesn't, you know, I suppose it really does, you know. It would be nice to be quite large I suppose, but, you know.

THERAPIST: You think all these things about you being inadequate and homosexual and now you don't even have a big cock.

CLIENT: Uh-huh. Right. But I don't know how much that worries me, you know, because well, I could always use the excuse before in a way of it's not quantity but quality.

THERAPIST: Uh-huh.

CLIENT: But shit now I can't even make (inaudible 0:31:31.5).

THERAPIST: Before, the old adage it's what you do with it -

CLIENT: Right.

THERAPIST: but what you have sounded good to you, but now even that.

CLIENT: Now, I'm, you know.

THERAPIST: Yeah.

CLIENT: Right.

THERAPIST: Yeah, you can't even fall back on anything (inaudible 0:31:48.9). Not only are you not driving a get big penis but you're a guy that doesn't even know how to use what he has.

CLIENT: Well, I know how, that's not the problem, I know how.

THERAPIST: It doesn't work out right.

CLIENT: Exactly. I don't know what this thing should bother me, you know, why I shouldn't I mean why (inaudible 0:32:05.4) how large it is or isn't. Except that there is I suppose because there is so much emphasis, you know, (inaudible 0:32:12.7), you know especially wives get together, you know, bragging and everything.

THERAPIST: The bigger the penis the more masculine the guy.

CLIENT: And I'm not really what you call a masculine looking person anyway, you know. And all of these things, you know, sort of ganging up together seem to be creating problems maybe.

THERAPIST: Yeah, you're getting a lot of pressure toward thinking you're just not a man at all.

CLIENT: I guess that But damn it, it shouldn't bother me I mean, you know, rationally speaking, what the hell does it make what size it is, you know. Some people have big ones, some people don't everybody is suppose to be able to do it anyway but I can't even do that. So (inaudible 0:32:54.1) but I have to be in love with a girl as an excuse, you know, for my own benefit.

THERAPIST: You know, all that we do when we keep bringing up these things is just sort of filling in more possible reasons why you might be insecure and unable to find a definite way for yourself in the world, and yet all we do is compound the picture, we seem to break through at any point.

CLIENT: What really bugs me is that in the beginning when well I guess toward the beginning of the relationship I have with this girl she once said to me that I was well endowed (inaudible 0:33:33.5) endowed is the way she put it. Well, it sort of surprised me, you know, but if a girl is going to say that to me then why the hell should I go out worrying about it.

THERAPIST: Uh-huh.

CLIENT: Really dumb, you know, to worry about things like that, you know. I can't figure it out.

THERAPIST: You mean you sort of have enough for her.

CLIENT: Yeah. Now I can make love to her.

THERAPIST: She really put you on the spot she said you're okay that way, now show me who you really are.

CLIENT: Right. (Inaudible 0:34:05.2) about this weekend. She can't get in it if you know what I mean. I'm just saying things to her she doesn't know what the shit means really, you know.

THERAPIST: You have to expect probably I imagine a young girl.

CLIENT: Yeah, it makes sense.

The fourth excerpt is from the eighth interview.

CLIENT: This could be, you know, I get along with people pretty good.

THERAPIST: Yeah, enough fucked up con man's way that's the most gee most out of touch then what I could imagine.

CLIENT: What the hell. I can get through to a bunch of phonies, they are phony then I am.

THERAPIST: How do you get through to yourself? You say you're as phony to yourself as you are to other people that's what worries me. That's why I can't meet you because you hardly ever come out real here. Maybe you come out real to your buddy when you are both talking screwed up stuff and when you're talking screwed up something you're really feeling, I feel with you very much.

CLIENT: When I get to the point where I feel this I'm not here, you see.

THERAPIST: It has nothing to do with the fact that you don't sort of, I'm sort of a suspicious guy to you in some way.

CLIENT: No, I can't, I don't, nothing happens, you know, three or four hours before I come here that has got me in any kind of emotional state at all any kind of real state.

THERAPIST: You can't just

CLIENT: I can't build, I can't, man here I come.

THERAPIST: More just (inaudible 0:36:06.8).

CLIENT: There is nothing to happen, I'm not in a, no problem is the only way I can think of which doesn't not what I want to say but there's nothing that, there's no situation here or this happened shortly previous to my being here that builds up anything, any tenseness or anything in me that shows.

THERAPIST: Well, that's it you don't live with the basic problems you only live with the immediate pressures that are exerted in the body and as soon as those pressures are gone to hell you're happy as a bird. The underlying problem is still there, you're going out of the moods, but you never touch the underlying problem as it seems to me.

CLIENT: I don't know what the underlying problem is.

THERAPIST: There must be one there.

CLIENT: Well, undoubtedly.

THERAPIST: Maybe there is, I mean if, if there's not then okay your future life will work itself out as you say it's the best of all possible worlds. You have no reason to be at all upset, you're going along.

CLIENT: Well, I don't like it. Whatever goes on I don't like. I don't know how to say it. It's not right.

THERAPIST: I know it's not right.

CLIENT: You know, it doesn't feel right.

THERAPIST: But you certainly make the best of it.

CLIENT: Well Christ almighty I mean, you know, from a financial standpoint I'm fucked up fairly, you know, I don't have a steady income. I've got to be happy as much as I can. I can't go around being depressed, people don't like they don't want to be with you and I want to be with people. I've got to make the best of everything, you know.

THERAPIST: I guess you do make it the best possible thing for yourself.

CLIENT: I have to, I couldn't live otherwise.

THERAPIST: That way you stay in this sort of not right mood I guess. It's right enough to keep you going, right enough not to really get to you, certainly not right enough to feel right either.

CLIENT: You don't understand me is what I'm trying to say.

THERAPIST: Okay. Very true I'm just

CLIENT: Well, I can't say it, if you can't get it I don't know what to do, that's what I tried to tell you. Do you understand what I'm trying to say? I can't say it, there aren't any words.

THERAPIST: You know I get it sometimes and I get the, just a mess, a mess of glob stuff around here. And you just sort of not even in it you seem to be out not even in the glob, the shit or whatever it is, you're out some place not even getting in that either. So that you might even drown in it or get suffocated in it, instead you're walking around and tipping your toes in it and then saying your feet smell and so the world isn't quite right to you.

CLIENT: (Inaudible 0:39:36.1).

THERAPIST: I'm just trying to get some feeling for it and I don't really, to me it's a lot of things it's just not enough solid anything anywhere. There is nothing I can't, nothing we didn't touch anything.

CLIENT: What is there to touch? Man, all there is bod, you can't touch thoughts anyway. What's feeling?

THERAPIST: Feeling is about the most touchable thing I know.

CLIENT: Well, what are feelings?

THERAPIST: Well, they are ones that you can't put into words. If you don't have them you can't talk about them.

CLIENT: You can have them and not be able to talk about it.

THERAPIST: If you don't have them, you wouldn't know what they were you couldn't ever put them into words.

CLIENT: Well, I can't put them into words anyway.

THERAPIST: But you have them and don't they seem real to you?

CLIENT: Damn right.

THERAPIST: Then who cares what they are, I don't. I just want to see them, feel them and touch them, but you don't want me to touch you, you don't like me around you I don't think. That look you give me is a pretty good sign something is wrong.

CLIENT: Well, you're just saying (inaudible 0:41:19.3) I'm a bastard and I'm not coming through, you don't want to have anything to do with it, well, all right.

THERAPIST: Is there anything else that I want something to do with you?

CLIENT: Fuck no.

THERAPIST: You don't hear the I would really like to hold you some way and that repulses you that makes you -

CLIENT: That doesn't repulse me but you're not doing it, right? Are you going to blame that on me? When you say what I say I'm an asshole because I won't, I can't put it into words, that I don't feel anything really, that I'm just fine and dandy. All right, I'm fine and dandy, you know. I'm not going to argue with you about it.

THERAPIST: Well -

CLIENT: (Inaudible 0:42:27.0).

THERAPIST: you need, you act as if you're fine and dandy half the time in here. And you don't seem fine and dandy to me at all. Well, I'm just saying you're -

CLIENT: (Inaudible 0:42:41.9).

THERAPIST: Well, you really think I think you're okay?

CLIENT: Well, I don't know. You set over there and tell me I'm just fine and dandy.

THERAPIST: Well, that's you that's you. You come in here and had a great day yesterday and I'm up now is my up phase, the world is great, who worries about anything I never really get frightened, well.

CLIENT: Well, I'm never frightened when I come in here.

THERAPIST: Yeah, well.

CLIENT: Maybe we're picking the wrong time for me to come in.

THERAPIST: Well, I think it would be good if a guy could be with you when you're really pushed, but I don't know how to do that so I guess we better, I mean it would be, since we can't do it that way, how else can we become real to each other somehow, I don't know? I don't think you, I don't think you really want to, to be with me I get the feeling you don't.

CLIENT: Well, I wouldn't be here if I didn't want to.

THERAPIST: Yeah, but I appreciate that because your coming does mean something.

CLIENT: What the hell.

THERAPIST: Just, you don't, you don't really come out here, you know.

CLIENT: Is that my fault?

THERAPIST: It would never be just another person's fault it would always be our, my fault in not making it more possible and your fault in not venturing as more.

The fifth and last excerpt in the sequence is from the ninth interview. Carl Rogers is co-therapist during the last part of the interview and the few minutes of his participation are included here. Near the beginning of the interview there is a five minute silence between the client and myself. We are looking directly into each others eyes during the entire silence. I have kept a token two minute silence in the recording, just the silence seems central to the development of the mood which followed.

CLIENT: I was thinking last night that this thing of not being able to become really involved in anything why would I, you know, be real sort of speak. I had this sort of thought out pretty good last night. I don't think that that's really the problem but rather why can't I do it, you know, I can't or don't do it. But there has, you know, there's a reason for this and it's, you know, I don't know if I can do anything about it until I can find out what the reason for it is. You know, I'm not trying, I'm not consciously saying to myself don't be involved, you see, or don't let off your emotions, that's just something that generally happens now, you know, because I have learned to control everything.

THERAPIST: Uh-huh. I don't know exactly how, what it makes you to find the reason, I mean what that reason would it be something definite or like some?

CLIENT: Well, I don't, I started as soon as I reached that little conclusion last night of trying to think now well why can't I, and it's fear. But I don't know what it is I'm afraid of exactly. Probably I'm afraid of, when you lose control people generally, you know, say well you're very immature, etc., etc., etc. and I have had a

lot of nasty experiences with this losing control from girls parents saying I was unstable and that's why you are never to see me again and things like that. Whenever you lose control people punish you for it or they punish me for it. If I get very mad with a girl over at her home I was punished for it consistently and I think maybe now I'm just completely afraid to lose control of myself sort of speak because if I want to yell and scream I won't because I don't want to have to face the consequences of that any more.

THERAPIST: So even when you are confronted with a new situation in which punishment might not be part of it you just have a hard time really believing that's the case?

CLIENT: Uh-huh. I'm use to being punished. I think this is what the thing is that I'm use to being punished or rejected for losing control of myself.

THERAPIST: You feel that, well it seems that Rogers might, if he had been here and you had been emotional punish you or in some other way I might try to punish you if you.

CLIENT: I don't believe this, you know, I'm here.

THERAPIST: But you feel of it some.

CLIENT: This might be, you know, this is why well nothing do I, you know, because if I let it go a lot (inaudible 0:48:38.1) want to see me again I just kind of smile, okay. Or if a girl's parents know what to say she can never see me again, okay. Before I yelled and screamed, got very violent. And maybe I wasn't, you know, punished physically but, you know, people would, you know, reject this they didn't like it they wouldn't want to be around me, I need to grow up.

THERAPIST: They didn't do it with their hand they did it with their words or their feelings.

CLIENT: Yeah, they didn't do it with their hand, as I got older it was grow up, act like a man, men don't get upset.

THERAPIST: Now, you're growing up the hard way I guess by just forcing a restrained kind of control and I guess it's working pretty well, you can look pretty good most places I gather. You aren't blowing up very often any more.

CLIENT: Not where people see it.

THERAPIST: Uh-huh.

CLIENT: If I get drunk I do.

THERAPIST: Uh-huh. But you are even trying to stop drinking too -

CLIENT: Yeah.

THERAPIST: so that that won't happen even now.

CLIENT: Well, that's one reason I'm trying to stop drinking because I generally been making an ass out of myself. Every time I start thinking about, you know, this question always come up to me you once asked me is why am I afraid? Well, what am I so goddamn afraid of? I can't, I don't know, you know, I can say I'm afraid of being rejected which is true but there's something else that I'm really afraid of which I can't get at. And I (inaudible 0:50:40.5) I'm afraid of holes in me. Every time I look at this hole a weird feeling comes over me it's frightening, Jesus there's a hole in me, it scars me. I don't know if it's because I expect it to hurt, you know, because it is a cut type thing or if there is something else for it. Because it doesn't hurt, you know, I should have gotten use to it now, but I look at myself Jesus, there's a goddamn hole in me it's scary and I don't know why.

THERAPIST: If you have a hole in your finger and evidently that means a lot more then that to you.

CLIENT: Yeah, it seems to. I don't, I can't put the feeling that I get in words I just. Not deep fright where I but, you know, to look at that and say, you know, what have I done goddamn there is this hole.

THERAPIST: What kind of guy am I?

CLIENT: No it just, it's the hole, it's not me there it's the, it's this hole that I'm, it's in my finger in me.

THERAPIST: You mean it's not what kind of guy am I that I have a finger that I can look into but there's a hole in it and everything is crazy.

CLIENT: No the fact that I got a hole in my finger and yet, you know, I don't know and I can make sort of guesses about what it might be, you know, but I don't have any feeling about those guesses.

THERAPIST: The only feeling you have is that -

CLIENT: I don't like the hole.

THERAPIST: you look right into that hole in your finger and it strikes you as?

CLIENT: Kind of frightening, not overpowering like so, but I get, you know, I don't like to think about it any more, I want to push it away.

THERAPIST: I guess what I was doing is guessing of what it might mean to you but you're saying you can do that too but that doesn't help any. The only thing that is real

CLIENT: I don't feel certain about the guessing.

THERAPIST: Yeah, we could guess all day both of us, but the only thing that is real is and not overpowering but sort of shakes your world in someway when you look at your finger and it means something to you.

CLIENT: It's a weird feeling, it just I got a fucking hole, not a particularly deep one now. (Period of silence here) I can't keep any thoughts going. I guess (inaudible 0:56:16.2) two seconds ago. Everything was very different all of a sudden for a second. More substantial instead of being sort of existing and sort of, you know, pretty good, sort of rose tinted but, you know, not with a color and everything was just for just a second sort of changed and it became just that. That's what I mean I don't know if I'm getting my (inaudible 0:56:59.1). It really just all of a sudden was different looking, not in its shape that it has been changing its shape but in context I guess.

THERAPIST: Sounds touchable to me, tangible, I mean change of density.

CLIENT: Yeah it became, I guess, maybe it became more real it just was, all of a sudden this room and everything sort of became a little more substantial I guess, a little clearer, a little more body to it, that it became not quite as airy.

THERAPIST: (Inaudible 0:58:24.2).

CLIENT: It was gone almost when it happened. Just for a second and then I thought about it and it happened again for another second, just sort of changed.

THERAPIST: It happened to me a little when I was looking at you and you were looking at me, kind of blur, things blurred a little. Part of it was just the strain of it kind of looking. Maybe some of it was just and you maybe some of the, to me maybe some of the concrete things that keep us apart were blurring too. So I guess for me and my moments were more things became less structured, less dense, less hard.

CLIENT: One reason it is harder for me to establish anything with you, and with most people probably, that aren't like me and that's why they're not kind of bummed or screwed up or wondering or anything, they're more I guess stable then I am really bothers me. Maybe that, you know, maybe I feel that I can't trust them because it would be so much easier for them to reject me. It would be so easy for them to say, you know, here's this guy is all screwed up so I don't want anything to do with him. People that I go around with, you know, are all screwed up themselves so they can't see that really. Oh he's a bum he's wasting his life and everything and trying to give me lectures about it or I don't want to have anything to do with him or anything. But people who aren't like this can't, you know, they can't. And I guess sometimes they do they don't want to

have anything to do with me. And I just don't (inaudible 1:01:19.2) establishing anything I don't feel an immediate -

THERAPIST: Uh-huh.

CLIENT: bond.

THERAPIST: And I guess people that aren't all fucked up themselves turn you back pretty fast if you try to get to close.

CLIENT: I don't know if I try hard enough to get close.

THERAPIST: Because you feel, you mean if you did they would.

CLIENT: Maybe.

THERAPIST: Right.

CLIENT: This is sort of a vague feeling that I get that maybe this is it.

THERAPIST: And you don't feel that I know what it is to be fucked up right?

CLIENT: Of course I, I know that but it's a question, not a question of, you know, me sitting here saying to myself that I know and, you know, that you know what it's like to be fucked up and everything, but that has nothing to do with it what the hell so I know this.

THERAPIST: You mean you don't feel that I as a person -

CLIENT: I feel it consciously but what about inside? I don't know.

THERAPIST: Fucked up me and inside yourself?

CLIENT: No. And you're, you know, like with he's all screwed up but immediately I felt sort of a something between us, you know but with most people I don't because they're not like that. And consciously say to myself, you know, that you can understand, etc., etc., etc., etc. but where is anything between us?

THERAPIST: You know, I have to look at you as something different from me to understand.

CLIENT: Maybe that is it.

THERAPIST: I can't feel with you the way he does and you don't, you don't feel that part of me ever really gets through to you I guess all the unknown, ambiguous dark corners in my life, my past, my present and possible the future that you don't sense those.

CLIENT: No. As a matter of fact I never have at all. And maybe it's also because I can't help you with your problems sort of speak which is something I do, I guess I like to. Because it makes me be able to say that other people are kind of fucked up too and I can do something for them, maybe this is sort of trying to help myself or trying to say well, you know, maybe I'm trying to prove myself better than they are because here maybe I'm all fucked up but look at me I'm helping them.

THERAPIST: You can always get one up on them I guess.

CLIENT: I don't know if this is what I, you know, I don't think this but maybe this is what goes on inside.

THERAPIST: And with me even though I may be fucked up in a lot of ways our relationship is not one where you can take me over.

CLIENT: Not like take over, like I don't let but we can talk about things that are, you know, things we're going through, problems we're having and have had and make suggestions to each other about or guesses about well maybe it's because of this, maybe it's because of that. Like yesterday we sit down at the beach for

awhile and we both were very tired, we both didn't go to bed until about 6:30 in the morning yesterday either and we just sort of looked at each other and said how fucking ridiculous. We're wasting our lives (inaudible 1:05:27.5) and all we could do was laugh about it. And finally I said shit this is ridiculous we're all fucked up and we know it, we didn't care enough to do anything more than laugh, just sat there and laughed, hey wow we're all fucked up, telling me what we're doing.

THERAPIST: You really get a kick out of that, that kind of shared realization or just craziness.

CLIENT: And we just sat there and we were laughing at ourselves sort of, we don't even care enough, oh but, you know, we care so goddamn little that we just sit here and laugh because we're fucked up.

THERAPIST: I guess you both believe most of you at that moment just doesn't give a damn about the fact that your lives are nothing.

CLIENT: I don't even care right now. I'm laying in that warm sand and the warm sun laughing, laughing at me.

THERAPIST: And each laugh sort of sinks you deeper into the sand until finally you probably can't be able to breathe but you don't really care you're still laughing.

CLIENT: Right.

THERAPIST: So it's not that you want to take me over like you do some people when you help them.

CLIENT: But even that makes me a little bit closer with people.

THERAPIST: Well, you get a hold on them yeah. And also I guess I my problems aren't laughable to me the way they are to you and your buddy so I can't.

CLIENT: Well, they aren't laughable this is what pissed me off yesterday because I said what the shit am I laughing at them for.

THERAPIST: And so.

CLIENT: But I had to admit right now, right then I just couldn't give a shit less, so I'm all fucked up big deal am I going to sit here and laugh about it. I'm laughing at (inaudible 1:07:18.8) and that's all we could do about it was just laugh.

THERAPIST: But you can't find someone who and the person I guess you feel closest to now is someone who can really be with you in that, because that's his attitude towards himself as well and you both share that crazy mixed up attitude. So here I can hear it but that's not me, you're right. That's not a fucked up part of me and my problems are serious to me and I guess before we could share something the way you do with him your problem would have to be serious to you too.

CLIENT: Yeah I guess so because they are not serious to me most of the time. Once in awhile I get sort of pissed off overwhelmed with them mainly because I can't point my finger and say well I don't like hitting walls, I hit walls because when I was little I had to take out my anger at my parents on some things and I had to take it out on (inaudible 1:08:33.3). My parents and everybody beat me or rejected me. I could do the same to somebody, I use to fight other kids a lot when I was young and then I would always attack, you know, objects because they frustrate me, they do to me the same thing my parents would do or anybody in authority would (inaudible 1:08:50.7). But when I look at myself or laughing at myself over this shit, I don't know why, every once in awhile I things happen that I don't like and I don't know really why and I can't help them from, they have happened and I didn't like it, they frustrated me and they were wrong and I was an asshole and all fucked up and being phony or not being phony or something. But then I don't worry about my problems then even I guess I worry about well why did this happen because it makes me feel wrong, I know I don't feel good sort of speak I'm not happy, I'm bothered which I didn't like. But even then I can't really, all I do is feel very, very fucked up and I don't know why or anything. Well, it might be because my I can't pinpoint everything, you know, I can't say well this is a problem and this is a problem because of this, because of that

and it manifests itself like this and manifests itself like that. So now that I know all of that well now I don't have to do anything.

THERAPIST: You mean when you can't do that, that's when you get overwhelmed?

CLIENT: No I can't do it even when I'm overwhelmed with something that has happened to me, I can't ever do it. The rest of time I just sort of shrug it off with this control thing that I've got, no big thing, you know, sit up here and talk to you about it. But don't worry about even to me the problem. I guess one time I did was because I was worried I couldn't make love and I was worried about being a homosexual. Then I worried, you know, but the rest of this shit, you know, I've seen my mother beat me, I hate my mother, my father was just very nothing so I don't like my father I suppose and I hate her more. I mean I hate him more than my mother but I just say that, you know, because I guess I don't know. And I talk about him.

THERAPIST: Yeah, you can't really get involved in those things I guess.

CLIENT: They don't worry me any more, I mean I don't let them worry me any more, I'm not bothered by them any more where it showed.

THERAPIST: So you mean

CLIENT: So my mother hated me so what, you know. So my father was an asshole so what.

THERAPIST: It has nothing to do with you.

CLIENT: Right, big deal.

THERAPIST: But being queer and inadequate that has something to do with you right now. It's harder to turn that away than something that happened in the past.

CLIENT: But I don't like to be bothered by it either so I don't bother with it. I'm not a queer, of course not, why should I be. So I can't make love what a joke.

THERAPIST: You're an inadequate queer, so what.

CLIENT: It's not so funny really.

THERAPIST: I don't see why not. What's wrong with I mean I really don't see, you know, I can get a little feeling that so what you're an inadequate queer so what, I don't even care.

CLIENT: You're horrible. So, I should care.

THERAPIST: Who told you that?

CLIENT: No shit. I don't want to be a queer and I want to fuck but, you know, it's like so what, what piece of shit that is. If I can't feel something about that for Christ sake I mean about fucking. God, fucking is a weird word, what a weird word.

THERAPIST: Fucking asshole strikes me as a weird word too I don't know why.

CLIENT: Yeah. But fucking what a sound, what a sound. I don't even fuck. God it's so feeling.

THERAPIST: We don't know which came first but the feeling or the word but the word is -

CLIENT: But when I think of the work fuck.

THERAPIST: Mother fucking, I like mother fucking too. You don't like mother fucking as well.

CLIENT: Yeah.

THERAPIST: You like.

CLIENT: Yeah, I don't use it very often I don't think.

THERAPIST: I even like cock sucker too but I don't think you do.

CLIENT: Yeah.

THERAPIST: Mother fucking cock suckers is a good one.

CLIENT: Yeah, it is.

THERAPIST: You like them?

CLIENT: Yeah. It has got such a sound, such a funky rocking sound to it. It's so dirty.

THERAPIST: Uh-huh.

CLIENT: I mean when I think about making love to a girl I don't really think about fucking I don't think. Fucking is an insult, fucking is dirty, filthy, and rotten and mean and evil and everything else. Fucking is taboo.

THERAPIST: Your body would be there when you fuck is that it or?

CLIENT: Fucking would be dirty.

THERAPIST: I see.

CLIENT: Fucking is filthy, it's a filthy sound.

THERAPIST: It even sounds, you know, the actual process is juicy and it could be (inaudible 1:14:32.0).

CLIENT: Right.

THERAPIST: Juice comes.

CLIENT: Right. And cock and all the goddamn words for sex is so fucking filthy sounding. I don't know what the fuck we're doing on that subject anyway.

THERAPIST: Uh-huh. But it does have some reality to it, I think for you.

CLIENT: Yeah, yeah. And I think for everybody.

THERAPIST: Power, yeah.

CLIENT: Well, when you want to say something bad to a girl especially man fuck you. That's the most expressive shitty thing to say. And why should that be an insult? That's amazing but boy it is. And if you really want to put a cross on feeling man there are nothing better than four letter words, nothing better because they are so real, so rotten, so unsurgical. Everybody gets that, everybody does.

THERAPIST: I guess you're saying and I'm wondering too why is that these words are supposedly descriptions of something beautiful supposedly and maybe it is in that that they get their intensity that have vulgar it's a beautiful thing.

Shit is just a natural process but when you say shit that means something else. And I gather

CLIENT: And shit I would say is one of the very dirtiest words. I mean, people don't get upset if you say hell or damn, goddamn or Jesus Christ which is amazing because religions have "They shall not take the Lord's name in vain" and it really stresses this. And here you're calling on the supreme being and sort of lowering him down to you by taking his name and using it for something dirty.

THERAPIST: There's a vulgarization suppose you have the highest -

CLIENT: Yeah.

THERAPIST: and people don't care but you vulgarize shit or fuck and they jargonize it to hell.

CLIENT: That's what I mean. So many people think that fucking is wrong and shitty is dirty and everything.

THERAPIST: Uh-huh.

CLIENT: God people are so weird.

THERAPIST: Well, I gather that these words have much power to you.

CLIENT: When I'm mad or anything except when I'm just (inaudible 1:16:43.7) I'll stick in the conversation, you know, what the fuck are we doing or something.

THERAPIST: So you can use it in many ways?

CLIENT: Yeah. And then they're just, you know, when you're with boys you just naturally

THERAPIST: Now there are some people because some people can't deal with the reality of fucking or shitting.

CLIENT: No maybe because they don't like these words because to them it shouldn't, these words are dirty. Now you say love, if you're talking to a girl who is a pretty sweet girl and you say, you know, something about making love it doesn't upset her, but if you say fucking for it they don't like it. I imagine it probably affects girls more than boys because to them they want to be pretty -

THERAPIST: Uh-huh.

CLIENT: a very nice thing. And to say fuck really screws it up for them and they don't, it's such a filthy word. In any part of society it's a dirty word.

THERAPIST: Okay. What I went to go in they're power words. Come in.

CARL ROGERS: Maybe you are all through.

THERAPIST: No. I arranged for the next appointment to come at a little later so.

CLIENT: We have 10 minutes.

THERAPIST: His hand got stuck in a car door.

CARL ROGERS: You didn't hurt it?

CLIENT: I dramatize the whole damn thing anyways. Watch me close up.

THERAPIST: Yeah, we are sort of discovering that we made, may have avenues of knowing each other that I could certainly be as fucked up and crazy as he is and that part of me is and so.

CLIENT: You probably piss me off because you don't show it like I do.

THERAPIST: Yeah, I have now cultivated distances and know how to handle it. As I said the first day you seemed crazy to me, I feel crazy too but it doesn't frighten me, it doesn't bother me.

CLIENT: It doesn't bother me all the time because I just don't let it.

THERAPIST: But mine is a different way in not letting it I think.

CLIENT: Right, it is very different. You're able to, you know, it doesn't fuck up your life for you. You're still able to proceed and understand it.

CARL ROGERS: If you, whatever the kind of craziness is you have it kind of (inaudible 1:19:09.3).

CLIENT: Yeah, yeah, right. It doesn't louse up my life I louse up my life. And I pretend to be happy with it, you know. Shit look at me I'm a vision above. I can lay in the sun in the hot warm sand and you assholes are off working drawing your paychecks living in nice houses and I envy the shit out of you and I just won't go out and do it and I just sit back and say I wish I had them, and I wish I had that, all you assholes you work for it and I lay in the sun and never get it. I'm very envious it pisses me off. They have what I want, but I can't go out and get it because if I laugh at them.

CARL ROGERS: You say you can't go out and get it and also you feel more like pretending that hell you don't (inaudible 1:20:11.5).

CLIENT: Oh, I sort of I admit that I want what they got but money is not important to me.

THERAPIST: Lie on the beach and laugh they get together and they really get in mood of laughing it's the fact that they are no good bums, their life is going down the drain and they laugh about. They just really have a good laugh.

CLIENT: And then we laugh at the fact that we're laughing at it.

THERAPIST: Yeah. And I think, I felt some of that laughter today, the possibility that you're an inadequate queer (inaudible 1:20:39.6) I think it's funny.

CLIENT: I don't think so.

THERAPIST: I do too you were, you laughed about it as I did.

CLIENT: It's funny here maybe. But if some man makes a pass at me it's not funny. And if I can't fuck a girl it's not funny. I may make it funny then make it easier on myself, it makes it much easier on myself. Anything that hurts me is much if I can laugh at it and big joke, God it is so much easier. And I don't have to face it and say wow it's me, big deal.

CARL ROGERS: Big jokes are not jokes inside.

CLIENT: Hell no, not at all not really. But I make them jokes.

THERAPIST: They may not be a joke inside but you don't know that. They seem a pretty joke way down deep in you that -

CLIENT: Bullshit.

THERAPIST: (inaudible 1:21:40.0).

CLIENT: They're not. Not being able to fuck a girl is no goddamn joke. For whatever goddamn reason it may not be a joke maybe because I don't want to feel inadequate and it's still not a joke no matter what the reason is that I can't fuck a girl.

THERAPIST: But you just, are you saying that you know it's a joke or you really I mean it's not a joke or you really feel frightened and worried about, that's what I want to know. I don't know what you're saying there.

CLIENT: I know it's not a joke, it's never a joke really. But it bothers, I can feel it that it's not a joke, you know, this is not a funny thing any more then wasting my life is really a funny thing, but I got to laugh at it and make it a joke. And I'll find somebody else who is the same way to laugh with me. We can laugh at ourselves and each other and lay in the warm sand and the warm sun. You make ourselves out to be just a little bit better than the rest of you people.

CARL ROGERS: Well, it doesn't sound to me at all as you're laughing at it way down inside. It sounds like tears inside but it sure sounds like pain inside.

CLIENT: I don't know what the tears or pain are exactly because they don't want to come up.

CARL ROGERS: Nothing leaks through the (inaudible 1:23:31.9).

CLIENT: Once in awhile not every often. I guess I'm with somebody that don't hold it against me and it goes through themselves and understands, maybe not completely, but, you know, understands how I feel about it and understands I do laugh at it. Somebody just as fucked up as I am. Then I can, you know, drop this by on a big laugh. But even then it becomes sometime to much word, to much saying well maybe it is this, maybe it is that, maybe I did this (inaudible 1:24:22.0). But still if it's a little closer then it is with everybody else then it's no longer. And even then we can still laugh at it but my God I realize that I'm laughing at it and I can see well why am I laughing at it but I still laugh. What an ass when I'm laughing at my, you know, laughing shit who laughs at themselves for Christ sake? Gets down and gets all fucked up, knows they are all fucked up and laughs about it and then says to themselves, I don't really care about it I'm really laughing at myself over this thing, right now.

CARL ROGERS: Whatever works to me.

CLIENT: Right, even the laughing. And Jesus I really am weird I'm really just (inaudible 1:25:12.9). I can laugh at all this fucked up shit in me and laugh at the fact that I'm laughing at it and realize that I'm laughing at it and everything else and I keep laughing, it's a big joke.

CARL ROGERS: Big joke and who is the joke on?

CLIENT: It's on me, naturally. How could it be on anybody else?

The next interview was the tenth interview and it was held five days later. The client and I spoke only rarely during the entire hour. The client stretched out on the floor for the whole interview and I stretched out in my chair and did the same. It was as if we had struggled up on to a kind of interpersonal plateau and was stretched out there, both of us very, very tired.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The following transcripts are from two sessions featuring Carl Rogers, PhD and a client, Mr.VAC.

Dr. Carl Rogers (1902—1987) was one of America's most prominent psychologists. Rather than identifying persons as "sick" or mainly flawed from childhood experiences as the Freudians did, Rogers was interested in how he and other mental health professionals could recognize the strength in people. Rogers is the acknowledged creator of the "client-centered" approach to psychotherapy. It has also been called "person-centered therapy." His studies resulted in the creation of several totally new mental health therapy techniques. Client-centered therapy is based on the principle of talking therapy and is a non-directive approach. The basic elements involve the therapist creating a supportive, non-judgmental atmosphere in which the client is encouraged to reach his or her full potential. The therapist encourages the patient to express his or her feelings and does not suggest how the person might wish to change. By listening and then repeating back what the patient reveals, the therapist helps them to explore and understand their feelings for themselves. In client-centered therapy the therapist's role is mainly to act as a facilitator and to provide a comfortable environment and NOT to direct therapy outcomes. Called "the quiet revolutionary," Rogers also accomplished what no mental health professional had done before. His 1942 innovation of the tape-recording of psychotherapeutic interviews was far ahead of its time. Many of his taped interviews were donated to the American Academy of Psychotherapists' tape library, and those tapes have now been transcribed for this database.

BEGIN TRANSCRIPT:

DR. ROGERS: This is an interview with Mr. Vac. V—A—C. Therapist C. R. Rogers.

DR. ROGERS: Looks like there's some cigarettes here in the drawer over here.

MR. VAC: (inaudible at 0:00:11.1)

DR. ROGERS: Yeah. It is (inaudible at 0:00:18.0)

(Silence from 0:00:18.6 to 0:00:36.9)

DR. ROGERS: Do look kind of angry this morning or is that my imagination? Not angry? (Short pause) Feel like letting me in on whatever is going on? [0:00:59.6]

(Silence from 0:00:59.6 to 0:01:13.5)

DR. ROGERS: I kind of feel like saying if it would be of any help at all, I'd like to come in. On the other hand if it's something you'd rather if you just feel more like being within yourself and feeling whatever you're feeling within yourself well that's okay too.

(Silence from 0:01:39.9 to 0:01:54.1)

DR. ROGERS: I guess the (inaudible at 0:01:54.5) thing I'm saying really in saying that is, I do care. I'm not just sitting here like a stick. [0:02:02.5]

(Silence from 0:02:02.5 to 0:02:18.1)

DR. ROGERS: And I guess your silence is saying to me that either you don't wish to or can't come out right now. And that's okay.

(Silence from 0:02:26.9 to 0:02:40.4)

DR. ROGERS: So I won't pester you but I just want you to know that I'm here.

(Silence from 0:02:44.8 to 0:03:00.9)

DR. ROGERS: I see I'm going to have to stop in a few minutes. [0:03:03.7]

(Silence from 0:03:03.7 to 0:03:19.6)

DR. ROGERS: It's hard for me to know how you've been feeling but it looks as though part of the time that maybe I rather didn't know how you're feeling. In a way it looks as though, part of the time it just feels very good to let down. Relax the tension. That is I say I don't really know how you're feeling. That's just the way it looks to me. [0:03:56.8]

(Silence from 0:03:57.0 to 0:04:12.5)

DR. ROGERS: Have things been pretty bad lately?

(Silence from 0:04:13.9 to 0:04:28.3)

DR. ROGERS: Maybe this morning you just wish I'd shut up.

(Silence from 0:04:30.9 to 0:04:48.1)

DR. ROGERS: And maybe I should but I just keep feeling I'd like to I don't know be in touch with you in some way. [0:04:56.4]

(Silence from 0:04:56.5 to 0:05:14.9)

DR. ROGERS: It sounds discouraged or tired.

(Silence from 0:05:17.8 to 0:05:35.4)

MR. VAC: (inaudible at 0:05:35.1) lousy.

DR. ROGERS: Everything's lousy. Do you feel lousy?

(Silence from 0:05:46.1 to 0:06:04.4)

DR. ROGERS: Do you want to come in ready at 12:00 p.m. at the usual time? [0:06:06.9]

(Silence from 0:06:06.9 to 0:06:26.3)

MR. VAC: I don't know.

(Silence from 0:06:26.9 to 0:06:41.1)

DR. ROGERS: This kind of feels sunk way down deep in these lousy, lousy feelings?

(Silence from 0:06:46.6 to 0:07:01.2)

DR. ROGERS: Is that something like it? [0:07:02.2]

MR. VAC: No.

DR. ROGERS: No.

(Silence from 0:07:07.5 to 0:07:23.3)

MR. VAC: No. I just ain't no good to nobody and never was and never will be.

DR. ROGERS: Since you're feeling that (inaudible at 0:07:30.2) no good to yourself, no good to anybody, never will be any good to anybody. Just that you're completely worthless?

(Silence from 0:07:48.7 to 0:08:01.8)

DR. ROGERS: Those really are lousy feelings. [0:08:03.8]

(Silence from 0:08:03.8 to 0:08:15.3)

DR. ROGERS: You just feel that you're no good at all.

(Silence from 0:08:19.5 to 0:08:28.7)

MR. VAC: Yeah. That's what this guy I went to town with, he told me last night.

DR. ROGERS: This guy that you went to town with really told you that you were no good. Is that what you're saying? Did I get that right?

MR. VAC: Um—hum.

DR. ROGERS: And I guess the meaning of that, if I get it right, is that here's somebody that meant something to you. And what does he think of you? Why he's told you that he thinks you're no good at all. [0:09:05.2]

(Silence from 0:09:05.2 to 0:09:18.1)

DR. ROGERS: And that just really knocks the props (ph) up from and just brings the tears.

(Silence from 0:09:27.8 to 0:09:42.5)

MR. VAC: I don't care though.

DR. ROGERS: You tell yourself you don't care at all. But somehow, I guess some part of you cares because some part of you weeps over it. [0:10:01.4]

(Silence from 0:10:01.4 to 0:10:23.2)

DR. ROGERS: I guess some part of you just feels here I am hit with another blow. As if I hadn't had enough blows like this during my life when I feel that people don't like me, here's someone I've begun to feel attached to. And now, he doesn't like me. And I'll say I don't care. I won't let it make any difference to me. (Pause) But just the same, the tears run down my cheeks. [0:11:06.8]

MR. VAC: Yeah. I guess always knew it. I guess I always knew it.

DR. ROGERS: If I'm getting that right, it is that what makes it hurt worst of all is that when he tells you you're no good, well shucks, that's what you've always felt about yourself. Is that the meaning of what you're saying?

MR. VAC: Um—hum.

DR. ROGERS: So you feel as though he's just confirming what you've already known. [0:12:04.4]

(Silence 0:12:04.3 to 0:12:13.6)

DR. ROGERS: And he's confirming what you've already felt in some way.

(Silence from 0:12:17.4 to 0:12:31.7)

DR. ROGERS: So between his saying so and you're perhaps feeling it underneath, you just feel about as no good as anybody could feel.

(Silence from 0:12:44.1 to 0:13:01.4)

DR. ROGERS: Sort of let it soak in and try to feel what you must be feeling. It comes up sort of this way to me and I don't know but as though here is someone you had made a contact with, somebody you'd really done things for and done things with. Somebody that had some meaning to you and now, wow, he slaps you in the face by telling you you're just no good. And that really cuts so deep you can hardly stand it.

(Silence from 0:13:43.8 to 0:14:01.7)

DR. ROGERS: I've got to call it quits for today. [0:14:03.2]

(Silence from 0:14:03.4 to 0:14:23.5)

DR. ROGERS: And it really hurts, doesn't it?

(Silence from 0:14:25.3 to 0:14:50.1)

DR. ROGERS: I guess if feeling came out, you'd just weep and weep and weep.

(Silence from 0:14:54.1 to 0:15:08.6)

DR. ROGERS: Help yourself to another Kleenex if you want. [0:15:10.5]

(Silence from 0:15:10.5 to 0:15:23.0)

DR. ROGERS: Can you go now?

(Silence from 0:15:24.1 to 0:15:34.5)

DR. ROGERS: I guess you really hate to but I've got to see somebody else.

(Silence from 0:15:37.6 to 0:16:00.9)

DR. ROGERS: It's really bad, isn't it? [0:16:01.9]

(Silence from 0:16:01.8 to 0:16:14.3)

DR. ROGERS: Let me ask you one question and say one thing. Do you still have that piece of paper with my phone numbers on it and instructions and so on?

MR. VAC: Yeah.

DR. ROGERS: Okay. And if things get bad to which you just feel real down, you have them call me. Because that's what I'm here for is to try to be of some help when you need it. And if you need it you have them call me.

MR. VAC: I think I'm beyond help.

DR. ROGERS: You feel as though you're beyond help. (inaudible at 0:16:57.1) feel just completely hopeless about yourself. And I can understand that. I don't feel hopeless but I can realize that you do. Just feel as though nobody could help you and you're really beyond help. [0:17:18.2]

(Silence from 0:17:18.3 to 0:17:35.5)

DR. ROGERS: I guess you just feel so down. It's just awful. I just have one other thing and then I'm going to be busy here this afternoon till 4:00 p.m. maybe a little after. But if you should want to see me again this afternoon, drop around about 4:00 p.m. {0:18:05.0}

MR. VAC: Okay.

DR. ROGERS: Okay? Otherwise I'll see you Friday noon unless I get a call from you.

(Silence from 0:18:24.9 to 0:18:37.3)

DR. ROGERS: You could, if you're kind of concerned for fear anybody would see that you've been weeping a little, you can go out and sit for a while where you waited for me. (inaudible at 0:18:51.4) sit down in the waiting room there and read magazines it's okay.

(Silence from 0:18:55.2 to 0:19:12.4)

DR. ROGERS: I guess you really hate to go. [0:19:14.3]

MR. VAC: I don't want to go back to work.

DR. ROGERS: You don't want to go back to work.

(Silence from 0:19:23.3 to 0:19:35.4)

END OF SESSION

THERAPIST'S COMMENTARY:

DR. ROGERS: This is the end of the interview. Later in the day, the therapist saw Mr. Vac on the hospital grounds. He seemed much more cheerful. And he said that he thought he could get a ride into town that afternoon. The next time the therapist saw Mr. Vac was three days later on Friday at the time of the regular appointment. This interview follows.

BEGIN TRANSCRIPT:

DR. ROGERS: I brought a few magazines you can take with you if you want. [0:20:06.4]

(Silence from 0:20:06.5 to 0:20:53.6)

DR. ROGERS: I didn't hear from you since this time. Were you able to go to town that day?

MR. VAC: Yeah. I went in, came back in the (inaudible at 0:21:09.8) [0:21:10.4]

DR. ROGERS: Um—hum.

(Silence from 0:21:11.0 to 0:21:46.3)

DR. ROGERS: Let's get (inaudible at 0:21:46.3)

(Silence from 0:21:47.5 to 0:22:07.1)

DR. ROGERS: I don't know what but I realize it somehow makes me feel good that today you don't have your hand up to your face so that I can somehow kind of see you more. I was wondering why I felt as though you were a little more here than you are sometimes. And I realized well it's because you I don't feel as though you're hiding behind your hand or something.

(Silence from 0:22:37.7 to 0:22:57.5)

DR. ROGERS: And I think I sense, though I could be mistaken, I think I do sense that today just like some other days, when you come in here, it's just as though you let yourself sink down into feelings that run very deep in you. Sometimes they're very bad feelings like last time and sometimes probably they're not so bad. But I just kind of I think I understand that somehow when you come in here, it's as though you do let yourself down into those feelings. Now -

MR. VAC: (inaudible at 0:23:43.4) take off.

DR. ROGERS: Hmm?

MR. VAC: I'm going to take off. [0:23:47.3]

DR. ROGERS: You're going to take off. And really, run away from here? Is that what you mean? There must be some what's the background of that? Can you tell me? Or I guess what I mean more accurately is, I know you don't like the place but it must be that something special came up recently.

MR. VAC: I just want to run away and die.

DR. ROGERS: Um—hum. Okay. Um—hum. It isn't even that you want to get away from here to something. You're just willing to leave here and go away and die in a corner. [0:24:51.5]

(Silence from 0:24:51.6 to 0:25:08.6)

DR. ROGERS: I guess as I let that soak in, I really do sense how how deep that feeling sounds that you ... I guess that imagine that comes to my mind is sort of a wounded animal that wants to crawl away and die. It sounds as though that's kind of the way you feel that you just want to get away from here and vanish perish and not exist.

(Silence from 0:25:50.1 to 0:26:02.9)

MR. VAC: Well all day yesterday and all morning I wished I would die. I even prayed last night that I could die. [0:26:08.8]

DR. ROGERS: I think I got all of that but for a couple of days now; you just wished you could be dead. And you even prayed for that.

(Silence from 0:26:27.4 to 0:26:42.4)

DR. ROGERS: I guess that the one way this strikes me is that to live is such an awful thing to you that you just wish you could die. And not live. [0:27:01.1]

(Silence from 0:27:01.2 to 0:27:20.2)

DR. ROGERS: It's that you've just been wishing and wishing that you were not living. You wish that life would pass away from you.

(Silence from 0:27:37.0 to 0:27:56.7)

MR. VAC: Wishing it more than anything else I ever wished around it. [0:27:59.2]

DR. ROGERS: Um—hum. Um—hum. As you wished for lots of things but boy, it seems as though this wish to not live is deeper and stronger than anything you've ever wished before.

(Silence from 0:28:18.7 to 0:28:34.1)

DR. ROGERS: I can't help but wonder really it's still true that some things that's friends said to you are those still part of the thing that makes you feel so awful?

MR. VAC: Generally yeah.

DR. ROGERS: Um—hum.

(Silence from 0:28:55.3 to 0:29:08.5)

DR. ROGERS: The way I'm understanding that is that in a general way, the fact that he felt you were no good has just set off a whole flood of feeling in you which makes you really wish, wish, wish you weren't alive. Is that somewhere near it?

MR. VAC: Well I'm no good to nobody and I ain't no good for nothing so what's the use of living? [0:29:42.1]

DR. ROGERS: Um—hum. Um—hum. You feel I'm not any good to another living person. So, why should I go on living? (Pause) And I guess a part of that is that, here I'm kind of guessing and you can set me straight. I guess a part of that is you felt I tried to be good for something as far as he was concerned. I really tried. And now, if I'm no good to him if he feels I'm no good then that sure proves that I'm just no good to anybody. Is that anywhere near it?

MR. VAC: No, other people have told me that too. [0:30:51.0]

DR. ROGERS: Yeah. I see. But you feel if you go away what others several others have said then then you are no good. No good to anybody.

(Silence from 0:31:16.5 to 0:31:32.1)

DR. ROGERS: I don't know whether this will help or not. But, I would just like to say that I think I can understand pretty well what it's like to feel that you're just no damn good to anybody because there was a time when I felt that way about myself. (Pause) And I know it can be really rough. [0:32:11.0]

(Silence from 0:32:11.2 to 0:32:26.7)

DR. ROGERS: I see we've only got a few more minutes left.

(Silence from 0:32:29.3 to 0:32:44.9)

DR. ROGERS: Should we make it next Tuesday at 11:00 a.m. the usual time?

(Silence from 0:32:47.8 to 0:33:05.5)

DR. ROGERS: If you gave me any answer on that, I really didn't get it. Do you want to see me next Tuesday at 11:00 a.m.? [0:33:11.4]

MR. VAC: Yeah, I want to —

DR. ROGERS: You just don't know.

(Silence from 0:33:18.1 to 0:33:31.3)

DR. ROGERS: Right at this point, you just don't know whether you want to say yes to that or not.

(Silence from 0:33:39.4 to 0:34:02.0)

DR. ROGERS: I guess you just feel so down and so awful that you just don't know whether you can see that far ahead. [0:34:18.6]

(Silence from 0:34:18.7 to 0:34:35.6)

DR. ROGERS: I'm going to give you that appointment at that time because I'd sure like to see you then.

(Silence from 0:34:39.6 to 0:34:58.9)

DR. ROGERS: Another thing I would say is that if things continue to stay so rough for you, don't hesitate to have them call me. (Pause) And if you should decide to take off, I would very much appreciate it if you would have them call me and so I could see you first. I wouldn't try to dissuade you; I'd just want to see you.

MR. VAC: I might go today. (Pause) I really don't know but I don't care. [0:35:54.9]

DR. ROGERS: You just feel that your mind is made up and that you're going to leave. You're not going to anywhere. You're just just going to leave.

(Silence from 0:36:10.8 to 0:36:28.6)

MR. VAC: And that's why I want to go because I don't care what happens.

DR. ROGERS: Um—hum.

MR. VAC: And that's why I want to go because I don't care what happens.

DR. ROGERS: Um—hum. That's why you wanted to (inaudible at 0:36:41.4) because you really don't care about yourself. You just don't care what happens. And I guess I'd just like to say I care about you. And I care what happens. [0:36:57.5]

(Silence 0:36:57.4 to 0:37:31.8)

DR. ROGERS: Somehow that just makes all the feeling pour out.

(Silence from 0:37:39.9 to 0:37:59.5)

DR. ROGERS: You could just weep and weep and weep. And feel so badly. [0:38:08.3]

(Silence from 0:38:08.4 to 0:38:23.3)

DR. ROGERS: And I do get some sense of how awful you feel inside.

(Silence 0:38:27.9 to 0:39:12.6)

DR. ROGERS: And just so sob. [0:39:14.7]

(Silence from 0:39:14.7 to 0:39:31.2)

DR. ROGERS: I guess all the pent up feeling you've been feeling the last few days just come rolling out.

(Silence from 0:39:43.9 to 0:39:58.7)

DR. ROGERS: (inaudible at 0:39:58.3) Kleenex there if you'd like it. [0:40:00.8]

(Silence from 0:40:00.9 to 0:40:18.4)

DR. ROGERS: And just feel kind of torn to pieces inside.

(Silence from 0:40:22.2 to 0:40:41.3)

MR. VAC: I wish I could die. I wish I could die.

DR. ROGERS: You just wish you could die, don't you? Um—hum. It feels so (inaudible at 0:40:53.3) you wish you could perish.

MR. VAC: Yeah. [0:41:04.5]

DR. ROGERS: You just feel so awful and so torn apart inside that it just makes you wish you could pass out. (Pause) I guess life is so tough, isn't it?

(Silence from 0:41:36.2 to 0:42:01.3)

DR. ROGERS: That you just feel (inaudible at 0:42:02.2) and sob your hurt away and wish you could die. (Pause) I don't want to rush you. And I'll stay as long as you really need me. I do have another appointment (inaudible at 0:42:30.8) be late for.

MR. VAC: Yeah.

DR. ROGERS: You've certainly been through some things, haven't you? [0:42:50.3]

(Silence from 0:42:50.4 to 0:43:04.0)

DR. ROGERS: May I see you Tuesday?

MR. VAC: (inaudible at 0:43:12.3)

DR. ROGERS: Just don't know. (Pause) And know all the things I said before I mean very much. I want to see you Tuesday. I want to see you before then if you want to see me. (Pause) So, if you need me, don't hesitate to call me.

(Silence from 0:43:44.8 to 0:44:01.4)

DR. ROGERS: It's really rough (inaudible at 0:44:02.6) [0:44:03.1]

(Silence from 0:44:03.1 to 0:44:17.5)

DR. ROGERS: Yes. It (inaudible at 0:44:20.0) is.

(Silence from 0:44:20.2 to 0:44:37.4)

DR. ROGERS: (inaudible at 0:44:37.6)

MR. VAC: (inaudible at 0:44:39.7)

DR. ROGERS: There's some (inaudible at 0:44:48.2) there's a washroom right down the hall right opposite to the desk where you could wash your face (inaudible at 0:44:54.2)

(Silence from 0:44:55.5 to 0:45:07.2)

MR. VAC: You don't have a cigarette, do you? [0:45:07.7]

DR. ROGERS: No. But you know what; there's just one. And I looked for the package and that's been I haven't any idea how old it is but it looks uncooked. Need a match?

MR. VAC: Got matches.

DR. ROGERS: Come with the (inaudible at 0:45:30.4)

MR. VAC: (inaudible at 0:45:43.2)

DR. ROGERS: (inaudible at 0:45:44.3)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

Dr. Carl Rogers (1902-1987) was one of America's most prominent psychologists. Rather than identifying persons as "sick" or mainly flawed from childhood experiences as the Freudians did, Rogers was interested in how he and other mental health professionals could recognize the strength in people.

Rogers is the acknowledged creator of the "client-centered" approach to psychotherapy. It has also been called "person-centered therapy." His studies resulted in the creation of several totally new mental health therapy techniques. Client-centered therapy is based on the principle of talking therapy and is a non-directive approach. The basic elements involve the therapist creating a supportive, non-judgmental atmosphere in which the client is encouraged to reach his or her full potential. The therapist encourages the patient to express his or her feelings and does not suggest how the person might wish to change. By listening and then repeating back what the patient reveals, the therapist helps them to explore and understand their feelings for themselves. In client-centered therapy the therapist's role is mainly to act as a facilitator and to provide a comfortable environment and NOT to direct therapy outcomes.

Called "the quiet revolutionary," Rogers also accomplished what no mental health professional had done before. His 1942 innovation of the tape-recording of psychotherapeutic interviews was far ahead of its time. Many of his taped interviews were donated to the American Academy of Psychotherapists' tape library, and those tapes have now been transcribed for this database.

BEGIN TRANSCRIPT:

CLIENT: The last time I talked about, the last time my feeling of "should" about having to sort of be responsible for this (Inaudible) and yet feeling demands that I was unable to respond to and didn't want to respond to it. So it made sense this week, you now, "Why should I? This is the place where I do have limits and should have them."

THERAPIST: Uh, huh.

CLIENT: And uh, and be much better for me to recognize them and just ask them and not feel hostile about not being clear what my limits are on setting them straight. I think it's uh, have new meaning.

THERAPIST: Uh, huh. And as maybe I have accepted the fact that I need and must have limits here and set them. Then I wouldn't feel so hostile.

CLIENT: Mm-hmmm. And I think that really touches a, a wide area in my life. I think it's been very hard for me to, to set limits and to feel that I have the right to have them, I guess.

THERAPIST: Mm-hmmm.

CLIENT: And so they've been way out someplace without my being able to call them for help sometimes.

THERAPIST: Mm-hmmm, mm-hmmm. Sort of that you hadn't had any protection for yourself or any feelings or that you had any right to such protection.

CLIENT: Mm-hmmm. [0:01:49.1]

THERAPIST: If somebody demands something you must give it to them.

CLIENT: Mm-hmmm. And thinking back I can not think of specific instances but I can certainly recall many times, I mean, as a total when I have, uh, felt I should do something. Felt called upon to volunteer thought I had to be the one to be responsible for it and then would have such a whole lot of things build up that finally I'd just feel overwhelmed by having so much to do. And now I feel very annoyed about the whole thing and resentful. And really, there's nobody to be mad at (chuckle) except me.

THERAPIST: Mm-hmmm.

CLIENT: And at first it's whole lot of in a way, I mean it seems like being willing to do things and being a nice person really it's being very, um, very self-opinionated, I think, to think that one can do all of that. [0:03:00.8]

THERAPIST: Mm-hmmm.

CLIENT: That I could do all of that.

THERAPIST: Mm-hmmm.

CLIENT: So I, to think one has no limits.

THERAPIST: Mm-hmmm. So even though it seems so giving and so reasonable and everything actually it involves a pretty, uh, almost egotistical feeling about yourself that you're able to be responsible for so much. And that you can give everything that is demanded.

CLIENT: So I think it's going to be sort of a real relief to feel I don't have to be the kind of person who can do everything that everybody wants. Or everything that I want even but just sort of consider things and try to (clear throat) to really know what my limits are and what I can do and what's too much. [0:04:23.4]

THERAPIST: Just feels like a lifting of a considerable burden to feel I could select the things I can do and want to do. I don't have to do everything that's asked.

CLIENT: Mm-hmmm.

THERAPIST: Not even everything that I demand of myself.

CLIENT: And I guess it may take some practice, I don't know (chuckle). I may become aware of these things although I think I am because I feel so (Inaudible). But I think what will happen is that it will hit me in the face. I mean this is a place where I do need to set them.

THERAPIST: Uh, huh. That is if I get what you mean there. I think it isn't so much a matter of planning but just when something comes up you'll have the feeling, "Well, this is more than I can do or more than I want to do or something."

CLIENT: Well I hope it will be that way. I'm not really; I guess I'm not really quite sure that's how it will happen. I'd sort of like it to be that way so that I know at the time rather than to make a, feel like it's trailing along behind and I sort of start to respond and then have to change my mind afterwards.

THERAPIST: You'd like to be aware of your feelings about these demands right at the time they happen.

CLIENT: Mm-hmmm.

THERAPIST: Instead of having bright thoughts afterwards.

CLIENT: Yes. I guess what I'm hoping is that will be the case so that I don't get involved. And I have been aware of my, not so much right now but, not too long ago in terms of maybe last year. I'm sort of aware of myself as this person who does have at times quite a bit of hostility.

THERAPIST: Mm-hmmm. [0:06:42.2]

CLIENT: It would come out if I were very tired or something my defenses were low. And (clear throat) I'd sort of like to get to the bottom of that and I'm sure this is one thing and just talk about it.

THERAPIST: Mm-hmmm. But you're quite sure you're often do feel a good deal of anger both in regard to this trips and other ways and you wish you could get more to the roots of that.

CLIENT: Uh, huh. I've been aware a little bit recently that uh, (Inaudible) in a way I thought it might be. I sort of feel hostile to, towards women as they are in groups. I mean I get so tired of the feminine club where there's nothing but women and they have a business meeting. I feel so out of patience with this whole, I really don't know. The way they go about things. (clear throat) I find myself really enjoying a mixed group where there are men in the group much more.

THERAPIST: Mm-hmmm.

CLIENT: And I'm just wondering what that means because in the traditional sense of getting along with mother, I always have. I mean we seem to be much alike and we always had a good friendly relationship so that I can't seem to connect with anything of that.

But last Wednesday, for example, it came to my attention that I had to have an X-ray and I was in a room with other women who were waiting. And I had taken in some studying to do and I thought I could spend my time that way. And they were almost hysterical, I mean I was nervous. I was scared to death, they were sort of letting off steam in such a way that it was making me feel far worse. And I thought, "These females, what's the matter with them?" I thought if this were a group of men sitting together how much more comfortable it would be. They would be sort of more reassurance with them. It's just a way of functioning that isn't so hysterical I guess. [0:09:22.2]

THERAPIST: But you realized that even though you don't see a reason for it in your background, still quite often you're feeling is, "All these women."

CLIENT: Mm-hmmm.

THERAPIST: Quite annoyed with-

CLIENT: And yet on the other hand, I, on the other hand I do have good friends that I like a lot.

THERAPIST: Mm-hmmm.

CLIENT: But when I don't know them as I didn't with this group lots of noise (Inaudible) I think they function as inefficient, scatterbrained women.

THERAPIST: Sort of the feeling that women in general or women as a group, "Oh nuts to them." [0:10:14.6]

CLIENT: Mm-hmmm. And in a way it's, I think it's sort of a relief to find that, that really I do enjoy men's company quite a bit and like it. So I'm able to see well I really do and I think that that's I'm sort of pleased to sort of recognize that and be able to say it.

But on the other hand I'm a little bit, I don't like that I feel so impatient about women too. Well, I don't know I think that women's clubs really I don't think I do well (chuckle) have much to do with them.

THERAPIST: Uh, huh. So it's kind of nice to be able to say, "Yes, I like men." And I guess at first reaction is, "And I really shouldn't dislike women." But then when you think of some of these situations you feel, "eh". [0:11:43.0]

CLIENT: Uh, huh. I don't really know where to go from there. Because I can see that I do enjoy (clear throat) friends. I like to do things with them and yet I have this impatience in me too.

THERAPIST: It is here these two kinds of contradictory feelings that I like some women very much and I feel very annoyed at women in general. Now what do I do about that?

CLIENT: Kindly just stay away from women in general. (Laughter) Don't get involved with women's organizations. It's that simple. (chuckle) But it seems like it would be something that I could explain. When did it start or whether that's important or not.

THERAPIST: But you feel sort of drawn toward the question, "Why do I feel this way?" [0:13:53.8]

CLIENT: Maybe as I think of this I think of my, when I was a very little girl when my grandmother used to live with our family. And I guess she was a regular mother-in-law of the worst kind. She was my father's mother. (clear throat) And I was very much aware from as early as I can remember, of the very poor relationship that existed between my mother and her. And, uh, my mother took the raw end of something and I was very much concerned about her. And, in fact, when I think of my childhood I think of being so worried about her because she didn't seem to be able to cope with the situation really. And sometimes I feel I never was really young because I was so worried. I mean sort of a-

THERAPIST: Uh, huh.

CLIENT: I suppose the other kids were worried too but it was sort of a feeling of being older than my mother somehow or other.

THERAPIST: Uh, huh.

CLIENT: Because I was so sorry for her that she wasn't able to be happy and sort of cope with this old lady who was just sort of a dominating tyrant who was just nasty. And at the same time that I was angry with my grandmother for what she was doing to my mother, I was sorry for her too. There were all sorts of mixed up emotions, really too much for a child.

THERAPIST: Almost feel as though all those mixed feelings of anger for your grandmother and sorrow for her and feeling kind of worried about and responsible for your mother, almost robbed you of any real childhood.

CLIENT: Uh, huh. I'm thinking that maybe there may be a feeling of resentment that I may have had without my knowing. Somehow they couldn't work this thing out in some way. I mean why did my mother have to put up with it?

THERAPIST: Uh, huh.

CLIENT: If she had said, "Well, let's..." maybe it wouldn't have happened.

THERAPIST: Did you feel that perhaps there was sort of an undercurrent of resentment toward her on the basis of, "Why doesn't she settle this thing? Why doesn't she set limits as to how submission she will be or something?"

CLIENT: Mm-hmm.

THERAPIST: Maybe you could kind of summarize it. "Why doesn't she handle it like an adult?"

CLIENT: (Inaudible) could be. And that may have, I don't know, may have given me a lack of belief in adults and (Inaudible) because it seemed to be such a mess and it resulted in such awful experiences for me. Because sometimes the sort of undercurrent fights between them would spill over. My father would get into it

and then he would lose his temper. That was his way of handling it. That was just ghastly. I would think he would leave and go away and then everything would sort of fall to pieces.

THERAPIST: Uh, huh. Am I getting this right? That you felt that if he dropped out of the situation then it would just be a complete mess. Somebody would be able to handle things. [0:18:19.2]

CLIENT: I guess it was sort of, I hadn't thought of that before. Because when I think of those times when he got into this real fury and anger, I had a feeling that he might because I remember once he, I guess he had his slippers on. And he took his slippers off and put his shoes on; I thought he said he was leaving. And I thought, "Oh that was just the worst thing that could happen."

THERAPIST: Uh, huh.

CLIENT: And I think that in all of this feeling I've had about my father, that really I did very much want a good relationship with him. And I think that's the part of my upset that I wanted so much to have him care for me and I didn't seem to get what I really wanted.

THERAPIST: Uh, huh.

CLIENT: And yet keep on trying even, I guess even today in certain things. Because then when I, it used to be when I'd go on vacation and I'd find myself wanting to buy him a present first of all and send it. As though well my mother would understand it but that somehow I had to do something special for him. I'd keep on trying and trying. [0:19:36.4]

THERAPIST: But you feel it all along and to some extent even now. You would like so much to have him care for you and that governs a number of the things you do.

CLIENT: Uh huh. And yet in a certain way, see I realize that he does. I mean he would say it but it just haven't get to me somehow that there's real caring. I mean it's words service, lip service. Or a caring that's, wants too much to hang on sort of control completely that's a frightening thing for me.

THERAPIST: Would this be putting it right that you're saying that, "Perhaps he does care but at least all that gets through to you is words about caring and demands on you."

CLIENT: Uh, huh. Demands that I just feel too sort of tired to be able to come up to and so I respond to it by, "It's just too much." [0:21:04.7]

THERAPIST: Just a hopeless feeling that I can't possibly meet his expectations or demands.

CLIENT: Because once I meet one then there's another and another and another. And I never really meet them. I mean it's sort of an endless demand.

THERAPIST: Uh, huh. It sort of makes you feel tired right now just to think of this endless chain of insatiable demands.

CLIENT: Uh huh. Knowing the kind of mother that he had, it's probably, oh I think it's possible that he was just trying to find a mother and never found one because his way of being a husband was to demand an awful lot from my mother in terms of just pure service. And that's another thing that makes me mad about her and was that she did it. At the final I think she just destroyed herself almost and physically just worn out by all that.

THERAPIST: That's another one of those feelings that you hold against women. Here she just gave in to all his demands for service and help. [0:22:51.3]

CLIENT: And there again if she had set limits he would probably have accepted them. But she just didn't.

THERAPIST: You feel that if she had been able to say within herself, "I'll go this far but no further." It would probably have been all right.

CLIENT: Uh, huh.

THERAPIST: Because he respected her when she did set any limits although it would be an occasional time when she would. And that was it. But she didn't do it very often. And, of course, I've always felt I'm sort of, I've been sort of like her as being rather submissive and not setting limits.

CLIENT: So in a sense you feel, "Here I am following in the same kind of pattern that she set."

THERAPIST: Uh, huh. And not liking the pattern even while I love her a great deal I'm just feeling that she allowed herself to be taken advantage of and in a way she didn't need to. [0:23:59.9]

THERAPIST: I guess you're saying, "I really don't respect her for the way she just kept trying to meet all the demands."

CLIENT: And really not wanting to be that kind of person myself and feeling that it's not a good way to be. And yet I think I've had some accountable efforts of the way you have to be in you intend to be thought a lot of and loved that kind of feeling too.

THERAPIST: Uh, huh. A really contradictory feeling that, "I don't want to, I don't want to be a person who just gives in to all demands." And yet feeling, "That's the only chance I have of being loved."

CLIENT: And so much of the time I'd just feel, "Oh if she'd only sit down and be with us a little bit." So, be a mother in the family group instead of always doing things. And, uh, it was only later when I was an adult that she started to do this as she got older, I think. And I feel that if she had done it when I was younger it would have meant so much because I didn't want her to be doing things all the time. She thought that was being a mother but really if she'd just been there a little more.

THERAPIST: Don't you just wish she hadn't felt so obligated to do everything and wished she could have relaxed a little more and really been in a relationship with you.

CLIENT: Uh, huh. [0:28:28.8] I was thinking the other night I was feeling really blue about the way I felt and I thought, "Well, maybe I wish I had my mother here in the way that she was." Because she used to be sort of reassuring when I was ill, she would do little things, make some little dish like custard or something. It was sort of reassuring to sort of have her around because I know that she wasn't able to be that way at all. I don't know what that all means. For a minute I thought, "Well, I really miss her. I sort of need a mother at this point and yet it's sort of impossible."

THERAPIST: But even though it's factually impossible, the feeling was, "Gee, I miss her. I wish she was here to take care of me and look after me."

CLIENT: Uh, huh. And yet at the same time I felt, "Well, a little later, well maybe that wasn't what I needed. Maybe it was the more adult sort of companionship in some way rather than a mother." But I needed something, somebody.

THERAPIST: You didn't really feel sure in yourself but what you wanted was someone to really give you close mothering or whether you wanted some more grownup kind of relationship. [0:30:40.8]

CLIENT: And then in another sense I felt, "Well, maybe it's just something I have to go through alone."

THERAPIST: Maybe it's hopeless to wish that I could be in a relationship with anybody maybe I have to be alone.

CLIENT: The thing that sort of has thrown me this week is that I feel better about this physical condition I talked of last week. And I have sort of made friends with my doctors. It makes me feel a little better in some ways not just quietly fighting without saying anything. And I think that I have more confidence. I know I read some, I read an article about this and it's very hard to diagnose so I don't hold that against anybody. But he feels that he has to be sure so he sort of (Inaudible) himself and getting X-rays. I'm frightened because I kind of feel that they're having to be sure that it isn't cancer. And that really, really frightens me terribly.

THERAPIST: Yeah. [0:31:54.3]

CLIENT: And uh, I think its when I let that thought come in, maybe it is and what if it is. That's when my thoughts are of dreadfully alone.

THERAPIST: It's as though, "If it's really something like that then you just feel so alone."

CLIENT: It's really a frightening kind of loneliness because I don't know who could be with you at a time like this.

THERAPIST: Is this what you're saying? "Could anyone be with you in, in fear or in a loneliness like that?"

CLIENT: (Crying and sniffing). [0:33:23.1]

THERAPIST: It just really cuts so deep.

CLIENT: I don't know what it would feel like. I mean if there were somebody around so that I did feel I had someone to lean on in a sense. I don't know if it would make me feel better or not. I was trying to think, "Well if it's something that you just have to grow within yourself to sort of stand." Even just the thought of it, I mean, it will take two weeks I suppose before they know. Would it help if somebody else was around? Or is it just something that you just have to really be intensely alone in? Well, I just felt that way this week so dreadfully, dreadfully all by myself.

THERAPIST: You're feeling as though you're so terribly alone in the universe almost and whether it even, whether anyone could help. Whether it would help if you did have someone to lean on and yet you don't know. [0:35:02.3]

CLIENT: I guess basically they're be a part of it you would have to do alone. I mean you just couldn't maybe take it even and pass along some of the feelings. And yet it would be sort of a comfort, I guess. I like to be alone. (ph)

THERAPIST: It surely would be nice if you could take someone with you a good deal of the way and your feelings of aloneness and fear.

CLIENT: I guess I just have. [0:36:09.1]

THERAPIST: Maybe that's what you're feeling right this minute.

CLIENT: And I think it is a comfort. And I guess the feeling that I have now as well. I'm probably looking at the very blackest part of it and maybe there's no real need to bother, you know? It may just take time to reassure me. I mean all of this may sort of be unimportant.

THERAPIST: Uh, huh.

CLIENT: Although I shan't forget, I'm sure.

THERAPIST: Uh, huh.

CLIENT: It's very (Inaudible). But it's sort of hard to be optimistic about it. I'm usually able to see the bright things but this is something that's thrown me, I guess.

THERAPIST: I guess you feel as though you've really lived with the blackest possibilities even though the facts may turn out to be quite otherwise.

CLIENT: Mm-hmm.

THERAPIST: But it has been hard.

CLIENT: I supposed it all has something to do with thoughts about death, I don't know, lots of implications to explore if I got down to it. Because there have been times when I've thought, "Well, if I were to feel, keep on feeling the way I've been feeling the last week forever, I really wouldn't want to stay long. There's that side to it also, a real not wanting to face death at this point, you know."

THERAPIST: Real feeling of not wanting to look that possibility in the face.

CLIENT: But I suppose if I'm really ill it wouldn't be the worse thing. [0:39:44.4]

The worse thing I guess would be the pain. I have a low tolerance for pain.

THERAPIST: So that in some ways, if it came right down to it death might be easier to face than pain.

CLIENT: I don't want to think of either one really. Not now anyway. (crying) Well I finding it very hard to get down to business these days. There are things that I'm supposed to do. I'm just worried, I guess. It's not so bad, the pain isn't there. If I can forget I can seem to get along. When it's there I'm just continually reminded of it and that's so frightening and really is uncomfortable (Inaudible). [0:41:53.9]

THERAPIST: But you feel, "I surely am not very efficient when I'm in pain or when I'm worrying."

CLIENT: Mm-hmm.

THERAPIST: Frightened. I think I feel sufficiently, deeply involved in this interview that has just finished that I haven't, uh, too many intellectual reactions to it. Uh, I guess uh, perhaps the thing I could comment on a little bit is that um, in what for me was the most deeply moving part of the, of the interview where she uh, realized that this relationship is, in a sense, the kind of thing she has been hoping for and wishing for. Uh, I certainly feel very much emotionally involved at that point. [0:43:06.5]

I think that um, there have been strange and unfortunate uh, ideas about so-called counter transference in therapy. Uh, and often those ideas leave almost no room for the real feeling of the therapist toward the client. Uh, I do have warm feelings toward this person and in a situation of that kind uh, I feel them very keenly and feel her appreciation of those feelings very keenly.

Uh, I think that in some sense what goes on in therapy is that you feel enough caring for this person to really let him or her possess his own feelings and live his own life. And that you also recognize that the most that can be given to another person, not the least but the most that can be given to another person, is to be willing to go with them in their own separate feelings as a separate person. And I feel that uh, there was a good deal of that in this interview. [0:44:43.7]

And I'd also say that um, one other reaction I had at the very outset of the interview, was that uh, to me her face in the first, I don't know, five or ten minutes of the interview seemed more uh, more relaxed, less tense uh, more open, more full of life than uh, I think I have ever seen. I don't know whether the camera will uh, be able to pick up changes as subtle as that. But uh, it seemed to be that uh, there was not the strained, tense uh, facial expressions that uh, have been so customary with this client. And that instead she was really uh, living more freely in her feelings of the moment. And uh, I suspect that I feel that in a large measure carried through even though the feelings in the latter part of the interview are those of fright and dread in facing some of life's uh, very ultimate problems in a realistic fashion. [0:46:13.4]

There's another way of describing the uh, this heightened moment in the interview where she uh, realized that in her desire for someone to go with her in her fear and loneliness that actually she had experienced just that uh, in my going along with her in those feelings. Um, I think one could put that in more general terms and say that what the individual experiences in therapy uh, is the experience of being loved. And I think that there's no question that's what she was experiencing at that moment; a non-possessive kind of feeling, a love which is willing for the other person to be separate and to uh, possess his own feelings in his own way. And I think in most instances of deep and successful therapy, the person really experiences that.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

This is a session featuring Carl Rogers, PhD and a client.

Dr. Carl Rogers (1902-1987) was one of America's most prominent psychologists. Rather than identifying persons as "sick" or mainly flawed from childhood experiences as the Freudians did, Rogers was interested in how he and other mental health professionals could recognize the strength in people.

Rogers is the acknowledged creator of the "client-centered" approach to psychotherapy. It has also been called "person-centered therapy." His studies resulted in the creation of several totally new mental health therapy techniques. Client-centered therapy is based on the principle of talking therapy and is a non-directive approach. The basic elements involve the therapist creating a supportive, non-judgmental atmosphere in which the client is encouraged to reach his or her full potential. The therapist encourages the patient to express his or her feelings and does not suggest how the person might wish to change. By listening and then repeating back what the patient reveals, the therapist helps them to explore and understand their feelings for themselves. In client-centered therapy the therapist's role is mainly to act as a facilitator and to provide a comfortable environment and NOT to direct therapy outcomes. Called "the quiet revolutionary," Rogers also accomplished what no mental health professional had done before. His 1942 innovation of the tape-recording of psychotherapeutic interviews was far ahead of its time. Many of his taped interviews were donated to the American Academy of Psychotherapists' tape library, and those tapes have now been transcribed for this database.

BEGIN TRANSCRIPT:

CLIENT: Well, did I tell you anything about the nature of...

THERAPIST: When I talked to you and we arranged this appointment I didn't even ask you anything so I don't....

CLIENT: Well I went up to his house. I sort of hesitate to go into it. But the fact remains that it is homosexuality. And I want to change.

THERAPIST: Um hmm.

CLIENT: So I talked with Art about it about a year ago last summer. And we had a rather long interview and he just said that I should see someone but not him because the relationship is too close.

THERAPIST: Um hmm.

CLIENT: So of course this is the first I've gotten down to business with it. And I've been thinking about it ever since. And I am confused mentally. I go around in circles. I don't know where to start. 0:01:10.4

THERAPIST: Um hmm.

CLIENT: And I have looked backwards just trying to find if I could find the cause if that would help any. It doesn't seem to and I don't think I could find it if I wanted to. And about the only thing I've figured out was that the important thing is to find out where I stand now and start from where I am now rather than psychoanalytically or something, go back in the past and try to dig up. I don't know.

THERAPIST: But the thing that you are clearest about is that you do want to do something about the problem.

CLIENT: Yes, but I don't know where to start. I don't know how.

THERAPIST: But as you have tried to think it over you sort of go round and round in circles. And have come to feel that maybe the most important thing for you is to try to figure out what is true right now or what is the

situation right now. Is that?? 0:02:07.4

CLIENT: Yeah, sort of, yes. And to start from where I am now rather than to....

THERAPIST: I see, rather than go back.

CLIENT: To go back and try and find the cause of something and then, you can't go back in the past and eradicate the cause and try and up with a path solution choice. Of course that is what I always want. That is what I suppose everybody wants. An immediate solution or something, but I don't think it is going to be like that.

THERAPIST: It is what you wouldn't mind having but

CLIENT: No.

THERAPIST: But you doubt if you will find it.

CLIENT: Well I looked for it in music and it was the same thing. I think it is sort of a carry over. I thought there a key to how to be a good musician. There is no key of course. You can't read it in a book. There is no.. 0:03:01.0

THERAPIST: Do you feel as though in that area too, you have a tendency to think now, there is a key.

CLIENT: That there is an immediate solution there. There is something that is going to make this thing all clear up.

THERAPIST: If I find the thing I will be a good musician. But gradually you have learned that...

CLIENT: No, it is ridiculous. And also I feel that all sorts of things are tied up. I mean one thing I found out when I went to Art was that shortly after that interview, which was sort of a catharsis, I gained ten pounds in two weeks. Which gave me something to think about anyway from the standpoint that probably the problems I have in thinking and music and anything else is all tied up. I mean everything is tied up very closely, problems with health or something like that, I don't know. 0:04:00.6

But there is, I would say that, well when Art said something about he felt it had crept into my music from the standpoint that I was making mistakes where mistakes shouldn't be made. He says, "There is no reason for you to do these things." And I do them still. He says it is a form of self punishment. Well, I don't know. And too there is this, I think the thing is in the form of a neurosis. I want, I am afraid to go ahead. I have always been afraid of new things.

THERAPIST: Um hmm.

CLIENT: To go into something entirely new, it carries over a little bit in music. I am sort of afraid to take up a new piece. I am sort of, I am afraid when in college, well further back than that actually. From high school going into college I was afraid rather afraid to go into the new situation and make all the new adjustments that had to be made. It wasn't so much coming to a school down here though. 0:05:12.5

THERAPIST: But you do feel that it is kind of characteristic of you that anything new you are a little fearful.

CLIENT: It has been for a long time, I don't know.

THERAPIST: Um hmm.

CLIENT: Meeting new people, it sort of carries... So you have, well that was the idea. I'm going to have to give myself something. I am confused mentally. I mean I can't think straight. So I also understand that I am the one that has to solve the problem and not you but I sort of want you to do it for me or something, I don't know.

THERAPIST: Um hmm, um hmm. It might, I guess what you are saying is that maybe it is supposed to be that you solve the problem or something but the thing you really feel is that you would hope very much that I

would. 0:06:28.8

CLIENT: Yeah, that is very close to it. It is amazing though. After thinking about this thing for a year and a half I have come up with nothing that remotely resembles an insight into it. I mean I just don't, as I said before it has just been going around in circles. I don't have a very clear perception or something.

THERAPIST: In other words I guess you are saying there, "I've wrestled and wrestled with this thing and I don't see a bit more about it, don't understand it a bit better than I did at the outset." 0:07:03.2

CLIENT: Yeah, that is exactly it. I just don't know how one goes about changing that sort of thing.

THERAPIST: So like it is just a mystery to you as to how a person would make a start in changing himself or in understanding himself.

CLIENT: Yes. Yeah well it, I go on dates all the time. Not all the time, but occasionally, because I can be attracted to women. And yet, I don't know that it, it just doesn't seem to be the real thing. I mean there is no real attraction. It is sort of forced. So the solution isn't just to go out all the time. It is some sort of mental attitude or something. I don't know. Or a neurosis, maybe. I'm just unwilling to change my subconscious. But it is something that I am willing to change. I don't know.

THERAPIST: I guess you are saying that you have tried going through the behaviors of being interested in girls. And there is some reality to deal with. 0:09:01.6

CLIENT: Which I have to do anyway because society demands it. Which brings another point. It is one of the big reasons for wanting to change is simply society's attitude toward the whole thing. It is an impossible situation. For some people they like to defy convention and that's all right for them. But for me it is not. Because well, it is just such a social stigma attached to the whole thing. You get sort of tired of that.

THERAPIST: So for you, one of the big reasons for wanting to change is the social attitude towards homosexuality.

CLIENT: That is one of them. And another reason is simply that I don't think it is a rewarding, or it just is not a very happy relationship. Based on what I've, you know that it isn't. And also I look at when I get older, the picture changes. I mean when you are young it is one thing. When you are old, it is horrible. The fortyish and fiftyish men you see on the streets, it is just horrible. And I don't want to be like that. 0:10:28.0

THERAPIST: Um hmm. So you feel it isn't in itself fully satisfying now but even...

CLIENT: It will be even less so later.

THERAPIST: more weighty is the fact that as you look ahead, you don't like that at all.

CLIENT: And from what I see of the, of course I had an entirely different perspective on the ordinary heterosexual relationships in my age group. And from what I see of them they are satisfactory. Although there is an awful lot of nonsense that goes on there that I think is sort of stupid. But that has the approval of society for one thing. And still it seems to be workable. I mean more workable, more satisfying relationship all the way through. Of course there is the physiological element which is simply, who was it Jeed tried to justify it but it just can't be justified. But that is outside the realm of my experience so I don't know. 0:11:38.5

THERAPIST: Um hmm. Yes. I sort of get the feeling that you are seeing the various cultural and intellectual considerations on this. Several of those are outside the realm of your own experience.

CLIENT: Yeah. It is a very loaded, just to use the word, it is a very loaded word. Because when you say that you are queer it automatically sets you apart. You lose your individuality immediately. You become one of a horrible group. They say they are abnormal people but they are really not. They are but they aren't. They are perfectly ordinary in every other respect. Although their sexual outlook of course colors their outlook in everything else and that would differ from other normal people. 0:12:34.2

THERAPIST: But you feel that when you are labeled homosexual then it is as though you are no longer a person at all, you are just somebody that...

CLIENT: That is why I don't like to use the word because you lose your name, you lose everything. I mean it is not something...

THERAPIST: That label really destroys you as a person and just puts you in a class. 0:13:02.3

CLIENT: Yeah. Puts you in a class that is not accepted. But I have, I myself have not been put in that category ever because I've always been acting a part. I've never had any homosexual associates really. But yet when you hear people talking you always make the connection mentally. Of course they don't know they are talking about you. Maybe it is me that puts myself in the class alone. I don't know.

THERAPIST: At least you think other people haven't put you in that category. It is just the realization within you of what that would mean. 0:14:02.1

CLIENT: The only reason they don't is because they don't know. But they would. Except for a very rare few of them.

THERAPIST: That is the feeling though. That if they really knew, then they would put me in this awful disapproved of class.

CLIENT: That is what, you know, with a lot of them. Certainly with the family it is true. With a lot of my friends it is true. With some of them it isn't true at all. Well, I don't know where to do on. I go in cycles of upturns when I am more attracted to women. Sometimes almost entirely heterosexual in outlook. That happened at the school where I was before I came down here, for a while, for a short while. But then I always sort of lapse back into it. I don't know why. Maybe it is a retreat or something, I don't know. Or an escape, I don't know. 0:15:50.0

THERAPIST: That is the kind of thing that you don't understand. All you are quite sure of is that your feelings do change to some degree from time to time as there have been periods when you have felt quite strongly heterosexual in your interest. And other times when, I guess it feels to you a little bit as though it was a going back or something like that.

CLIENT: Or this is just too much. Why do I bother? That sort of thing hits me when walking down the street or something. I just give up.

THERAPIST: Um hmm. What am I going to all this effort for?

CLIENT: Yeah, what is the use? And then I, it is mostly entirely mental. It has nothing to do with relationships or anything. It is just sort of a, but of course to all my, to two last people they said, "Well that is absolute nonsense. You are not homosexual. You don't act it. You don't go around with men. You are not." But it is the mental attitude. I mean, it is ridiculous. 0:16:55.8

THERAPIST: But you feel as is true that this isn't, doesn't have too much to do with what goes on outwardly in my relationships. It is something within me.

CLIENT: Yeah. I would say it is, for those people that can see, it is evidenced outwardly by a certain lack of sincerity maybe or something. It is just, as I say it is an act. And it gets to be an act which I put on for society and it gets to be a drag because it takes a lot of energy. I mean you have to be...

THERAPIST: It is hard to keep putting on an act. 0:17:36.8

CLIENT: You think of, you always have to be thinking about not what you would ordinarily do, what you would naturally do but what is the accepted thing to do and you have to do that.

THERAPIST: You feel in a sense that you are always following a fairly involved script.

CLIENT: Yeah. Whereas motivation is one thing and on the other hand is the purely insincere actions. I have no real basis of my personality or something, I mean there is nothing.

THERAPIST: Um hmm. Sort of as though you were going in one direction but this act that you can put on is going off in another direction. 0:18:28.3

CLIENT: Yeah, another direction. Sometimes they come together and sometimes they go further and further apart. When they go further apart I think I stop dating and, hmm I never thought of that. I have all sorts of devices for escaping. I go to movies. I read books. I do all sorts of things that are, hmm, yeah. I had a like despair shortly after I came down here to school because I went back in my old routine of, well I was constantly seeking some sort of entertainment. Or some sort of, something to get away from myself, I guess, or something. I don't know. Although I don't like really like to use that. 0:19:28.1

THERAPIST: Um hmm. Is this what you are saying though? When you and this false front get too far apart then it just seems very necessary to you to get some kind of escape entertainment. And that you realize, evidently realize really suddenly, "Yeah, that is what I went through when I came down here to go to school." 0:19:54.3

CLIENT: Yes. I joined a fraternity down here. Which was all right for the first while. But they insist that you fall in the mold. And you have to go to parties every weekend. You always have to have a date. And I don't always feel like having a date. So the upshot of that was all I told everybody that I got out of the fraternity for other reasons, that was the actual reason I left. Because I simply didn't feel like playing the game all the time. And that is what you have to do. 0:20:27.2

THERAPIST: "I just cannot keep up this act permanently."

CLIENT: Indefinitely. I can't do it all the time. I don't think I could. As an act. I suppose wasting time comes into it somehow. I worry about wasting all that time. When I should be practicing I'm doing something else. I'm going to a movie. I'm doing almost anything to waste time. I wonder why that is.

THERAPIST: Is it in these periods you feel almost compelled to waste time. Is that?

CLIENT: I feel more compelled to waste time than I do to practice. Even though I like to practice very much. And then I think about, "Oh my gosh. Look at the amount of time that slipped by." I start getting either depressed or angry or something. 0:21:31.7

THERAPIST: Um hmm. You really scold yourself if you waste too much time.

CLIENT: Yeah, I get quite mad at myself. And then I don't remember what happens but I turn over a new leaf for about one day or something like that. And then I start wasting time again. Although I always manage to pull through school because school isn't anything much. My great battle is my piano. That is the thing I have to keep at all the time. And that is, I don't know. I've gotten further and further away from it. I mean putting in the time I should. I suppose that also, I don't see how, maybe I associate playing the piano with something. But I waste time when I'm sitting there practicing. I mean I putz, I improvise, I do almost anything but what I should be doing. Why is that? I somehow feel the two are tied together. I don't know. 0:22:29.3

THERAPIST: Um hmm. It sounds as though in the piano playing you certainly experience this impulse towards time wasting.

CLIENT: Not in the playing, in the practicing.

THERAPIST: I mean in the practicing. I see. 0:22:48.2

CLIENT: Because the playing is a different thing. Once I get something under my fingers so that I can play it, it becomes a sort of a staple thing. And it has become part of the past which I don't mind going back to. It is the new things that I am almost afraid of. Not afraid of tackling but I want to get out doing. Maybe that is how it ties in. I get a new piece. I putz around it until I more or less can play it. And then I really can work on it because it has become so much easier. 0:23:28.9

THERAPIST: Um hmm. Whether it is the newness of it or what that brings this out, at least there is a feeling that whatever you do when you are practicing is tied in in some way, with a lot of other things.

CLIENT: Um hmm. I wonder if it is tied in with the idea of changing and being afraid. Or being sort of, not knowing how or something. How do I ever get (inaudible at 0:24:00.1) under those circumstances. It is quite

important because it takes me a much longer time than it takes other people to do it, do a thing. Once I get it done though I can do it quite well.

THERAPIST: There is a feeling there that changing yourself to play a new piece or getting into this new experience is something for you that is slow and difficult and like changing yourself. 0:24:32.4

CLIENT: And then I have great moods of depression. I don't know. I haven't had any since I've come down here. At least not one or something. But I have tremendously depressed moods. I think those are when I just lose, I've been going around in circles for a long, long time or something. And I just don't have any clear vision at all. Maybe I get depressed about that, I don't know. 0:25:07.0

THERAPIST: Since you don't feel that you understand them, though maybe it is when you have been going around in circles for a long time. But at least there are times when you just feel terribly down.

CLIENT: Um hmm. Yeah it is tied in with, though when I was in high school I was able to think quite clearly. Fortunately I can still remember the experience. And now when I can't think about anything, school. Reading a book is more or less a matter of just reading the words and letting it soak in. It is not read from very much of a critical approach. I don't think the way I used to. And that bothers me too. 0:25:56.1

THERAPIST: Sort of a feeling that where I used to be pretty clear and sharp, I am now confused and..

CLIENT: Yeah that is it exactly. And consequently I feel that I bungle every day things because I am not able to think. If I had thought clearly I would have come up with it.

THERAPIST: "I just muddle through. I don't really do things clearly or well." 0:26:37.9

CLIENT: Not as well as I could do them. I forget some of the things that I wanted to bring up. Because I am not in an especially disturbed state right now. I have been going on fairly well. But occasionally I have things where I get a rush of ideas that I want to talk with somebody about. I can't remember some of them. I had a great deal of trouble with my family this year at home. And but, it is funny when I am out of a situation, not bothered by it any more I almost forget what it was that was causing the difficulty in the first place. 0:27:50.5

THERAPIST: Does some of those things that can seem very distressing at the time and you would just love to have a chance to talk them out.

CLIENT: I was always in a state over something. Just in a state about something or other at home and now I can't remember what they were about.

THERAPIST: It seems that you can hardly remember clearly what all the strain and stress with your family was about.

CLIENT: Well when I get into a depressed mode it is the same thing. When I get out of it I can't remember what I was depressed over. But sure as shooting I will be in another one in a week or so. Maybe I like them. I don't know.

THERAPIST: Maybe you get into them by choice or something? 0:28:44.6

CLIENT: Maybe I don't know. It might be that that is an escape too. I just give up trying to think about it and I just get in a mood or something. I don't know really. I've never thought about them too carefully when I am in them. I don't know what constitutes one of my depressions but just... I've noticed it before though that as soon as they are over I can't remember what they were about.

THERAPIST: So whatever the experience is in these kind of black times at least when you are out it is as though you have no...

CLIENT: Recollection. Or else I can remember the thing that caused it but I can't remember it in the same frame of mind I was in then. And when I am out of them they feel really ridiculous, very silly, trivial things. But they get magnified when I go into a depression. And that is all I think about or something. 0:29:45.0

THERAPIST: I guess you are saying that perhaps objectively they really may be trivial things.

CLIENT: Quite so.

THERAPIST: But when you are in that mood they are enormous things.

CLIENT: Yeah. And I can't entirely discount them because as I say, they will happen again. They usually happen later on. It must be some sort of a mental attitude. A way of, a mental approach caused by something. I don't know. Where I will just pick on any incidents as an excuse the send me into a depression or something. I don't know. 0:30:35.9

THERAPIST: Um hmm. So you are saying it could be that if I really am in the mood to be depressed then anything would do.

CLIENT: I'll find something to be depressed about. Maybe that is true. I don't know. Seems like this is miles away from the subject but it still, as I said I think they are probably all related so I might just as well present the whole picture.

THERAPIST: Feeling maybe I'm roaming around but I am sure it is all tied together. 0:31:13.0

CLIENT: Yeah, I am all one person as far as I know. At least physically. Sometimes I feel like several different people mentally, but. And I wonder about this idea of clear thinking. Whether that is just a mental laziness or whether it is also tied in with all my problems. And whether if I get out of this will I be able to think clearly when I am just all muddled because of one central problem or whether I'm using it as an excuse to be mentally lazy or something. I don't know.

THERAPIST: There is a vague feeling there that somehow the two things are...

CLIENT: They are related and yet maybe I just try to let myself get away with a lot because I am in sort of a difficult situation. Maybe I'm feeling sorry for myself. I don't know.

THERAPIST: Is this what you are saying? That perhaps you use what you see as your central problem as kind of an excuse for the fact that you are mentally lazy? 0:32:46.1

CLIENT: Yeah. And yet I don't really feel that. When I'm reading a book I want to, I want to get as much out of it as I can. I want to read it critically. And when I'm reading it I'm thinking about wanting to do it and yet I still don't do it. Maybe I just don't know how. It might be a lack of method or something. I thought of that and I told my piano teacher. And she told me to read Plato. So I'm reading Plato. But the fact that I am not reading very critically means that I am not going to get much out of Plato as far as method goes. Because you have to be pretty sharp. I don't think it is all a method problem. I think there is an awful lot of laziness involved.

THERAPIST: You doubt that it is just kind of mechanical difficulty or using the wrong method or something, but more of there is something deficient in you in that respect. 0:33:49.0

CLIENT: No. Well, deficient in the sense that I'm lazy, yes. I can only think of that one word to describe an awful lot of things that I do. And I of course rationalize them right after I do them. The fact that I didn't get up this morning in time to make class or something. I rationalize it. Well, I was up late last night. Or I had a bad week or something. And then shortly after I tell myself, no that is not true. It is just because you are so damn lazy you won't get up or something.

THERAPIST: It is that you can make excuses for yourself but still underneath that there is a very strong feeling you are lazy.

CLIENT: Yeah. Evidenced by the amount of time I can spend sleeping. I mean I can, well I can sleep very easily all day. More or less doze and daydream all day. And not have a thought in the least. Many is the time that I have spent until about one or two o'clock Saturday morning sleeping. After going to bed something like twelve or one the night before. And when I wake up I get very angry that I have wasted all this time lying in bed. I just turn over and oh well. So on and so forth. 0:35:20.2

THERAPIST: I guess you feel that this ability to sleep or daydream or a combination of the two is just real proof that you are lazy.

CLIENT: Yeah. Maybe I want to sleep again. I don't know. Maybe that is another thing.

THERAPIST: Maybe what?

CLIENT: Maybe I want to sleep. Maybe I would rather sleep than do what...

THERAPIST: I see, I see.

CLIENT: What I should be doing. If I were up I would be practicing or something. Procrastination is a big part of that. I love to put everything off.

THERAPIST: Maybe I really choose to sleep rather than the other alternatives.

CLIENT: Yeah. It is not a very conscious choice though. I don't know. But I do feel that all these things maybe are tied in with one mental attitude. Maybe the homosexuality isn't the central issue. I don't know because there are all these other side issues. That is just the one that seems the biggest because that is the one that society doesn't condone. Whereas lots of people sleep through classes. Lots of people don't read a book with any great care or go to too many movies or something like that. 0:36:51.1

THERAPIST: Um hmm. Sounds as though you are wondering whether isn't there perhaps some one unified problem. And maybe it isn't as much...

CLIENT: Maybe it is just the fact that some are brought into relief by the way other people think about them or something.

THERAPIST: Some problems would have sharper social aspects and some would not. But isn't there really in me one quite unified problem whatever it is.

CLIENT: Well there might be. I don't know.

THERAPIST: Yeah.

CLIENT: It certainly seems to be some sort of a pattern. I never thought of it before. I have never brought them all together and considered that each one has sort of a common element. 0:37:55.9

THERAPIST: Yeah, that seems...

CLIENT: I've always thought of them separately. But there does seem to be some sort of a common element. The fact that waking up to face a new day is almost too much to be borne, or something like that. Maybe that is another retreat from what is new. By rights I should be a political reactionary but I'm not.

THERAPIST: Um hmm. And at least there is a kind of vague feeling that all these different things may be tied in together. In that dreading to wake up and face a new day is not as dissimilar from some of these other problems as it might be. 0:38:43.4

CLIENT: Yeah, that is true. Well I can't understand what would cause something like that. Of course that is looking for the cause. That is not looking at the way I am. I can't, I have tried turning over new leaves and that simply doesn't work. Or maybe, at least it hasn't worked yet. You can't turn over a new leaf in everything and write letters when you are supposed to and not put off anything. I don't know.

THERAPIST: That is sort of, I guess what you are doing is sort of trying to feel out the implications of this and realizing well certainly this doesn't change just by saying, "Ok, now tomorrow I will change." 0:39:43.7

CLIENT: No, that doesn't work. I don't know why it doesn't thought. Sometimes it does work for a while. But it is always for such a short while. And I always want to lapse back into the way they were.

THERAPIST: I seem to want to slide back or something.

CLIENT: Um hmm. That is also true in composition when I'm writing a piece or something. I sort of hastily put down a new idea. And then I will lavish all sorts of time copying it. I will rearrange it. I will do any

number of things with this one idea that has come. But I don't want to go on and write the succeeding developments of it or something like that. 0:40:50.6

THERAPIST: Sort of as though if you have taken one step forward and then you would like to...

CLIENT: I want to stay there.

THERAPIST: Yeah, you would like to spread all over that.

CLIENT: Feel my way around and explore the whole situation.

THERAPIST: Let's not move forward.

CLIENT: Whereas most they keep insisting that you write the whole mess as fast as you can and then go back and work detail. But I will copy I think half a dozen times before I go out and do something else. Make two or three versions of it. Sort of the same situation.

THERAPIST: There again that is kind of the same pattern...

CLIENT: Um hmm. Same as the piano. Same as the, it is the new that always sort of frightens me. So it seems to be sort of an obsession now. 0:41:44.7

THERAPIST: Sort of feel as though it is surprising the extent of which this does seem to be a theme of being afraid of the new day, the new task, the new...

CLIENT: Yeah that is, that has been as long as I can remember it too. Well no, that is not true. When I was in high school I always enjoyed coming back for another year. And I always enjoyed the, at least I think I did. Of course at the time I probably didn't. As you look back you always think that this was much better than what is now. But it wasn't always true. I remember very distinctly in my senior year in high school I was thinking how much better the years before were than this year. And then I all of a sudden though, well in a few years I will be thinking this was just about as fine as anything I ever had. Don't remember the environment that you are in at the time or something. I don't know. Or that you looked at these things they way you looked at them at the time. You just remember what is good about them or something. 0:43:01.2

THERAPIST: Um hmm. Sort of realize that even back there the past tended to look better and yet that you might have been really deceiving yourself about that. That when it was the present maybe it wasn't so hot.

CLIENT: Yeah.

THERAPIST: I see our time is about up for today.

CLIENT: Oh, is it?

THERAPIST: Um hmm. Would you like to come back at 11:30 next Saturday?

CLIENT: 11:30 next Saturday? Yeah, that will be fine.

THERAPIST: Ok.

CLIENT: And I will try to make it on time.

THERAPIST: I'll try to be ready on that.

CLIENT: Ok.

END SESSION

THERAPIST'S NOTE:

Ok. I think that this was a somewhat characteristic first interview. I am sure that the development of it follows the kind of thing that one often sees. Namely first my problem is a certain label. And then gradually the individual begins to get more and more out of his experience and begins to see that perhaps the problem is not that labeled thing, a neurosis, or homosexuality, or inferiority complex or whatnot. But that the problem lies more in his total experience. 0:44:26.7

And it seemed to me that this boy began to recognize something of the patterning of his experience. That there were themes and threads running through his life that were perhaps in some total sense more important than the thing that he saw as the problem. I think as far as the relationship was concerned, it seemed to me easy but not deep. As is more and more true of people who come for help these days he seemed to be prepared for the counseling experience evidently through this talk with his friend. And so it starts off easily but certainly without a great deal of emotional depth in the relationship. 0:45:35.3

I would say that from the point of view of the therapeutic process, what we have seen here is simply the very beginning of a relationship. And also perhaps the beginning of the individual's exploration of his life and of his own experience. And he seems to be finding, as is so often true, that though by himself he simply goes around and round in circles in such exploration, the moment he begins to express himself in a relationship then somehow it does get to be forward movement. I think that he felt that he saw a few things about himself in this interview that he hadn't been aware of before. I would say that this is surely no more than the merest start on a therapeutic experience but that perhaps it is a start. 0:46:38.5

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: I think that there are a couple of things I'd like to say, one is in regard to this mob(ph). Ah, these are people who are ah, going to be high school counselors and ah, I've been working with them several days and I guess I can just say that I know they're ah, friendly and sympathetic group so, even though they are listening in on this, I think you don't need to feel that ah, they're listening as though they would be critical or anything like that. And uhm, I guess another thing I would say is that, uhm, I really am eager to talk with you but I realized this may not go, I mean maybe uhm, maybe you'll feel at some point, "Gee, I don't want to do this any longer." You're perfectly at liberty to say, "I wanna to stop it," if you feel like it. And uhm, I don't know what you may want to talk about; I'd be interested in hearing anything that would let me know a little more about you. Or if there are things that have been of concern to you, talk about those.

CLIENT: I don't know. I, I have about 50 million different questions I'd like to ask you.

COUNSELOR: All right try asking some of them.

CLIENT: And ah, a lot of— first and foremost, can you help a student who needs to find an occupation, a goal or set goals or make the rest of his years, who doesn't have one.

COUNSELOR: Ah, I guess I would say that ah, I'm no expert on occupations, but ah, yes, I have been able sometimes to help people find the kind of goals they want for themselves. Ah, are you saying that that's a part of what ah, concerns you, that you're not really sure what direction you want to move, hmm?

CLIENT: Well, let's not say really. I'm just not.

COUNSELOR: Ah. (laughs).

CLIENT: I'm not. I haven't got a pass yet, ah.

COUNSELOR: You don't know at all where you want to— what direction you wanna move or what you want to do.

CLIENT: Uh hmm. I'm stuck in one little place. (crosstalk)

COUNSELOR: Ah, I'm not quite clear about that. You're stuck in one little place?

CLIENT: Well, I'm moving on with my class, but I mean, I have no certain goals to go to. I don't know what my future is gonna be for me. I don't know what I wanna be yet.

COUNSELOR: Hmm, and I know — I guess, I feel just as trifle puzzled by this notion of you being stuck in one little place. Where, where is this little place?

CLIENT: Between here and there and nowhere.

COUNSELOR: Ah.

CLIENT: That's pretty clear cut in my own way.

COUNSELOR: And have a wait station between nowhere and nowhere?

CLIENT: Yeah.

COUNSELOR: Uhm.

CLIENT: No, I'm in between nowhere and somewhere, really. If I get a goal then I can work that much harder toward it.

COUNSELOR: Yeah. Okay, but if you wherever you are now, you really could work if you had any notion of where you did want to move toward.

CLIENT: And also I want to ask I'd like to ask you a question on uhm, your views of us, as juvenile delinquents as we're called by everybody, all the grown-ups and if there's any way that that can be helped too.

COUNSELOR: Well, ah I guess, I'd say a couple of things. Ah you may call yourself a juvenile delinquent, ah I only thought of you as Mike.

CLIENT: Mike? I don't go and get in trouble, it seems like if that's what you mean, but people have a way of looking on teenagers as well little bit the ah not a little bit either devil, just to put it that way. We get more mischief than anything else.

COUNSELOR: Well, I can't quite ah, be sure there, what, what ah, your real question is. Uhm, you're wondering how I look at teenagers, is that? (crosstalk)

CLIENT: No, how would you help them?

COUNSELOR: How would you help them? I see. Ah well, ah, the reason I'm slow in answering is so many things come to mind. Ah I go up and try to help them by giving them a chance to talk out their own purposes and feelings and so on.

CLIENT: Boy, that knocked me down, real quick.

COUNSELOR: That had knocked you down real quick? You feel, "Boy, that would be no help to me."

CLIENT: In order to have a purpose, you gotta have a goal. What am I going to say, if I'm not (inaudible) to that.

COUNSELOR: Ah you feel that a person couldn't talk about himself unless he already had a goal, is it?

CLIENT: Something to establish, to work with.

COUNSELOR: Uhm. Well, I guess what I meant was that often in talking about their feelings and so on, people find goals they would like to move towards.

CLIENT: Maybe.

COUNSELOR: You're kinda skeptical on that though.

CLIENT: Well, I don't see how you can do it.

COUNSELOR: Uh-huh.

CLIENT: It, it can be done, I know. Ah, how do you go about uhm, take me for instance, how do you go about like I don't have a goal like I told you awhile ago. How do you go about helping me find one?

COUNSELOR: Well ah, let's, let's talk about it a bit. Uhm, you say you have no goal. None whatsoever?

CLIENT: Not even one.

COUNSELOR: There isn't anything you want to do?

CLIENT: Well yeah, I wanna keep on living.

COUNSELOR: Uh-huh.

CLIENT: That's a goal.

COUNSELOR: Uh-huh.

CLIENT: But, uhm otherwise for picking a career, I have none whatsoever.

COUNSELOR: But, you do want to keep on living?

CLIENT: Yeah, who doesn't?

COUNSELOR: You feel everybody wants to keep on living?

CLIENT: No, I don't feel that way. I know quite a few that don't.

COUNSELOR: Ok. So do I. And so I'm interested, you say that for you, that is one thing. Life, life somehow in some way or another seems worth living. Is that what you're saying?

CLIENT: Yes.

COUNSELOR: It somehow has enough possibilities that ah, give it a chance any way or something like that.

CLIENT: Ah, ah, if a person didn't wanna go on living and had no goal, then that would be a sign of ah, mental trouble, wouldn't it?

COUNSELOR: Well, it sure would be a sign he wasn't very happy. Uhm, I don't really go very much for this business of... (crosstalk)

CLIENT: Many...

COUNSELOR: ... mental trouble and so on. What I mean is ah, to me a person seems to be a person and ah, sure some of them are doing very well and some of them are very unhappy and so on, but ah...

CLIENT: Well, how do you go about getting a person you wanna say, ah, have a brighter outlook on life?

COUNSELOR: I the way I get that is, that you're partly asking that to yourself. How could I have a somewhat brighter outlook on life?

CLIENT: Well, my outlook on life isn't dim but it's not ah, shiny as to the world either. (crosstalk)

COUNSELOR: Uh hmm. It's about ah, 15 what, maybe or something, right?

CLIENT: Well, maybe 75.

COUNSELOR: Oh, well. Ah, but you wish it were a brighter outlook on life. In what sense is it dim, can you tell me?

CLIENT: Well, ah family.

COUNSELOR: Family? I don't know if you'd be willing to tell me about that, but I'd be very willing to listen.

CLIENT: I mean it's just the same old story, mothers and fathers try to tell their kids what to do and the kids revolt.

COUNSELOR: Uh-huh.

CLIENT: So, that's the only thing right now, it's between my parents and me.

COUNSELOR: So, I guess you are saying this is true in general, but it's also true of you. Did your parents try to tell you what to do? (indistinct sound) And you feel, "I won't pick that."

CLIENT: Well, I don't feel it, I say it. Of course what I say and what I do are two different things though.

COUNSELOR: Uh uhm I'm, I'm ah, (indistinct sound) not quite clear there. You say ah... (crosstalk)

CLIENT: Well...

COUNSELOR: ... you say it, but you don't really feel it?

CLIENT: Well ah, let's put it this way, if my mother tells me what to do, and whether I like it or not, I'm I have to do it. But boy I let her know that I'm not too happy about having to do it either.

COUNSELOR: Uh-huh. Are you saying that she may be able to ah, make me behave in certain ways or do certain things but she can't control the way I feel and I let her know how I feel.

CLIENT: That's exactly it.

COUNSELOR: Uh-huh.

CLIENT: And about twice at a time and she has to ask about two times of it straight in a row, I think she usually gives in.

COUNSELOR: Oh.

CLIENT: Save the mess and bother, you know... (crosstalk)

COUNSELOR: Oh.

CLIENT: ... breaking the dishes and stuff like that. (laughing)

COUNSELOR: (laughing) So that ah what are you saying, that when you sort of stand up in on your hind leg strong enough a couple of times in a row, then no matter what she thinks, she kind of gives in to save the broken dishes.

CLIENT: Well, not the broken dishes because she sees that ah, she's gone a little too far.

COUNSELOR: Oh.

CLIENT: See I have a stepfather.

COUNSELOR: I see.

CLIENT: And ah, well, let's put it this way. My stepfather and I are not on the happiest terms in the world. And so when he states something and of course she goes along and when I stood stand up and let her know that I don't like what he's telling me, well, she usually gives in to me.

COUNSELOR: I see.

CLIENT: Sometimes and sometimes it's just the opposite.

COUNSELOR: Uh-huh. But ah, part of what really makes for difficulty is the fact that you and your stepfather as you say are not ah your relationship isn't completely rosy.

CLIENT: (chuckling) Let's just put it this way, I hate him and he hates me. It's just that way.

COUNSELOR: So, you really hate him and you feel he really hates you.

CLIENT: Well, I don't know if he hates me or not, but I, I know one thing, I don't like him whatsoever.

COUNSELOR: Uh-huh. You can't speak for sure about his feelings because only he knows exactly what those are, as far as you're concerned.

CLIENT: He knows how I feel about it.

COUNSELOR: You don't have any use for him.

CLIENT: None whatsoever and that's been for about eight years now.

COUNSELOR: So for about eight years, you've lived with a person whom you have no respect for and really hate.

CLIENT: Oh, I respect him.

COUNSELOR: Ah, excuse me. I got that wrong. (crosstalk)

CLIENT: I have to respect him. I don't have to but I do. But I don't love him, I hate him. I can't stand him.

COUNSELOR: There are certain things you respect him for but that doesn't alter the fact you definitely hate him and don't love him.

CLIENT: That's true. I respect anybody who has ah, bravery and courage and he does.

COUNSELOR: Uh-huh.

CLIENT: And ah I feel that though I respect him, I don't like him.

COUNSELOR: Uh hmm. But you will ah you do give him credit for the fact that he's brave, he has guts or something.

CLIENT: Uh hmm. Yeah, he shows that ah, he can ah, do a lot of things that ah well, a lot of men can't.

COUNSELOR: Uh-huh, uh-huh.

CLIENT: And also he has asthma. I mean the doctor hasn't given him very long to live.

COUNSELOR: Uh-huh.

CLIENT: And ah, he even though he knows he's gonna die, he keeps working.

COUNSELOR: Uh hmm.

CLIENT: And he works at a film site(ph).

COUNSELOR: Uh-huh.

CLIENT: So I respect him for that too.

COUNSELOR: Uh-huh. So I guess you're saying, he really has ahm, few... (crosstalk)

CLIENT: What it takes.

COUNSELOR: ... yeah, he has what it takes in quite a few ways. Ah, he has a number of good qualities but ah, that doesn't ah, mean that you care for him at all, quite the reverse.

CLIENT: That is the truth. The only reason I ah put up with being around him is because for my mother's sake.

COUNSELOR: Uh-huh. Uh-huh. If it weren't for her, you feel you just wouldn't stand it.

CLIENT: Well, my mother is good but if he would if my mother is gonna he if she died and he, say had taken care of us I'd get out of there.

COUNSELOR: Uh-huh.

CLIENT: Because, I wouldn't, there would be no use for me staying around. I'd tell him what I thought of him about twice and then that would be it. He has a temper that can cause a lot of trouble.

COUNSELOR: So between the feelings of heat that you have and the, and the temper that he has... (crosstalk)

CLIENT: There's something... (crosstalk)

COUNSELOR: ... you feel that there were just the two and, "Boy, I could blow up and nothing (inaudible)."

CLIENT: Little pieces?

COUNSELOR: Uh-huh, blow up in little pieces? (crosstalk)

CLIENT: Exactly about the way he is, because ah, well, he has old time ideas as I call 'em, and he does not he looks down on the younger generation, or what we have, what we're doing right now.

COUNSELOR: Uh hmm. (crosstalk)

CLIENT: And our dances and that, he tries to put us back to where he and what he did. And so there's a constant go(ph) that and then of course, because I don't want to be a machinist and he is well, that's, that's the driving point right there. So we have an argument, about twice a night. (chuckles)

COUNSELOR: It sounds as though you feel a little scorn about the attitude he has toward modern life (indistinct sound) and as far as his ah, desire for you to be a machinist, well, that just doesn't fit what you want to do and oppose on that?

CLIENT: He can't, I don't I've tried to be a machinist and I hate metal work more than anything else.

COUNSELOR: You feel, "This is the last thing I would want to do."

CLIENT: (chuckles) I think if somebody told me to take either if I didn't take another work, they'd cheat me out of this. I would then pull the trigger.

COUNSELOR: That bad, rather than be what he wants you to be... (crosstalk)

CLIENT: Uh hmm, no.

COUNSELOR: ... or rather than be a metal worker...

CLIENT: No, I if he if it was something that I like and he wanted me to be it, I'd be it.

COUNSELOR: I see.

CLIENT: Right

COUNSELOR: So you feel it's not, it's not just resistance against him. You feel, "I just don't like that kind of work. I mean, I hate it so that I'd rather be dead than do that."

CLIENT: Well, I have no ah, skill in it at all. I don't have a knack for it or anything. I guess the only thing I can do in there is hand the person the tool and even then, if they ask for a certain tool, I usually give them the chisel. (chuckles)

COUNSELOR: Sounds as though you feel you're, you're all thumbs in that kind of thing.

CLIENT: Well, let's put it this way, it's like I have butter on my hands about that time.

COUNSELOR: Butter on your hands. (laughs)

CLIENT: There's no and if I don't do this and he's that. He, he's getting kind of under the skin.

COUNSELOR: Getting into your skin.

CLIENT: Yeah.

COUNSELOR: It sounds as though he really had gotten under your skin.

CLIENT: (chuckles) He's been at, in and out of there for a long time.

COUNSELOR: Uh-huh. Sounds like a real pestering, simmering...

CLIENT: ... bubble.

COUNSELOR: Hatred. Hmm?

CLIENT: Oh.

COUNSELOR: What did you say?

CLIENT: I said bubble.

COUNSELOR: Bubble? Maybe.

CLIENT: Well, that's about it.

COUNSELOR: Uh-huh.

CLIENT: Exactly (inaudible)

COUNSELOR: Well, I guess I like your word better. It's kind of a, kind of a boiling pot that's been boiling and bubbling.

CLIENT: Yeah, and (inaudible).

COUNSELOR: Uh-huh.

CLIENT: It'll...

COUNSELOR: The steam is just gonna blow the lid pretty quick.

CLIENT: Well, I think once I blow the lid, then that would be it.

COUNSELOR: If you ever really blow your top with your stepfather, that's gonna be the end.

CLIENT: Well, let's, let's put it this way. After I do that, he'll wash his hands.

COUNSELOR: Ah, he'll, he would give you up, sort of then.

CLIENT: (chuckles) Well, let's just put it this way. He'd say, "There's the Armed Forces, here's your clothes, go. The Army is calling you."

COUNSELOR: I guess I get the impression. You're saying, "He would just coldly kick me out."

CLIENT: That's about it. He's trying it so far and he's not getting it.

COUNSELOR: Kinda sort of let it soak in what I hear in your voice some of that too 'coz ah, I don't know, sounds that you feel kind of cold on that too, you know that?

CLIENT: I don't like to be forced into nothing.

COUNSELOR: Nobody's gonna push you around.

CLIENT: Well, I'm not looking at it that way. A lot of people will. Ah, if I want to, maybe I'll be pushing them. I'm not holding a grudge, but Iant to, maybe I'll be pushing them. I'm not holding a grudge, but Ah, i'm not having my stepfather, or my mother, or anybody tell me what service I'm gonna join and when I'm gonna join if I unless I'm drafted, and then of course, I have no choice but ah, he's not gonna make me join the navy or the army or the marines. (crosstalk)

COUNSELOR: I guess, I guess you're saying that all the strength you've got, "Not my stepfather, nor my mother, nor anybody is gonna boss me around and tell me what to do."

CLIENT: No. That's not what I meant.

COUNSELOR: No?

CLIENT: Just on that one point.

COUNSELOR: All right. Ah, okay, I see, I see... (crosstalk)

CLIENT: "Coz if I say I'm not...

COUNSELOR: ... okay, it isn't a general thing but it's ah, just that "They are not gonna boss me as to what I'm gonna do about going into service."

CLIENT: That's right. That's it.

COUNSELOR: But you're not saying that ah, in general. You're not saying that.

CLIENT: No, because if they ask me something, ask me to do something I'm not gonna turn around for no reason at all, saying no.

COUNSELOR: Uh-huh.

CLIENT: 'Coz usually I'd do it just to keep on the good side of him but ah.

COUNSELOR: Uh-huh.

CLIENT: When it comes to that, I figured that's my right and I'm not, if I don't wanna go into that, I'm not going.

COUNSELOR: You're saying, "In some things that I would want to keep on the good side of them, I would wanna be reasonable, but there are some things that I feel are my choice and by George I'm gonna stick to those."

CLIENT: Yep. And if I don't, well, (chuckles). I just don't know.

COUNSELOR: If, if you don't stick to your choice then you've just... (crosstalk)

CLIENT: Then I'm down.

COUNSELOR: Uh-huh.

CLIENT: And I'm like a ship that's ah, caught at sea, I'm drowning and I can't get back up.

COUNSELOR: Yeah, I sort of get the feeling, you're saying there.

CLIENT: Sink or swim and I'm not sinking yet.

COUNSELOR: "These decisions that I feel are mine, that's my ship and if I ever let go of that, I'd really sink there, I'd be a ship without a rudder. I really wouldn't ah..." (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... I wouldn't have anything.

CLIENT: That'd be about it.

COUNSELOR: I get the feeling you're saying, "If I gave up on that, I would be giving up myself," is that it?

CLIENT: Hmm.

COUNSELOR: And you're saying, "I have no intention of doing that." But maybe sometimes you're a little bit scared in life.

CLIENT: That's one thing I know of. And I make it ah, quite plain to my mother and father what I'd be doing and what I'm not. And they make it quite plain to me what they think of it, which isn't too much. But it's, it's just regular except about this fight with my father, well, that's... (crosstalk)

COUNSELOR: I see, I see. And if it's regular you mean, a lot of these differences that you have with your parents, well if it happens to everybody, that's regular. Is that what you mean?

CLIENT: Uh-huh.

COUNSELOR: But as far as despising your stepfather is concerned...(crosstalk)

CLIENT: I don't.

COUNSELOR: ... that's an extra part of your situation.

CLIENT: I don't think there are many (chuckles) people who would walk up to their father and say, "Look, old man. I hate your guts and get out." And that's what I've done to him. And so, (chuckles) well, it didn't, it didn't hit too hard.

COUNSELOR: I can't quite tell from your description there about what your feeling is about when you stepped up to him and said...

CLIENT: Well, we had had an argument though. I just didn't walk up telling him that. We've been, we've been arguing for about two hours and so. He was berating a couple of my friends and so I just told him what I thought of him and his friend at that time and he came pretty close to blow it at that time.

COUNSELOR: Uh hmm. This was really a knock-down-and-drag-out fight and everything except the fist.

CLIENT: Uh hmm. It was mostly all verbal. My poor mother stepped back and she didn't know which side to side on. She has the funniest expression on her face and she can't figure out what to do. (laughs)

COUNSELOR: And I know that as you think about that ah, scrap, you can't help but smile too.

CLIENT: Well, I think it ah, this scrap really brought my father and I just a little bit closer on one part because now he understands my feelings a little better and I can understand what he is what he how he feels and so it makes, ah, easier on both of us to know that if we keep out of each other's, ah, social activities, that will be good enough.

COUNSELOR: Uh, so that even though this was ah, from probably from your mother's point of view or any observer's point of view, a pretty knock-down-and-drag-out fight, that you feel really, "that brought me and my step-father really closer together 'coz I said what I felt and he, he really heard it..." (crosstalk)

CLIENT: He recognized...(crosstalk)

COUNSELOR: "... and he said some things that he felt and I really understood some of that too."

CLIENT: And if you can't understand that he's never had any children all his life.

COUNSELOR: Uh huh.

CLIENT: So there another problem.

COUNSELOR: I feel that, that ah, I, I get a real note of softness when you say that because you realize well, he never has had any children all his life and it probably was fairly rough on him trying to live with a teenage boy.

CLIENT: Uhm, teenage boys.

COUNSELOR: Boys.

CLIENT: And a girl.

COUNSELOR: I see. Very... (crosstalk)

CLIENT: So he's got to, he's got to com (inaudible) in his hands. (crosstalk)

COUNSELOR: All of a sudden he walked in to a whole family.

CLIENT: Well, ah, when he first came we weren't teenagers. I wasn't... (crosstalk)

COUNSELOR: No.

CLIENT: ... my brother was. He's on the verge but I wasn't. And so he's, I've been with him since the third grade. And so that's kinda long time. And so he's got, he, ah, like, to say, he could have been my real father except that I really wasn't. I've had two fathers before him. My real one and then my first step-father. He died of polio. And then he came in. Well, at the first ah, he didn't seem so bad. He took a liking to my older brother because he is a machinist, and my sister, she's an only girl. And so that left a space in between them and boy, I was I struggling to keep that one in order. But now it's no longer a struggle I just got punched in one way or the other and I'm gonna hit something.

COUNSELOR: Uhm, uhm. Did you feel that you were somehow really left in the gap? Your older brother he liked, 'coz he's gonna be a machinist and took to him in a way. And your sister, it's nice to have a girl. That like, you know...

CLIENT: And I've got... (crosstalk)

COUNSELOR: That left you nowhere.

CLIENT: ... and I've got a little brother.

COUNSELOR: And a little brother too.

CLIENT: So you can see where that puts me. And ah...

COUNSELOR: Kinda behind the eighth ball I guess, you know.

CLIENT: Well, no I feel farther on that I'm not bad as far as Pluto is.

COUNSELOR: Ah.

CLIENT: That's pretty cold too. But ah.

COUNSELOR: You're way out in the cold outer space.

CLIENT: I'm in orbit.

COUNSELOR: Uhm.

CLIENT: And I figure that if ah, I leave though I think that ah, I'll be doing him a big favor so I'm not moving yet. As there(ph) can see I don't want to leave home either.

COUNSELOR: Uhm, uhm.

CLIENT: But that's on an entirely different argument I think, I (inaudible).

COUNSELOR: But, but, your one reason that ah, you think, "One reason that I wouldn't leave home is that ah, probably he would like it if I left. (crosstalk)

CLIENT: (inaudible)

COUNSELOR: So I won't."

CLIENT: No, I have no judgment and I have no right, so far, huh. I don't know if I, and ah, well I find it's not too terribly hard there except that it does get kind of uhm, you know, gripe there I think and a bit of a political hot wind, you know, you always hear about that. Well it's not political hot wind that's going around that house, but its going.

COUNSELOR: There's a real hot wind blowing most of the time, and it isn't political either.

CLIENT: No, it's not but ah, I don't know. I don't think we'll ever work, work it really out 'coz he don't kind of see my point of view too barely and I'm not interested in him at all.

COUNSELOR: But still whatever progress you might make would be pretty small because you don't think he really wants to understand you and you're darn sure that ah, you're not enough interested in him to want to understand him.

CLIENT: That's right.

COUNSELOR: So you think, it couldn't really work out?

CLIENT: He's ah, he was the only kid. He was spoiled rotten and well; let me tell you, a spoiled rotten father is not the best kind in the world to have. He is used to having his way and that's it. In the army, he was lieutenant and then he dropped back down to master sergeant after the war and so of course right there, he got most of his way too. What he wanted done and so we're I'm living in an army camp with a one-man-general.

COUNSELOR: Uh hmm. And you also feel you're living with a spoiled child who's always had his own way and he managed to have most of his own way during the army too. (indistinct sound) (crosstalk)

CLIENT: Well...

COUNSELOR: So, you're living in a one-man army with a spoiled child general. Is that what you're saying?

CLIENT: Spoiled brat.

COUNSELOR: Spoiled brat then.

CLIENT: No. He's been taught it's not, it's no his fault; it's the way he was taught. Nothing against the Northerners but ah, he comes from the North and his aunts and uncle are quite rich and so of course, they taught him they, they loved him and they paid for him. But they taught him that you instead of love you can buy a kid a present to make him happy. And so, he thinks he can buy love. That's his political downfall, it's like 'coz you can't.

COUNSELOR: So he may try to buy my love, but that doesn't work?

CLIENT: No, ah yeah. At Christmas, he bought me a scooter. I've been wanting it for years and he came up to me and ah, said here, you know he's really a nice guy, and he said, "Now, what do you think of your old man?" Your old man is what we called him and I told him, "I'll tell you, you can't buy love and turned around and walked off," and I think that hurt him. But it's the truth. He was trying to buy me to go on his side and I'm not gonna do it. If he really loves me then he'll show me so in different ways than buying.

COUNSELOR: Saying, "I'm not about to be bought" then you feel when I told him that... (crosstalk)

CLIENT: (inaudible)

COUNSELOR: ... I freaked him. But ah...

CLIENT: It's the truth. I'm not a German and I'm, I'm not gonna be bought and I'm not a Russian. I'm an American. And we are free people.

COUNSELOR: You're free, that's it.

CLIENT: We can't be bought.

COUNSELOR: Uh huh, that's it. So if he loves you, he'd show that in different ways. It wouldn't be through buying scooters or anything else.

CLIENT: That's right. And you, you could call it maybe the show of ah, gratitude or maybe or something. Maybe it was just a little bit of love on his side but I don't think he showered and went for about five years and then ah, I think sooner, our mother finally got pissed on me because he was, he was dead set against it. And for a long while, my mother was too until I started pointing out to her the facts that I could have a lot more fun. I wouldn't have to be borrowing the car all the time. And I wrecked one of our cars so (laughs). Well, that helped me.

COUNSELOR: You feel there are a lot of circumstances probably that led to you getting the scooter and you faintly think that it might be possible that there was a little bit of love on his part in it but then you think, "No, I don't think so."

CLIENT: Yeah, I don't know. I wouldn't know, I can't read his mind. I'm not a mind reader.

COUNSELOR: You're just not sure whether that it was just an attempt to buy you or whether maybe there's a small bit of affection there.

CLIENT: I've told you all about it. And my mother said, "I can't tell, you can't tell a person's actions. I gave that up a long time ago by trying to be in his character." So, it's in between ah, to ah, whether he really was trying to buy me, if I could say that or I say that or whether it's just a small part of his own taking time to show that he really does appreciate time with me. So, I doubt it.

COUNSELOR: Uhm, uhm. You realize, you don't know, you can't be sure of his feelings, conceivable that some of his feelings that you don't know. You can't read his mind and you don't know his feelings. You don't know whether he feels any affection for you or not.

CLIENT: And now, he's, he's been, him and I have been having a bout. We had one out about two days ago about either finding a goal for my life, set a goal and he was hoping that two to one that it's mechanic and I

told him then it wouldn't be or to join the army or one of the military services so that they could help me instead. But ah, I don't know. Maybe he won't, you can't tell.

COUNSELOR: If this is the latest ah, go-round you had with him with in regard to what you would do next, whether you would be a mechanic and on that you're darn sure what the answer is or whether you could go into the services and there you feel maybe some of his thinking is sound, you're just not sure.

CLIENT: I think if I went in to services, he'll use his political pull to get me into being a mechanic whether I like it or not and that's the reason I don't want to go (inaudible).

COUNSELOR: Afraid that his long arm might ah, reach out even into the services and make you be a mechanic.

CLIENT: You see, he's got an admiral friend and that's the one he wants. If I join, I'll be under him. And you know, him and my father are very, very good friends and so my father just might accidentally whisper that I'll have to like mechanic which I don't. And so that would be it. I'd be a mechanic for the rest of my senior career. Dad (inaudible) jumping off into a place where it says, "Watch out for barracudas." And I said to him that (inaudible) in order to be one.

COUNSELOR: Just don't want to take the chance that he might somehow influence your Navy career and make you a mechanic in spite of yourself and that's a big risk than this.

CLIENT: To me it is.

COUNSELOR: Uh hmm.

CLIENT: To some people that is probably not and but then I said they probably can't understand how I feel about it, that I hated it. I can't see any... (crosstalk)

COUNSELOR: These people and probably most people wouldn't ever be able to understand the fact that that you just despise the whole... (crosstalk)

CLIENT: Idea?

COUNSELOR: ... occupation that he's in.

CLIENT: Well, I can't see anything into picking up a tool and walking over to a bolt and taking it off and finding out whatever is wrong you'll have to go down and buy a part. Then you've got to come back in and put it back in, then you have to put the whole thing together. And it was together when you started out, but then there's people that you can pay to do that and have it done.

COUNSELOR: You just feel disgusted with the whole damn enterprise.

CLIENT: Yeah, to put it nicely. I can't say it but you can. (laughs)

COUNSELOR: So, that's what you felt then.

CLIENT: It is and I don't see anything in taking off the bolt. Why should I'm not that I think that ah, I'm too low high to do it. I just can't see why I have to do it and it would be two to one that I take it off the wrong direction anyhow.

COUNSELOR: You'd get it on left hand in some way or another.

CLIENT: That's right; I'd try and, and if I didn't I'd go down trying. I don't know. I'm not a mechanic, never will be and never will, it can't be.

COUNSELOR: I see. I'm going to have to stop in a few minutes ah, is there more you want to say or?

CLIENT: Well, I I'm ready to stop anytime you are.

COUNSELOR: Okay. Ah, (indistinct sound) I guess I feel very appreciative really that you've been willing to share this much of yourself with me, and ah, I know as well as you do that ah, there ain't any quick and easy answers to a lot of these things. But ah, I really do hope that you'll be able to make choices and directions that will have some satisfaction for you and I'll even hope that maybe you can ah, find some ways of ah, living a little more comfortably with your stepfather but I see that... (crosstalk)

CLIENT: That's something. That's the H-bomb, like the atom bomb will drop and go off... (crosstalk)

COUNSELOR: I feel I'm an incurable optimistic. I hope that...

CLIENT: Well, I don't know. I mean this world is full of scientific discoveries; maybe they'll discover a way to make a father where he can't talk anymore... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... against you, that is. And a kid that won't talk against his father. Who knows? (inaudible)

COUNSELOR: Well that, that would be an invention, huh?

CLIENT: Yeah, You'd take a pill and all you think is happy thoughts and...

COUNSELOR: Uh hmm. But I guess it sounds a little skeptical. I'm not sure you would take the pill even if it would make you.

CLIENT: (laughs) All right, all right. I'd probably think it'd taste bitter and throw it away.

COUNSELOR: That would be really a bitter pill to swallow, wouldn't it?

CLIENT: I don't know him yet. I don't know. I'd like to get on the good sides of him. If I if he would ever come to my terms and ah, I continue to see ah, who Mr. Kelly tried to help me with this. And ah, for a long time my father came halfway and we had a compromise. But, well a father will be a father. That's all there is to it. And so he broke his compromise and well, I declared war in the end and so he's back at it.

COUNSELOR: Uhm, uhm. There's a truce for a while and it even seems that those things were a little bit better. But, war has now been declared again.

CLIENT: Bomb fails (inaudible). I'm gonna hop off this subject and hop on to the subject of counseling, do you mind?

COUNSELOR: No.

CLIENT: Because, I've got something to say. I'm to all these people just... (crosstalk)

COUNSELOR: Okay.

CLIENT: Ah, Mr. Kelley is a good counselor and I'm sure that all of you will agree. And speaking from my point of view and from kids of my age and that. We need good counselors now. Some of these counselors we have aren't worth well, I can't say the words, but they're not.

COUNSELOR: You, you wouldn't say it. I'll say it. Aren't worth the damn? Is that what you are trying to say? (crosstalk)

CLIENT: That's right.

COUNSELOR: Okay.

CLIENT: And ah, they aren't. They don't they think that, "Well, they're juvenile delinquents, they're no good." And Mr. Kelley is the only counselor I've been able to confide and decided to and find a lot of help. When I came to our school, I was mixed up; I would admit I was looking forward to blasting my head off and that would have been a quick release(ph). And, had I waited a couple more days, I think it would have been too

late. And Mr. Kelley helped me and my family in giving me a much better outlook on my life. And if you all can do that well then I mean, I know you're all going to be having a place in God's heart because you all are helpers of all these young kids and you don't look down on your nose at us, like a lot of people do. And that's all I have to say.

COUNSELOR: I would, I would just bet that a lot of these people think that's the best speech they've heard in a long, long time. (laughs)

CLIENT: I'm sure they'll make good counselors.

COUNSELOR: Okay.

CLIENT: Well... (crosstalk)

COUNSELOR: Nice getting acquainted with you. Good luck to you. (clapping)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

Dr. Carl Rogers (1902-1987) was one of America's most prominent psychologists. Rather than identifying persons as "sick" or mainly flawed from childhood experiences as the Freudians did, Rogers was interested in how he and other mental health professionals could recognize the strength in people.

Rogers is the acknowledged creator of the "client-centered" approach to psychotherapy. It has also been called "person-centered therapy." His studies resulted in the creation of several totally new mental health therapy techniques. Client-centered therapy is based on the principle of talking therapy and is a non-directive approach. The basic elements involve the therapist creating a supportive, non-judgmental atmosphere in which the client is encouraged to reach his or her full potential. The therapist encourages the patient to express his or her feelings and does not suggest how the person might wish to change. By listening and then repeating back what the patient reveals, the therapist helps them to explore and understand their feelings for themselves. In client-centered therapy the therapist's role is mainly to act as a facilitator and to provide a comfortable environment and NOT to direct therapy outcomes.

Called "the quiet revolutionary," Rogers also accomplished what no mental health professional had done before. His 1942 innovation of the tape-recording of psychotherapeutic interviews was far ahead of its time. Many of his taped interviews were donated to the American Academy of Psychotherapists' tape library, and those tapes have now been transcribed for this database.

BEGIN TRANSCRIPT:

THERAPIST: My name is Dr. Rogers and I'm going to take a little bit of time in order to talk with you some more. I'm interested in people who come to this hospital, and I'm also interested in trying to learn how we can be of more help to them in the future. That's why you're all testing. Now, what I would like would be for you to tell me anything you're willing to tell me about yourself and your situation and how you feel about yourself and your situation. Or I guess, another way of putting it is that if anything you were willing to tell me that would help me to know you better, I'd be very glad to hear it (0:01:14.4).

CLIENT: Where do you want me to start?

THERAPIST: Wherever you would like to.

CLIENT: Well I'll start with my childhood. When I was a little girl I had this cross eye (indiscernible). And I mean kids poked fun at me, and as the years got longer and I started going into the higher grades, I never had no boyfriends or anything. I mean, I had girlfriends, but as the girls started going with the boys and I mean, and the boys would tell me, now don't go around with me or something like that. And then after then I ended up where I didn't have any girlfriends at all. And around our neighborhood there was no girls my age, so I was calling on these girlfriends, you know, they sort of let me down. And I felt just like I wasn't wanted (0:02:15.0).

THERAPIST: So you wound up with no friends at all, and am I getting the fact that you feel that was due basically to your eye condition? Or...

CLIENT: Well, probably the looks, more my looks to. But like in those days you had the kind of glasses that couldn't cover up a cross eye. But in my last year of school I made a friend with this one girl, Joan (ph). She wasn't a very nice girl. And I mean when she was with me she was nice. I mean, if we went out with some guys or anything, she'd start getting funny. I'd get out of the car and then she'd follow me because she didn't want to be there alone. But my husband, he didn't want me to go around with her because he didn't like her. And like most of my friends that I did have from when I was a child, when I lived on the East side, kids who were around the house. But that's when I was real young. And they grew up and they all moved away and I mean I can't even see them, he won't let me see them or anything (0:03:34.0).

THERAPIST: So here's this fun girl whom you like, even though she doesn't have a very good reputation, and your friends from way back but that your husband won't let you...

CLIENT: No.

THERAPIST: Associate with any of them.

CLIENT: I mean, like my friends in one spot that are that like to go out with guys and all that, he don't care for those. And then my other girlfriends that are nice, he don't care for those because he don't like their husbands or something I guess, so then he don't want me going with them. I mean, a woman has to get out once in awhile, I mean to jibber jabber a little bit (0:04:11.2).

THERAPIST: You need to have some...

CLIENT: Yes.

THERAPIST: Chit chat.

CLIENT: I mean, like myself, I've got to stay in the house all day long, and with him not wanting me to go with my friends, then he don't want me to go alone anyplace. I mean actually he's the one that would take me out, I would go out with him. And then if we do any dancing or anyplace like that he'd dance with other girls and he won't even dance with me. So I mean, I dance with other guys too. That's two can play the game.

THERAPIST: So if he's not really going to pay much attention to you, then you can do that too.

CLIENT: What's good for the gander is good for the goose. So I say I mean my home situation now is well, that's part of it, you know my husband won't let me go anyplace, but then there's my mother too. My husband's brother's staying downstairs (indiscernible). I mean I just don't like the idea of it. I mean, my mother isn't married to him, and yet he acts like he's a father to my two brothers and he was living upstairs in my mother's place. And even though I'm married he tries to boss me around (0:05:42.5).

THERAPIST: So that's another thing you don't like. You don't quite like the situation your mother is in and you don't like him because he acts like he's married to her.

CLIENT: Yes, and I mean, he don't work with the hip. I mean he works a couple months out of the year and my mother's only getting Social Security, and she just can't I know she can't afford it, but yet she still wants him to stay (0:06:11.1).

THERAPIST: You feel she wants him to stay but you certainly don't like that arrangement, is that...

CLIENT: No. Because she's only living on \$20 a month for food already. And with having to have him stay there and eat and, my god, they (indiscernible) it wouldn't be that bad if he wasn't there. Got to be buying cigarettes and all that stuff, could be saving that money for food. I mean actually with the little money she gets, he's actually living off her.

THERAPIST: Sounds like you feel pretty resentful of that.

CLIENT: Yes, well I mean, I don't care for it. I mean, see everybody's up against it my mother's mother.

THERAPIST: I'm sorry, I didn't get that.

CLIENT: My mother's mother don't like it either.

THERAPIST: I see (0:6:56.4).

CLIENT: Because well, she don't like to have her daughter talked about by my mother's brothers and sisters.

THERAPIST: So I guess you're saying, I'm not the only one that feels that way about her and her situation.

CLIENT: Yes, I mean, I'm not the only one, but if anybody tells her anything, she's so bullheaded and knotheaded that she just if somebody tells her to do something or to get away from him or something, she'll just stay with him. I mean she wants to do things her own self. But even though I'm married, she wants to try to run my life. I mean, I hate the idea of everybody telling me what to do. Even my husband, he don't tell me what to do. Even though I'm young, and I'm married, I mean I'm a human being, I like to run my life myself. I mean I don't want to feel like I'm still in the baby buggy or something like that (0:07:59.5).

THERAPIST: You feel it's your mother and your husband and everybody tries to run your life.

CLIENT: Yeah. That's how I feel. I was old enough to bear a baby, and that's surely a lot of pain, but yet they won't let me make up my mind for myself.

THERAPIST: You're old enough to have a child and yet nobody thinks I can make my decisions or run my own life, is that what you're saying?

CLIENT: Yes. I mean like, now this is when my husband and I went to California with my little boy. I mean we were more happier out there. He didn't have to run home to his mother all the time, and his mother is another one that we just don't get along. She hated me right from the day she saw me. But when we went to California we had a good time out there (0:08:59.8).

THERAPIST: I guess you're saying that kind of shows that when we're just by ourselves, we really get along better.

CLIENT: Yes, we get along better. I mean we can go to shows and all that and dancing and we have a good time. But when being back in the whole situation, it's just not good. Because his mother is the person that talked behind her own brother's back. She talked I mean her own son. My husband has six brothers (indiscernible) sister. And I mean she'll talk to one of her sons about one of her other sons. I mean she's that kind of person. You know, although she don't come right out and tell me to my face that she don't like me, I know by the way she's talking about the other people behind their back that she's talking about me too (0:09:54.3).

THERAPIST: Feel she's just a gossip and you feel she doesn't like you.

CLIENT: Oh, I know she don't like me (chuckling).

THERAPIST: No doubt about that.

CLIENT: No doubt. Mostly that's the point. And another and my little girl, she passed away a couple months ago, in November. And my mother did another thing. See, when my little girl was born I asked my mother, I said, how come her leg, her one leg is turned and all that. And she said, well, all babies are like that when they're small. She says, you can't expect them to get up and walk right away. And I said, I know that. And she

said, don't worry about it. But I worry about it and then after my little girl passed away, my mother told me that my daughter was crippled. She kept it from me again. She keeps things from me like that. And in a way then I felt responsible for my little girl's death. You know, she would be sitting down and well, she well, I mean I'd sit her up in the Davenport in the corner, and I'd put her little legs in. But if I would have known she was crippled I sure wouldn't have done that.

THERAPIST: That really concerns you that that was kept from you and it concerns you that maybe you didn't deal with her right, not knowing she was crippled.

CLIENT: Yes, I know. I mean, I still know that her little foot was sort of like that, but I didn't know how long it was I mean I didn't know when and my mother said that (indiscernible), I didn't know actually when it was she was going to outgrow that (0:12:02.3).

THERAPIST: Sounds like you're saying I kind of trusted my mother on this, and then by golly she wasn't to be trusted.

CLIENT: She let me down. I mean, but my mother, she I always took the blame home. My mother always, always liked my oldest brother, and I always, always took the blame home. Whether I did something wrong or not. And I got along a lot better with my father. But then my father passed away and then well actually, I mean I took most I took all the blame in (indiscernible) that my brother did. And now my youngest brother that's home, he's going through the same darned thing I am. He's taken all the blame on (0:13:00.7).

THERAPIST: Did you feel when you were home, whatever went wrong, you took the blame for it within yourself?

CLIENT: No, my brother would say that I did this and that.

THERAPIST: I see. That's what I wasn't quite clear about. You were blamed for everything...

CLIENT: Yeah.

THERAPIST: Whether you had done it or not.

CLIENT: Yes I was.

THERAPIST: It isn't so much that you felt you were to blame, but others blamed you.

CLIENT: Yeah. I mean, my brother actually got away with everything.

THERAPIST: I guess you feel that that was sort of true with everybody except with your father, is that...

CLIENT: Yeah...

THERAPIST: Things went somewhat better between you and your father.

CLIENT: Yes, they did. I mean, I could go and he'd take me well, my mother and father, they used to go off all the time (ph), but they went sort of late you know because then by that time I'd be asleep. And I used to fool them all the times because I knew they were going to stop in the hamburger shop. Then they'd think I would sleeping and then when they'd stop then I'd say, oh, I'm awake, I'm awake, you've got to get me one too. And I mean, I used to have a lot of fun when I used to go out with my mother and father, and mostly you know, when I went away with my father I used to help him pile wood, and we had a lot of fun. The neighborhood kids would come over and boys and girls, and they'd help my father pile up the wood and they'd help him cut it, and it would sell. Then after that we'd all pile in the car and went down to get ice cream cone (0:14:38.1).

THERAPIST: Those are kind of pleasant memories.

CLIENT: Mmm hmm (0:15:02.1).

THERAPIST: I don't know, but it sort of looks as though thinking about those things makes you feel a little bit weepy, or am I wrong?

CLIENT: A little bit.

THERAPIST: A little bit.

CLIENT: I can remember, I don't exactly know how it went, but I knew I was pretty young, but we went over by my father's relation, anyways his brother, yes, his brother, we went over by. And then it was I and my oldest brother, and anyhow, the two guys decided to go out and then my mother and my aunt and I and my brother were there and her children. And gee, I don't know if I remember this quite clearly (0:16:21.4).

THERAPIST: It's hard to remember.

CLIENT: But anyhow, my father didn't come back till real late. And my mother was mad at him. And I don't know, before I knew it, I was going with my father in his car, it was a stormy night. And I mean it scared the wits out of me. But my mother somehow got home ahead of us, my uncle took her home. But on that stormy night it seemed like, I don't know, it seemed so spooky out, just like I was scared we were going to get in a crash or something because Daddy was drinking a little bit. And while he was driving he had his arm around me, I was standing up on his seat. I don't even know how old I was, I mean I just (0:17:24.5)...

THERAPIST: That's something that's so far back it's kind of vague, and yet certain parts of it evidently are very...

CLIENT: Yes.

THERAPIST: Vivid to you. You remember his being not coming back and remember your mother being angry but mostly you can remember this spooky, wild ride with him through the storm and your fear that you might crash up and his holding you, with his arm around you.

CLIENT: Yes, and even after awhile too, when we would go out for a ride, I mean if it would be at nighttime, I'd be scared to ride I mean I would be afraid I was going over a cliff or something. I mean I always thought we were going to come to a dead end and we'd go flying over the cliff (0:18:13.9).

THERAPIST: I'm getting this right, after that it just seemed to you as though you and your father were headed for a cliff.

CLIENT: Yes. I mean everybody was with us, but I mean I sort of shut my eyes when I was driving because I was scared to look out the window because I'd think we were going over a cliff. Or I'd be thinking that we're going to be coming to one and Daddy's not going to be able to stop us.

THERAPIST: So he isn't going to be able to manage it, he seemed to go over the edge.

CLIENT: Gee, that's funny, I've never said these things before to the other doctors. And I can remember too when I was small, my cousin, she's a year younger than I am, and I don't know, it seemed like I was always pushed out of the way, she was always better than me. And I always felt when I always tried to improve myself by doing hard work and making good credits and good drawings (ph) and but even now, I mean, even though I'm married, I mean I never had no really, a lot of boyfriends or anything through my school. But even though now I'm married, I mean I want to look attractive when I'm in a guy's eyes, even though I'm married. I mean, I didn't have that before, and by being married so young it seems like I'm missing it (0:20:15.4).

THERAPIST: So that somehow just as you wanted to do things right when you were and get proper credits and so on when you were young, now you feel as though, well, I'd like to be attractive to other men, even though I am married. So sometimes you feel, I missed out on something.

CLIENT: And then, I mean if I could, I mean talk to the guy and all this and that and kiss, but I mean, really I mean, all guys would take advantage of a girl, every guy would try. But I mean, if he ever did try it on me, I mean I couldn't feel I had the power to even scratch I mean, I couldn't hurt anybody. I mean, I can't even hurt

a if I would get in an argument with a girl or something like that, I mean and she could be ready just to cut my throat and I couldn't (indiscernible) (0:21:21.1).

THERAPIST: You feel, I can't really protect myself against any fellas or girls because I just can't hurt somebody.

CLIENT: I mean, I feel like if I hurt them, I mean if I got in a fight with them and I really hurt them, that they would die. That maybe they'd send me to prison or maybe I would die or something. I mean that's what always comes across my mind. And I just can't or, even like my husband, he could kill me or anything and I wouldn't even touch him. I mean, I just feel like I was just paralyzed (0:22:02.9).

THERAPIST: You feel like, I can't strike back because there's the feeling that if I should protect myself, defend myself, strike back, then that would kill the other person and then I'd be punished.

CLIENT: I mean sometimes too I I mean, like different times, I mean if it's somebody I don't like, I mean that's when I'm afraid that I might really kill or hurt them bad. But like my husband, I mean I don't know. I mean maybe I saw a show one time long ago that probably made me feel like if it could be a show (ph), like this person probably was trying to I'll say like this one person was probably trying to kill me. And pretty soon I'd give him a bat or something like that and he'd probably I'd killed him instead and that way I would be sent to prison. I mean that's the way I mean you don't, I don't think of it (0:23:11.3).

THERAPIST: You're not really comfortable, but somehow that's the way it feels to you...

CLIENT: Yes.

THERAPIST: And if you ever struck back when someone struck at you, that would kill them.

CLIENT: But when I was younger I mean I didn't I don't think I I don't even remember when I start feeling like that. I know one time that I took this one boy, we were fighting. And I took him and I bit him in the finger so the blood just came coming I mean it was just coming out real fast. And then his mother came out and, I don't know, she hollered and then she said, if you want a crust of bread to chew on, she said why don't you run home and get it? Or she'd throw me a crust of bread. I mean, because we got in a fight, but actually this boy, he bit me, so I bit him back. But I mean, I didn't mean to bite him in the (indiscernible). I mean, I didn't mean to hurt him (0:24:10.0).

THERAPIST: But at least you feel, see when I was young, I didn't have this fear I when he bit me, I bit him back. I even bit him harder than I meant to.

CLIENT: I mean I even feel that way towards animals. If somebody would hurt an animal I'd be right there to pick it up. If it was a little bird, if it was a mouse I'm actually scared of a mouse when it's running, but I mean when it's hurt, I'm not. I mean when something's hurt I'm right there ready to take care of it. But I can't see what made me go into that scared feeling. I don't know when it started (0:24:58.0).

THERAPIST: How did I get that fear that if I strike out it really would be fatal for the other person?

CLIENT: I don't know. I don't know when it started. Probably in another way too I feel like maybe I want friends so bad that I don't want to hurt them because I don't want to lose them. Maybe that's the way I feel.

THERAPIST: That's a possible thing, that maybe it is that I feel so much unwanted by people and I want friends so much that I just couldn't take the risk of hurting anybody because I might be driving away a friend (0:25:57.5).

CLIENT: (indiscernible) hard on the eyes.

THERAPIST: I didn't hear?

CLIENT: I said those little holes up there are hard on my eyes. Is this supposed to make you tired? Or more relaxed?

THERAPIST: Are you saying that because it feels as though it makes you tired?

CLIENT: No, I mean I feel so relaxed.

THERAPIST: Kind of as though you'd let down a little.

CLIENT: I don't know just because I say it, now my heart's pounding again. I mean, a lot of times too I'm always afraid I'm not I might talk to somebody and I'm not going to say the right words. I mean I might make friend go away because they probably think I'm stupid or something. I mean sometimes, it's not all times it's just sometimes that it feels like I just want to say something, like I think ahead of what I'm going to say, and yet it comes out different (0:27:09.8).

THERAPIST: But there's always a feeling look out, look out, be careful of what you say because even that may drive somebody away.

CLIENT: I mean, I don't think that it might drive somebody away, but I mean it's probably just a feeling.

THERAPIST: It isn't really clear to you is what I said. It's more of an maybe that is...

CLIENT: The oozy kind.

THERAPIST: The oozy kind. And just in a vague sort of way, maybe that's what you feel underneath or something like that (0:27:52.4).

CLIENT: I know when I got the measles one time, I had an awful dream and I don't know what it was. I know it felt just like something was just, I don't know, like the house was going to cave in. I don't know, I was being smothered like. I always try to think of what that could be. (indiscernible) when I woke up, gee I sure felt awful.

THERAPIST: That was just an awful dream of things kind of smothering you and you wondered what meaning that did have.

CLIENT: I mean in my mind it seemed like it was some kind of a big option. It was a big thing, anyway.

THERAPIST: Some big thing was really falling on you and smothering you (0:28:54.1).

CLIENT: I mean it really seemed like a cloud. So just like it was sort of smother me, I mean trying to pull me in the cloud or something.

THERAPIST: Almost as though it seemed like the cloud was sort of swallowing you up, something like that?

CLIENT: Mmm hmm. I'm trying to remember way back, because I remembered I would try and reach to the (ph) I know a lot of times though I felt like running away from home. In a way as much as I loved my father as I grew older, it seems as though when I was young, I mean I don't know but well I guess every parents has to hit their children once in awhile (0:30:47.9).

THERAPIST: Sounds as though perhaps this is what you're saying, that when you really think back and try to understand your childhood, then you feel, gosh I'm not so sure about my father, he surely seemed to be harsh?

CLIENT: I mean my father has been gone four years now and I mean most of his memories isn't I mean, I don't have too much memory of him since he passed away. It's either something I don't want or, I mean I don't have time to think about it because when I'm home, I got my own worries to think about.

THERAPIST: But you know that you don't really have many thoughts or memories of him and whether that's because you tried to whether it's because you've put them out of mind or whether it's just that you have too many worries of your own (0:32:03.2).

CLIENT: Well, it's like now I'm up here, (indiscernible) I mean, since I came up to the hospital, and I've been here today is Tuesday. I would be here two weeks tomorrow, and all the while I was in the hospital I didn't even think about the people back home. I only thought of mostly my little boy. I mean I didn't think of them back home. I mean I just wanted to make myself happy and for a change and I mean, I had I got other things to do. I mean, I don't have to be worried about when the next meal's coming and when we're going to have

some money or just be dying and waiting to go out and have a good time once in awhile. And I don't have to listen to all the gossip between Russell's mother and everybody. And then I don't have to take the kind of treatment I do from my husband. I mean being away from home is the best thing (0:33:16.0).

THERAPIST: So you're just feeling it's been a relief to be away from all that.

CLIENT: But now that I'm downstairs in 2B I mean, I don't feel actually nervous or where I hate anybody, but when I first went down there I didn't like it because the door was locked. And I thought to myself gee, I never I was just thinking, what am I doing down here, I never even hurt anybody. But it's different. I mean, there's things to do (0:34:01.1).

THERAPIST: So at first you just couldn't understand it, but now at least you feel, well, it isn't too bad.

CLIENT: No, it's not too bad. And then my husband came today, my family came today, my grandpa came today, my mother came today and his brother came today. They all came today. I cried when I saw my mother and grandma coming, just for a few seconds. And then after awhile when I knew they were going back, I didn't even miss them already. And when my grandpa came in, I don't know, all of a sudden I had the nerve to talk. I mean I had the nerve to say what I'd been wanting to say to him. I told him, I said, (indiscernible) I'd say take yourself, Grandpa, for instance. I said, you and grandma, you want to think of me as your little granddaughter who used to run to the store for you, and how you used to pity me because the other ones like my little my cousin more than me. I said, and I told my husband and I said, and you, I said and the way you treat me around the house. I said you treat me as though I wasn't wanted or I can't do anything. And then I looked at my mother and I told her, and I said and you, you never give me no kind thought. If I couldn't get stuff right away you'd be ready to hit me and scold me and punish me for every little thing. And I mean I had enough. And I never did before (0:35:39.7).

THERAPIST: You just feel really surprised at yourself, that by golly you could tell them some of the things you've been thinking and feeling.

CLIENT: Yeah, and I didn't care if I hurt their feelings or not. I mean, they don't think of me as being married, they think I'm just young and they want to make my decisions for me and they want to do this and they want to do that and oh, god. I mean, they think I'm just not capable or old enough to make my own decisions. But I mean I really had the nerve to tell them off today. And I didn't care if I hurt their feelings or not. I felt well, if they don't like what I say, they can just go jump in a lake (0:36:28.7).

THERAPIST: You just feel kind of strong and pleased that you were able to...

CLIENT: Yes.

THERAPIST: Tell them what you felt.

CLIENT: They always told me what they felt, only I was scared to tell them that before because I mean, even though they were pitying me and all that stuff, and I didn't have no friends, in a way I felt like I wanted to be pitied. But now I'm married. I mean, that was when I was 14, that's not so long ago. I mean, they still wanted to make my decisions for me (0:37:08.8)...

THERAPIST: And so you feel part of the change is in you, that earlier yes, you wanted their pity and you wanted them to feel sorry for you. But now you feel, I'm married and I'm able to make my own choices.

CLIENT: Yes, because when I was (indiscernible), I wanted them to feel sorry and pity me, because well I didn't have any friends. I mean I wanted to feel at least if they couldn't love me with their whole heart, at least a little pity and a little soul for me, at least that was better than nothing.

THERAPIST: That would be better than nothing.

CLIENT: Yes. But now I'm married, I want to bring up my family the way I want, and not the way they want me to. Like if my husband were to ask me something, and I would be, and my mother would be in our presence, he would ask me something and before I get a chance to answer him, my mother will talk for me. I mean, I don't get a chance to talk myself (0:38:14.8).

THERAPIST: You know, I just don't have a chance to be a person, everybody's all ready to be me for me.

CLIENT: Yes. Just like everybody, one's got one leg and the other's got one arm and just like they all got part of me and I ain't got none of myself. But yet like, now being on Ward 2 down there, I mean when we had that group discussion this morning, I believe it was...

THERAPIST: You feel a lot has happened today.

CLIENT: Yeah (chuckling). I mean, nobody wanted to start the conversation. I mean I felt like I wanted to, I mean I want to feel sort of big and I felt like I wanted to be the one to break it. But yet I just couldn't. It seemed like my heart was pounding, I was afraid to come out and say something. And I was the second one that talked anyway, and then we started the conversation. Like, I don't know, it does seem when I get in a crowd that I don't have much to say. But if I go with like, for instance, say like I would go with my one girlfriend and I go talk to her and say a whole bunch of stuff. But if I would go with my one girlfriend and her girlfriend, I wouldn't have much to say because I'd feel well, my girlfriend would rather be off with her other girlfriend and they probably wouldn't want to talk to me or anything. That's just the way I'd feel (0:39:55.3).

THERAPIST: We always feel pretty sure that if there's any choice, they would prefer the other person.

CLIENT: Yes.

THERAPIST: I've got to stop in a minute or two and I'm sorry.

CLIENT: Am I going to get to do this again?

THERAPIST: Hmm?

CLIENT: Do I have to do this again?

THERAPIST: Would you like to or not?

CLIENT: Well, I don't know, I said things that I didn't tell the other doctors. I mean, I don't know. I just seem like I can't get relaxed when I sit up and...

THERAPIST: This really helps to be lying down.

CLIENT: Right now, I can't think of anything that's going to be different. I mean it all seems the same to me is what I mostly most of it is what I told the other doctors too but, I don't think there's nothing else (0:40:54.1).

THERAPIST: Well, I guess I feel as though I really have gotten to know you quite a bit in this time. I feel you really have been able to tell me who you are. And I guess I'd just like to say good luck to you as you try to be yourself and live your own life.

CLIENT: Oh, okay, I'm waiting for the day. Or I feel like when that day comes I bet you it's just going to feel like a different soul just jumped in me. Just something.

THERAPIST: If you can be yourself that would feel as though a new soul had come into you.

CLIENT: Give me a stronger hope and well I got my hopes up high yet. I mean...

THERAPIST: You're not defeated.

CLIENT: No. Nothing's bothering me. I mean what bothers me, I mean I just if something happens to bother me while I'm down in Ward 2 I just pick up a book and read or I'm making a cap already. I'm starting this afternoon. It's a little before five and I've got quite a bit done.

THERAPIST: Okay. Well, I do have to go. I appreciate talking with you and I really do hope that things go well for you. And the girl will come in just a minute and she'll take off the harness. Bye.

CLIENT: Bye.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

Abe Levitsky, PhD, a San Francisco Gestalt therapist and former student of Fritz Perls, MD, the founder of Gestalt therapy, is the therapist in the following transcribed sessions.

THERAPIST'S INTRODUCTION:

August 8, 1963. These are introductory comments for the composite tape recording by Dr. A Levitsky. Patient was an attractive woman of 30, white, married, and had three children; age five, three, and one and a half. Educational level was Bachelor of Fine Arts and her occupation was commercial artist. Family background, parents were divorced when the patient was five years of age. She has a five year younger sister. Father was a traveling salesman. He was vain and immature. Mother seemed bitter, rejecting, volatile and egocentric. Symptoms, patient had anxiety states, phobic fear of driving, mild depersonalization; that is she said, "I have a feeling of artificiality", fears of having leukemia and cancer, hostile fantasies to her children, a degree of sexual frigidity during the past three years. Psychological testing, patient had an I.Q. of 118 with functioning fairly even. There were signs of strong dependent yearnings, envy of the male role, and strivings for masculinity. There was summarization of problems, hostility to the children with efforts to deny it, much tension and anxiety, good creative resources, and resilience. [0:02:04.5]

Patient was referred to the outpatient clinic of the hospital by our psychiatric consultant. It was decided that she should be seen on a twice a week basis. The idea of making a composite tape recording of the case did not develop for some time. The first interview recorded was interview 39. Only some time after that did the idea occur that occasional interviews could be recorded and perhaps worked up into a sort of bird's eye view of the entire case.

A word about the recording technique is important. The patient was simply told that "We frequently record our interviews at the clinic." The microphone was always in view on the desk. The tape recorder was off to a side and covered. It ran so quietly that the patient never knew when she was being recorded and when not. There was thus no reason for coloring material at a given interview because of feelings about being recorded. [0:03:06.5]

In as much as we did not start recording until interview number 39, it seems helpful to make some brief remarks about material in these early interviews. In describing her feelings of artificiality she said, "At times the whole world seems like a strange planet and the things I do are as in a dream." "This applies particularly to acts like combing my hair or brushing my teeth." "I have been discouraged from many a bath by this frightening aspect." Discussing her husband she describes their mutual respect, his many good qualities, his deep affection for her. She was very critical of herself feeling that she was an insufficiently affectionate wife and mother. She particularly felt inhibited in expressing affection "in small ways" towards her husband. Her sexual response to him was poor and she felt that she was sexually exploited by him although she could recognize the irrationality of this attitude. She felt that she wanted to have children "quickly and get if over with". She began to realize how resentful she was towards the children saying, "Those people are the object of my rage." She experienced enormous resentment about being a housewife and felt that she was afraid of going out of her mind. She wanted to scream and cry and do something violent. She experienced acute panic attacks in a variety of social situations and at times would have to leave the room to compose herself. There was a good deal of guilt over premarital sex relations. Also a young man who had been interested in her when she was about 18 became ill and died. His sister maintained that the man died because he was rejected by the

patient. She also described sexual advances toward her by her much admired uncle when she was about 12. This uncle was sadistically teasing towards her about her wearing lipstick, high heels, etcetera. The patient felt that she needed to learn to love all over again. She felt she was a stranger in her own body. In an effort to facilitate free association, which she was encouraged to do; her chair was partially averted so that she did not face the examiner. Initially there was a good deal of reluctance on her part to free associate and her manner was somewhat stilted and over controlled. However, she displayed some humorous ways of handling transference feelings bringing in TV flash cards for prompting the actors and informing them there was "one minute to go, 30 seconds to go". [0:05:49.6]

It has been my feeling that the therapy of this patient was conducted under highly favorable circumstances. Although her difficulties were severe, she possessed very considerable resources for coping with them and for getting an objective view of her problems. Despite the ambivalence towards her husband and children, she was always rather convinced of her husband's devotion to her and in many ways got deep satisfaction from the children. She had an active social life, a good many friends, and well liked and respected. [0:06:22.9]

The therapist's cultural background was very similar to that of the patient. Most of the time, I felt very brotherly towards her and felt that I was well tuned in to both her fears and aspirations. My work with her was always a source of deep gratification. Some time after the conclusion of the therapy I was invited to her home for dinner and spent a most enjoyable evening.

A final comment, one's philosophy and technique of psychotherapy is necessarily an intimate part of one's life and point of view. For a number of years I have been concerned with the problem of the superego, its role in psychopathology and the approach to superego problems in psychotherapy. Interestingly enough, while working with this patient, my idea switched from a (inaudible at 0:07:14.0) like belief in rational guilt to an Albert Ellis like belief in the self-punitive and non-constructive nature of rational guilt. Although this change in approach to the patient is not highly discernible in the particularly selections reproduced here, it has affected my technique of psychotherapy quite basically. As a result, my feelings as I review some of the interchanges, is that I would've handled many situations quite differently. Specifically the problem of the punitive superego would have been introduced earlier and would probably have played a far more prominent role in the entire course of the treatment. The patient was seen over a four year period for a total of 332 hours of therapy. Pre and post therapy psychological tests were done and post-therapy tests contain a great many unmistakable signs of character maturation and improved feelings of self-esteem and well being. [0:08:20.5]

This is going to be selection one in the tape recorded case history of therapy with Mrs. H. The first selection comes from interview number 39 which was the first tape recorded interview in this therapeutic process. This will be approximately a five minute selection which occurs after about ten minutes after the beginning of interview number 39.

BEGIN TRANSCRIPT:

CLIENT: We were at a party the other day and it seems some of the reactions that I had at this party proved that one of my main troubles is that I can't accept the world as it is. Of course, this is a ridiculous thing because you can't change the world. This I know and yet I seem not to be able to accept the status quo. [0:09:35.5]

THERAPIST: What are you referring to?

CLIENT: Well now these thoughts are all jumbled up. It seems to me that too many times in the course of the evening I was aroused to anger temporarily by things that people do and say. And these are not new to me I realized. I never pay much attention to them. What do I want to say here? Oh, the attitude of men toward women for one thing. It seems to me that it's unfair because most men, and this does not include Herb, have the opinion that women are alright in their place. This is what I feel. I'm not sure that this is absolutely true. But they like very much to get away from this if possible and go see a fight, or baseball game, or something like that. In other words, they want to retire to the masculine world and when they feel good and ready they would like to have the company of a woman. And this I have resented before. And that came up once or twice during that party. Of course, there are plenty of men that I do not feel that attitude from but when I meet those that do have that attitude, it annoys me. I think that it happened on one side of the room, all the men were talking about baseball being our fight. All that is, is that Herb because he cares not two hoots about those things. And on the other side the women were all talking about sewing curtains which does interest me. I

have some curtains and it looks very nice, and I like to decorate my home. Then it just at the moment struck me as the epitome of the attitude that men have towards women and the result is that women start talking about their daily world and don't include the men in it. It's happened millions of times at parties. I think that's why I used to enjoy our art school parties so much because people could have discussions about anything under the sun in groups of male or female and it didn't matter whether you were male or female. It seems like those discussions are a thing of the past almost except once in a while. [0:12:55.8]

THERAPIST: Well let's see, men do have their interests because it appears that the woman have theirs.

CLIENT: Oh yes.

THERAPIST: But I think you put it in terms of discrimination.

CLIENT: Well it's something that I feel as discrimination. Usually it is started by the men I would think, and I'm not sure because I haven't really looked at it that hard.

THERAPIST: But I think you may have felt it pretty hard.

CLIENT: At times yes. At times it never annoyed as much as others but I remember feeling terrifically at this particular party. [0:13:41.4]

THERAPIST: Section Two, Selection Two is taken from interview number 46 with Mrs. H. and occurs early in the interview. It is about a five minute selection.

CLIENT: And somewhere along the line I just realized that of course I love her. There's no reason why I just don't. It's so silly. It's just something that I'm fighting because I feel or have felt, degraded by my position. I was educated along certain lines and I feel that I've been pushed back because I haven't been able to use the talents and so forth. And I was thinking how unjust it was to educate a woman and then put her in a house and then I thought well no it really isn't. Somebody has to take care of the kids. (chuckles) [0:14:49.1]

Well I just was able to convince myself. I had lots and lots of thoughts, which I probably won't think of today, and I felt myself getting more relaxed and more contented. I know that this is not going to make me love my housework because I hate housework and I know that I do. And I don't see anything wrong with it, but I don't think that I'm going to hate it in the same way. I'm not going to like before for instance, feeling like somebody's standing over me with a whip. I might feel like oh this is a horrible job but I'm not going to feel that somebody pushed me there you know. I think in the long run it'll help me and also it'll help me not be so intent about my work and about caring for the kids. If I have any ideas, well ok then I will carry them out. If I feel compelled to do something because it's the thing to do, I don't think I'm going to do it anymore that's all. I really don't. And I haven't. At least it's worked so far. And I just felt awfully good, and I felt like I was going to be able to handle my feelings. When I thought of how much energy I had used in putting myself into a small nervous collapse, which is what I did, I mean I really let myself get into such a (inaudible at 0:16:18.2) my nerves went all to pieces like a rubber band breaking. And when I thought of that, I realized that if I could use that much energy and strength in building myself up into such a nervous state that I might have coming, I might be able to use that same energy in doing something good. And I didn't know exactly what I wanted to do, but I figured that the place to start was in my relations with the children and with Herb and to try to be very proud of everything before I see mine and then to weigh and balance and so forth and act accordingly. And I think that maybe in the long run I will not have to be doing that it'll just come naturally. [0:17:13.0]

And another thing I've noticed is that I haven't felt so artificial. I told Herb last night that for the first time in about a year I felt like something. I felt like it was really me inside my body and not some strange person. I do feel I have more problems though. I don't think I cleared up everything completely. And I find myself trying to push myself into an artificial feeling and then I have to think away from it. But I think I know how to do it now. I think I know what pushes me into those feelings, and I think I'm going to be able to control it though quite where I will hardly ever have them and maybe never, I hope, because they're pretty bad but I'm pretty tired of it. I'm just sick of it, and I don't want to live that way anymore, and I'm not going to if I can help it. I realized that there might be a few things left, well one that pushed me in that direction, at least I think I know what I'm doing now. I see a clear picture of the forces within me and the forces that are outside of me. Of course I'm going to have to learn how to handle my emotions around my mother. I think that [0:18:51.4] END

THERAPIST'S NOTE: Selection Three is taken from interview number 68 with Mrs. H. This is about a ten minute selection and occurs about midway through the interview.

BEGIN TRANSCRIPT:

CLIENT: The more I think about that I like to feel in control of the situation is what not being in control of things is what sort of puts me off the track. It comes to mind that in many things I do that's true. It's one of the things that actually leads to the artificial feeling. I like to know exactly every move I'm making, and I like to know why, and when I forget. For instance, that I had just crossed the street or if just walked a certain part of the block and was too deep in thought to remember it, it worries me. It worries me to the point of scaring me. In other words, I just don't ever relax and let things Well I do let things happen quite often but the results upon me is so unbearable sometimes that I think I try to avoid it. I sort of keep a step ahead of myself. So I don't know what would happen if I ever would feel that I had lost control. [0:21:03.4]

THERAPIST: What comes to mind?

CLIENT: Well sometimes I think maybe if I were allowed to let my emotions come to the surface, that I might not be understandable or intelligent. Run. I don't know how to say it. I feel too unleashed inside because there's too many awful things going on. [0:22:34.5]

THERAPIST: Like for instance?

CLIENT: Well I would imagine that one time, not all the time, but sometimes if I would let myself go I would create a scene maybe. Well I'm just not in the habit of saying the first things that comes to my mind. I think I do better here than I do anywhere else. [0:23:17.3]

THERAPIST: Yeah, who doesn't? (chuckles) It's not a first thing that comes to mind world we live in but you're not in your living room.

CLIENT: No. And there's no cause here. I said well there's no cause to in either. I don't know now. Sometimes I come close to understanding it myself than I am right now.

THERAPIST: Understanding is not in our program at the moment. [0:24:06.3]

CLIENT: Well I don't know what else to say about it really. Well I scared and it's hard enough as it is. If I lost the last bit of control that I have, I might not stay together. It's true also that I have a vivid imagination and most likely those things would not happen. Sometimes, I don't know, as if right now, I feel as if there's nothing for me to say. That's really honest. I feel in order to convey messages to someone else you have to say words and sometimes I'm at a loss. Maybe we should play charades. You get the idea. [0:26:24.3]

THERAPIST: You mean you know what kind of charade you would play?

CLIENT: Oh, no. I really don't. Yeah, sure, I might pick up my purse and throw it at you. I might pretend to scream a little bit just to loosen up, maybe do a dance. This is charming isn't it? I hope have a good imagination too. Oh, I hope you don't. I don't know. Any kind of thing may come in my mind. I feel as though I have some pretty wild feelings in me and pretty wild thoughts and it wouldn't be civilized but I'd go. [0:27:50.1]

THERAPIST: Well you recognize this I'm sure. I'm not asking you to do them.

CLIENT: No. I know you're not.

THERAPIST: Either am I asking you to do something that I don't think you can do; I think you can. And my point is that as a result, you will have not less control but more control; more natural control not unnatural control. [0:28:20.1]

CLIENT: I only feel that I have unnatural control.

THERAPIST: Do you mean there's some doubt?

CLIENT: Well I just wanted to you to say it. END

THERAPIST'S NOTE: Selection Four is about a twelve minute selection which occurs at the very end of interview 69.

BEGIN TRANSCRIPT:

CLIENT: For some reason I'm thinking of prejudice now. It's something that I don't like against myself. I don't like someone to show it against me. I really think that more than I ever imagined the fact that I wasn't born a boy it bothered me. If I a year ago someone had mentioned it to me I would've said, "Well why would I want such a thing?" "That's ridiculous." But talking with you and really thinking about it, and you know I think my parents thought on the subject, I think that it has really bothered me so much that I probably couldn't admit. And I would like very, very much not to have such thoughts especially since there's not much anybody can do about it. It seems to me though that somehow the value in life that I've wanted hasn't been compatible with what I really am. I find myself studying people and trying to figure out how other women feel for instance. It seems to me that it's very natural for women to want to be mothers, and really want to keep their house, and really want to please the husband. And I think that some of that is in me too but there is probably also that wants to have nothing to do with that. And I can content myself just so long with the things that seem ordinary to me before I want to go off on a tangent. And it seems to me in a sense I have chosen a normal path of life in actuality. I should be able to be more content with it and sometimes I think I am. Sometimes I think I've reached it. [0:32:45.2]

THERAPIST: But you are changing the subject.

CLIENT: Well taking in fact that I suppose this thing that I found is masculine could be a reenactment because I had a couple of very bad experiences when I was much younger. I was afraid. I don't think that I trust men completely even now though I'm married to one. I feel sometimes that maybe I don't even trust him; his motives for things. I don't trust my own father. [0:34:40.4]

THERAPIST: In what way?

CLIENT: Well I haven't trusted him. I don't know him well enough to know whether to trust him or not. But I only know that he did what he pleased and he didn't really care about us. And it seems to me that that is the sort of thing that a man can do and get away with. I realize that that is shaded by my mother's thinking. I think I get the idea now that men just have as much to worry about. It's really not true. I've always been a little bit afraid of men I think. Even now, I think, in spite of my experience with them, I don't speak as freely. I always wondered if a man is thinking of me as a human being or as just the opposite sex. I seem to get the impression that if it weren't for women there wouldn't be any moral (inaudible at 0:37:43.3) as a man. It's funny I sort of put Herb apart from the rest of the male population because to me he seems so different. Maybe that was the only kind of a man I could've married. Even when I was angry with him I would attribute to him some of the lower instincts that I would attribute to all men. [0:38:47.2]

THERAPIST: I think this is a good point. I believe that you had the need to idealize a picture of certain men, Herb in particular, and you're reluctant to see him as another man and see him in a sense three dimensionally.

CLIENT: Huh?

THERAPIST: Three dimensionally. The likelihood is that Herb is like other people.

CLIENT: He doesn't think so. [0:39:31.0]

THERAPIST: What do you mean?

CLIENT: He thinks he's very different from other people and he likes it.

THERAPIST: He's probably a very nice guy but there's no reason to think he's an angle.

CLIENT: No, I don't think that I really do. Not anymore. There was time when I really thought so but I have come down to earth pretty much about that. Yeah, I'm aware of fragments of that ideology that is left over. I

mean it just happened to come out pretty strongly. Well I feel that if he weren't as nice as I would like for him to be that I couldn't stand it. [0:40:28.2]

THERAPIST: Our time is up now. END

THERAPIST'S NOTE:

Selection Five is a ten minute selection which occurs about ten minutes before the end of interview number 71.

BEGIN TRANSCRIPT:

THERAPIST: Let's guess that there is hostility involved now?

CLIENT: I just don't understand the whole thing. Hostility against him? Not that I know of. Oh, I see what you mean now. Well I certainly had nothing to gain about him. I guess I felt hostility toward most people that I know at one time or another because I think hostility has been with me for so long that it would be impossible not to think it. I have no reason to be hostile toward him because he was really very nice, and I feel that in spite of the one thing that I didn't appreciate that he did, I think that all the other things were sufficiently good to make up for it. I think that he was so interesting, he could speak on so many subjects; he helped me become interested in a wide variety of things. [0:42:59.5]

THERAPIST: What actually did he do that time you became upset?

CLIENT: Well I think I was about 11, its rather hazy, I was ready to go to bed and he crawled in bed with me and he began to fondle me and I guess it must (inaudible at 0:43:32.2) but I don't remember to much about it except that I was afraid. He never actually tried any sexual acts. I got the impression that he was sort of experimenting which I believe made me angry as well as frightened because I felt as if he was trying to see what would happen to an 11 year old girl if he got her aroused. And I wasn't even sure at that time about the sexual act itself and I couldn't understand exactly what he was doing. I didn't want to cry out because I didn't want to condemn him in front of my aunt. And yet I felt that it wasn't fair. And I didn't know what to do personally to him to get rid of him because I knew that I didn't want him to do what he was doing. [0:44:44.7]

THERAPIST: What association do you have to hill of snow?

CLIENT: Winter time and art hill and ice cream. We were always buying ice cream when I was at his house.

THERAPIST: What do you feel now? [0:45:39.4]

CLIENT: Well I really don't know. I'm trying not to feel very bad. But it's quite true that there's only way for me to talk about such things and that is for me not to feel when I'm saying them, otherwise you would never hear them. If you go back and become an onlooker, another person talking about myself, then I can say the words. It's better that way because at least by saying them if there is any emotional impact later, then I could feel it when I'm by myself and it's alright. But if I were to let myself feel it as they struck my mind, I don't believe that I could talk here at all. I'd probably just be wasting my time. [0:46:51.1]

THERAPIST: No I think that feelings would be more important to words with

END

THERAPIST'S NOTE:

Selection Six and Seven were from interviews number 105 and 116. Unfortunately these tapes have now been misplaced although type scripts are available of them. We proceed with Selection Eight which is about a ten minute selection towards the end of interview number 125.

BEGIN TRANSCRIPT:

THERAPIST: Now the so called of this that you referred to awhile ago you said, "And then for the first time I found out" and it's that material? [0:47:48.9]

CLIENT: I just suddenly couldn't talk about that. I don't understand it at all. I had such a good day Thursday. I helped out down at the shop again and I remember that I even had succeeded in winning my father-in-law over to my side, and I was able to enjoy him briefly. Then I seemed sort of at peace with myself. I think maybe I can tell you. I don't know why it seems so terrible but at that age Well up until then it seemed to me that I had a long time that I didn't masturbate but at ten, when all this other stuff was going on, I started to do that again. It was at that time that I first discovered the complete relief that you could have from doing that. And I think this is what I'm really worried about the things that I thought about. [0:52:21.7]

THERAPIST: Is the thoughts and images you had at that time?

CLIENT: Thoughts about Actually they're very mild but thoughts about somebody that would love me. Actually I didn't connect sex with men somehow, but I used to think about somebody that would love me and that I could love. And I guess I just didn't think it was possible. [0:53:10.3]

THERAPIST: What kind of an assembly was it?

CLIENT: A man.

THERAPIST: And you didn't think it was possible?

CLIENT: No.

THERAPIST: Why?

CLIENT: Just being me.

THERAPIST: And you thought you were not lovable?

CLIENT: I was convinced of it. And I think one of the things that makes me furious too is that it's this quality that is most important to being a woman; you have to be lovable.

THERAPIST: And in what way were you convinced that you were absolutely not lovable? [0:54:13.4]

CLIENT: Well in the first place the playmates that I wasn't interested in wouldn't have anything to do with me. As far as really wanting me for me, I always felt as if they tolerated me. We had a club and it was in my backyard. We collected bugs. We had a mound of earth behind our garage room and we could climb on that mound of earth and get up on top of the roof of the garage and there were all kinds of bugs up there. And we would collect them and put them in jars. We used to enjoy that very much and just climbing up on top of the garage was fun enough. Things like that and going out on Halloween night I remember as being satisfying. But I remember sitting out on the front lawn night after night and this little boy that I would like to have been friends with because he thought I was real, real nice, I was imagining or hoping that he would think this you see. And this little boy used to sing songs to a little girl; that little girl I was telling you about. Using her name in place of Rose Marie and songs like that you know. It used to bother me. I don't know why at that age it should bother me. Certainly I didn't need any man at that age and I sure didn't need him. [0:56:05.0]

THERAPIST: You didn't need a man at that age?

CLIENT: No.

THERAPIST: Perhaps you didn't need a boyfriend or a lover but why do you say you didn't need a man at that age? Didn't you need a father?

CLIENT: Well I guess I needed a father at all ages. That was also the time when mother was going with some man and she didn't like him. But she used to say that it was because of us that she didn't get married because she claims we said something against having a stepfather. I don't know what it was. I don't remember a thing about it. Oh, yes that is the man that even now she says that she didn't trust him because she saw the look on his face when he looked at us and she didn't like that. She figured that he was after something as far as Joanne and I were concerned. [0:57:22.7]

THERAPIST: And was this when you were about ten?

CLIENT: Yes.

THERAPIST: And your mother felt that he was not trustworthy because he was after something.

CLIENT: But she didn't say it then that I can remember but she says it now.

END

THERAPIST'S NOTE: Selection Nine is from interview number 131. This is a ten minute selection that occurs towards the end of the interview.

BEGIN TRANSCRIPT:

CLIENT: Produce an artistic effect. I think I worry about the fact that I like the female form to look at better than I like the male form. I think I'm not quite clear as to whether it's ok to feel that way or not. I guess I always have in a way felt that men were a necessary evil. It's something that I was going to have to get used to, and I never really had much chance I guess when I was younger to gradually work up any acquaintanceships with men. I'm sure that my mother didn't help any. So I feel like I'm sort of neither here nor there that I can't quite add two and two. I can't see what I do like and what I don't like. I think that I feel basically quite feminine and yet I'm worried about some of my attitudes. I think I'm ashamed to be too feminine because it might be a strike against me. I feel that I have to be very practical and try to be logical and I'm not. I feel that I am also discriminatory in the fact that I look upon women as illogical just as I feel an awful lot of men do. I think I'm afraid to show wavering except maybe in fun when I am have sort of a frolic with Herb I feel like then it's alright. But generally speaking I like to appear on the reasonable side. I know for a fact, I've felt it for some time, that I have been fighting a losing battle, and I think I would like to abandon the whole thing to stop fighting. And yet I feel that this is sort of a chance. [1:01:27.0]

THERAPIST: You probably say that in the dream. In the dream someone wants you to fence and you don't want to fence.

CLIENT: You mean I say that I would like to give up the fight that I know I've been having but what I feel it'll be beneficial to go on and fight it sort of orally and will it get it out of my system? I wondered now other women must have some kind of feelings along these lines. I don't think that you can just walk up to a woman and ask them and get a straight answer anymore than you could get a straight answer on such a subject from a man. Nobody really wants to admit what they think. I understand that some men are envious of women. And I guess that a lot of women are as envious of men as I have been. And yet in my acquaintances I would say that no one that I know would actually say that except maybe they would say well when I was a little girl I was tomboy. Now I wasn't a tomboy incidentally. I don't feel I was. [1:03:21.3]

THERAPIST: You were saying a moment ago that you were wondering about something but I didn't catch as if you were about to ask a question.

CLIENT: Oh, I just wondered if other women have these feelings. I mean is it normal for a woman to feel that she is secondary and maybe want to be first and then look around her and decide this isn't possible and so I'll have to fit into the scheme of things the best way that I can and do my contributing in the best way that I am suited for? Is that how they resolve the feelings that they have about well maybe I should be a boy? It's really the preferred sex. Most parents want to have boys. What I was asking in this instance is, is it normal to start out with the feeling like mine or isn't it and if it is then is it the normal way to be able to work out peacefully or does everybody have to kind of go through a fight? [1:04:42.7]

THERAPIST: It's very difficult to answer the question in the way that you put the question. Now I have two answers. One is let's go on and see what kind of answer you gradually develop for yourself because you will. My other answer is certainly one thing that is not normal is for a person to feel unloved and unlovable and that her life has to have meaning only as so far as she can catch the man. This is a feeling that you have had for many, many years. [1:05:14.5]

CLIENT: And it hasn't helped I mean catching a man.

THERAPIST: There's two things, I said unloved and unlovable and that has relatively little to do with the sexes. It could have easily happened to a boy as to a girl and it has to do with your appearance.

CLIENT: I don't like the feeling that I get when you say that.

THERAPIST: Why?

CLIENT: Well I don't mind saying I felt unloved and unlovable but I don't like to hear you say it that's all. When I say it it's as if I'm using it as a complaint against someone and I feel justified in saying it. When you say it, it hurts. It's like a time ago you said my mother's ideas were wacky and if I would say that then I would feel huh, I have a perfect right to say that my mother's ideas are wacky, and they are and I know it. I can prove it. When you said it, it produced an affect in me that I wasn't even able to show. And I said at the time, well I ought to say something to Dr. Levitski (sp?) about feeling that I'm getting but I couldn't because it was strong and it upset me. In fact I wanted to say something. I mean my first reaction was well you can't talk about my mother like that. But I realized well he's not really and so I didn't say anything. [1:07:23.7]

THERAPIST: You have learned ways of saying this kind of thing in such a way that you won't feel it. When I say it, you feel it.

CLIENT: Well that makes sense alright and I feel it.

THERAPIST: We have to stop now.

CLIENT: Okay.

THERAPIST: See you tomorrow afternoon. [1:08:07.4]

END

THERAPIST'S NOTE:

The rest of this side [of the tape] consists of some material which has somehow been copied onto this tape. I haven't been able to identify this interview specifically but it is probably about interview number 116.

BEGIN TRANSCRIPT:

CLIENT: Well I think that I just didn't look too hard. I don't know. I couldn't. It had begun to seem to me as if you know seeing this before everything that I was discovering was no good and so I think that I felt so let's see one good thing. [1:09:52.0]

THERAPIST: But who were saying they were no good?

CLIENT: Well the way he put it I guess it was supposed to have been but it didn't seem that way to me.

THERAPIST: Now, let's look very carefully now. Both last time and next to the last time you had mentioned some sexual fantasies of yours right?

CLIENT: Yes.

THERAPIST: And you labeled them as being kind of awful. You felt that only a rather horrible terrible person could have such fantasies. And what was my response? [1:10:24.4]

CLIENT: I didn't think of an honest one. I'm going to rest a minute. How could you tell there was something wrong today?

THERAPIST: You were behaving much differently or rather apparently controlling something.

CLIENT: It always fools other people. How come it doesn't fool you? One of these days I'd like to be able to get angry and not go to pieces. [1:12:02.9]

THERAPIST: You know you have said some things. Many times you get angry and it's only later that you know it. And as you say the reason for that is that if you do get angry, you might go to pieces.

END

THERAPIST'S NOTE:

This is side two of the composite tape recording of therapeutic interviews with Mrs. H. Selection Ten is approximately a five minute selection which occurs at the end of interview number 139. This interview was done on February 11, 1958.

BEGIN TRANSCRIPT:

CLIENT: Actually I wouldn't want to be any part of that group again. I mean it's a real strange thing. I've got this idea about the way the world is set up and yet as far as I'm concerned I feel that I'm entirely different. That my thoughts are That makes something else come to mind that I think because I think against what is sort of the conformist way, that makes me abnormal too. I don't know what I mean. [1:13:57.3]

THERAPIST: To be different is not to be normal.

CLIENT: Well in other words now, I am quite aware of the fact that my mother has led me to believe that the ideal situation for a woman is married, stay home with the children, belong to many clubs, keep a lovely house, have a rich husband of course, and just generally have nothing to worry about; that would be it. Complete support physically, morally, mentally, so forth. Then on the other hand comes me, and I think entirely different. Of course she also has these thoughts instilled in me and yet she lived an entirely life herself. She had to work every day and we were left upon the care of a maid, and several aunts, and different people at different times. And she belonged to no club. She always said it was too much trouble and she resented her life. I sort of don't know whether I'm coming or going where it comes to the pattern that I feel that I ought to fit into. [1:15:32.0]

THERAPIST: Well I think you're trying to say that you have anxiety about not accepting the conventional pattern.

CLIENT: Cause I've accepted it.

THERAPIST: Not in your thinking.

CLIENT: No not in my thinking.

THERAPIST: In your thinking you rebel against it. But I think you're sort of asking yourself whether you have a right to rebel against it, and also whether you have the backbone to rebel against it, and how you want to do it. We've spoken quite a number of times of your feelings about whether or not you stick to your point or defend yourself when there's an argument. And you feel that lots of times you sort of back down. You don't defend yourself in the extent of which you would like to. [1:16:12.1]

CLIENT: That's right.

THERAPIST: And interestingly enough in the dream that you were telling today, you got concerned about whether you're going to be cut off from therapy; fifty%. Well in other words concerned about being on your own.

CLIENT: Yeah.

THERAPIST: Okay now when one rebels against a conventional pattern, isn't one on one's own? Or when you get into an argument and stick up for yourself you're also on your own.

CLIENT: You know something else I'm aware of, I don't know how exactly to tell you the awareness that I have. Well when I was younger, although people used to consider me independent, I always had the feeling that I would like to have somebody to pattern after and somebody that could kind of tell me, "Well look you want to be an artist, here's what you really ought to do." And then maybe let me think about it a while and let

me read on it or something and between the two of us, more or less, figure out how is the best way to go about what you want to do. I don't think I really had that because I don't think anybody else in the family actually thought as I did. I don't like to say understood me because it sounds ridiculous. But maybe I really thought that way too. There was no common ground for anybody else and me to talk. And I guess I still want that somehow. I think even though I am supposed to be a mature woman, and know more what I want to do, and how to go about what I want to do, and I really don't, that it bothers me. Well probably I do know what I want to do, but I think I'm a little bit afraid. Well I'd like to have moral support from somebody and I think that in therapy I kind of get that in a lot of things that maybe I wouldn't otherwise. Well I'm thinking specifically about what you told me the other day. Now I considered it. I guess I jumped on it too much. I considered it sort of words to live by when you said, "If you don't try something well you are disgusted with yourself, but if you do try and you fail, you feel melancholy yes but at least you tried." So at least you can feel that you've done something positive. Well as far as I can remember I don't think I really had any conversations like that in my family. I've had conversations with friends in that way and I have conversations with Herb like that but it was good to sort of get a personal approach to a particular kind of a problem that somebody else had experienced and sort of licked and that I was having trouble with.

Even though I shouldn't really have trouble with anything like that, I do and it was good to have this backing so to speak. I mean I feel like I'll never forget that and even though maybe some day I'll feel the opposite, just imagine, I don't see why I would, but let's say I do, still it gives you something to sort of hold on to and it isn't like being dependent. I don't think. It's more of an attitude and that helps you be more independent than dependent. [1:20:51.0]

THERAPIST: Well as a matter of fact when I used the term natural history a few moments ago, one of the things that I had in mind I do now bring up is that you didn't have normal opportunities. I've said this on many occasions for guidance, for having a model person whom you could look up to, feel that this was a person you could be proud of, unambivalently love, and this was a person who in a sense was showing you the ropes. No you didn't have that. [1:21:34.2]

CLIENT: Well you know in a sense I sometimes did like when my aunt would take over and she's a pretty positive person. And she's probably the one person that influenced me to remain conventional. I mean I was living an unconventional life I think with my mother as a pattern. Even though she talked convention it wasn't actually the norm especially I think then because there weren't quite as many women working and I felt sort of at odds with the world because of it. When I would stay with my aunt, she was so positively a good mother and a good housekeeper. She was this club woman type and so forth, and I admired her. She was a happy woman, and she seemed to get places in the world, and had a lot of friends, and so forth. And I think that I had two patterns to go by, and I probably went by both of them. [1:22:35.0]

THERAPIST: About next Tuesday's interview, there is a chance that it'll be necessary for me to have our interview either at 2:30 or 3:00. Now would it be possible for me to phone you on Tuesday morning and tell you about that and would any of those times be convenient to you?

END

THERAPIST'S NOTE:

Selection Eleven is from interview number 146 with Mrs. H. The original tape recording has been misplaced but a transcript is available. This is about a five minute selection which occurs towards the end of interview 146. [1:23:25.5]

Selection Twelve is about a 15 minute selection which occurs at the end of interview number 148 with Mrs. H.

BEGIN TRANSCRIPT:

CLIENT: (inaudible at 1:24:02.7) I am myself more or less. Then at others I sort of close up and I don't know how to describe it. But it's the same thing that happens in my sexual life. Sometimes when Herb touches me I get furious and I feel he has a lot of nerve. And I don't want to have any more to do with him. There's something in me that wants to have nothing to do with a man. Then at other times, as you say, I am playful and I want everything to do with a man. So it isn't very consistent. And the fact that it lasted so long at times,

didn't drive out of my mind thoughts that were sort of irresponsible and carefree. I believe the times when I wanted to have least to do actually with Herb that I would go on and have the biggest fantasies about other men that I'd never met; occasionally some that I had met. It really doesn't make sense. [1:25:39.9]

THERAPIST: Well maybe it is a kind of irrationality. And seems to me there has to be a connection between your fantasies of being exploited, and mistreated, and humiliated, and the fact that in real life you get so furious when you hear stories that you consider to be exploitation of women by men. [1:26:03.3]

CLIENT: I don't understand that.

THERAPIST: Which part don't you understand?

CLIENT: You say there's a connection between my fantasies of being exploited personally and becoming angry when I hear of other men exploiting other women. What connection would that be?

THERAPIST: It would have to do with the need to have.

CLIENT: You mean that I would have the need to feel exploited?

THERAPIST: That's right.

CLIENT: Well what Well that's sort of like having the need to feel sorry for oneself because of something bad that's happening to oneself. Maybe it's sort of like a kid that needs attention that wants to get it at any cost. I know my children do that. I'm not sure I understand exactly why the need is there but I only know that I can think of many instances where I just knew that you couldn't trust most men. [1:28:02.6]

THERAPIST: Now it seems to be fairly clear by now that the pattern of suffering is not being confined to sex. As you yourself have said, in a great many connections that you've had the feeling that no one doesn't really live or not really sensitive is one doesn't suffer or if one hasn't suffered. And (inaudible at 1:28:33.3) as you have been able to point out how in many ways you sometimes latch on let's say to a financial crises that developed in the family. Perhaps you react to them in an exaggerated fashion. You've had the feeling that maybe you sort of latch on to the feelings of unreality that you develop that maybe you need them. So this thing seem be going on in a number of spheres in your life. And now it's as if you need men to mistreat you. [1:29:07.5]

CLIENT: Well I want to correct that because it isn't now that I need it, it has been that I have needed it. In fact I had very little of that sort of thing going on in my mind except that which has been stimulated by such conversations that I've told you.

THERAPIST: But the fact that you continue to have the same reaction of fury, anger, suggests in some way the problem still exists.

CLIENT: I feel as though you've thrown something in my lap now and I don't exactly know what to do with it. So I have a problem of having to suffer, but I've seen this in so many ways so I don't know what to do with it now. I mean I'm not really aware of the fact that I wanted something. It reminds me of this slave in (inaudible at 1:30:34.8) where he kicked the shins of the guy who was trying to help him and he wanted to suffer. I thought of some of the things that we had been talking about here when that happened. And I thought of an aunt of mine, Sarah, who does exactly that almost every day. She wants to suffer. That's my Uncle Harold's wife incidentally. And since he has died leaving her quite well fixed she has dissipated all of her funds by one foolish thing after another in spite of the advice of well-meaning people and has rebuffed every kind of advanced carter to help. This has gone on in my family. I mean I've been a witness to it for a good many years. I have another aunt who's now dead who was the same type of person. She knew what could help her to be better off in her marriage, and so forth, and so on. She had moved to a different city and different state but she did nothing toward correcting the situation. Oh, I can think of a million people in our family practically like that. My sister's one of them; much more severe or at least much more out in the open than I am. [1:31:55.1]

THERAPIST: You feel that your sister has a need to suffer?

CLIENT: Oh definitely.

THERAPIST: What would you say if you told her you had a need to suffer?

CLIENT: What?

THERAPIST: What would she say if you told her you had a need to suffer?

CLIENT: I told her?

THERAPIST: Yeah. If anyone told her or if anyone told your mother you have a need to suffer?

CLIENT: What would I do?

THERAPIST: No. What would they say?

CLIENT: What would they Well

THERAPIST: They'd say you're nuts. I don't have any such need.

CLIENT: Yeah, I know they'd say that. Well I'm not telling you that you're nuts if that's what you're inferring. I'm telling you

THERAPIST: I find that it's a difficult insight to make sense of.

CLIENT: Well I'm willing to admit that maybe there is the need there. But I am still not completely aware of when it happens exactly. And I can't understand why people want to do such things. I mean I feel that it's sort of inbred. Perhaps I'm wrong in trying to blame it on something but dog gone there's bound to be something besides just the way that I have thought. I feel that I've been surrounded by it for a long time. [1:33:09.6]

THERAPIST: Well I feel you have too.

CLIENT: And I feel personally that I probably have more sense and sensitivity about it than most of the others that are around me and that I object to it.

THERAPIST: I think so too. You do object to it. There's a good deal of it in you and the way you have handled it is with sufficient feeling that you don't want this to become a part of you that rather than living that way completely as many of your family, you have developed symptoms.

CLIENT: Was that what happened?

THERAPIST: Uh huh.

CLIENT: Maybe they're better off. I feel like after all of this talk and all these months and everything that I know so much and yet I don't know exactly what to do with it. You don't just say to yourself ok, from now on I'm not going to have any (inaudible at 1:34:43.2). And you don't just say from now on I'm not going to have any of these feelings against men. And from now on I'm going to like all the things that I don't like and probably should like, and I'm going to be happy and so forth. How do you say that? I can't do that. I mean I just feel like it's utterly impossible. [1:35:10.8]

THERAPIST: Well I don't think you can say that. I don't think anyone can say that. But I can only say that in a rather complex way and in many little ways one learns to make use of this kind of insight. Of course, we don't stop there, and I know a couple ways of which you manifest itself in your daily activities. We also don't understand more of what its doing there, what service, what function. Pardon me.

END

THERAPIST'S NOTE:

Selection Thirteen is about a 12 minute selection which occurs at the end of interview number 165.

BEGIN TRANSCRIPT:

CLIENT: It seems to me I was started out on one thing but ended up on the other. The only light that I feel like that was a true question was put before me that I have feelings that other people wanted me to be something that I wasn't. And maybe I'm intellectualizing a little but I feel that its right enough that maybe in the meanwhile I didn't know really what I was that's all. I think I'm mad about it too and I [1:37:10.3]

THERAPIST: I think you're damn mad about it.

CLIENT: But you know I feel like well in a way it's not right to be mad about it because nobody knew (inaudible at 1:37:19.9). In another sense I feel like well I kind of have the right to be a little bit mad because he wasn't being exposed to that but getting my attitudes. Even though they couldn't help themselves, still I maimed more or less and it hasn't made it very easy for me and I can't help being mad from that angle. I don't feel altogether right.

THERAPIST: Why don't you feel altogether right? I mean if you were in front of a kid, you say about yourself right now that in some respects you were difficult to like as a child. You would take your dolls and smash their heads together. You would negativistic and this and that. So you were already angry, rebellious, and resentful as a child. Right now as you think about it you can't permit yourself to be angry; to be justified in your feelings of anger. How come? [1:38:29.5]

CLIENT: I don't know why. I really think (inaudible at 1:38:30.0) This is being perfectly going against myself in a way. It's because of Wendy because she will display a lot of things like that and I see my part in these things. I feel that with her possibilities, and with my possibilities, and Herb's that we can help her. But I feel responsible because there's one traumatic experience, and I'm sure that it was traumatic, that she had when she was about three years old on account of me that would definitely have egged this feeling of rebelliousness on in her. And it was because the first extreme neurotic expression that I gave out. I mean most of the neurotic things have been held in but when it came to the children somehow I began to let them out. It was because of that that she suffered, and I feel that ever since then she has suffered a little bit at my hand, and I feel goofy about it. I can't help it. [1:39:51.9]

THERAPIST: What happened?

CLIENT: Well it was right after Randy was born and I was completely harassed. I was tired, I was nervous, I was unhappy, and on top of it I was living in this four-room apartment and we didn't have room for anybody. There were three kids and us in four rooms. They were not large rooms you know so we all piled on top of each other and it was a gloomy place, and the neighbors were old, and they didn't understand children, and they were constantly making me nervous about keeping the children quiet. The children were so young I couldn't keep them quiet. I really couldn't. So I was very antagonist toward the neighbors too. I see my part in all of this now but then I felt completely persecuted though and my actions became worse and worse. I mean as far as the children were concerned I just could hardly stand them. [1:40:47.9]

And this one day, it was right after Randy's birth actually, I guess he was about six weeks old, and I wanted to go downtown, and I had to get a whole bunch of things for the family. I hadn't been downtown for months and we needed this stuff. Well in order to do this, because Herb was then still making around \$50 a week and then he didn't often cash his checks, I had to leave my children with my cousin. This meant a journey over to her house on foot, which just so happened I didn't have the car that day which wasn't so terrible, but at any rate with three little kids, the oldest three and a half, it wasn't easy either. And I had a whole bunch of junk to carry. Well I had packed up this little stroller that I had with as much stuff as the baby needed for the day; diapers, and canned food, and bottles, and so forth, and so on. There was one bottle though that I was holding in my hand for some reason and Well first of all I have to tell you that I got the two girls all dressed up, and I was dressing the baby and getting all this junk together, which took about an extra half hour, and it took loads of planning incidentally, I turned around and see the two girls coming in covered from head to toe with mud and there's no time for me to do anything about it because there was something I had to do downtown at a certain time. I don't even remember what it was. Anyway I completely lost my temper. I had never lost it like that before with Wendy in particular. Lori was too little to do anything to. I felt Wendy was the ring leader, and I spanked her harder than I've spanked her in her life. And I screamed at her, and I cried myself sick practically. And it was all in front of her. I just was carrying on something awful. I went to pieces, that was the answer. And then we all sort of grabbed ourselves together, and we started down the stairs and this bottle

in my hand broke into 10,000 pieces. And, of course, I was in pieces again myself by this time because I had to clean it up. There was another child upstairs and she might get cut and so forth. [1:43:13.0]

Well by the time I finally got to go downtown, I was really in some state. And that was sort of the beginning. Of this way that I acted to Wendy was sort of the beginning of the unleashing of my cognitive fury and it was against her. It didn't happen often, but I think that she was old enough and I feel so guilty about it. She was old enough to know very much about it because she has mentioned it many times, the day that mommy cried, because it's probably the only day she's ever seen me cry. And I know she was a rebellious child to a point before that but she was much worse after that. I just feel responsible. I feel also that I'm capable of changing some of these feelings but not completely yet because I still have so many things that are bothering me that I lose patience. And I know she loses patience almost as much as I do, and I guess this is really what I'm referring to when I say that I have nothing left over because the other two don't need it nearly as much. They're easier about themselves or worse they don't have the fears that Wendy has. She's sort of an echo of me. I see myself in her all of the time the fears of storms, her fears of dogs, her fears of things happening around. She falls down very frequently; she always did. She's always cutting herself very minorly but nevertheless drawing blood and getting rather hysterical about it. When things bother her she can't sleep well at night sometimes. All these things I understand. I mean I know why, and I know what I have to do, and I don't feel like I have the wherewithal to do it. [1:45:08.1]

THERAPIST: So you know what you have to do and what is that?

CLIENT: That I have to show her more love. That's what she needs. She's constantly asking me for it. She in fact is very aware of it herself. She says, "I want you to care for me more." "I want you to care more when I fall down." "I want you to care more when something happens to me." But you know I feel like I'm carrying as much as I possibly can. I feel like in some ways that I shouldn't care too much because maybe I'd be doing what my mother does.

THERAPIST: I wondered. You know I must say I don't find that too interesting.

CLIENT: What?

THERAPIST: That you want to care more for Wendy you would fall into the kind of error you feel your mother made.

CLIENT: Well no. I don't think she cared too much for us, but I feel that she fussed over us too much. It made us so aware of things that can happen to us physically that it still happens to me. [1:46:17.9]

THERAPIST: Well that isn't what Wendy's asking for is she?

CLIENT: Well no.

THERAPIST: I'm saying fuss over me.

CLIENT: She's asking me to love her more and I'm still not capable of it and I know it. You see I feel that it's easy for me to show enough affection with the other two because they simply don't require it so much. I mean they're very happy with themselves. The little bit that I give them is enough.

THERAPIST: I feel we have to look more into the relationship between yourself and Wendy.

CLIENT: Yeah, I guess you're right if I'm going to get a very positive affect from me. (inaudible at 1:47:09.6)

THERAPIST: I decided meet Friday at 4:00.

CLIENT: Okay. Is that part of the thing?

THERAPIST: Uh huh. [1:47:22.1]

END

THERAPIST'S NOTE:

Selection 14 is about a ten minute interview occurring about in the middle of interview number 194. This was recorded on August 28, 1958.

BEGIN TRANSCRIPT:

CLIENT: It just worked out so ideally because I don't have to worry if the bus didn't come and take them to my house on time. They're not living with us and that's definitely an advantage. It means I can leave early. I can come home late if I have to. So if I can find the right position now, I've got everything set up for me in a beautiful way. [1:48:14.8]

THERAPIST: You seem to have been rather busy since then.

CLIENT: I feel so original. So now my next step is to try to find something I'm qualified for. I hate to do this but I think probably I'll get something that'll give me return quicker and I really intend to go on record for those commissions and just do that sometimes and see what happens. I know that's not full time. Everything's rolling. By the time I'm 60, who knows, I may be another Ethel Barrymore.

THERAPIST: And this is the first time that you evidentially have the feeling that one can come to this interview and not just be in a position of taking the lid off the garbage can, huh? [1:49:08.4]

CLIENT: Yeah, now that you say it; that's right. I'll tell you the truth I'm a little bit shy, a little bit reticent about telling you these things because I always get the feeling that when I show my true direction in life, if you really put it along side somebody that's straight and narrow, I feel that I don't exactly sound right. That is doesn't exactly sound intelligent. I don't know. I always think that somebody that would want to do the kind of thing that I just did had to have so much on the ball.

THERAPIST: Okay. Now let's see, where does this idea come from? Because what you're really saying is I am being relatively free, original, not so terribly conventional, I'm kind of having fun, and so I wonder if I should tell Dr. Levitski (sp?) all these things because although on the one hand I feel this is wonderful, on the other hand I'm a little bit fearful that maybe I should still be walking on eggshells. But why do you have the feeling that to be free, and expansive, and original is not quite right? [1:50:40.6]

CLIENT: I don't know. Well I think of the term crazy artist first. It's been applied to me for many years from my family. I take some pride incidentally in being original but I get calmed down when I see people around me who live according to their roles. Of course, I imagine a lot of that I think sometimes. I set people in molds just like I expect to set be in a mold too. I actually put you in a mold in a way come to think of it. [1:51:29.4]

THERAPIST: Yeah, who is another great mold setter in your life?

CLIENT: My mother.

THERAPIST: Well watch out how you behave, what you do, what would people think. Let's keep up appearances.

CLIENT: Yeah. It's sort of ambivalent. My mother is funny this way. She enjoys when I do something unusual but she doesn't want anybody to know in the meantime. If it turns out good, fine, but if somebody should happen to look in the window while I'm doing these preparations, she's not so happy about it. My favorite expression is nobody does it so why do it or everybody does it. That's another big one. Still doesn't explain everything; it really doesn't. I lived away from my mother over the years. One of my earliest experiences were for instance, mostly with a maid, with my grandmother, with my aunt and uncle. The one who I did spend the very good part of my youth with my mother but I've had a lot of other influences. And somewhere along the line I guess some of the healthy ones got through. [1:53:11.6]

THERAPIST: Well I think you have a good point there. I don't think it does explain everything. I'll tell you what I am most struck by in today's interview. This is the first time in which you permit yourself to be and are comfortable with being charming.

CLIENT: Thank you. I'm glad to hear it. I wasn't thinking about anything like that.

THERAPIST: This is the first time in which you are really relaxed.

CLIENT: Well I had something good to tell you for a change.

THERAPIST: Not only that but the way in which you tell it. The way in which you're telling and the way in which you're being, you're saying its fun and fine to be a feminine woman. [1:54:07.5]

CLIENT: That's exactly it. I'm feeling real good about it. If I weren't what I am, I couldn't have done those things. I feel that way. If I didn't have all these little things in balance, if I didn't have the kind of personality that I have, and if I didn't have the background that I have, and all the feelings that I have, I couldn't have done it. And so therefore, being myself is good. It's very good. But I can't help feeling a little bit uncomfortable in a way because I'm worried about some of the things that have happened. You know where I suddenly wake up to see where I've been sort of fooling myself and all (inaudible at 1:54:59.0) A lot of times I mean I'm quite able to talk myself into being what I'm not. What is it really? Is it really me or what I've talked myself into? It's not what I've talked myself into this time though. It was too sudden and too spontaneous. I didn't even think about it. I just did it. I had no preparation. I didn't think about it all night. I didn't think about it all day. All of the sudden there I was talking you know. I think really best of it is the affect that it's had on the way that I feel about being married and about having Herb for a husband, and not feeling that I am going to be hog tied because it's something that really will round out my life and will help me rather than hurt me; something that's in my favor in other words, instead of a deterrent. And it was an awfully good feeling to be in sympathy with Herb for a change rather than completely antagonistic. You know it is awfully nerve racking when you live in a house with somebody that you're completely antagonized by. I think I'm not over with a lot of things for instance, a lot of the way that I feel about child care. I still can't quite cope with a lot of things in that department. But you know I feel so guilty about those things. Maybe this is another field in which I have no business feeling so guilty. [1:57:51.5]

END

THERAPIST'S NOTE:

Selection 15 is about a ten minute selection which occurs towards the end of interview number 202. This was recorded on September 30, 1958.

BEGIN TRANSCRIPT:

CLIENT: I've all this time. It's been ten years I've been living with a man who was quite willing to let me be and do whatever I wanted to be, or can do, and I couldn't even see it. I really couldn't see it. I see myself so differently. I see myself differently from the inside out so to speak. I see myself from the sexual point of view differently. I see myself from the abstract point of view differently. And now the only thing that I lack is the actuality, the work. And now if I can only accomplish that, then I think I won't have worry about any neuroses or anything. I feel that I'll be a person and I won't be afraid either. There's so many things that I could do you know. I'm just talking about little menial things now. So many things around the house for instance, that I'm quite capable of doing and because I think that it is Herb's duty as a man to do them instead, I will wait for him then. I will sit back and wait. [2:00:03.9]

THERAPIST: But I think we can see that something else is involved don't you think?

CLIENT: What?

THERAPIST: Involved in your waiting for him to do it. I think it has to do with the fear that you will be or appear unfeminine.

CLIENT: Maybe I've been too anxious about that you know. Maybe I have always thought that if I appear here in any way masculine, that I was lacking in something. And actually I've always been just as feminine as I have to be. But I have aggression in me and an outgoingness in general, and I have lots of quality about me that make me Well I have strength and health, and I have a good mind, so I am quite capable. But this isn't like I think I should be; hiding under a barrel or something. Well look at my mother. I see it so easily now that she is that person personified in detail and in great I mean I don't know how to express it. She is so absolutely feminine and she will not allow herself to be able to pick up a basket. I remember, and she used to rely on me

for that, that was another thing. She used to take out her femininity on me making me feel at the same time like her son. And I can remember her saying, "You are taking the place of my son." And at the time she's saying that she's telling me but don't let anybody know it but that you can do these things. [2:01:55.1]

THERAPIST: At the same she's pushing you to go out and get a man.

CLIENT: Yeah, all these things at once. And after I am her son, I go out and get a man and I'm not going to be his son. I'm going to be his wife. It just doesn't fit. And I guess I've always worried about myself being a little on the masculine side and I wondered is this something that I have to watch out for. Am I destined to be abnormal because of it? I can remember, for instance, thinking that I didn't like the way men looked so very much. There was a certain type of man that I did like the looks of but he wasn't maybe the most masculine kind of man that you think of. I mean maybe a little on the effeminate side as far as masculine beauty is concerned. And that used to disturb me because I thought I actually don't want a man, what I want is a woman. And I used to be jealous I remember of Herb because he could say to me that I was nice looking, that I appealed to him in an attractive way. And I felt that I couldn't say that to him. He's a nice looking man. There's no doubt about it but there was something about it that I couldn't see any beauty in it. The masculine form was sort of spoiled for me. All I saw in it was some kind of a violent attraction but no real beauty. And I felt that I would like to see some beauty in it, and I just couldn't. [2:03:56.9]

THERAPIST: That's very interesting. I don't understand that yet why you aren't able to see beauty in men.

CLIENT: Well I'm able to but not in the men that I've had close contact with. I mean somehow it just hasn't been beautiful that's all. It's been exciting and it's been satisfying but only because of the violence and not because of anything that attracted me Well how can I say it? Well you know the funny part of it is that I used to see beauty in men at one time. I remember I liked the way that Lenny's face was shaped and I used to enjoy looking at him, his face, and yet I didn't feel that he had a very good body. I mean as far as his physique was concerned, it was not good. But I thought his face was nice and I used to enjoy looking at it. And I can remember a soldier that I used to go out with that I admired because he was tall and very muscular. But if I wager that if either one of them had ever taken off their clothes that I might not have felt that way. It was alright as long as it wasn't right there. But maybe that's what scared me is the proximity. Well maybe the very violence that attracts me repels me too. I mean it's something to be afraid of and at the same time something interesting to be enjoyed. [2:06:20.6]

THERAPIST: Well the feeling that I have is that for you the idea of violence in your context with men protects you against some underlining fear. So while that you can feel violent, you don't have to have a fear and you can enjoy it.

CLIENT: While I'm feeling violent I don't have to have a fear?

THERAPIST: You know I've heard this kind of thing from many people. They say sometimes I'm anxious and afraid. If I can get angry then the fear dissipates. [2:07:01.8]

CLIENT: I'm not sure if I understand.

THERAPIST: Well what are you thinking about?

CLIENT: Well I'm thinking that maybe its just natural. Not the violence, not the fear but maybe I just Well I know my mother used to always say that men's bodies were ugly. I don't remember whether she always said it or not. She said it in many ways without saying it and she said it directly once when I was about ten and I had asked her about something about a man. And that conversation was the one where she told me that women had lovely bodies, men had ugly ones, and that women were always on the market. And I can remember that feeling I had, on the market, displayed, on the market. You know I think it's remarkable that somehow, somewhere I have seen what is really natural in me and have wanted to try and bring it about. Of course, I haven't been able to but the fact that I've always felt very natural about my sexuality, really I have, and at the same time I felt guilty for feeling my natural side. This feeling of being displayed and being on the market had something to do with the spoiling of the feeling of being natural about everything. I think besides hiding my masculinity I've hidden my femininity too. [2:10:34.7]

THERAPIST: Quite right. Very good. Which is really what I was kind of implying when I was saying that the violence and the excitement can serve for you to cover up anxiety about being feminine.

CLIENT: Now when we're talking about feminine, we are not talking are we about something weak and able to be used. We are talking about a female person.

THERAPIST: Quite right.

CLIENT: Alright. Well that is probably what I was trying to hide because the fragility I have had to make use of many times. I thought that it was absolutely necessary for preservation to make use of it and of course, it's all wet, ridiculous. I can't get over how I could Well I know how.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The following is a session featuring Dr. Albert Ellis and a client, John Jones. Albert Ellis, Ph.D., was born in Pittsburgh in 1913. He received M.A. and Ph.D. degrees in clinical psychology from Columbia University, and held many important psychological positions, including chief psychologist of the State of New Jersey and adjunct professorships at Rutgers and other universities. He is the founder of Rational Emotive Behavior Therapy (REBT), the first of the now popular Cognitive Behavioral Therapies (CBT).

In 1959 he established the Albert Ellis Institute, a non-profit organization whose mission was to promote Rational Emotive Behavior Therapy (REBT) as a comprehensive educative and preventative theory. Dr. Ellis died on July 24, 2007.

BEGIN TRANSCRIPT

THERAPIST'S NOTE:

The patient with whom the following recorded interview is held is a 31-year-old freelance copywriter who has been a fixed homosexual since the age of 14. He has had only a few heterosexual experiences, when girls have taken the initiative with him. And these have not turned out very well since he has shown himself to be too passive, effeminate and campy. And the girls, therefore, quickly sought other lovers.

He has been very promiscuous homosexually but even in this area has tended to be an unaggressive and passive individual and never to risk making the first overtures himself and thereby take the risk of being rejected.

The recorded interview comprises the fifteenth session with the patient, who has been seen irregularly for individual psychotherapy over a period of seven months at the time it occurs. However, he has more regularly attended group psychotherapy for the past five months. [0:01:12.7]

He first came to therapy largely because he wanted to do creative writing but did not have the courage to try, even though he was competent as a copywriter. After a few months of therapy he did actively try some creative fiction and has been steadily progressing at doing it ever since.

He also considerably improved his general working habits. At first, however, he made no attempt to work on his homosexual problem. And only in the few weeks before the fifteenth session has he shown any inclination to do so.

Both the therapist and his therapy group have been encouraging him to try going with girls, and he now seems ready to make a serious attempt to do so. Though as the contents of the present interview show, he is resisting heterosexual participation in several subtle and obvious ways. [0:02:05.1]

The technique of therapy employed with this patient is rational emotive psychotherapy, which has been outlined in several recent publications. Rational therapy, or RT, is based on the assumption that human beings normally become emotionally disturbed because they are born with biological predispositions which make it easy for them to think crookedly or irrationally and because they biosocially acquire illogical and nonsensical thoughts, philosophies or attitudes.

Human emotion is conceived of as largely being a certain kind a biased, prejudiced kind of thought. And it is held that people can be taught to change their negative and disturbed feelings by changing the thoughts that almost invariably underlie these feelings. [0:02:56.2]

The rational emotive therapist believes that people literally talk themselves into neurotic states by telling themselves illogical and irrational sentences or ideas which they have previously learned from their parents and their culture and have internalized and keep ceaselessly repeating.

The main emphasis of the therapist who employs rational technique is on analyzing the patient's current problems especially his feelings of anger, depression, anxiety and guilt and concretely showing him that these emotions arise not from past events or external situations but from his present irrational attitudes toward very logical fears about these events and situations.

Where in psychoanalytic techniques considerable time is spent on showing the patient how he originally became disturbed, in rational emotive analysis much more emphasis is placed on how he is sustaining his disturbance by still believing the nonsense or illogical ideas which first led him to feel and act in an aberrated (sic) fashion. [0:04:05.7]

RT differs from psychoanalytic procedures in that A, not merely the facts and psychodynamics of the patient's behavior are revealed; but more to the point his underlying philosophies are ideas which lead to and flow from this historical facts;

B, a concerted attack is made on the irrational beliefs that are disclosed in the course of the therapeutic process.

C, emphasis is placed far less on the disclosure of the individual's unconscious drives and feelings than on revealing his unconscious and irrational attitudes which underlie these drives or feelings.

D, the therapist literally teaches the patient how to observe his unconscious illogical thinking and how, instead, to think straight.

And E, the patient is usually encouraged, urged or commanded into emotionally reeducating activity. [0:05:05.8]

The recorded session that follows is a fairly typical interview employing rational emotive technique except that the patient probably because of the previous individual and group sessions he has had is more accepting than many other patients are and requires relatively little counterattacking and annihilating of his irrationally held positions. But he does give considerable lip service, as many patients do, rather than true allegiance to sane views and actions. And the therapist consequently keeps trying to induce him to question and challenge his lip service and to think and act in a manner that will lead to truly rational convictions and hence thoroughgoing emotional and behavioral changes. [0:05:53.9]

BEGIN SESSION TRANSCRIPT:

THERAPIST: How are things?

CLIENT: Pretty good. I haven't been too... Well I can't that. I haven't been too disturbed. I've been keeping pretty busy. However, I'm in that going-to-sleep routine again.

THERAPIST: Yeah.

CLIENT: And I don't, you know. And I don't think I really need the sleep. But I just sleep.

THERAPIST: How much have you been sleeping?

CLIENT: Oh. Well like last... I've been making it a point to get home at midnight. And usually at best, you know, I go to sleep at midnight. And I feel that I should wake up around 8:00 or 9:00, you know, 8:30 in the morning. And it's to my advantage to wake up then, because then I can get a day started. And I'm discovering that I am waking up at 9:30 and 10:00 and 11:00.

THERAPIST: Yeah.

CLIENT: And then in the afternoon if I get tired... Like yesterday afternoon I went in and I thought, "Well I'll flop down." I was sort of I had been drawing all day and my eyes were tired. And I thought, "I'll sleep for an hour or something." And then I'll go to sleep. And this was at 5:00, and I woke up at 8:30. [0:07:01.8]

And this is just too much sleep. You know, I'm just wasting too much time sleeping. And I... You know, if I were physically exhausted it might make sense. But I'm not.

THERAPIST: Are you sleeping past an alarm or anything like that? Or are you not following (ph) the alarm?

CLIENT: No. I hadn't bothered with the alarm except that I know that for a fact last night I slept through a phone call. The phone rang, and it didn't wake me up. And the messenger boy from the desk had a package, and he came up about he said about 6:00. And he said he knocked and knocked and knocked on the door. And I didn't wake up.

So evidently I'm really going out. You know, I'm not waking up to noises.

THERAPIST: Yeah. Literally sleeping right through them.

CLIENT: Yeah. And, you know, and then like an unexpected noise I would I actually think I would wake up, you know, more rapidly. At least I used to be a very light sleeper; anybody walked through the room and I'd wake up. [0:08:02.4]

THERAPIST: Yeah.

(Crosstalking)

THERAPIST: But don't you have an alarm on?

CLIENT: Well up until just recently over the last year I've always been able to flop down and say I'm going to sleep for an hour, and sleep for an hour and wake up.

THERAPIST: Yeah.

CLIENT: And now I'm getting, you know, like I don't know, an attitude if I can sleep... Or I don't respond to what I'm telling myself, that I'm going to wake up.

THERAPIST: You don't have that internal alarm clock going.

CLIENT: No, which I used to could count on.

THERAPIST: Yeah.

CLIENT: You know, if I'd say, "I'm going to wake up at 7:00," I'd be up at, you know, five minutes 'til.

THERAPIST: But isn't the thing then if your internal alarm isn't working to use the

CLIENT: No.

THERAPIST: external until it does work?

CLIENT: But it's... It's just the... You know, it... If I have to get up I suppose I could... You know, I would use an alarm.

THERAPIST: Yeah.

CLIENT: But just the... What bothers me is this idea of, "Why am I wanting to sleep so darn much?" You know, when I know it's physically not necessary for me now because I'm getting more sleep than I ever have. [0:09:00.8]

THERAPIST: Yeah.

CLIENT: Unless it's, you know, just a habit that I've had and it...

THERAPIST: And then you think it possibly might be that you are trying to evade work or evade life or something like that?

CLIENT: Mindset, probably. This is the only thing I can figure.

But one thing: But one thing: Since I told you I was, you know, that I was quitting with the boys...

THERAPIST: Yeah?

CLIENT: ...I have, you know, seen some of the boys that I've known; and we've gone to dinner and things like that. But this is why I've made the point to be home by 12 o'clock, and I hadn't... I ain't had no sex at all for two or three weeks. Because I haven't made it with any of the girls I've met yet.

THERAPIST: Yeah.

CLIENT: And, you know, I have the feeling that maybe I'm sort of hiding behind sleeping, you know. I know I don't I'm not getting the sex I would like. So I go to sleep and sleep it off, you know.

THERAPIST: Yeah. That's it.

CLIENT: That's the only reason I thinkthing I can figure. Of course I don't feel frustrated in any particularly in any other areas.

THERAPIST: But when you are awake do you feel sexually frustrated? [0:09:56.6]

CLIENT: No,. Now this is also a strange part. I was noticing this morning that since this you know. Since I decided I was going to try really working at getting girlfriends, I mean I haven't been at all particularly desirous of sex. You know, I haven't just felt like, "Gee, you know, I've got to go out and find something or somebody."

THERAPIST: Yeah.

CLIENT: Of course for one thing, frankly, the times I have felt I wanted to have some you know, sex for relief, it's just too easy to masturbate. You know, I can always take care of myself that way, which isn't you know, doesn't really solve the problem particularly.

THERAPIST: Yeah.

CLIENT: Except it is relief.

THERAPIST: Well again, do you think that your lack of sex desire is an evasion for...

CLIENT: Yeah I do. I think that I'm... In one hand I'm thinking, you know, that... You know, I want this, and logically this is what I want to do. And still I'm... There's something, you know, more subconsciously and sort

of sneaky subconsciously I must be fighting it. Or dodging it dodging it, not... You know, taking the easy way out. [0:11:12.6]

THERAPIST: All right. Now let's ask ourselves... Let's assume for the moment that this is true, that you are "sneaky subconsciously", as you said, fighting it. Let's ask ourselves exactly what you would be saying to yourself sneaky subconsciously in order to fight it. What would you be afraid of with, let us say, the girl that would induce you, A, to sleep more which you are doing and B, when you are awake, not to have that much of a sex desire?

CLIENT: Well that's the que that's the hard one, frankly. Because I don't think I'm afraid in the sense of being afraid of the girls.

THERAPIST: Yeah.

CLIENT: I mean, you know, I'm not physically afraid or even emotionally afraid, I don't think. I mean a sex relationship... I think what I'm afraid of is probably just the going out and the first... I'm really afraid of the first contact, the how to get into it. [0:12:13.7]

THERAPIST: Yeah. Of the encounter, the meeting.

CLIENT: Right. Yeah.

THERAPIST: That you do have to go out first and get the...

CLIENT: Yeah.

THERAPIST: ...getting to know the girl.

CLIENT: Yeah. And that's when I, you know, I get terribly shy. And I get all you know, messed up. And I think probably what I am doing is to is you know, "Well if you oversleep, then you don't have to go out."

THERAPIST: Yes. That's true. And if you don't have the sex desire you don't have to go out.

CLIENT: Yeah. Right.

THERAPIST: All right. Now let's assume that for the moment, that you are afraid of the contact. Now let's get the exact sentence what you are saying to yourself to make yourself afraid of this contact. What are you saying is dreadful?

CLIENT: Well it sounds too simple to say they won't like me. You know.

THERAPIST: Right.

CLIENT: And I'm sure that's the bottom of it.

THERAPIST: Yeah. In other words you are saying, "But if I don't..." [0:13:01.6]

CLIENT: But am I building a lot of crap? It's, "I hope they won't like me," I guess.

THERAPIST: Well let's get that a little more specific. You're saying, "If I go out and meet the girls or a girl" let's say "then there is a good possibility that she won't like me. And that would be dreadful, that she didn't."

CLIENT: Yeah.

THERAPIST: Is that a sentence you think exactly...

CLIENT: I don't I can't say if that's just it, though.

THERAPIST: Yeah?

CLIENT: It's like... You know, I defeat myself before I go out. Because pretty half the time I just said, "Well I'm going to go somewhere." And I'm you know.

Like, you know, I joined the Museum of Modern Art. And I've gone a couple of times. And I walk in and I look around, and immediately... I don't even see a girl that is appealing looking to me.

THERAPIST: Yeah.

CLIENT: You know. So already before I you know. I'm cutting myself short before I even start.

THERAPIST: Yeah. But again that's what? [0:14:01.9]

CLIENT: And I don't know whether...

THERAPIST: Another technique for the fear? Again, you've given two techniques so far. One, you stay asleep long enough to (inaudible at 0:14:09.2)

CLIENT: It probably is. It probably is.

THERAPIST: And three, you are saying the girl isn't good looking enough.

CLIENT: Yeah.

THERAPIST: But we still get back to the proposition that if you did have the desire if you did get up early and if she were good looking enough and you did make some kind of an overture, that she then wouldn't like you.

CLIENT: Yeah.

THERAPIST: And that would be terrible.

CLIENT: Yeah. I guess... I'm I mean that's right.

THERAPIST: Okay.

CLIENT: But I don't even think I gotten to the stage of finishing it up and saying, "That would be terrible."

THERAPIST: But...

CLIENT: I mean I'm...

THERAPIST: You don't say that...

CLIENT: You know, I'm not rationally say... I mean I'm not logic I'm not open to saying it.

THERAPIST: You are consciously (ph) doing that. Right. But doesn't your behavior show, by inference, that you must be saying something like that? Because if you were saying just A, "If I went out and did these things, didn't sleep, had the sex desire and liked the girl physically, that she might reject me..." just that, if you were saying that, wouldn't you then start going into these evasive dives of yours if you weren't saying, "And it would be terrible if she did reject me." Because if she rejected you, you'd lovely experience at being rejected. [0:15:22.5]

CLIENT: Yeah. Yeah.

THERAPIST: So on some level you must be saying, "That would be terrible. It would be awful. I couldn't take it. Look what a crumb I would be if she rejected me."

CLIENT: Also involved in there is that as we talk I am realizing that I am still very too much on my own terms. Like when I go out to the Modern and I want to meet a girl and I don't meet her in the first ten minutes...

THERAPIST: Yeah?

CLIENT: ...then, you know, it's a bad deal. And I want to go out and go home.

THERAPIST: Is there a...

CLIENT: You know. I'm sort of making the effort but not really the effort. But it's just a...

THERAPIST: Yeah. Now is there a little grandiosity here? Because really...

CLIENT: Well but unfortunately I was you know. I'm looking for somebody good enough for me, not me good enough for them. [0:16:08.1]

THERAPIST: Yeah. And is this... Is that...

CLIENT: And I think this is part of the...

(Recorder cutoff briefly at 0:16:15.9)

CLIENT: They ought to come flocking, and they don't right then.

THERAPIST: That's right. And they don't. And this...

CLIENT: I think that's even more than the fear.

THERAPIST: Yeah.

CLIENT: I mean the fear of the fact that they are not going to come flocking.

THERAPIST: Yeah.

CLIENT: You know, that more than the physical fear...

THERAPIST: That was so unfair that they are not.

CLIENT: Yeah. You know.

THERAPIST: And they should.

CLIENT: Yeah. Because, you know, I get... It's a crazy thing. I get all this shit from everybody that, you know, "You're a good-looking guy. And, you know, you shouldn't have any problems about meeting people."

THERAPIST: Yeah.

CLIENT: And I do. You know, I just flat out do. And I go out with this great feeling of, "Gee. You know, I'm God's gift to women." And nothing happens. You know.

THERAPIST: Yes. But isn't that notion that you are a good-looking guy and you shouldn't have any trouble meeting people isn't that rather unrealistic? Because no matter how good-looking you are and how bright you are and how well educated, don't we all have trouble meeting people? [0:17:05.4]

CLIENT: Well I don't know about the rest of the world, but I do.

No really, you know. But...

THERAPIST: Don't you think that most people have some degree of trouble? Even though they have relatively less than others who are not good looking or stupid and uneducated, don't they always have some trouble? And don't they have to do some work to overcome that "some trouble"?

CLIENT: Well that's it. I think that's really... You know, a lot of the problem is that I... And it's... I finally made up my mind that I would work at it and... But I'm not performing.

THERAPIST: Yeah.

CLIENT: You know. Up here I've said it once that I'm going work at it. But then I'm...

THERAPIST: Work at it. What is "it"? You know what that means?

CLIENT: ...bucking it by going... At meeting people, at pushing myself a little more into walking up and saying, you know, "What's your name?" Just that. [0:18:00.9]

THERAPIST: That's fine. But isn't that the second thing you have to work at? You do have to work at that. But don't you also have to work at that crap that you are telling yourself? "They should. They should..."

CLIENT: Yeah. You know.

THERAPIST: "...do this. But they are all..."

(Recorder cutoff at 0:18:13.9)

THERAPIST: "...would be awful if they didn't." And so on. Isn't that where the work may first be required before you can, secondly, get off your ass and go out and actually talk to the girls and meet them and so on?

CLIENT: Yeah.

THERAPIST: So you are seeing "it" "it" number two. That's why...

CLIENT: The goal. But I am not seeing that...

THERAPIST: Yeah. But are you seeing the more important goal which has plagued you all your life in so many other respects in your other work and so on the "it" number one, that "I must work on me."? So now are you seeing that very clearly?

CLIENT: Not really. That's where I get bogged down. And that was part of... The other day I was... I've noticed after I had been talking to the whole group that I keep talking about things. And that, in a sense, is my thing. [0:19:07.2]

THERAPIST: Yeah.

CLIENT: Is... I mean the goal is I'm seeing some sort of a goal as a thing rather than working on me.

THERAPIST: That's right. That's right. You've got it with the others in the group.

CLIENT: Yeah.

THERAPIST: You could see it with the group. But are you really...

CLIENT: I mean and like that first date is the thing I am shooting for. And it really shouldn't be that important to me.

THERAPIST: Yeah. It's... Oh it should be important.

CLIENT: Oh it should be important. But it shouldn't be the base for later.

THERAPIST: Right. The main thing is changing...

(Recorder cutoff at 0:19:40.4)

THERAPIST: So his ideas, his philosophies, which have kept you back as we just said a minute ago in lots of other respects including and especially this one with the girls.

Now shouldn't most or a great deal of the work, at least be there? Then finally you still will have to do the work of getting up and then getting off your ass and going out and meeting the girls.

But you never quite get to that when you are doing the counter-work, we might say, of falling asleep so much, of not having sex desire, of seeing that the girls are ugly and so on. [0:20:14.6]

That's what you are telling yourself at what I call Point B.

CLIENT: That's it. Yeah. At the same time I must just out of sheer fairness to me and the discussion admit that I have been noticing pretty girls more lately.

THERAPIST: Yes?

CLIENT: And, you know, occasionally on the subway. I have not yet I have yet to get the nerve to walk over to a real pretty girl I've seen in the subway...

THERAPIST: Yeah.

CLIENT: ...and say, you know, "I'd like to call you" or something.

THERAPIST: The defenses are going down more.

CLIENT: But I've been seeing a lot prettier girls than I have.

THERAPIST: Yeah.

CLIENT: And discovering that I'm noting that the prettier girls I am seeing are younger...

THERAPIST: Yeah.

CLIENT: ...than me, which had... I never noticed people girls that were younger than me.

THERAPIST: You didn't notice them at all.

CLIENT: They were always my age or a little older. [0:21:01.4]

THERAPIST: Yeah. Because you edited out the most...

CLIENT: Yeah.

THERAPIST: ...eligible and best-looking ones so wouldn't have to do anything about it.

CLIENT: I'm and I'm sure that's it. But I really am noticing them a lot more.

THERAPIST: All right. So that... That...

CLIENT: Yeah, that there are pretty girls around.

THERAPIST: That fearful and that grandiose sentence at Point B of, "Wouldn't it be awful if I failed?" or "They shouldn't do this to me," seems to be going down a bit, giving you leeway.

CLIENT: At least I can look at them now.

THERAPIST: That's right. At least you can look. But it's still there and requires more work.

CLIENT: Yeah.

THERAPIST: Apparently you have done some on it, because you have asked yourself, "Would it be so awful?" And in your artwork and all, you are doing things now which you have never done before in your life. Isn't that true?

CLIENT: Um hm. And I've even been active enough that I have made a couple of passes at people and, you know, been refused. But at I've I'm sort of trying even there. Oh.

THERAPIST: Yeah.

CLIENT: Granted that one of the gals I made a pass at is as sick as I am, I think. "Er I'm one, too." But, you know. At least I had a chance in the subway to make known what I wanted to ask them. [0:22:08.8]

THERAPIST: And you weren't too afraid.

CLIENT: No.

THERAPIST: So you are contemplating the fact that maybe it isn't so awful.

CLIENT: No, actually. And it was... As I was saying, you know, it was it's a girl I know. She and I have known each other for a long time and sort of been, you know, just good friends for years. I still I find...

(Recorder cutoff at 0:22:35.2)

THERAPIST: Yeah.

CLIENT: And but I don't think I'd ever get anywhere with her. She's just a little too keyed up on being a big businesswoman and one of the editors of Harper's and Vogue, and her career is going to come first and all that kind of stuff.

THERAPIST: Yeah.

CLIENT: So that she sort of builds the wall up, too. [0:22:55.2]

And we had dinner the other night. And she invited me up for a drink after dinner. And I went. And I made a pass. And she said, "No." And that was that. But at least I had tried. I'll granted I was in pretty fancy territory, because I'm you know. It was I guess in a way I felt that I probably would be refused anyway. It was like practice, kind of.

THERAPIST: I see. Yeah. But you were able to do it easier than some other girl that you wouldn't be sure.

CLIENT: Yeah. That I had no idea of.

THERAPIST: Yeah. But still it was an event. And the practice is good, isn't it?

CLIENT: You know. Yeah. And I felt and I really did find that I could make a pass without being embarrassed myself and having...

THERAPIST: Yeah.

CLIENT: ...you know, made an proper approach or something.

THERAPIST: Sure.

CLIENT: And I didn't get hit. So I guess I came out on top.

THERAPIST: And you did get some experience.

CLIENT: Yeah. Yeah. I mean I came out more plus than minus, I guess. [0:24:02.1]

THERAPIST: All right. How many girls have you made a pass at in your whole life?

CLIENT: Four or five.

THERAPIST: Oh, this was one of the four or five.

CLIENT: Um hm. I've been very reticent in that area. I will admit it.

THERAPIST: Yeah.

CLIENT: As a matter of fact, Dave, even in carrying further back I don't think I've ever made a pass at a guy. It was always, you know, they chased me.

THERAPIST: Yeah.

CLIENT: And I'm sure that this has a lot of bearing on it. I want the women to chase me, too.

THERAPIST: Yes. That's right, too. And...

CLIENT: You know. It's an old habit pattern, one of those, you know.

THERAPIST: ...isn't that one of those main reasons for homosexuality, that boys find that other boys will chase them while women won't?

CLIENT: Yeah.

THERAPIST: And it's much safer. And it wouldn't be so terrible, because they won't get rejected that often.

CLIENT: You can say yes without being the villain of the piece.

THERAPIST: That's right. You refuse them, but they are not going to refuse you...

CLIENT: Yes.

THERAPIST: ...unless you make the overture. And you don't have to.

CLIENT: You know, that's pretty true.

THERAPIST: But we get back to changing...

(Recorder cutoff at 0:25:02.1)

THERAPIST: ...be so terrible if you got refused even by a girl you didn't know that there was a good chance beforehand she was going to refuse you. And you didn't know at all what was going to be. Or would it be so terrible if you grandiosely didn't get exactly what you wanted without any effort and with their selection of you?

CLIENT: No. It wouldn't be bad this time, you know. And this I can... I can logically believe this.

THERAPIST: At times.

CLIENT: Yeah. At times.

THERAPIST: But most of the time, more strongly you still believe the other thing.

CLIENT: Yeah. And somehow I don't catch myself saying it to myself. But that's...

THERAPIST: That's right.

CLIENT: There's no type of pattern. And I... You know, I don't even really know when I say it to myself, you know.

THERAPIST: And yet isn't that value of these symptoms...

CLIENT: It's like a dodge.

THERAPIST: ...such as the sleeping too much and so on...

CLIENT: Yeah.

THERAPIST: ...that if you track them down you'll find that you must be saying these things to yourself.

CLIENT: Yeah.

THERAPIST: That the symptom is still there. [0:26:00.8]

CLIENT: But the what I am saying is that I see it after the fact.

THERAPIST: Right.

CLIENT: After I've fallen asleep and wake up I think, "Uh-oh. It's 8 o'clock. And Shatzi (ph) usually..." You know.

THERAPIST: Yes. But isn't...

CLIENT: "You goofed." But...

THERAPIST: All right. But if you clearly see it after the fact and keep admitting completely after the fact, even that, "Yes I still do have this horrifying idea," won't you get it back to before the fact in time?

CLIENT: Yes I will.

THERAPIST: We must perceive that we have the negative notions the fears and abilities and the grandiosities before we can really get to work on them. And if you can perceive and perceive and perceive them through these symptoms the lack of sex desire, the oversleeping and so forth then you can finally get back and clip them, contradict them, challenge them, kick them in the teeth. [0:26:56.5]

CLIENT: And also I must admit, too, that on this thing... It's not just that I... Work-wise I am still working, but not as... It's like in the last two or three weeks there's everything is sort of like gotten soft-pedaled.

THERAPIST: Yeah.

CLIENT: I've done some good work. And I haven't I hadn't had too much commercial work coming in, so I've had time to do samples.

But I really haven't done as much work as much samples as I should as I feel that I should for the time I have spent. I haven't found the apartment that I've been saying that to myself that I want to get. And I you know, I don't know how much of this is involved with this just general, you know, turning off.

I think it's a lot of the problem is just resistance in want in change. And I logically know I want to change, and I'm just not.

THERAPIST: In other words, because you are resisting the change in the sex area you think you are also resisting doing much in the other areas? [0:28:02.4]

CLIENT: Yeah.

THERAPIST: A little sitdown...

CLIENT: I'm sort of yeah. I'm sort of, you know, just in general procrastinating or even blaming one area for another.

THERAPIST: Yeah.

CLIENT: You know. Like, "Well I didn't get the work today done today. So I have to work tonight." Or if that's not the excuse then, "I worked too hard today and I'm going to take a nap." Or, you know. And it and I'm making a vicious circle, I think, of...

THERAPIST: So the work and the apartment hunting become another excuse.

CLIENT: Another dodge, really.

THERAPIST: Yeah. For not going out more and encountering the girls and taking the risks, committing yourself.

CLIENT: That's right.

THERAPIST: Again, what is there to be afraid of? What is... What I'm saying is...

CLIENT: Basically I think there is... It's a real shy... I think or not basically. But part of this is that, you know, when I start thinking about, well the idea of, you know, going out and meeting people I start getting A, financially afraid. [0:29:07.7]

THERAPIST: Yeah.

CLIENT: Because, you know, it's... You know. So if I might find somebody and I do fall in love and I should want to get married, who can afford it?

THERAPIST: Yeah.

CLIENT: Which is also an excuse and a smokescreen, because I know a lot of people who have afforded it on a lot less than I have.

THERAPIST: Right.

CLIENT: But right now something occurred to me.

THERAPIST: Yeah.

CLIENT: Occurred to me, is one... I think one of the few pieces of motherly advice that I forgot was, "To get married is a drag."

THERAPIST: From your mother, literally, you are talking about.

CLIENT: Uh-huh. Uh-huh. Um hm. Literally.

THERAPIST: Yeah. I how old would have been when [you literally heard that] (ph)?

CLIENT: I think 13 or 14.

THERAPIST: And was it repeated several times over the years?

CLIENT: Yes. This was her general attitude: that, you know, she wasn't real happy with being housebound. She and she... [0:30:00.6]

THERAPIST: Yeah.

CLIENT: Well I was told that a couple of times, "Now, don't get married." You know.

Of course then they reversed it when I got grown. And they said then suddenly they decided they wanted grandchildren. It was all reversed. And the pressure was on.

THERAPIST: Yeah.

CLIENT: My little brother provided that commodity.

THERAPIST: But the question is whether her telling you not to get married in itself started souring you, or whether you got soured for other reasons after you...

CLIENT: I used to grab that as something to use.

THERAPIST: Yeah.

CLIENT: Really. That was a good excuse. Mama said it, so that all right.

THERAPIST: That's right. If it came from the horse's mouth, the mare's mouth, then it must be so. And she didn't have such a great life. Why should I?

CLIENT: Yeah. And also I must admit, this is one of the reasons I think that so much really I'm very financially oriented in that sense. Or I'm scared shitless of property, let's face it.

THERAPIST: Maybe that was the more important doctrine they taught you, rather than...

CLIENT: Yeah.

THERAPIST: ...not to get married. Never be poor. [0:30:59.7]

CLIENT: But that was involved with that, you see. And I'm sure that at the time that was Mother's bitch was. It was, you know, "Don't get married, because I got married and look how poor I am."

THERAPIST: Yes. I see. Yeah.

CLIENT: You see.

THERAPIST: But then in other respects...

CLIENT: And somehow marriage and poverty go together.

THERAPIST: They have.

CLIENT: And then maybe I'm sorry. They just do.

THERAPIST: But in other respects, too, they would teach you or she would teach you that poverty was an awful business.

CLIENT: Um hm.

THERAPIST: And by all means do everything possible not to be poor. And so on.

CLIENT: Yeah. And this is why somehow... Well and even in the when I was growing up I couldn't date because I never had money. I mean, you know.

THERAPIST: Yeah. I know.

CLIENT: And it was very... And we were, you know, sort of in an unfortunate position of being one of the old families in the town with no money.

THERAPIST: Yeah.

CLIENT: And you were expected to take your date to the country club or...

THERAPIST: Right.

CLIENT: At least I was taught that that was you were expected to do.

THERAPIST: Yes. That would be...

CLIENT: And I couldn't afford it.

THERAPIST: All right. But isn't this the shame again? How what a shit I would be if I...

CLIENT: Yes. [0:32:01.3]

THERAPIST: ...took my date not to the country club and took them on a cheap soda date or something like that.

CLIENT: Yeah.

THERAPIST: Which, again, is what you were taught...

CLIENT: Yeah, you know.

THERAPIST: ...to be the right kind of person.

CLIENT: That it was going to be all or nothing. And I didn't have the all. And but maybe if I had... You know, if I saved my money and never got married, I might someday be able to afford to take somebody out. You know.

THERAPIST: Yeah. It's interesting that from beginning to end of the sequence, the fear exists that is inculcated. Because it's terrible to take the girl out, to encounter her, to have a date, and not do it right at the beginning. And at the end of the sequence it's terrible to be married to her and be poor and so on.

CLIENT: Yeah.

THERAPIST: And all along the line it's terrible; it's awful; it's catastrophic economically, socially, sexually and otherwise. What awful things would happen if you didn't do everything just right?

CLIENT: Yeah.

THERAPIST: From the beginning to the end of the...

CLIENT: The only trap that the trap that I see to that is that you put everything off until you are too old to enjoy it. [0:33:00.7]

THERAPIST: Yeah. But you see? That's exactly the illogic of this position: that it's awful to do this and do that. But they never say that it's awful...

CLIENT: What you do do.

THERAPIST: ...not to do it.

CLIENT: Yeah. They don't tell you what it's wonderful to do. That's the problem, you know.

THERAPIST: That's right. And if assuming that it was quite disadvantageous to take a girl out not be able to take her to the right place and to marry her, not have enough money and so on look how disadvantageous it is to sit on the sidelines, to become a homosexual and so on. That they don't paint the picture of.

CLIENT: No.

THERAPIST: And as one of my patients keeps saying in one of my groups, when you do get some of the advantages it's a bargain even though you get the disadvantages of life. Because otherwise, without that bargain you will just get these disadvantages, the lack of participation, which they don't tell you that. They don't emphasize.

CLIENT: That's right. Because... No, I think... And that's what... I'm still fighting, you know. I've come to realize that, you know, I sort of wasted 15 or 20 years... [0:34:11.5]

THERAPIST: Yeah.

CLIENT: ...on, you know. Not wanting to be alone but being alone, definitely.

THERAPIST: Yeah.

CLIENT: But I am still having to fight the other one about the economic crap and the "You wouldn't be so a good match if you didn't have it."

THERAPIST: Yes. And it would be disadvantageous. We're not denying that.

CLIENT: Well sure. But...

THERAPIST: But would it be so disadvantageous, as your mother made it out to be and you are making it out to be and so on. It would have...

CLIENT: No. Logically, now I realize it wouldn't.

THERAPIST: Yeah.

CLIENT: I've just got to be able to accept it.

THERAPIST: That's right. Because again we said with that...

(Recorder cutoff at 0:34:50.9)

THERAPIST: She sees lot of things.

CLIENT: I'm having that same trouble. I can tell myself the right sentences...

THERAPIST: Right.

CLIENT: ...at the right time sometimes, you know. But I don't really accept them 100%, that that's really right. [0:35:02.2]

THERAPIST: Yes. And it is true that as you just said you tell yourself the right sentences at times. But what are you saying the other times?

CLIENT: No.

THERAPIST: You are saying just the opposite sentences, aren't you? "Oh my God. Is this terrible? I can't stand it."

CLIENT: Yeah. I'm not even saying the sentences. I'm getting so busy in other areas or making like I'm so busy that I guess... You know, back here somewhere I'm saying it. But I'm expressing it in work or in...

THERAPIST: Yes. You...

CLIENT: ...you know, running around.

THERAPIST: You we can say the sentences instantaneously, a split second. And then immediately we go on to go to sleep or avoid sex it is avoid sex desire in your case; it's nothing like that.

But the sentences still seem to be there. The philosophy is fundamentally there; because if it weren't, why would you have to go to sleep? If you really weren't afraid, weren't telling yourself, "Oh my God. If I encountered a girl, look what'll happen. She may reject me. And finally if I marry her I may be poor." And so on. If you weren't saying that, why would you have to use these dodges? [0:36:02.1]

CLIENT: I wouldn't. You know. And this I know. I wouldn't if I weren't saying that.

THERAPIST: Not that the lack of action itself or the symptom itself is not important. Because you see, that re-propagandizes you further. You say the sentences. Then you start...

CLIENT: And then I say I'm not doing anything. And that makes it even worse.

THERAPIST: That's right. You start blaming yourself for falling asleep or evading the sex desire or so on. And round and round you go.

CLIENT: Don't pull your head off.

THERAPIST: Yes. I gotta take this [laughter leader] (ph) off, go answer the bell.

CLIENT: You might need a longer string.

(Pause)

CLIENT: Now that's the upsetting thing about... Somewhere I can see logic or illogic when other people are talking sometimes. You know, not understandable. But I can talk myself into the most delightfully logical circles, you know. And I can't catch the flaw. [0:37:16.9]

THERAPIST: You don't catch it. Not you can't catch it.

CLIENT: I don't well yeah, I don't catch the flaw. I don't see it.

THERAPIST: And isn't that where the word mainly gives up?

CLIENT: Yeah.

THERAPIST: When you don't go after catching the flaw. You know something is wrong pretty quickly, because you go to sleep or something like that too much.

But then instead of doing the work and...

(Recorder cutoff at 0:37:34.3)

THERAPIST: ...as we said before, you start saying, "Well let's what am I going to do about the other kind of work?"

CLIENT: And, "I'd like I ought to go out tonight, but where am I going to go?" This is...

THERAPIST: Yes.

CLIENT: This is one of my standard sentences...

THERAPIST: Yeah.

CLIENT: ...that I've got to learn how to say: "Well, you know, go anywhere. You know, go ride in the subway for two hours."

THERAPIST: But that, "I ought to go out tonight. Where am I going to go?" is what I call against the grain. Because the grain is still underneath.

CLIENT: Yeah.

THERAPIST: "Jesus Christ, what a horror it would be if I did go out." [0:38:00.5]

CLIENT: Yeah.

THERAPIST: "And did finally marry the girl." You know.

And that grain has to be worked on. And it's more important in many respects to work on that grain than the second grain of let's see the actual technique of going out and so on, which you still have to do.

CLIENT: You know. Well actually I don't... You know, I suppose... You can't... The problem part of the problem, too, is you can't just say, "Well I'm going to do this, and then I'm going to do that." You have to be doing them both at the same time, and being aware that what one is and what the other is.

THERAPIST: Yes. And as you've said...

CLIENT: Grain 1 and Grain 2 in this case for me, I think, have to come with pretty much hand in hand.

THERAPIST: Right. That's right. And...

CLIENT: I've got to work at it while I'm thinking about it. But I've had to start thinking more logically.

THERAPIST: Yeah. And be aware, what you just said a minute ago.

CLIENT: You know. Which is which?

THERAPIST: To be aware, to become aware. To perceive what you doing on both levels: on the inactivity with the girls and the inactivity with the not looking at your own internal verbalizations, your own sentences which are so, so important. [0:39:09.3]

The goofing, most of it in a sense is right there.

CLIENT: Yeah.

THERAPIST: And it isn't an inability to look at it. And it isn't that it's deeply buried and unconscious. You could. But you are not making the effort there. You are slurring it over and saying, "Well I fell asleep again. Isn't that fascinating?" Something like that.

CLIENT: "I wonder what causes this."

THERAPIST: Yeah. But no real attempt to find out.

CLIENT: Yeah. I know what I'm doing.

THERAPIST: And on theory you should know what causes it. Because there must be some crappy internalized sentence there, some "Be a grandiosity" or something like that.

CLIENT: I think it's more in the terms of grandiosity than fear, although they I'm sure they mean the same thing when you really work it back.

THERAPIST: Yeah. They are the other side of the same coin sometimes.

CLIENT: Yeah. But I have much more of a tendency to take the grandiose side than... Like I really basically... I don't think I feel that I'm a pretty shitty individual. I think I have more of a tendency to think I'm like the grandest little thing that ever hit the earth. [0:40:10.9]

THERAPIST: Yeah.

CLIENT: You know. Why doesn't everybody recognize it?

THERAPIST: Yes. That's right.

CLIENT: You know. Like somebody asked me one time what would I like to what would I really like to do? And I said I'd like to... If I were completely honest, the thing I'd like most to be would be sort of the darling of the social world, you know.

THERAPIST: Yeah.

CLIENT: And this is a very grandiose attitude. And I you know, it's not going to happen just by wanting it.

THERAPIST: Yeah.

CLIENT: You know. And I... Even looking at it I know it's a pretty crappy thing to shoot for. But if I just you know, if wishes were horses and that was the wish I would make and then probably get.

THERAPIST: Right.

CLIENT: Until I learned how to or until I catch myself and change.

THERAPIST: Yes. But the two are related because the reason you have to be the darling of the world is to prove...

CLIENT: Is to prove that I'm not bad. [0:41:02.3]

THERAPIST: ...that you're not. Yet you are saying, "I'm a piece of shit."

CLIENT: Yeah.

THERAPIST: "Either I am the darling of the world, or I am utter zero, crap." And are either of those things true?

CLIENT: No.

THERAPIST: Are you really a piece of shit if you are not the darling of the world?

CLIENT: No. See when I'm the... When I am alone and just working with myself, I cannot worry about whether I am being accepted or not accepted. Because I can get very absorbed in what I am working at.

THERAPIST: Yeah.

CLIENT: And that is... It's a very pleasant little dodge: Get busy. Because then you don't have to think about it.

THERAPIST: Yes. It has advantages in its own right...

CLIENT: Yeah.

THERAPIST: ...if it weren't all of your life.

CLIENT: Yeah.

THERAPIST: But you tend to make it all of your life.

CLIENT: Yeah. I don't turn it off after the first eight hours and then go out to meet the girls.

THERAPIST: And that's right. There are other aspects, such as the closer relations with girls so far. And they would become rewarding, these other aspects, if you gave them chance as you've given the being alone. [0:42:02.2]

CLIENT: Um hm.

THERAPIST: Which, incidentally, several months ago you weren't given that such a chance.

CLIENT: No. No I didn't like that so much. Now I've gotten to where I even fight to be alone a lot.

THERAPIST: Yeah.

CLIENT: Very selfishly I have one friend, I must admit he's a grand friend to have because he's loaded and he loves to take you out and spend all the money.

THERAPIST: Yeah.

CLIENT: And he'll take you to the best restaurants and the theater and all this, because he's scared shitless of being alone.

THERAPIST: I see.

CLIENT: You know. And when I first met...

(Recorder cutoff at 0:42:35.9)

CLIENT: ...and he knew that we had sort of a falling out. And he liked me. And I said, "Look. You know, I'm through with guys. No hanky-panky involved I know your game. And if you want somebody, go pick on some other little boy."

THERAPIST: Uh-huh.

CLIENT: "I'll be glad to see you on occasion." And it's gotten to the point where every night he wants to go somewhere and do something that demand (ph) plans. And I've just had to learn how to say, "No. I'm sorry." [0:43:01.6]

He can help me very much business-wise, too, which is one of the reasons I really feel I don't want to drop that contact.

THERAPIST: Yeah.

CLIENT: But I'm not interested in him sexually. And he knows it. And as long as he wants to buy my company, that's fine and dandy by me.

THERAPIST: You have...

CLIENT: It does take away from the time of going out and meeting girls, I must admit.

THERAPIST: But you have learned to say, "I'm sorry" and not feel, "Oh my God. This is terrible. He may not love me."

CLIENT: No. In fact, last night or night before last, he had invited me to dinner. And I thought we were going out to dinner. And then he said meet him at the apartment. And I was there, and there were four or five people there for him. And the party got to looking like it was going to wind with everybody, you know, going to bed with each other. And this wasn't for me.

So I just calmly got up and put my coat on and said, "I have to be at home by midnight because I've got to get up early in the morning." Which was you know. And I found this very easy to do. [0:44:00.5]

THERAPIST: Yeah. And you weren't catastrophized.

CLIENT: Finally good. I can you know. So it's their problem if they can't accept the fact that I will do what I want to do.

THERAPIST: All right. There you were not saying, "If they can't accept it, I am a piece of shit." You weren't saying that this time.

CLIENT: No. And I have found that in that area I have... You know, that's an area that I know well enough that I know I can turn my back on it, and to heck with it.

THERAPIST: Now why can't you do the same thing with girls? If you can say, "If he doesn't accept me..."

CLIENT: Now this is what I keep saying: "Now why can't I reverse the procedure?" But I'm not doing it.

THERAPIST: But obviously in theory you are able to.

CLIENT: Yeah.

THERAPIST: Because if you used to be afraid of people like this what they thought of you if you refused them something and say, "Jesus Christ, that proves I'm no good," and you are not doing that, you can certainly do exactly the same thing with girls. While you still are afraid, "If they rejected me or if they ask too much money or something from me and I can't bear up, I'm a piece of shit."

That's the same basic thing, isn't it? 0:44:59.5]

CLIENT: Yeah. It really is. Well it's a lot has to do with practice. In the area with them I'm beginning to practice this thing, "No."

THERAPIST: You're beginning to.

CLIENT: I'm beginning to.

THERAPIST: You weren't a few months ago.

CLIENT: No. But I mean look in the last two or three weeks...

THERAPIST: Right.

CLIENT: ...for instance. I said that I was through with all that crap.

THERAPIST: Yeah.

CLIENT: I'm finding that it's very easy to or not... But it's not difficult to say...

THERAPIST: Right.

CLIENT: ...exactly what I want and what I intend to do.

THERAPIST: Yes.

CLIENT: And, you know. What the world does to it...

THERAPIST: But you do that with them. Why can't you do it with girls? And you will find some who will get highly insulted and won't take you the way you are, which is tough. But you will find others who will.

CLIENT: Now I'm sure that's true. And I'd guess there is... Basically there has always been this thing, too, that I've never really accepted that females were that girls were not different from men very different.

THERAPIST: Yes. Yeah.

CLIENT: You know? It's that I've always assumed that women reacted to everything differently. [0:46:03.0]

THERAPIST: Yeah. There is that.

CLIENT: I had never taken the trouble to really find out that they don't. That they want sex as much...

THERAPIST: We are all human beings.

CLIENT: ...as men want sex.

THERAPIST: That's right.

CLIENT: They you know.

THERAPIST: And they are human beings at bottom.

CLIENT: Yeah. And I've never accepted that. So they were always like a little goddess somewhere.

THERAPIST: Yes. That's right which is probably what your mother tried to get you to believe, or something along that line.

CLIENT: And even now I find it difficult to just be myself in the sense that it's just another human being I'm talking to, not...

THERAPIST: Yeah.

CLIENT: ...something special and big, you know.

THERAPIST: Yeah.

CLIENT: You see.

THERAPIST: It is possible.

CLIENT: Yeah. And I see...

THERAPIST: There's definitely enough of them.

CLIENT: ...logically that it is possible for me to work on women.

THERAPIST: "To work on," you say.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: To really work on.

THERAPIST: Yes. To really work on.

CLIENT: On just accepting women as people, not women as some special thing.

THERAPIST: Want to hear some of this back?

CLIENT: Yeah. [0:47:02.8]

END SESSION TRANSCRIPT

THERAPIST'S NOTE:

It can be seen from the previous recording that the therapist, using material that the patient brought up during the session, quite deliberately tried to structure the interview so that the patient would see and admit A, that he was evading really going with girls, even though he wanted he said that he wanted to give up his homosexual behavior and to have a try at heterosexuality;

B, that behind his evasions lay a clear-cut catastrophizing philosophy of life concretely embodied in the internalized sentences, "Wouldn't it be terrible if I made attempts to relate to girls and they rejected me? What a thoroughly worthless individual I would then be";

C, that some of the patient's attitudes toward going with females were originally indoctrinated by his mother, who was herself somewhat embittered against marriage; [0:48:03.1]

D, that because of his general fear of failure he has been ceaselessly reiterating his early acquired attitudes and using them as an excuse for his continuing avoidance of heterosexual relationships;

E, that he doesn't have to be afraid of standing up for his own desires and saying, "No" to either males or females, and that if he keeps making progress in being decisive with males as he has been doing he will help himself to be more daring and more decisive with girls;

F, that there is nothing very special about females in that they are a regular part of the human race, and the patient can just as easily be easygoing and relaxed with them and accept possible rejections by them as he is now learning to do and to be with males;

And G, that there is no magic, that the patient is tackling his social sexual problems and becoming less of a patsy and more of an individualist. [0:49:05.1]

The main thing is that he must keep working and working by challenging his own internalized sentences and by taking active plunges into new patterns of behavior until he begins to find it easy to think and act in the heterosexual and un-catastrophizing ways that he is aiming for.

Following this fifteenth session, the transcript of which has just been reviewed, the patient was mainly seen for once-a-week group therapy sessions. He came in for the eighteenth individual session seven months later, mainly to report that he had been having regular intercourse with a girl for the previous two months.

And at first everything had gone very well, but more recently he was not always able to get an erection. Quite obviously this was because after a couple of failures he began worrying about failing again. And like any normal heterosexual male, the more he worried the more he failed. [0:50:05.9]

When this was explained to him and he began to examine his own catastrophizing sentences, he quickly saw how he was defeating himself; and immediately thereafter he began to be unusually potent.

He later stopped seeing this particular girl, but he started an affair with a married woman who had previously had a good many lovers none of whom proved very satisfactory to her. She found the patient exceptionally sexually satisfying, since he was able to copulate for an hour or more at a time and to maintain an erection even after he had had an orgasm.

At the present writing, four months after his eighteenth session, he is still coming for group therapy. He is continuing to make progress in his work, has become considerably less passive and is completely satisfied with heterosexual relations.

Excerpts from his eighteenth session follow. [0:51:02.0]

BEGIN SESSION TRANSCRIPT:

THERAPIST: Again is very obvious that you are quite capable of getting an erection and maintaining no question about that. But when you think you are not then you are not.

CLIENT: Yeah.

THERAPIST: And it's the thought, "I'm not, I'm not, I'm not, I'm not," which is killing you.

CLIENT: And the main thing...

THERAPIST: Yes.

CLIENT: ...is to concentrate on the object and not on myself. I'm not...

(Crosstalking)

THERAPIST: That's right. And I'm on what you are doing instead of how you are doing. This is the essence of success in almost any motor task. Because just think of a guy driving an automobile. And he starts saying to himself, "You know, am I driving this well? Am I going to hit that car over there? You know, I might get into an accident."

CLIENT: That's a pattern in my life, that's suggesting everything that...

THERAPIST: All right. That's the point. In dancing, the same in ice skating, everything that you can try.

THERAPIST: Yeah. But how you are doing instead of what you are doing with your confidence. Both of those gone, and that kills it. Almost any motor task will fall apart at the seams. [0:52:03.6]

CLIENT: Well that was... You know, at least that's good to know. Good. At least I don't feel like I'm absolutely you know, and not involved about this.

THERAPIST: No, no.

CLIENT: No.

THERAPIST: And the only thing we can say is that maybe physiologically you have less of a tendency to get easily erect than somebody else but more of a tendency to stay erect once you are erect.

CLIENT: Yeah. Once I am erect, that you know. And actually I have gone all night without losing an erection.

THERAPIST: Yeah. Well you seem pretty happy.

CLIENT: You know, the [hope's there] (ph).

THERAPIST: All right. And that's rather phenomenal. It's very unusual.

CLIENT: But as I say, it sometimes takes forever to get me there. You know?

THERAPIST: Because you are not getting there. You're really trying to get there. You are trying to watch yourself get there.

CLIENT: Yeah.

THERAPIST: You are worrying about getting there. And as you can see...

(Recorder cutoff off at 0:52:51.7)

THERAPIST: More worry. And you can say, "Look. None of this shit." Back to the issue, which is look how enjoyable this thing is. Not, "Look what a great guy I'll be, you know, if I satisfy her." How enjoyable it is. [0:53:06.1]

I don't see any doubt whatsoever that you will remain quite potent.

CLIENT: You know, well not to... I don't think it's... Even now the panic has been kind of how great she's going to think I am. At least I don't consciously think it's, "Look out." It's, you know, "Look, if you don't perform you're going to lose this whole situation." You know. And when you are already capable...

THERAPIST: And you're a piece of shit if you lose it.

CLIENT: Yeah. Yeah. Yeah.

THERAPIST: Okay. See, that's where the panic comes.

CLIENT: And I've been working on it, really caring whether she thinks I'm the greatest lover she ever had. Because I care about her.

THERAPIST: Okay. Right.

(Recorder cutoff at 0:53:35.2)

THERAPIST: But it's kind of it's still the POS that's in back of it all.

CLIENT: Yeah. Wow. At least that made the biggest... You know, I feel like I'm in a big performance. And it's like, you know, a year ago...

THERAPIST: Yes. There's no question you are going steadily with this girl, and generally you are enjoying her. And then most of the hassles that you thought would exist have not really come to bear, I would think. [0:54:03.0]

CLIENT: No. I feel fine. And I put myself in a position often of being, you know, like forcing her to be aggressive at times.

THERAPIST: Yeah.

CLIENT: And these are old tricks.

THERAPIST: Yeah.

CLIENT: But...

THERAPIST: And you would do that even with boys unconsciously (ph).

CLIENT: Well always.

THERAPIST: Yeah.

CLIENT: You know, I don't think I ever felt I approached a guy.

THERAPIST: Yeah.

CLIENT: Except putting myself in a place, in a location where it was obvious that I was out there to be picked up.

THERAPIST: All right. So you're still up to some of your old tricks. But there has been considerable improvement.

CLIENT: Yeah. I think so. And I'm in fact I feel better about it. I have also been...

(Recorder cutoff at 0:54:45.0)

CLIENT: ...a new relationship I took up a few nights ago well not a few nights ago. Actually it was I guess the week before Christmas, during the week before Christmas.

I had gone to a backer's audition and had dinner and then came to my house. And we got there and... [0:55:07.9]

...staying with me "temporarily". And I finally told her the other day, "You know, find another apartment pretty soon."

(Recorder cutoff at 0:55:14.9)

CLIENT: Her stuff was there. And, you know, we spoke to him. And he was watching TV in the living room. And we quietly went into the bedroom and sat and talked for awhile, you know, thinking that he had to go back to his room.

THERAPIST: Yeah.

CLIENT: And we can take the TV because it's a portable, and he didn't need to take that for about a half an hour.

And finally, you know, I mean I feel good about this. I finally got up and walked into the living room and said, "Yvette (ph), could you please come into the bedroom?" Which I don't think I would have done been able to do a long time ago, you know?

THERAPIST: Yeah.

CLIENT: At least I was not conscious I think I've gotten over this. Especially the fact that he is gay and he is...

THERAPIST: That's right.

CLIENT: You know. [0:56:00.5]

THERAPIST: That's right.

CLIENT: And so that...

THERAPIST: And so you worry for to face that.

CLIENT: Yeah. I think now I've gotten to the point where, you know. What other people do is their business.

THERAPIST: Right.

CLIENT: And I've got to worry about me.

(Recorder cutoff at 0:56:14.2)

THERAPIST: How are you doing this time? The boys concerned do they bother you? Do you have trouble...

CLIENT: No really I haven't. No I really haven't. I've I still see quite a few, of course, because I... Or, you know, people that were particularly friends.

THERAPIST: Yeah.

CLIENT: That, you know, maybe at one time that I had had a little sex thing but had never spoke up.

THERAPIST: Yeah.

CLIENT: And I've made, you know, no bones about telling them that hey, I'm interested in meeting girls. And that I, you know, that I have a girl that I am going with.

And for this reason I am not being bothered. It has made them nervous at Christmas, though. I wasn't invited to nearly as many Christmas parties because all of the gay ones were no longer inviting me to their parties, which is good. [0:57:03.8]

THERAPIST: Yeah.

CLIENT: I was really glad of this, because it certainly automatically removed its own temptation, kind of, you know, being to go to the party.

But there's no real problem there. You know, just by opening my mouth and saying, "I won. I've solved this." And yet, you know, they can either like me or not like me depending on their personality. But it's...

THERAPIST: Right.

CLIENT: ...not my problem as to whether they worry about what I do. And then...

THERAPIST: And as long as you keep making it...

(Recorder cutoff at 0:57:31.5)

THERAPIST: ...no longer available, it's like you are not going to go around being obsessed with making it with boys.

CLIENT: No. And actually it you know. It's upended. I think they really... To be perfectly honest, it was a combination that was the easiest target and habit.

THERAPIST: Yeah. But one that you had to be less aggressive with.

CLIENT: Yeah.

THERAPIST: They pick you up, and they take the role. And there was nothing much to be lost.

CLIENT: Because let's face it, you know. In fact it was very funny...

(Recorder cutoff at 0:57:59.5)

CLIENT: ...boasted, you know, background. But she has a lot of friends. And she knows that I've gotten through the gay bit. And, you know, unfortunately I didn't... I'd come out and tell her, but at one point she said she asked me, you know, especially having met some of the guys I had been with and wondering. You know, I didn't lie about it. I said, "Well it was true."

Anyway, the other night we were doing it one time.

(Recorder cutoff at 0:58:25.6)

CLIENT: It scared me. And frankly this, you know. It was, you know, petting and making love and going to the bed. And she said, "Well I don't know whether you want to." And I said, "Well why?" And she said, "I'm in my period."

Well frankly I had never had any experience with anybody who is in her period or anything.

THERAPIST: Yeah.

CLIENT: And I said, "Well does that mean you can't?" Because I didn't know, honestly.

THERAPIST: Yeah.

CLIENT: And she said months ago, "Usually when a woman is in her period, you know, she's hotter than at other times because of her... But it's messy." And I said, "Well." Then I started laughing. And then I said, "Well I've gotten covered with shit. Who cares about a little blood?"

So find and dandy. We went to bed. And frankly I found that that one was pleasurefully with visions of blood. And we would have missed that.

THERAPIST: Yeah. [0:59:10.8]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of their particular brand of therapy.

Dr. Ira Progoff, (1921-1998), is best known for his development of an intensive journal-writing method he developed as a way to encourage personal growth. Dr. Progoff received a PhD in Psychology from New School for Social Research in New York City in 1951 and, in the following few years, studied with Carl Jung in Switzerland. Dr. Progoff's main interest was in depth psychology and particularly the humanistic adaptation of Jungian ideas to the lives of ordinary people. He founded Dialogue House in New York City to help promote this method.

Dr. Progoff discussed his theories of depth psychology and related subjects in 14 books, starting in the 1950's with a series of psychological workbooks. He emphasized the spiritual and creative potentials of personality. "Each human life," he wrote, "has the potentiality of becoming an art work."

This transcript is a session with Dr. Progoff and a client.

BEGIN TRANSCRIPT:

CLIENT: Well, now we have lots of things to do today.

THERAPIST: Yes.

CLIENT: Real work.

THERAPIST: Hum?

CLIENT: Work actually.

THERAPIST: Work.

CLIENT: That's right, work. Less talk and more work. And some of the things to be done are some dreams that have been sort of piling up that we haven't

THERAPIST: Okay.

CLIENT: ...looked at. And you want to read it, or do you want me to read it?

THERAPIST: No you read it.

CLIENT: This dates from the morning of April the 7th and I start out by saying "I woke with these remembered sequences. I seem to be driving in an automobile in which there are some women passengers, possibly my mother and sister, but I'm not sure of that. At any rate it is a very similar situation to real life in that when I was living at home we very often used to drive around, you know, drive through the countryside, you know, on a pleasure short pleasure drive." [0:01:05.1]

THERAPIST: Uh-huh.

CLIENT: "And this is similar to that. So we're driving along a rural road in the countryside very much like that of the county where I grew up. I remark about the beautiful sunset and especially how bright the stars are. I can see them spread out over the evening sky and twinkling brilliantly. There remains enough daylight to see everything clearly, however. We pass a beautiful old country house all white and set among tall green trees at the crest of a hill. The terrain falls away in front of it in a broad green slope that gives a broad and beautiful view. I am captivated by it and say with much enthusiasm, "You know if I couldn't have a house on a bluff overlooking the Missouri River I would like to have one just like this on the top of a hill with this broad sweep of country before it".

THERAPIST: Uh-huh.

CLIENT: "A woman to whom I have said this answers with some impatience but not really irritated, "Yes I know I know you don't have to explain". As we drive along past the house I see where the banks of the roadside have been somewhat eroded so that the roots of the trees are exposed here and there. We turn in at an entrance to another house similar to the first one and get out to visit the woman who lives there. We have a little dog with us who growls and shows its teeth when we are out of the car. While waiting for the woman who lives there to come to the door, I try to stop the little dog's unfriendly behavior. And the way that I do that is I seem to have a flat piece of paper, it's almost as though it were one of these drawings wrapped up in brown paper, the way I bring them over here." [0:02:56.2]

THERAPIST: Yeah.

CLIENT: "And I, the little dog is standing beside me facing toward the house. I put the piece of paper down in front of it as though to block it from its objectivity"

THERAPIST: Uh-huh.

CLIENT: "which is directed toward the house, that's the way I try to stop its behavior."

THERAPIST: Uh-huh.

CLIENT: "It finally looks up at me and says, 'that's all right let me show my teeth I'm just establishing my right to be here'".

THERAPIST: The dog says?

CLIENT: Yes. "Because there's a little dog in the house who will try to intimidate me if I don't take self, take a self-confident attitude." [0:03:36.6]

THERAPIST: Uh-huh.

CLIENT: "Now the woman with her little dog

THERAPIST: Because the little dog will intimidate him he says if he.

CLIENT: Yes, uh-huh, there's another little dog.

THERAPIST: In that house, uh-huh.

CLIENT: Uh-huh, in the house that we are approaching.

THERAPIST: Yes.

CLIENT: This little dog as much as to say, you know, this is just a pose I'm taking don't

THERAPIST: Uh-huh.

CLIENT: ...take it so seriously.

THERAPIST: Yes.

CLIENT: Because if I don't take this, this dog that we're going to visit is going to lord it over me or, you know

THERAPIST: Uh-huh.

CLIENT: ...make me back down so I have to act this way. So just let me go ahead, you know, it's all right. [0:04:10.6]

THERAPIST: Uh-huh.

CLIENT: Okay. So

THERAPIST: Yes, we'll come back to that but that find.

CLIENT: Yeah, because that's I thought that was something that we want to talk about.

THERAPIST: Sure because the dog, the dog is no small symbol in the context of your dream.

CLIENT: Yeah. So we're waiting for this woman to come to the door and "she does come to the door and opens it and her little dog does come out and she's barking, but as I walk toward it, that is the host dog, it retreats a few steps and then turns around and barks some more. I feel somewhat timid about advancing toward it for fear that it will nip my ankles. Not really afraid, you know, but just a little cautious about it. But remembering what my dog said, I walk toward it with an air at least of assurance and it always retreat, runs back a few steps" [0:05:15.3]

THERAPIST: Uh-huh.

CLIENT: "turns around and barks some more. I keep walking very steadily toward it."

THERAPIST: Uh-huh.

CLIENT: "It retreats again."

THERAPIST: Each time?

CLIENT: Yes.

THERAPIST: Each time you walk toward it retreats?

CLIENT: Yeah.

THERAPIST: And it's the woman's dog?

CLIENT: Yes, uh-huh. "And during that process we actually enter the house and get to a room where we are about to sit down, you know, everybody is taking a seat."

THERAPIST: Yeah.

CLIENT: That's the way the dream closes.

THERAPIST: Who is everybody now?

CLIENT: Well there beside you see they weren't identified, but I have the feeling that it was my mother and sister with me or some a woman or two women with me in this car.

THERAPIST: In the car with you?

CLIENT: And we stopped to visit a friend. Uh-huh.

THERAPIST: Uh-huh.

CLIENT: Who herself is an elderly woman, older woman.

THERAPIST: All this does seem to take place back home?

CLIENT: That's the setting all right. And the elements of the dream really are things that date from back home because this viewing of those beautiful houses [0:06:16.4]

THERAPIST: Uh-huh.

CLIENT: ...you know, really in a very peaceful and oh typical

THERAPIST: Uh-huh.

CLIENT: ...rural setting, are things that have appealed to me from ever since when I use to live out there as a matter of fact. And I very often have admired and even painted some of those old houses.

THERAPIST: Uh-huh. But it's to say these are places where you say that this is the kind of house that you would like?

CLIENT: Yeah, uh-huh.

THERAPIST: Expecting, of course, that in the dream the house would have another meaning as well.

CLIENT: Yes, but I mean the atmosphere and the elements really seem to come from a life situation. [0:07:05.2]

THERAPIST: Uh-huh.

CLIENT: Which is back there in adolescence.

THERAPIST: Yes. And now at the end of the dream it does seem to be your mother and sister, you think?

CLIENT: No more so then at first. As a matter of fact there was less of them in the end of the dream then in the early part when we were driving along and I saw the beautiful sunset and the stars out, then I seemed to feel that I was in the car with my mother and sister and that's a repeat, repeated figure, you know

THERAPIST: Yes, of course.

CLIENT: ...that always is there.

THERAPIST: This other woman is she a friend of theirs?

CLIENT: She holds the position of somebody that we know and have known a long while.

THERAPIST: Uh-huh.

CLIENT: And in a drive through the country we might just stop in and say hello to.

THERAPIST: Uh-huh.

CLIENT: Actually in the dream she was nobody that I really knew and even as we drove up to the house she seemed somewhat to be a stranger to me. [0:08:04.3]

THERAPIST: Uh-huh.

CLIENT: And that, you know, is that sort of paradoxical but that's the way it was. We stopped as though stopping to see a friend of long standing.

THERAPIST: Uh-huh.

CLIENT: Maybe a family friend, you know, and yet I didn't seem to know who it was.

THERAPIST: Well, what do you think about that?

CLIENT: It makes me think that's it as in many recent dreams as shift in (inaudible 0:08:33.5) figures.

THERAPIST: Yes.

CLIENT: She would belong to the group of personages that represent a new one, you know, or transition.

THERAPIST: Well, either she would represent a new one or since she seems to be known by your mother and sister it may be that she's an old one whom you don't recognize any more.

CLIENT: Yeah.

THERAPIST: Because at this

CLIENT: Well, that's our situation all right. [0:09:03.9]

THERAPIST: Right. In other words at this point in the process where we have come this far that the, how should we say, that the whole feminine side of your self, this whole kind of possession by the feminine that this is something that is really from which you have pretty much freed yourself and that now that you come here at this point in the work you come to this old expression of the feminine which has somehow possessed so much of your psychic up to now, now at this point you are so far away from that, that you don't even remember. Only this, the dog, her dog, you take the attitude toward that dog and each time you take quite a strong masculine attitude and each time you take a masculine attitude the dog retreats. [0:10:14.5]

CLIENT: This situation was pictured in a dream of several months ago in that incidence it was I discovered an unused room in my house and I thought that, it appeared to me the one room, if I opened up that room and used it as a part of my apartment, but I would have to pay more rent would the landlady charge me more rent? Well, thereupon the landlady appeared in the dream and she had a little cat with her.

THERAPIST: Yeah.

CLIENT: I had a little cat with me.

THERAPIST: Yes.

CLIENT: And as I entered the room the two cats were antagonist and the landlady's cat drove my cat away.

THERAPIST: Yes.

CLIENT: You see.

THERAPIST: Uh-huh.

CLIENT: Whereas in this dream we now have dogs. [0:11:03.4]

THERAPIST: Yes.

CLIENT: And my dog says let me take a stand against this and I myself take as you say a more active, aggressive, masculine stand and make the others retreat. Which to me seems to be a continuation of that same situation or just what you've described.

THERAPIST: Uh-huh.

CLIENT: Also, this current dream, you see just prior to this episode we passed some exposed roots along the side of the road which would seem somehow, I tried to figure those out what kind of roots they were, you know.

THERAPIST: Yes.

CLIENT: And I figured they were roots from my background.

THERAPIST: Uh-huh.

CLIENT: From way back there which the whole dream pictured and it could very well be that that was one of the aspects of the roots.

THERAPIST: Something you said also about the ground there being eroded. [0:12:02.1]

CLIENT: That's what exposed the roots.

THERAPIST: Uh-huh. That which would mean really that that part of your life had been eroded and had laid bare the roots, you see, and it was as though that part of your life had now, had been negated really. And now your dog, the dog speaking, how did that seem in the dream?

CLIENT: Perfectly natural.

THERAPIST: Perfectly sensible?

CLIENT: I heard, you know, dogs have spoken to me quite a lot at times.

THERAPIST: Yes. Well, I think this dog we would take somehow as quite a personal essence of you, couldn't we? I mean we've had dog in the sense of the Hounds of Heaven.

CLIENT: Uh-huh.

THERAPIST: But always somehow representing something very intimate. [0:13:05.5]

CLIENT: Yes, always yeah.

THERAPIST: Yeah. Spiritual essential.

CLIENT: Uh-huh.

THERAPIST: And I would take your dog to represent there is something true of you in principal. Maybe, yeah in a sense as though the dog represents you can almost say your soul, your sort of basic nature, not animal nature but basic nature. And he speaks with an awareness of the situation ahead of time really I mean he says, but what did he say when -

CLIENT: When I try to stop him?

THERAPIST: Yes.

CLIENT: He looks up and says "that's all right let me show my teeth".

THERAPIST: Yes.

CLIENT: Those are the extra words up to that point. [0:14:03.9]

THERAPIST: "Let me show my teeth".

CLIENT: Yeah.

THERAPIST: Yes.

CLIENT: From then on he continued and I paraphrased because I didn't remember the exact words but the idea was I'm just establishing my right to be here because there's a little dog in the house we will try to intimidate me if I don't take a self-confident attitude.

THERAPIST: Uh-huh. So that would mean he's really here as a newcomer?

CLIENT: Yes.

THERAPIST: So.

CLIENT: And that's typical really of dogs nature, you know, how they defend their own when they're at home

THERAPIST: Yes.

CLIENT: ...on their own property

THERAPIST: Yes.

CLIENT: ...they defend it

THERAPIST: Yes.

CLIENT: ...in all sorts of ways. But a dog that comes from the outside is on the defensive

THERAPIST: That's right.

CLIENT: ...always. And he has to establish himself.

THERAPIST: Uh-huh.

CLIENT: If he's going to cross the line.

THERAPIST: Well, yes he has to, he's on the defensive sort of aggressively though he has to he has something, he has to establish a new right.

CLIENT: Yes.

THERAPIST: Well, in this sense then the dog represents the new self that has been coming into being.
[0:15:06.4]

CLIENT: I would say so yeah.

THERAPIST: Yeah. And the feeling is that this could be lost if he doesn't establish his right to exist in an affirmative way even in an aggressive way by bearing his teeth. And that if he does take a strong masculine, affirmative attitude he will establish his right to be there, otherwise he will not and then the next part of the dream really has you carrying on the work for him.

CLIENT: That's true, it's as though he and I participate in the same action.

THERAPIST: It's as though you and the dog are extensions of each other

CLIENT: Yes.

THERAPIST: ...which would be the feeling, you see, that the dog somehow represents your essential being and you yourself represent the outer side of yourself, the side that actually does the activities that are necessary in order to fulfill what is necessary for the essence of yourself as expressed in the dog. And so you do it, it really does sound as though this is carrying the process further on. I think it also expresses something we have had in the last two, three sessions namely a certain bearing of teeth. [0:16:28.0]

CLIENT: Well, you see this dates from the 7th of April.

THERAPIST: Oh, I see, yeah, that's right. So that really indicates the, actually it's just as well that we had the discussions that we did and didn't get onto this dream because what we did was have a (inaudible 0:16:43.2) instead of a dream about it.

CLIENT: Yeah, uh-huh.

THERAPIST: Just like.

CLIENT: Except that I had the advantage on you in that I had had the dream.

THERAPIST: That's right you did.

CLIENT: Do you see any significance in the fact that the earlier dream used cats as extensions and this one used dogs? [0:17:11.1]

THERAPIST: I think the only thought I would have on that is that for you dogs are a much stronger symbol than cats. The dogs, I don't think you could have cat as a symbol for your basic self that wouldn't fit in your context. If its cat it had to end up negative, it did didn't it?

CLIENT: Yes.

THERAPIST: I think cat would not be a strongly affirmative image for you in the context of your dreams, I mean it might be for somebody else but it wouldn't be for, you think?

CLIENT: No when they have appeared before I never have felt the kind of affirmation that this dream with the dog carries. [0:18:12.1]

THERAPIST: Or other dogs.

CLIENT: That's right.

THERAPIST: Other dog dreams. Therefore, I would think that the fact that it was a cat dream meant it wasn't quite ready to have an affirmative outcome and that's just the way the dream was.

CLIENT: It acted though as a source of carrot, you know.

THERAPIST: Yeah.

CLIENT: Something to work toward.

THERAPIST: That's right. Well, it

CLIENT: That was very impressive in that way.

THERAPIST: ...show the thing in process, yes, uh-huh.

CLIENT: Here is one from two days later on the 9th. "I saw what looked like a white canvass or perhaps a piece of paper about the size of an ordinary painting. On it were sketched in the main lines or preliminary drawing in preparation for a painting. It seemed to be a sort of flower pot and the long straggly stems of a plant. I was examining them very closely and much interested in one line that curved in a big loop. I was very interested to see if it actually touched another of the lines but decided that it didn't." Now the feeling that I had when I recalled this dream was that it was a sketch [0:19:32.8]

THERAPIST: Uh-huh.

CLIENT: ...or a preliminary laying in of a painting and that the main lines were somehow sketched in, drawn in.

THERAPIST: Uh-huh.

CLIENT: And what they needed was to be filled out or to be developed

THERAPIST: Uh-huh.

CLIENT: ...or carried on further in steps to make this a real work.

THERAPIST: Uh-huh.

CLIENT: What they or what they actually information they carry I don't know, I don't know what they had, you know, if any. But they really were quite definite in a certain kind of shape. [0:20:16.5]

THERAPIST: Like this.

CLIENT: Yes and I examined them with great interest.

THERAPIST: Oh and you say here that when you looked at the image the lines reminded you of the lines in your palm.

CLIENT: Yes later, you know, later in the day as I thought about that.

THERAPIST: Uh-huh. You've never had an interest in palm reading, have you?

CLIENT: Just the, you know, a cursory kind that, I never have gone in for it, you know, or studied it or had any kind of a reading of my palm.

THERAPIST: Why would you have a strong feeling about this in anyway? Because I take this really again as a preparatory image as you say like a preliminary drawing in preparation for a painting which would certainly wouldn't it express sort of way you've been this past week or two? [0:21:32.1]

CLIENT: Oh yes.

THERAPIST: Uh-huh, in preparation. Let's see the next one about the keys.

CLIENT: "I saw one or more keys rather like the keys to my car. They were not complete in their shape but I seemed aware that they would still work to open whatever lock they belonged to. As I woke up I realized that I thought they were in bed with me and had slipped down into the depression that my body made in the

mattress, and I was still anxiously trying to locate them or it when I came to and realized where I was." You know actually, I actually was sort of feeling around the bed post to try to see if I couldn't locate that key. [0:22:15.8]

THERAPIST: Uh-huh.

CLIENT: I was really after it.

THERAPIST: Yeah, why?

CLIENT: Well, because it was necessary, you know, it really was quite desirable that I find that key.

THERAPIST: Yeah, why?

CLIENT: Oh who knows why, I mean I can think of a thousand reasons now but in the dream there wasn't any reason.

THERAPIST: Well, I mean why were you dreaming it? As it was the key, there was a dream to your, the keys to your car?

CLIENT: Yeah, or yes or similar and they had been somehow they weren't complete keys as though part of them had been worn away or filed away but they still would work

THERAPIST: Yeah.

CLIENT: ...all right. They weren't ruined that sort of disturbed me because I thought if this is a key that I care, that I have [0:23:06.5]

THERAPIST: Yeah.

CLIENT: ...it's part of my possession. Something is being, happening to it, you know,

THERAPIST: Uh-huh.

CLIENT: ...I mean, you know, eroded by time or use or not used.

THERAPIST: What do you think that might have been? Have any idea what that might have been?

CLIENT: Not specifically it just seems to me that what is the key, the key is to get united with this real creative self.

THERAPIST: Yes.

CLIENT: And that's already in my possession.

THERAPIST: That's right.

CLIENT: That I, that's there and it's nothing I have to acquire in other words.

THERAPIST: Uh-huh.

CLIENT: But just find it

THERAPIST: Yeah.

CLIENT: ...and it will work.

THERAPIST: Right.

CLIENT: Will open.

THERAPIST: Well, but isn't there the sense in that, that you have the keys?

CLIENT: Yes.

THERAPIST: In other words they're not really

CLIENT: But I don't know them, but I don't know it, that's the sense.

THERAPIST: But you had them, you seen them. [0:24:07.5]

CLIENT: Yes.

THERAPIST: Just you dropped them and they're in your bed somewhere.

CLIENT: Yeah.

THERAPIST: All right. The question that was bothering you was why they were eroded a bit

CLIENT: Yeah.

THERAPIST: ...filed away? I think that might have a sense that you see that perhaps a month or two ago you had more a sense of assuredness that you did have the whole key brand new.

CLIENT: That's funny, now I feel more, maybe not at the time of the dream but right now

THERAPIST: Yeah.

CLIENT: ...as feel more as though I had the key than then.

THERAPIST: Right, well, but you had that dream about eight or ten days ago.

CLIENT: Yes.

THERAPIST: And that would be at a time when you would have the feeling when you were somehow at that time you were in sort of a (inaudible 0:24:52.6) where you felt you had it and you had the capacity for all this creative activity that you've already begun, but somehow it's a time of being in-between and you've had this feeling of things working around inside you in a preparatory way again. And that would be perhaps oh that something of a key that you had had worn off. [0:25:19.8]

CLIENT: One of the earliest dreams I ever had was of keys, I had the key in my pocket

THERAPIST: Yes.

CLIENT: ...to my car and I wanted to get away and get in the car and go.

THERAPIST: Yeah.

CLIENT: I couldn't get them out of my pocket somehow.

THERAPIST: Uh-huh.

CLIENT: So that that key was really from the very start.

THERAPIST: Yes, uh-huh.

CLIENT: Part of the equipment.

THERAPIST: Uh-huh.

CLIENT: Now it comes in again and it seems, you know, not to be whole that's what bothered me, it wasn't a complete key

THERAPIST: Yes.

CLIENT: ...but it would still work.

THERAPIST: Yes. In other words even at the time when you were feeling in the (inaudible 0:25:55.0) even then it was still there enough.

CLIENT: Uh-huh.

THERAPIST: It was, so that even, even two weeks ago even in the lower time you still had the sense of the power and the ability was there. Then how did it seem to be lost? How come that it was lost? [0:26:39.4]

CLIENT: It wasn't so much that it was lost as though I couldn't get my hands on it. In the dream I never really held the key in my hand I just sort of saw the key.

THERAPIST: Uh-huh, yes. Oh yes so really you didn't have it but you felt it was around?

CLIENT: I saw it first.

THERAPIST: And that's when you -

CLIENT: You see in my vision

THERAPIST: Yes.

CLIENT: ...and then it seemed to develop actually it took you might say a more concrete form in that instead of just being an image it became a something real that was next to me and I was actually physically trying to pick it up. [0:27:12.2]

THERAPIST: Uh-huh, yeah. And -

CLIENT: Not knowing exactly where to put my hands on it.

THERAPIST: Yeah. Feeling as though it was right within your grasp?

CLIENT: Yes, uh-huh.

THERAPIST: Uh-huh. And I think we can only add then the other remark though about your feeling that you have right now of being all the more sure now that just for the fact that it has been worn thin in certain parts that it will work better perhaps like well aren't there people who put a little bit of sandpaper on the keys to make them more sensitive and more versatile? [0:27:53.6]

CLIENT: Uh-huh.

THERAPIST: To open more locks then just one and that somehow has happened.

CLIENT: I don't know if it's the result of this dream but probably a result of the process that is going on and the dream is a part. But I can allow that I'm so sure the key's there that I'm not even worried about looking for it, I have this frantic search for it you know. [0:28:25.3]

T: You know it's interesting you've had the dream the Hounds of Heaven come up in your material. In the earlier session, this woman had an image of Virgin Mary that had first been very clear and beautiful and then she saw it as charred. And she thought oh this was sort of impure now and should be thrown away. That was the first impulse. The second feeling was oh no this is better this way as far as being charred. And then she reminded herself of a line from the Hounds of Heaven where there's something about where he says, "Why have you had to char me?" "Why have you had to char this wood before you could write with it?" he says of God. You see. "Why have you had to char this wood before you could write with it?" and yet he realizes of course this had to happen. And that's just the way it is. The key has to be ground down, has to be made imperfect in order to be made more sense of it; in order to open more locks. [0:29:50.6]

CLIENT: There was another thing that really isn't pertinent to this particular thing but it's been in my mind from time to time and that is what does the word Caleb mean to you?

THERAPIST: Caleb.

CLIENT: Dog?

THERAPIST: No, C-A-L-E-B?

CLIENT: Uh-huh.

THERAPIST: Oh, that's the man in the bible.

CLIENT: Yes, but I mean what does the name mean. It has the meaning of dog.

THERAPIST: Does it? I don't know. In Hebrew?

CLIENT: Yeah.

THERAPIST: It might. I don't know. It might in the special kind of interpretations that he has. Oh, I saw him Monday night. I saw several other people who were at the class. Were you at the class that night?

CLIENT: Uh huh.

THERAPIST: Said he was taking my name in vain a number of times.

CLIENT: No, well alright. You seem to be crossing his mind several times.

THERAPIST: Yes.

CLIENT: Every time he would go for an illustration, there you would be. [0:31:04.7]

THERAPIST: That's right. Yes, that's what he said. When he came he said he really had to get back home early that evening but he knew I was going to be over meeting some of the people there so he came over. His greeting was I've been treating for you.

CLIENT: He said parenthetically that when somebody crosses your mind like this, or just pops into your thought with no apparent reason, it's a good thing to just bless them. The idea comes by so you got two Monday night.

THERAPIST: Well that's what he meant, yes.

CLIENT: I thought at the time one reason you might be coming into his mind was that I was questioning him very closely, and listening, and very intent. I was practically putting the eye on him as he spoke and the things that he was saying I was testing with things that I was thinking and we have talked about. And it wasn't odd for me to hear him bring you up because it was almost-. [0:32:06.2]

THERAPIST: I see. It's as though you were being a kind of medium for us.

CLIENT: Yeah. Or he was picking up the intensity of my listening to him and sending out an answer. I wouldn't try to defend that in court but it was certainly right in line with my thinking when he named you.

THERAPIST: And the things that he said spoke to the questions that you had in mind. Yeah, he did seem to be thinking of me but maybe also the subject that he was on is something that we worked on quite a bit when we did the seminar together.

CLIENT: He has a very interesting view of subconscious. It was the book of Job that he was dealing with and he's speaking of Leviathan being the monster of the deep. [0:33:04.6]

THERAPIST: Yes.

CLIENT: Now he says subconscious is that mind that some people call the dum-de-dum, it just drums on the table and doesn't like to be turned from its habitual way. And if you take a conscious stand, it follows. Well that would almost seem to be the exact opposite from what my idea is in that the conscious mind really is supported by the subconscious and that the changes that come in the subconscious are reflected then in the conscious mind. And just by taking a conscious is not necessarily going to deflect the subconscious.

THERAPIST: Sure. That's the whole question, that whole type of religious thinking of whether you can determine and control the unconscious by conscious affirmations. And part of the point that I try to make when I talk to those people is that you have to find the way of drawing from the unconscious what is authentically there and let that set the pattern for what you will unfold. As our question would be, what the seed is. That the seed is what is growing in the unconscious. [0:34:23.7]

CLIENT: And you see they're on difficult ground because they contradict themselves. He will say in the next breath that really the ultimate and the deepest kind of a concern you can have consciously is to be in harmony with the (inaudible at 0:34:37.4).

THERAPIST: That's right. And in another breath he takes the unconscious virtually as God, as the human form of divine order in the metaphysical framework, but that's their special problem. You know my feeling there that is moving more in our direction here really and maybe in that way also we were drawing his mind that night. I do have the feeling that he would come much more in this direction if the structural framework of his church would permit it. And some day soon maybe that will be more possible. [0:35:31.8]

CLIENT: I see evidences of it in his own thinking. Very often just a here and there without any-

THERAPIST: Well I'm sure that when I did that seminar with him that he was a person I influenced more than anyone else.

CLIENT: Oh, undoubtedly. I could easily believe that.

THERAPIST: I mean that of all the people there the one who understood the most and with whom there was a real dialogue was him himself. And the followers in the church, they were more or less saying yes to me I think not because they really understood but because he seemed to like me. That was my feeling. [0:36:17.2]

CLIENT: Then April 12th I awoke with this fragment, I seem to see a youngish woman who has just donned some different clothes and vaguely it seems to be a kind of gray skirt and blouse. She was saying over and over and with obvious satisfaction and relief, "These are the first clothes I've ever had that really fit me." She didn't mean that they fit tight or snug but they were just right. They fit her. There seemed to be a young man there too who was supposed to change his clothes for some new ones but he seemed too shy to change in public; that is with the others of us who were present looking on. [0:37:00.6]

THERAPIST: Now who was this girl?

CLIENT: Upon awaking the girl seemed to remind me of who was first woman outside my family, my mother or sister, that I'd had any kind of a close relationship with. She was my piano instructor and we used to have long talks and the kind of sessions that a teenager would want to have with a little bit older person. She was maybe five or six years older than I. But of course, I'd already graduated from college and was a very intuitive type of self.

THERAPIST: She was a woman, sensitive, and with you at a point where you were both growing and then around a creative situation. [0:38:08.6]

CLIENT: Yes. That was a great aspiration, a great new world opening up, and she sort of represented that to me as I recall because she had contacts with people whom I didn't know but to whom she introduced me who were already doing things that I hoped to do later; that is either artists, or musicians, or writer in other words, her college group that she had just recently been in school with. And I think I felt a little flattered and my ego was probably flattered in that they would treat me as a contemporary when I would see these people from time to time. So that it really was kind of my first contact with the world that I had aspired to without any real concrete knowledge of for her. [0:39:10.6]

THERAPIST: Now then in that case we could take her here as expressing the aspiring soul. And if this is the first time that the clothes fit right, then I would take it that this is the first time that something in its outer form has really fit and seemed adequate for your basic aspiration. I think we could take her then you see not so much as soul in itself but as aspiring soul. The seed imagine, the inner subjective aspiration, and the clothes for the first time they fit. So for the first time you now have a feeling of having your hands on and having in your possession something that is adequate. As you remember as we used to have it in the months past as we'd say well there'd been points and I think you mentioned the other day that you'd been thinking about this. That there were different points where you could've said yes and stopped and said, "Well now I've achieved enough." And yet it seemed at those points, no, that there was something more that you needed, something more that you felt subjectively, that you felt was essential for your full expression of being. You couldn't stop here. You had to go on and ultimately felt really well you couldn't ever have stuff at any point other than this one now where now for the first time the clothes seem really to fit. And then well what's the next thing? That shy young man, he hasn't quite put them on, the clothing that he has, this again is a dream of a week and a half ago. This is a dream of when you were in that trough and that feeling of things almost being ready, not quite being ready. So you have the clothes that fit but not quite the courage to put them on. And yet somehow in the dream just before there where the dog shows his teeth and you take the strong affirmative attitude toward the other dog, there is the sense that that strength is present. [0:41:52.1]

CLIENT: In the past few days the form that that has taken in my thinking is this, I'm gradually becoming aware that maybe things have changed to the point where I don't have to worry with a backward look over my shoulder to see that something is after me. Maybe I can really take a deep breath and say, ok I'm really go-

THERAPIST: Well, you mean you don't have to be Lot's wife anymore?

CLIENT: Yeah. I don't have to worry about sitting something

THERAPIST: We should have a drink for that because what a thing that means.

CLIENT: Yes. You see that's why I said earlier that I feel so confident that I have the key now that I don't have to worry about fumbling for it. Just go ahead, I'm using it whether I can see it or not that's the point.

THERAPIST: Well you know we had this discussion didn't we that really that took up so much time last week, last two or three sessions, about the nature of the river that we talked about and about all these different paintings, and whether these paintings are an artwork, or are just an overflowing and the sense is really through all of it this is the fact of the process. There's nothing else but the process. And when you really have that sense that this process, the river, is flowing on, that all the things that you've done so far are small compared with what is potential, and the power, and the momentum that it generates through the process in the river. Therefore this all moving onward is what carries it forward. [0:43:53.8]

CLIENT: I think of it more as a road really to tell you the truth. I don't know if it makes any difference but I really had quite a tussle. There was a real time there where I had to come to grips with myself and I really formed some conclusions of my own and one of them was about Sadafa (sp?). And I concluded that the fallacy in that word was that he unconsciously included the oriental fallacy and he wound up with his hero at the bank of this river as a ferryman. Now the very meaning of the ferryman is to send forth somebody across the river to the other side. It seemed to mean that his idea carried out logically would be that there would be this bank at the side of the river that would just be crowded with ferryman none of them knowing what was on the other side. [0:44:56.4]

THERAPIST: Anyway if they knew what was on the other side, not go anywhere.

CLIENT: Right. Whereas I thought it seemed to me that we come to consciousness after having fulfilled an unconscious evolution up to a certain stage as though we came awake and we're on a road. Now that can be so overwhelming when you see that consciousness that in a way we might desire to join it immediately and jump right in the river which to me would be turning around and going back into the river, into the source. But there's another way which shows at the far end of that road a kind of glow at the horizon that is so attractive and makes one so curious about it that one will undertake the journey there even though hardship or uncertainty is involved and you might even have to build your own road to get there. Now that is the way that I phrased the difference between the eastern and the western approach. [0:46:04.2]

THERAPIST: Well that's fine. That's really quite in line with the thing that I was saying when I spoke at community church when we talked about this theme about the next step in religion. That is this fact that in the western way of religious experience, there is first a passive quietness in meditation or contemplation but that that is not all in the west though it is more or less all in the east. That there is in the western way a necessary active step which gets one back out into the world and not remaining simply as the ferryman taking people across the same old river and remaining there in quiet. But there is the step out into the world or if you like to cross the river and continue the path or to get into the river and go on with the river and does it not pain you over there to be one with the river. That would be in accord I think with your image more than the Sadafra (sp?) image. Yes, I agree with that. [0:47:10.4]

CLIENT: I don't see being at one with the river somehow.

THERAPIST: Well being in and of it.

CLIENT: In and of it, connected and dropping in from time to time.

THERAPIST: That's right. Yung likes to tell the story of Kwan Se who drops in the river whistling and he's washed along the way, and then gets out, and continues on his way.

CLIENT: That's the way I like to think of it too.

THERAPIST: Just sort of go in, carry a little further, it's a quick way down.

CLIENT: Well I like to think whatever this action is it's actually serving to further an evolutionary process.

THERAPIST: In yourself?

CLIENT: Yes. No, of cosmic creation. And if I were to join them you see, get in the river; I stymie its own development, whereas if I take it upon myself to represent a concrete or specialization of that, I'm furthering the process. [0:48:17.4]

THERAPIST: And then to be in it and out of it both.

CLIENT: Connected with it and expressing it.

THERAPIST: Yes.

CLIENT: Giving it a chance to express itself.

THERAPIST: Yes.

CLIENT: Which to me is a good deal more valuable than just rejoining it. You see that's where the distinction is.

THERAPIST: Yes, your feeling is that being in the river means a melting of self.

CLIENT: Yes, uh huh. Right.

THERAPIST: My feeling is that the melting of self into the river is the first stage. As a matter of fact, that you have experienced that in the time when you had these many deep dreams and the time that we spoke of the other day that when the feeling was that what was real was not the outer world but this whole inner world of great mythological kinds of symbols that we had in the dreams. And the whole level of your experience was something other than your personal being really. And then we went into that and we were living in that for a while. And then when you came out of that, then you could become your own self, then you could paint in a new way and you could feel in a new way. [0:49:41.1]

CLIENT: What it actually did, you see, was to open up a channel or a connection with that that had been completely a closed book before.

THERAPIST: Well what was the channel? That meant getting into the river but not forever staying in the river.

CLIENT: Well that's right. You could even say from that point of view then that the river is within me; I contain the river.

THERAPIST: Yes. You contain the river but the river also contains you since it is somehow life, sense it is somehow cosmos.

CLIENT: Yeah, from a larger point of view. [0:50:11.8]

THERAPIST: And if you speak as you do, or feeling yourself part of some larger evolution in the world, some larger evolution that is meaning in and of itself and in more than in your personal or my personal life, now that would be that river which is there before you came and which goes on after you go.

CLIENT: Sure.

THERAPIST: You see. Now to go into that river means to be dissolved in that river and then with something of the river in you, somehow to reemerge the same person but different. The Hindu's have many stories on this of going in and coming out the same person but different as though something of the river now is in you. It always was in you but when you've gone into the river, the river in you somehow expresses itself in still another way. But then the one important thing is that then your connection to the ongoing enfoldment of life is felt. This is where the experience enlarges itself beyond merely personal or subjective experience becomes connection to life as a whole. [0:51:41.5]

CLIENT: Well this is where an artist has a role to play then.

THERAPIST: Absolutely, where an artist has a role to play. Of course, he has a role to play partly as a medium, as one who connects others to which he has connected himself.

CLIENT: Well naturally if he serves as the instrument for this ongoing of the river and makes it a concrete reality in the world that he lives in, it will have to have some affect on everything else that goes on in the world. All the people who see this work will have to be affected one way or the other in that they either get something from it or they don't. And each one of those to me is a fact with some consequences. [0:52:45.2]

THERAPIST: Here the way you experience the role of the artist, that is to say your own role as artist, in the ongoing development of life for other people. There immediately you find for yourself a very specific sense of connection to the continuing evolution of life. It becomes then very specific the role of the artist and the possibility of your being the one to live the role. [0:53:19.2]

CLIENT: Yes.

THERAPIST: That's why that image that you have up there of the artist I decided to switch that picture around so it would be right over there because to me somehow that typifies the whole development that has taken place in you. That old artist that you saw really as embodying the seed of possibility in yourself that you saw before it was real, before you could use the key, before you even really had the key.

CLIENT: That's always been a very interesting point to me in that one who couldn't use the key, didn't see what it was, could have an intuitive knowledge that it exists which shows up in this. [0:54:09.8]

THERAPIST: That's right. That's this whole thing of if the oak tree had a dream it would be a dream of the acorn that it would know nothing about but which it somehow contains. And somehow that wise old artist man whom you've painted, you knew him somehow before he existed as reality. And even now he exists and he does not exist for you're not the wise old artist.

CLIENT: Well, no he does exist. He's specific really.

THERAPIST: He is specific. Yes, how?

CLIENT: He came along at one of the stages when I was so wrapped up with Cézanne and he really is Cézanne but he's more than Cézanne and the same thing that operated in Cézanne can operate in me. [0:55:04.9]

THERAPIST: But that's the point. Well then you might say he is the principle of the evolving artist in you or in Cézanne.

CLIENT: Or whomever in any era.

THERAPIST: Well he is the essence of the artist. I like the dynatype that is that principle of the artist that is there before the fact of the particular artist. He's the seed of the artist, the artist in principle then to unfold in this form or that form depending on time and place and all special things.

CLIENT: Yes. That's one of the characteristics of this drawing is that it is absolutely simple. It doesn't particularize anything.

THERAPIST: This is as true for ancient China as is it true for 19th century America as it will be for 25th century China. And the sense of this kind of painting is just that there is a being who is present and real in you who is as you say, he is true, he is present and who is [0:56:46.2]

CLIENT: Well in a way what he does is symbolize the fact of an artist's existence or life that he is an instrument that is in contact with the source of light and it's his life to live that.

THERAPIST: That's right. And therefore, when you say he is present, though the wise old artist is not yet here, yet he is present in each of the events that have been taking place in you these last many months; a part of him. [0:57:26.7]

CLIENT: Oh, yeah. Sure.

THERAPIST: That part of him that is necessary before he becomes the old artist he first lives through all these stages of growth.

CLIENT: Sure. He has his blue period, his pink period, and whatever period but they are all part of the building of the road or the flowing of the stream however you want it.

THERAPIST: Or if we think of him as a seed image.

CLIENT: Yes, the unfolding.

THERAPIST: Part of that whole unfolding. Yes. Well that's sense; the feeling of the reality of the unfolding. That sense of an inner process that works within one and shows itself externally in a variety of forms. And yet, really if you look at it from the outside, you see all these different forms that are outside. When you feel it from the inside, you feel it continuing cohering principles; something that holds it together. [0:58:30.4]

CLIENT: I think of it as purpose.

THERAPIST: Which is present and the purpose is just what is in that painting there. That's why I feel that is somehow expressing the whole thing because at every point of the road, if you ever forgot who you are, you have that painting to remind you.

CLIENT: That's exactly it.

THERAPIST: If you ever forget your identity, you can always remind yourself of what and who your identity is. It is that wise old artist who is coming into being. And so really your true identity is someone who does not yet exist but it's all the more true because it does not yet exist but is actually living, unfolding, making its existence real bit by bit through all the images, and through all the paintings, and through all the involvement and concern in the paintings, and all that is involved in being the artist. That's why the key is there. [0:59:36.8]

CLIENT: That's the hardest thing you see and that is the key really is to get to that point where you can accept that and try to make it conform to your preconceptions.

THERAPIST: Well to get to the point where you can just express it as you say. And I like what you said though earlier, it seemed very important, that you came to the point I guess since our last session where you could feel you don't have to look over your shoulder.

CLIENT: Well I-

THERAPIST: That's a big statement.

CLIENT: I would say that but the way I would phrase it was that the idea came to me, am I at that stage? [1:00:16.1]

THERAPIST: Well-

CLIENT: Could it be? Is this why I don't feel this acute anxiety any longer? Is this why I'm not feeling chased, that is-

THERAPIST: C-H-A-S-E-D.

CLIENT: That's right. (chuckles) Could it be that I've gotten over that hump and am really in a position to move on?

THERAPIST: I shouldn't be surprised.

CLIENT: This trip has a great deal to do with all this.

THERAPIST: Well the fact that you have this trip ahead of you, I think does serve to crystallize a great deal. As we've encountered this kind of thing before, a trip when you had to go away that somehow crystallized things in your own feelings. But I think the trip comes at the right time now. [1:01:16.1]

CLIENT: The reason that I said I thought the trip had something to do with it was that when I first learned that I was to be gone for that length of time out there, I looked on it very favorably. I thought this is grand. This is just like a new beginning. It pulls me out of everything here in New York, giving up the apartment, closing everything out, putting everything in storage, and going out there. With a certain sense of certainty you know that I'll be there a certain length of time.

THERAPIST: At a minimum.

CLIENT: Yes. And I can recall the influences that were very positive out there last time. I'm really looking for those again. I really do look forward to this as a matter of fact.

THERAPIST: Yes, indeed. Very good sir. (chuckles) [1:02:15.4]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where therapists provided examples of his or her particular brand of therapy. The therapist in this case is unknown.

BEGIN TRANSCRIPT:

CLIENT: Let's not bother today.

THERAPIST: Let's see how we get on shall we? We can just try it if we don't like it, huh?

CLIENT: All right.

THERAPIST: [I think once you've got your time if you just forget you've got the time] (ph) [inaudible]

CLIENT: All right. Maybe we can talk about [audio blip]

THERAPIST: Anything you want.

CLIENT: and this virus (ph)?

THERAPIST: Anything you [audio blip] m-hmm.

CLIENT: Yeah, I remember [overlapping voices]

THERAPIST: Just one of our usual sessions.

CLIENT: Yeah, so then you [inaudible] said "no", but we're not going to do that, [it's not] (ph) all about that?

THERAPIST: All right. Well why do you want to start talking about it?

CLIENT: Well I, today I had — what did you have for breakfast today?

THERAPIST: Let me think. I was lazy this morning, I slept in, and then all I had was some grapefruit, a boiled egg and some bread and marmalade. What did you have for breakfast? [0:01:00.5]

CLIENT: I had so two boiled [inaudible] I had two boiled eggs and some bacon.

THERAPIST: M-hmm, did you have any [overlapping voices]

CLIENT: I have a fear that this tape and this recording might interfere with our work. So I have the feeling that it makes me less tense when we're talking through the tape recording because it gives me something new to think about. Don't you think having new things to think about helps?

THERAPIST: Well it's kind of interesting.

CLIENT: Will we have him record it back once we get through?

THERAPIST: Aye (ph), I think we should listen to it don't you?

CLIENT: Listen to it?

THERAPIST: Aye.

CLIENT: Will we have time to listen to it before the hours up?

THERAPIST: No, but I don't have to go away immediately we finish our hour, because we started early it's possible to start till three [overlapping voices]

CLIENT: Then we can listen to it.

THERAPIST: and we can ask Dr. Berlin to play it to us so we can hear what we said.

CLIENT: Before the hand gets around to three?

THERAPIST: Yeah. No, we'll be stopping about 20 of four, and if we stop at 20 of four we can listen to about 10 minutes of our recording.

CLIENT: Uh-huh. [0:02:01.0]

THERAPIST: But you were saying that you were uneasy, that it might interfere with our work in some way. How do you think?

CLIENT: Well I think that it might interfere with our work or it might interfere with my cigarette.

THERAPIST: How do you think it might do that then?

CLIENT: Well I don't know. Well [risk taking] (ph) and sounds now?

THERAPIST: I guess it must be.

CLIENT: M-hmm.

THERAPIST: What does it feel like to be [overlapping voices]

CLIENT: Pretty good.

THERAPIST: be taken in like that? You're not finding it so bad then?

CLIENT: It's possible we could just try it for a couple of minutes and not the whole time we talk, just try it for a minute or so.

THERAPIST: Well we'll see how we get on.

CLIENT: And then have him record it back into us.

THERAPIST: M-hmm.

CLIENT: Maybe so.

THERAPIST: But if you, how do you think it might interfere with our work or with your cigarette?

CLIENT: Well I mean it may not give them an idea that you shouldn't give me the cigarette, the people when they're studying us, one of the docs you work with, I mean it might give them the idea that you shouldn't bring me cigarettes anymore.

THERAPIST: Do you think I'm going to let them bully me then?

CLIENT: Do you have your own boss still (ph)? [0:03:00.2]

THERAPIST: Who's my own boss?

CLIENT: You.

THERAPIST: Right. That's right. You must think I'm easily put off my stag.

CLIENT: When can I light up my next one?

THERAPIST: There's a clock out there.

CLIENT: M-hmm. When would you say I should light up my next one?

THERAPIST: Well when did we start?

CLIENT: When did we start? Just a while ago. You know what, don't you think that it's all, uh, it's uh, this is like you do on television?

THERAPIST: Aye.

CLIENT: Are there any questions you want to ask me about how this interferes with our work?

THERAPIST: You can go ahead and tell me because you seem to have some doubts about your (ph) work.

CLIENT: Well I mean it's hard to tell you things. Is it all right for me to talk about what I did during the day, about my day?

THERAPIST: You just tell me what you usually talk about, it's fine with me.

CLIENT: I mean remember when I would — today I had two boiled eggs. I mean I had, for lunch I had some salmon and some lettuce. And I've only had two cigarettes today. And I haven't had any extra cigarettes today. [0:04:06.9]

THERAPIST: You've had three then because you smoked one here, right?

CLIENT: I know it but, uh, I didn't have any besides that.

THERAPIST: You mean that you didn't have any extra ones in the school?

CLIENT: That's what I mean.

THERAPIST: Mm, I see. But you were saying something else about being worried about the recording. Do you think these other doctors might criticize me so much I'd be ashamed of giving you the cigarettes?

CLIENT: Yeah. Well I have an idea that they might, uh, that they might criticize you for giving me the cigarettes, do you see what I mean?

THERAPIST: Aye, I see.

CLIENT: They might tell you not to give me them.

THERAPIST: Oh, I see.

CLIENT: Right, so do you think that was [inaudible] do you think that I have to worry about that?

THERAPIST: Well what do you think then? Have I given you any impression I'm the sort of person that's susceptible to that?

CLIENT: No.

THERAPIST: Hmm?

CLIENT: No. Did you mention to me about the cigarettes the first time? Did my mother ask you?

THERAPIST: Uh-huh.

CLIENT: And you told her that you were free to do what you wanted to do.

THERAPIST: That's right. [0:05:00.2]

CLIENT: Remember long ago I never asked you for a cigarette, and then one day I came in and said "can I please have a cigarette"? And then you said "this is the first time you've asked me for a cigarette". Do you remember that?

THERAPIST: M-hmm, I remember that.

CLIENT: I mean so you know there's lots of things we've got to talk about before I won't ever have the horrible feeling again isn't there?

THERAPIST: Yeah, I think. It strikes me that one of the things that bothers you is that you think people who are working with you are very much influenced by other folks' opinions.

CLIENT: Well what do you mean? Well give me an example.

THERAPIST: Well the one that you've just given me about the effect of these other doctors' opinions on my work.

CLIENT: M-hmm. Well [overlapping voices]

THERAPIST: Can you give me any examples from your own living (ph) of where this happened? Where someone was doing something and because another person criticized they stopped doing it?

CLIENT: I don't know, I can't think of any offhand.

THERAPIST: Were there any in your family at all?

CLIENT: I can't think of it offhand. But there's — then would you say that this has — but would you say that this is [for the idea] (ph) or this is [audio blip] decided to stop giving me the cigarettes because my mother told her not to because she had been giving me so many cigarettes, or remember that?

THERAPIST: Oh, yes, that's those things. Did you [overlapping voices]

CLIENT: Now for instance, so to change the subject for a minute. I can see that this is going to be very helpful to us, this may be very helpful to you, and it might be very helpful to me. Don't you suppose it might be very helpful to me in a way? Because I can hear what we've been talking about, don't you think? [0:06:33.1]

THERAPIST: I would be dishonest if I said that the purpose of making this recording is to help you, I don't think it really is.

CLIENT: But it's to help you?

THERAPIST: It could be very useful to me and it might be very useful to people like Dr. Berlin who are trying to study the way different doctors are working.

CLIENT: Yes, but I don't think — I think they'd be very nice about this, uh, situation and just not you know.

THERAPIST: Well we will raise hell with them if they're not.

CLIENT: M-hmm, [I bet they are] (ph).

THERAPIST: You're keen to protect me from any kind of embarrassment or criticism, huh?

CLIENT: Maybe we better take it off now and [overlapping voices]

THERAPIST: I'm quite comfortable with mine on if [audio blip] mind.

CLIENT: Will you tell him to stop? You can tell him to stop anytime you want can't you?

THERAPIST: We can if we want to, but I think now that we've started we should just finish it.

CLIENT: Okay and we can listen to it before I go?

THERAPIST: Yeah, that's right. Now is there anything else special on your mind you wanted to talk to me about (ph) [audio blip]? [0:07:34.2]

CLIENT: Oh, about I had a dream but I can't seem to remember it. I mean I can't seem to remember everything (ph).

THERAPIST: You can't or you don't want to? Is it a difficult dream?

CLIENT: It's hard to remember. I think it was something to do or something to do with my mother.

THERAPIST: [Why not do you think] (ph)?

CLIENT: And I keep dreaming that I'm over at my grandmother's apartment in Baltimore.

THERAPIST: Were you dreaming about this last night that you were in Baltimore?

CLIENT: Well I think something like that.

THERAPIST: Oh, I see.

CLIENT: I oftentimes will dream that I go from here up to Baltimore to my grandmother's apartment to stay with my grandmother. I keep having that dream. And (chuckling) I keep having the dream that I see my father (coughing). Should we tell him to stop now?

THERAPIST: I'm quite comfortable with it on [audio blip]

CLIENT: Stop now? I think this is better than nothing. Would you tell him to stop now?

THERAPIST: Let's keep it going to a wee while longer, eh?

CLIENT: May I smoke my next one now?

THERAPIST: Okay, sure. [0:08:26.6]

CLIENT: This is very interesting, no?

THERAPIST: Well it will be good fun for us to hear our voices afterwards and the kind of things we said.

CLIENT: We're now on?

THERAPIST: M-hmm. Well what was happening in the dream with regard to your mother, you mentioned she was in it?

CLIENT: Yes. She, uh, had, uh, uh, she — I mean a dream that she came up to see me and I — well you see there's something I'm afraid to tell you about.

THERAPIST: Is there any parts that you're afraid to talk about?

CLIENT: Well let's talk about all the things in a different, in a line, you know talk about them you know one after another?

THERAPIST: Well I was just wondering what consequences you'd [overlapping voices] [0:09:25.5]

CLIENT: First let's talk about the recording and about how I feel about the recording. You don't think that's important to talk about today?

THERAPIST: Yeah, and we could probably be talking about this for some time [audio blip]

CLIENT: Well I felt that this is something new to me and is very interesting to me and maybe we could work better. I felt that maybe we could work better with this.

THERAPIST: Maybe we'll be able to, especially when [overlapping voices]

CLIENT: And maybe we could get out the tape recorder. What do you think of this arrangement, take a tape recorder and, and uh, do tape recording all the time?

THERAPIST: Well as I've got [audio blip]

CLIENT: And have our own tape recorder and just keep it private to ourselves and not have anybody ask to hear it except us.

THERAPIST: Well that's a thought.

CLIENT: And then play it back for us.

THERAPIST: You mean you're not too content about Dr. Berlin and other people hearing what goes on, eh?

CLIENT: That's more (ph) what I mean.

THERAPIST: [Yeah, I know] (ph).

CLIENT: Can you hear what goes on outside?

THERAPIST: I should think so, yes, I should think so. [0:10:24.6]

CLIENT: You sound pretty [audio blip] [for this].

THERAPIST: Mm, I don't think they'll [audio blip] to hear though.

CLIENT: No?

THERAPIST: Because Dr. Berlin has a special thing that fits into his ears. But what trouble do you think would arise if [audio blip] what was going on out there?

CLIENT: Well but there's some things that I'm [going to throw they're] (ph) afraid of.

THERAPIST: Well what do you think might happen if you [inaudible] went on in here?

CLIENT: Well it effect me having a cigarette tonight or [overlapping voices]

THERAPIST: Oh, I see, you mean you might be punished for criticizing him, huh?

CLIENT: And he might keep (ph) me off the cigarettes.

THERAPIST: Mm, you wouldn't like that very much would you?

CLIENT: Of course. Would you be willing to call him in to talk to him about the situation if I thought that it was necessary?

THERAPIST: Yes.

CLIENT: If I asked you to do it?

THERAPIST: Yes, I would. But tell me, do you not think you can manage to deal with him yourself?

CLIENT: Well I feel I'm getting along better with [audio blip] anybody that's stern. But yet he's trying to help me and I do like, in some ways though I do like Mr. [audio blip] so (ph). [0:11:24.5]

THERAPIST: Do you not think he might manage to — you might manage to talk to him yourself?

CLIENT: Oh, I don't know, that's hard to say. I don't think I could get away with him, he's so stern.

THERAPIST: Yeah, but do you not think you can manage to make a reasonable position clear to him?

CLIENT: Well how can I learn to do that?

THERAPIST: In here.

CLIENT: How can I learn in here to do that?

THERAPIST: Well then you make your position pretty clear to me don't you?

CLIENT: Uh-huh.

THERAPIST: Do you ever find it difficult to persuade me to change my mind?

CLIENT: Well, for instance, one night it was difficult for you when you had, took the cigarettes away from me, because I asked if you broke your rules and asked the people for cigarettes in here.

THERAPIST: Oh, aye, I remember that night. You were kind of cross with me on that occasion. [0:12:22.4]

CLIENT: Well I tried to get you to change your mind. And oftentimes I try to get too long or I try to get you to change your mind about three cigarettes and let me have more cigarettes in here, and get you to change your mind and give me another cigarette.

THERAPIST: Oh, I see. You sound as though you find me a kind of difficult person at times.

CLIENT: And the thing I'm worrying about tonight, because I have so, we have so much time on our hands, that I don't get the extra cigarette and then I won't be able to you know. Is it all right if we play back what we heard right this minute?

THERAPIST: Let's wait till the end [audio blip] want to interrupt our hour, because the most important thing is for us to have our session together. I mean the recording may be fine (ph) [overlapping voices]

CLIENT: Do you think we've done very good work tonight?

THERAPIST: Well we've talked mostly about the recording. I think you've stated your case on it pretty clearly and told me what doubts you had.

CLIENT: That isn't good work though.

THERAPIST: Yeah, I guess it is. Yeah, I think so. [0:13:20.1]

CLIENT: (Chuckling)

THERAPIST: What are you laughing about, hmm?

CLIENT: When (ph) one dime is left for the telephone, "now listen to me".

THERAPIST: Okay.

CLIENT: "You've been a naughty, naughty, selfish" — I said, "Would you please give me something to make me feel (ph) better?" And she said, "Now listen to me. You're being a naughty, naughty, selfish", (pause) I was asking.

THERAPIST: As (ph) you certainly want the whole world to know what a difficult person Miss [audio blip] anyway, eh (chuckling)?

CLIENT: M-hmm.

THERAPIST: You were awaiting your chance to get that in weren't you?

CLIENT: Uh-huh (other chuckling).

THERAPIST: Are you still finding her difficult?

CLIENT: Well I feel a little bit nervous when I'm with her.

THERAPIST: Oh, in what way?

CLIENT: Okay, so there I was with her today. I went into the kitchen to smoke a cigarette and she said I thought and did things. I mean naturally she didn't object to it because she knew that that was the rule and she

didn't say anything about it, she just talked to me while I was smoking a cigarette right in front of her and she didn't say anything about it because she, you know why that was, because that she knew that I was allowed to have it. [0:14:36.5]

THERAPIST: Aye.

CLIENT: And if I hadn't been allowed to have it she would've been cross about it wouldn't she? Don't you suppose she would've?

THERAPIST: All right, so?

CLIENT: The reason she, uh, didn't say (voice starting to tremble) anything about it because she knew that I was suppose to have it, knew that I was following the rules, right, and knew that I was only right that I should have it. Don't you suppose that was?

THERAPIST: I guess so. I guess so.

CLIENT: And if they'd been asked to give me more cigarettes and they had no objections.

THERAPIST: And you think the rules are kind of handy sometimes to help you handle people?

CLIENT: Well I don't know, I feel less [inaudible], feel less tangled up in this school now that [I'm I mean] (ph) allowed to smoke, I feel less mad at the school.

THERAPIST: And you're not so fed up with them, right?

CLIENT: I feel fed up with them. No kidding, it's the third day when I get my medicine, and the fourth day that I just get fed up because I'm taking the pills.

THERAPIST: Well that was a theory I gave you. What do you think about it?

CLIENT: Oh, yeah. [0:15:35.2]

THERAPIST: Mm, are you convinced?

CLIENT: M-hmm. What does convinced mean?

THERAPIST: Oh, sure.

CLIENT: Sure?

THERAPIST: M-hmm.

CLIENT: One time Mrs. [audio blip] she said to me, "Ought to be sure!" She said, "Be sure." And, uh, I said, uh, "Be", uh, you know, and I said, "So you think about it carefully and you tell me the real answer. Don't just say sure!" Remember the other day Mrs. [audio blip] called me selfish. I could talk about all the people that have called me selfish and all the people that have called me foolish and, and all the people that have called me rude!

THERAPIST: Now is the time to do it because you can let the whole world know through the recordings (both chuckling).

CLIENT: But I mean, yeah, are you sure that this won't, but I want to and (ph) get something real straight with you about this, then (ph) I you to be serious about this. Are you sure that nobody will, uh, find or will, uh, for, keep me from having cigarettes or if they hear about this? [0:16:35.4]

THERAPIST: I'm quite sure. But what I'd like to know is why you're so uncertain of my strength to deal with other people?

CLIENT: But do you think that that will interfere with this in any way?

THERAPIST: Well why do you have doubts of it? You do seem to doubt my ability [overlapping voices]

CLIENT: I'm so afraid these doctors might, they feel that you shouldn't give me cigarettes.

THERAPIST: I see.

CLIENT: And I'm afraid even me hearing and just talk about this might have affect.

THERAPIST: I see. But tell me, have you noticed in the past that I seemed likely to be influenced by what other people said to me?

CLIENT: Mm, I don't think you'd, uh, take the influence by it because you've said maybe clear it with Miss [audio blip] [I would be too glad] (ph) to be free to do what you wanted.

THERAPIST: There's still a wee doubt in your mind though [audio blip] still worries you a bit.

CLIENT: What is the wee doubt do you think?

THERAPIST: I'm not too sure, it's just that you keep saying that you're concerned that maybe the criticisms of those other doctors will make me stop doing something that you like me to do. [0:17:34.2]

CLIENT: Yes. Remember the first time I started coming to see you I started talking about a lot of obsessional (ph) ideas [overlapping voices]

THERAPIST: Aye.

CLIENT: and a lot of doubt? And does this thing take in the sound like this?

THERAPIST: It's a microphone.

CLIENT: Just (ph) [audio blip] speak into it like that or just [overlapping voices]

THERAPIST: No, you don't, and you don't need to pay any attention to the thing (other chuckling), and with this you can even get up and walk around and not worry about it.

CLIENT: Uh-huh. I got a record, uh, ["The Big Hurt"] (ph).

THERAPIST: Oh, you told me about that yesterday [audio blip]

CLIENT: I, uh, I told you yesterday I went up to the, of all the things I did yesterday, you don't want me to tell you all the things, like today when I first got up I took a bath, a shower, and then I shaved myself, put on some shaving lotion, and I went to the table and ate my breakfast and then I made up my bed. And now I, [overlapping voices]

THERAPIST: Was there anybody with you at breakfast?

CLIENT: So I went to Mr. [audio blip] class and he talked about a community and about the com, and the root word for community being common. And we or I had, uh, before I left, and though I didn't pay much attention to what Mr. [audio blip] was saying in class, I thought that was quite a strain and I got through with the down at Miss [audio blip] I had a good lesson down at Miss [audio blip] had a good time down at Mrs. [audio blip] the other day. Had a good lesson down at Mrs. [audio blip] I mean. [0:18:52.7]

THERAPIST: M-hmm. I noticed you didn't mention anything of the new school teacher [audio blip]

CLIENT: Well I feel he's very, uh, he insists that I do certain things. Once he asked me to do something, he insists that I keep on doing it. For instance he'll say, "Would you please, uh, go out and rake up the leaves and rake up a few leaves in the yard?" And then I have to say, "I'll, can I, uh, write some letters?" And he says, "I told you to go out and rake up the leaves, so I think you better go out and rake up the leaves first before you do that." And then I'm, and then once I start [overlapping voices] [0:19:23.4]

THERAPIST: Did he say that to you this morning?

CLIENT: Yes, he did. And then, uh, and then I [overlapping voices]

THERAPIST: What did you think he meant?

CLIENT: Said I wanted to do something else. And, and we're starting to, uh, straighten out my records, to get my records all in order. I did that this morning just so that we can make a list of all my records I have so my mother won't duplicate me when she gets me other records. [Audio blip] I'm looking forward to my mother coming up to see me tomorrow. She's coming up Wednesday.

THERAPIST: Is she?

CLIENT: But I haven't told her what she's to bring me.

THERAPIST: You haven't, m-hmm.

CLIENT: Do you think that this will probably, it will make the hour go by much quicker won't it, because we have something interesting, instrument to work with?

THERAPIST: Not for me.

CLIENT: Would you forget (ph) the, I think of getting you an, uh, our own private tape recorder so that we, just you and I could record on it? We'll let — no, and would you let nobody here about hear it?

THERAPIST: This would be for us, yeah, I won't (ph) [overlapping voices]

CLIENT: There's nobody hear it except us, and you promise you'll let nobody hear it except us? [0:20:22.3]

THERAPIST: I keep my word.

CLIENT: And you promise that you, or would never see anybody in the school unless it's in my presence and without giving me fair warning?

THERAPIST: That's right.

CLIENT: Ahead of time if, I mean Miss [audio blip] was to be [inaudible] obviously being the new teacher, again, if it was to be Miss [audio blip]

THERAPIST: Yeah, though you may remember [audio blip] you said if it was an absolutely emergency and your treatment was threatened [overlapping voices]

CLIENT: M-hmm.

THERAPIST: I might have to see them.

CLIENT: Did you feel, was your reason for seeing the teacher; was it something to do with our work? Was it something to do with our work being threatened?

THERAPIST: No, it wasn't, but I thought it would be to the advantage of our work if I saw him.

CLIENT: And just how many minutes have we got now?

THERAPIST: But you had grave doubts about that didn't you [audio blip]

CLIENT: When do we stop?

THERAPIST: There's the clock.

CLIENT: When do we stop? When the hand gets around to where?

THERAPIST: When it gets around to the eight.

CLIENT: M-hmm, and then we can, and when are we — then we're going to hear our work?

THERAPIST: Yeah, we can.

CLIENT: Can we hear the whole hour?

THERAPIST: We won't have time to hear the whole hour [audio blip] it will take an hour to clear (ph).
[0:21:23.0]

CLIENT: But we'll take and hear a few of it?

THERAPIST: A bit of it, yeah. We can hear the high points, where we've been especially clever both of us, huh?

CLIENT: Uh-huh. How will we, how will it come back, the sound to us?

THERAPIST: Very good.

CLIENT: Through this?

THERAPIST: No, he, Dr. Berlin will bring the machine in and we can hear it.

CLIENT: Uh-huh (coughing). You know what, and, yes, my mother is getting me a collie, [inaudible]

THERAPIST: Well so you tell me [audio blip]

CLIENT: M-hmm.

THERAPIST: So I guess it must be so, eh?

CLIENT: Do you know what, do you, don't you — do you wish that I could tell you these dreams?

THERAPIST: Well it was something about your mother in this one that you were going to tell me about.

CLIENT: Uh-huh, but you know oftentimes I feel very, uh, I mean it's hard for me to go ahead and tell you this, especially with a tape recording machine to record. Mm, will they play it back to us next time we come up?

THERAPIST: I would doubt it. What you do is he promised he would send me the tape recording when he goes back to Wisconsin. [0:22:28.8]

CLIENT: And then what will we do with it?

THERAPIST: And then you and I can play it together.

CLIENT: On this machine?

THERAPIST: No, I'll have to buy a machine of my own.

CLIENT: And we can play it together on that?

THERAPIST: Yeah.

CLIENT: Are you going to buy a machine? When are you going to buy a machine?

THERAPIST: As soon as I recover from the affects of paying my income tax.

CLIENT: You'll buy a machine (laughter in voice)?

THERAPIST: Yeah.

CLIENT: Will this fit it?

THERAPIST: Yeah.

CLIENT: One that this will fit? Will it be just like this?

THERAPIST: I think probably I won't be able to afford as good a one as this.

CLIENT: But it will still hold this same film?

THERAPIST: M-hmm.

CLIENT: Can this film be played over my tape recorder at home?

THERAPIST: Probably [audio blip]

CLIENT: M-hmm?

THERAPIST: Probably.

CLIENT: Uh-huh. You know what, I feel a little tense. Now I feel less tense [don't I] (ph)?

THERAPIST: That's a kind of contradictory message.

CLIENT: Yeah, so what do you mean a contradictory message?

THERAPIST: M-hmm, you said one thing and then the other immediately afterward.

CLIENT: Do you think the horrible feeling has anything to do [with when I saw her] (ph)? [0:23:27.5]

THERAPIST: What do you think?

CLIENT: No. You know oftentimes you see, uh, oh, a design, see, uh, designs in the air don't you with the designs, isn't that right?

THERAPIST: M-hmm.

CLIENT: Isn't it?

THERAPIST: [Well I think it could be a fabulous thing] (ph).

CLIENT: It must be a confusion of thoughts. It must not be anything serious but it seems serious for the moment doesn't it? Do you feel that [overlapping voices]

THERAPIST: [Well it's not really] [overlapping voices]

CLIENT: the horrible feeling is not (ph) a serious form of discomfort?

THERAPIST: You don't seem to enjoy it.

CLIENT: No, (chuckling) I don't enjoy it one bit.

THERAPIST: No.

CLIENT: When shall I light up my next cigarette?

THERAPIST: Well wait to see. How long have you got to go [audio blip]

CLIENT: When the hand gets down to there. Do you think we should be recording our whole hour?

THERAPIST: M-hmm.

CLIENT: Do you?

THERAPIST: Yeah, just for fun.

CLIENT: Of course you don't seem as serious when you're not talking, when it's, when we're by yourself we're doing it. [0:24:27.6]

THERAPIST: Probably not. I think you're probably right there.

CLIENT: Or (chuckling) you're being a little bit out of, uh, of seriousness.

THERAPIST: And we're paying attention to what we're saying.

CLIENT: Do you feel that bad? The way I feel about the tape recorder is that, uh, we should, uh, uh, talk through the tape; that this might interfere with our work in some way because we couldn't be as serious as we were without it. Don't you think sometimes we should talk without the tape recorder sometimes, and sometimes with it?

THERAPIST: M-hmm, I don't think we should use (ph) [overlapping voices]

CLIENT: And I felt that this was something new and yet I thought it was something that would get you less tense. When I ask something, why is it I feel less, more relaxed now that we're talking with a tape recorder than I would without it?

THERAPIST: Do you think you are [audio blip]

CLIENT: Because it, so it gives me something interesting to think about.

THERAPIST: Oh, I would wonder if you are [audio blip] because it strikes me that you've been pretty uneasy today about this tape recording.

CLIENT: Well I felt very uncomfortable in the car when I was coming up.

THERAPIST: Oh? [0:25:26.6]

CLIENT: Is it all right to do this with the cord?

THERAPIST: Yes [audio blip] What were you uncomfortable about [audio blip]

CLIENT: In my head, so I thought I was going to have a horrible feeling, a little bit worried today, because this is about the fifth day I've had my medicine. So I had my medicine, uh, I mean I think it was at, yeah, the night before Easter, mm, and then I had it the next day and then I had it that night, and then I had it Monday morning and I had it Monday night, and then I had again this morning.

THERAPIST: Could it by any chance have something to do with the fact that we talked about making this recording yesterday [audio blip] that you were uneasy on your way up here? Did you worry about it [at all] (ph)?

CLIENT: No, I didn't worry about it.

THERAPIST: You didn't?

CLIENT: You know I have to just sort of, I kind of forgot about it.

THERAPIST: Oh, you'd forgot until you came in here?

CLIENT: M-hmm. Did you tell me before that you were going to bring up a machine?

THERAPIST: Yes. You said yesterday that you didn't mind making it, remember?

CLIENT: Yes. Could you please have them take off the tape recorder now? Tell him to stop it? [0:26:25.6]

THERAPIST: Oh, we've made more than half of it [audio blip] I think we should finish.

CLIENT: Now that you mention it could you, would you be willing to stop it now?

THERAPIST: If you insisted but I [overlapping voices]

CLIENT: Well I think I [overlapping voices]

THERAPIST: Personally am quite comfortable with it on.

CLIENT: Would you turn it off now?

THERAPIST: It doesn't make me uncomfortable [audio blip]

CLIENT: Would you turn it off now? Can I light up my next cigarette now?

THERAPIST: Go ahead [audio blip]

CLIENT: M-hmm. [Smoking and silence from 0:26:52.0 to 0:27:08.2] It doesn't make you uncomfortable?

THERAPIST: No, it doesn't bother me a bit. It bothers you though a bit.

CLIENT: A little bit. You don't think it's nicer when you can [overlapping voices]

THERAPIST: Can you give me any other example [audio blip] somebody's behavior to you has changed because an outside individual interfered? [0:27:29.4]

CLIENT: I can't think of any offhand.

THERAPIST: Well I was wondering if it ever happened with your mother [audio blip]

CLIENT: Well that's a long story, I'll tell you about that some other time.

THERAPIST: No, I'd like you to tell me about it now, nah?

CLIENT: Well I'll tell you about it some other time [inaudible]

THERAPIST: Now you're teasing me. You don't want it recorded and that's the thing.

CLIENT: That's it.

THERAPIST: I see. Do you think this may be that you're uneasy that your mother may find out about it and what we've been saying, hmm?

CLIENT: Oh, I never did, thought of that much.

THERAPIST: Oh, no?

CLIENT: Would you just give me some explanation of what the doctors would do when they find out about our recording and our work?

THERAPIST: Just compare standards of work.

CLIENT: And do you think they'd just, then going to this they'd stop to think about the situate — the cigarette situation? [0:28:31.6]

THERAPIST: I don't know if they might. Some doctors don't give people cigarettes when they see them.

CLIENT: Would they go into on this cigarette situation or not?

THERAPIST: They might talk about it.

CLIENT: But would you have, would that stop you?

THERAPIST: What do you think [audio blip]

CLIENT: No. [Silence from 0:28:53.9 to 0:29:03.9]

THERAPIST: What about this long story about your mother that you keep teasing me about [audio blip]
hmm?

CLIENT: Well I'll tell you about that some other time.

THERAPIST: Okay.

CLIENT: Maybe next time I can come up I can [say these short ones] (ph) of all the things you know.

THERAPIST: M-hmm, well.

CLIENT: Remember how you asked me time and time again what I thought of this teacher [audio blip]

THERAPIST: M-hmm. [Silence from 0:29:24.3 to 0:29:54.0] Have you thought anymore about [audio blip]

CLIENT: Well I feel he's beginning to clamp down more.

THERAPIST: Really (ph)?

CLIENT: But I feel that if I go along with him he will get easier, settle down a bit.

THERAPIST: In what ways do you think he's clamping down on you [audio blip]

CLIENT: Oh, I don't know.

THERAPIST: Why do you think he's clamping down?

CLIENT: Oh, and so he's trying to help me and trying to insist that I do these things. [Silence from 0:30:24.9 to 0:30:35.9] Shall we take it off and hear it over now?

THERAPIST: Let's wait till 20 of [audio blip] when our hour finishes. I don't want to interrupt our hour just because there's a tape recording being made.

CLIENT: Let's wait till the hand gets down to five.

THERAPIST: Goes round to eight, mm?

CLIENT: Yeah, uh-huh.

THERAPIST: That's when our hour finishes. That's right you can walk around with your thing [audio blip]
[Silence from 0:30:58.8 to 0:31:15.4]

CLIENT: Do you know, um (ph)?

THERAPIST: No, what would you like me to know [audio blip]

CLIENT: Do you know who's a person I like better than this teacher [audio blip] gone (ph).

THERAPIST: Hmm, you haven't told me much about Dr. [audio blip] what's his name [audio blip] so tell me
about Dr. [audio blip]

CLIENT: He looked something like my father. Let's turn it off now and hear our own shit.

THERAPIST: All right, Brian (ph)?

CLIENT: I insist.

THERAPIST: You really want it off?

CLIENT: Yes.

THERAPIST: Can we not keep it on till we finish our hour [audio blip] [0:32:01.8]

CLIENT: Well let's [audio blip] now he wouldn't object with you if I insist. Shall we? Just tell him to stop.

THERAPIST: Do you really insist?

CLIENT: Yeah.

THERAPIST: Can we not keep it on till the hours up?

CLIENT: No, let's stop it now.

THERAPIST: Now you have to tell him yourself [audio blip]

CLIENT: You want me to tell him?

THERAPIST: You'd have to then ask him to stop now.

CLIENT: What's his name?

THERAPIST: Dr. Berlin.

CLIENT: Dr. Berlin, would you please stop the thing now? Uh, we or I mean that means Dr. Cameron said for me to stop it (other chuckling).

THERAPIST: Well then I'm sure he stopped. And can tell him, if we want him to start again we can tell him to you know? [0:32:48.4]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

This session features Dr. John N. Rosen, who was noted for his work with schizophrenics and was the originator of a unique technique referred to as direct psychoanalysis. He authored several books, including Direct Psychoanalytic Psychiatry (New York: Grune & Stratton, 1962).

BEGIN TRANSCRIPT:

THERAPIST'S INTRODUCTION:

April 25th, treating Dr. John Rosen. Chief Therapist. Present are the assistant therapist and this particular session is being recorded to be used as an example of psychotherapy by direct analysis in a series of such

recordings to demonstrate different methods of psychotherapy by innovators has been intriguement on and off for about eight months.

He originally came in with an acute paranoid episode which rapidly subsided and direct analysis was terminated at that point because what we proposed to do was bring about resolution of the psychosis. He remained well for about a year or so and did not return for the prescribed continuing therapy, for the neo-neurosis which followed the resolution of the psychosis. But in panic, he did come back about six months ago saying that he felt upset again, and this time came directly to the institute, the treatment unit for the purpose of being taken care of here.

He has shown very slight improvement with the connivings of his parents, he ran away for a few weeks about a month ago and was brought back without any manifest objection to being brought back.

BEGIN SESSION:

COUNSELOR: Why are you in a straight jacket?

CLIENT: [Respondent shakes head.]

COUNSELOR: Don't shake your head, answer me.

CLIENT: I don't know.

COUNSELOR: You don't know why you're in a straight jacket? Did you say that you wanted to kill yourself?

CLIENT: How many months ago was that?

COUNSELOR: I mean, today? Yesterday? When you were standing in the bathroom with a nail file in your hands. What were you doing that for?

CLIENT: I didn't know it was in there. I just, I wanted to; I don't know. I just had it in my hands up there. I don't know. I wasn't going to kill myself.

COUNSELOR: I don't hear you.

CLIENT: I wasn't going to kill myself.

COUNSELOR: Well, that's not the story I get. [Name inaudible 04:12], what do you know about it?

CLIENT: [Inaudible 04:16].

COUNSELOR: I can't hear you.

CLIENT: [Inaudible 04:20]

COUNSELOR: Yes, and knowing that once he cut his wrist with a razor, and the other time with a piece of glass, and he had been talking about killing himself, about dying, you felt that it would be wise to take no chances and that's what I agree with. Absolutely. Because the hell with analyzing why his testicles disappear, and why he's getting smaller and all the other insane symptoms. If we're going to work on that and he kills himself, what good is he? Do you understand that?

CLIENT: Yes sir.

COUNSELOR: What did I just say?

CLIENT: Why analyze the rest of it if I'm going to kill myself.

COUNSELOR: Exactly. We don't want to lose you. [Silence]. Look at me. As you sit here thinking now, are you thinking that you would not like to kill yourself? When you shake your head, the microphone can't hear it.

CLIENT: Well...

COUNSELOR: I see you're still able to smile anyway.

CLIENT: I don't know how.

COUNSELOR: Huh?

CLIENT: I don't know how or why.

COUNSELOR: Why what?

CLIENT: I'm still able to smile.

COUNSELOR: Why do you say that with such a forlorn hopeless point of view? You can't understand why you're able to smile at all anymore? What's happening to you so terrible?

CLIENT: What's so terrible about it is [long pause] losing feeling is what's so terrible about it.

COUNSELOR: Explain that to me. It's a little difficult to understand. You're losing feeling about what?

CLIENT: About even being alive.

COUNSELOR: You're losing feeling about even being alive as though you don't care if you're alive or not?

CLIENT: No, it's not like that.

COUNSELOR: What is it? I don't understand you.

CLIENT: [Silence].

COUNSELOR: When you talk to a person and you keep talking to them and he still doesn't understand, I just don't get it. After so long, a person should understand something.

CLIENT: Yes.

COUNSELOR: Now, who doesn't understand, you or I?

CLIENT: [Silence]

COUNSELOR: By that I mean, are you trying to tell me something that I don't get or are you disturbed because I'm trying to tell you something that you don't get?

CLIENT: Well, I think it's both.

COUNSELOR: I see. We're not really in rapport or connected.

CLIENT: You can't see how I could not want to get ahead in life, and I can't see that either, but as I am now, I know that I'm just this way and it's, I don't know. It's like; my words, I just want to go.

COUNSELOR: Where?

CLIENT: I can't tell you that. I think a person like this, like myself doesn't know where. Can't explain it to a person, like you, that would know where you'd want to go. That's the only way I can put it.

COUNSELOR: I understand that very well. I think you want to go somewhere where you can be attached to something. You never had the love of the mother. She couldn't be attached to you. You tried to be attached to her, but you know that she called up here and said she hoped you'd be dead. And you also know that she accused you and your father of being out of the treatment unit consorting some place in the streets of Philadelphia at two o'clock in the morning. That's crazy, isn't it? You know that she's been institutionalized? Look at me. You know she's been mentally sick, don't you? Don't shake your head. Say yes or no.

CLIENT: Yes.

COUNSELOR: She's been mentally sick, hadn't she? And, when a person is mentally sick, they can't be concerned about somebody else. They're too busy being concerned about themselves. We call that narcissism-like. Do you understand that? When you're as upset as you get, can you be worrying about somebody else?

CLIENT: [Silence].

COUNSELOR: I don't hear you.

CLIENT: Yes, I think so. Probably.

COUNSELOR: Let me give you an example. When you thought your body was shrinking, and your testicles had disappeared, and you were turning into

CLIENT: Oh, well no.

COUNSELOR: Were you busy thinking about that or somebody else?

CLIENT: I was too busy thinking about that.

COUNSELOR: Well your mother goes through things like that all the time. I saw her the other day sitting there by herself in the corner and talking to herself at a great rate. Do you think she was listening to voices? She certainly was not paying attention to anybody else, because I was right at the next table, and she was not paying attention to anything except the voices. She hardly even noticed the waitress when she came by. So, then you were never able to find your mother, then you turned to find your father, but he was very unresponsive, wasn't he? He had feeling, but he couldn't express it. He was like you. He was silent, wasn't he? I'm talking to you. Don't shake your head.

CLIENT: I don't know what you mean by silent.

COUNSELOR: Did your father talk and make himself understood? Did he relate to you very actively?

CLIENT: As what I can remember. What I can remember, he did.

COUNSELOR: Well, then if have you found solid comfort in the relationship with your father, why did you want to leave? Why didn't you go to ?

CLIENT: Why did I leave where?

COUNSELOR: Huh?

CLIENT: Leave where?

COUNSELOR: You left Philadelphia and went to New Orleans. You wanted to leave the world by cutting your wrist. You're trying to find peace some place. You're trying to find some kind of unity for yourself. It's clear that you have not found it here. And in some way, I fail to relate to you properly. You're shaking your head.

CLIENT: I failed to relate to you.

COUNSELOR: And you failed to relate to me, but that doesn't mean that we can't ultimately relate to each other. I don't fail to relate to the other people in this room, and they don't fail to relate to me. And I'm trying very hard to relate to you. For some reason, you won't have me. Do you know why? Don't make your mouth tight like that. Take me in a little bit. You make your mouth tight and you don't look at me. You don't want to take me in at all. I can see that. But I take you in. My eyes are right on you, aren't they? My mouth doesn't shut as tight as a clam, does it? But yours does. And you get silent.

CLIENT: I don't know what to say.

COUNSELOR: Why don't you love me?

CLIENT: [Silence].

COUNSELOR: When you look at me, you're making a frown. You make your mouth as tight as a clam.

CLIENT: I don't know.

COUNSELOR: Why don't you get up and put your arms around me and give me a kiss?

CLIENT: [Silence]

COUNSELOR: There goes your mouth again, and you look away. You don't want to come near me.

CLIENT: [Silence].

COUNSELOR: Now you smile. And there goes that mouth again. When you smile, you almost let me in. Are you afraid that it would mean something homosexual if you did that?

CLIENT: No, not [inaudible 17:26] you explained to me.

COUNSELOR: Exactly. There is a total feeling that's called love. In it, to a slight extent, is sex. But sex alone is far far from love. And what I have in mind between you and me, if it has anything to do with your penis or anything like that, or my penis, it's so unconscious, that I don't notice it. It's almost as though I didn't feel it, or it's almost as though you didn't feel it. Or maybe in you it's stronger. When I say love, maybe you just think penis.

CLIENT: No.

COUNSELOR: Eh?

CLIENT: No sir.

COUNSELOR: Well, I'm glad to hear that. You were concerned that you were becoming a woman, you know. I thought maybe that was still working on you. Because if you were a woman, then you'd be interested in my penis, wouldn't you?

CLIENT: [Silence].

COUNSELOR: I didn't hear you.

CLIENT: I don't know about that.

COUNSELOR: Well, but there is a possibility, isn't it?

CLIENT: That's a possibility, I guess.

COUNSELOR: Yes. But you're not a woman. I promise, neither am I. So, if that's what's keeping you away from me, and away from everybody

CLIENT: Yeah, they're kind of talking like that.

COUNSELOR: They are?

CLIENT: No, they're kind of speaking like that. It's pretty

COUNSELOR: It's what?

CLIENT: I mean when you said homosexual love and things like that, it, something I never understood. I never thought about.

COUNSELOR: Well

CLIENT: And, I mean, you know, I can see that, what you were talking about before.

COUNSELOR: Uh huh. Every man has unconscious homosexuality. Because every man loves his father to me. What do you call that? When a man loves a man?

CLIENT: I've always called it respect.

COUNSELOR: You see now, do you think that respect means love? Do you see how frightened you are to face this honestly? Do you think that respect and love mean the same thing?

CLIENT: No, not when it really comes down to it.

COUNSELOR: Of course not. You see, you are frightened at these thoughts. But we'll reach each other. It's going to take time. And we're going to do it just this way; sitting and discussing with each other. Just like the other day when I explained to you that you have two minds. One is what?

CLIENT: Conscious and unconscious.

COUNSELOR: That's right. Conscious and unconscious. And these thoughts that I'm talking about now are in which mind?

CLIENT: The conscious mind. Half the conscious mind.

COUNSELOR: No, not me. I wouldn't fool around with your penis for \$10 bucks, and I wouldn't let you fool around with mine either. So where are these thoughts if they're there at all?

CLIENT: The unconscious mind.

COUNSELOR: In the unconscious mind. Now you've got it. And in the conscious mind, is listening what we're talking about. The explanation, you see. The intelligent part of this thing. The conscious mind is able to say respect doesn't mean love anymore than having intercourse means love. It may be one of the elements that go in to what makes up love. Do you agree with that? I didn't hear you.

CLIENT: I agree with that.

COUNSELOR: And I'm sure that when you begin to love me in the way that I mean, like a father and son or like two brothers, or like, I don't know; like I am with he would do anything for me and I would do anything for him. And if I die, he'll cry at my funeral. And if he dies, I will too. See? That's the kind of something that happens between two people that's close and good. They understand each other. They feel about each other. They are sympathetic. They are comrades. They have companionship. They go out and eat together the way you and I did. Do you remember?

CLIENT: [Silence].

COUNSELOR: Don't shake your head.

CLIENT: Yes.

COUNSELOR: Do you remember? And you had trouble taking in the food then. You have trouble taking in anything, especially me. Also me. You can't take me in either. And it maybe because of the penis taking in, you know. Maybe that's what holds us back from being close to each other. But as we talk and talk, and as time goes on, and if you don't have a chance to kill yourself. Because if you kill yourself, I'm licked. Right?

CLIENT: [Silence].

COUNSELOR: I didn't hear what you said.

CLIENT: Yes sir.

COUNSELOR: And if you kill yourself, then you become a hopeless case because after that, I can't kill you anymore. But if we keep working with each other like this, and you stay alive, we'll get to that level that I'm talking about. And when you feel it, you'll have courage enough to live. You will want to live. You will want to see me. You will want to tell me about what you did, and the job that you've got, and the wife that you've married, and the kids that you've got and all that sort of stuff.

CLIENT: [Silence].

COUNSELOR: You're throwing me out again. Do you feel a little emotional or sentimental or affectionate? You took your eyes away from me, and you made your mouth tight. You don't want to take me in with your eyes, and you don't want to take me in with your mouth. And maybe you don't even want to listen to me. You don't want to take me in with your ears. That's just what makes you run to a place to find something. Well, something is right here in front of you. You shake your head yes, but I wonder if you really mean it. If I gave you a razor and turned you loose in the toilet now, what would you do?

CLIENT: Probably shave.

COUNSELOR: Okay, but you said "Probably." Or what else might you do?

CLIENT: Nothing I guess.

COUNSELOR: Do you think you'd kill yourself? That worries me. Remember how mad I got when you cut your wrist last time? It's the only time I ever belted you in the jaw, isn't it? Eh, you remember? I don't hear you.

CLIENT: Yes sir. I know.

COUNSELOR: That's one thing I can't stand. I really love you. If you died, I would be too unhappy. But if I died, you'd probably, you know; so what? That's where the trouble is. You're just like your mother. With your mother, if you died, so what? Don't make your mouth so tight. You always do that. And now you close your eyes and you make your mouth tight. This goes back to your mother. Take me in.

CLIENT: [Silence].

COUNSELOR: Hey, right here. What are you thinking about?

CLIENT: My [inaudible 27:20]. I don't know.

COUNSELOR: Have you thought of hurting me?

CLIENT: No. I thought I was.

COUNSELOR: That you were hurting me? Do you know why you were hurting me?

CLIENT: [Silence]. Do I know why?

COUNSELOR: How are you hurting me?

CLIENT: I was taking part of your blood or something.

COUNSELOR: You were taking part of my blood? That shows you how crazy a guy is when he thinks about killing himself. They only said that in order to kill yourself, you have to be completely in a deep dream. You really don't know you're doing it. Did you know that you were killing yourself when you were cutting your wrist with a razor? What was operating then, your conscious or your unconscious mind?

CLIENT: Well, I don't know what it was. I guess it was my unconscious mind.

COUNSELOR: Was it something that you were doing in a dream? I don't hear you.

CLIENT: Yes.

COUNSELOR: I always think that, that a suicide, if you could wake up, what he was trying to do would seem like a dream. Well, here, you can have a bite. Here, or would you rather just kiss it?

CLIENT: No, I wouldn't; I'd rather to eat it.

COUNSELOR: I don't mind if you have some of my blood. All right. I'll see you later.

CLIENT: Yes sir.

[END OF INTERVIEW]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The session that follows features the work of Dr. Richard E. Felder.

Richard Felder, MD graduated from Emory University School of Medicine in 1944, served as a US Army physician in Germany and practiced internal medicine before going into psychiatry. With this medical background, Dr. Felder viewed clients' mental health along with their physical well-being and by linking the two, advanced a more holistic approach to healing.

Dr. Felder was president of the American Academy of Psychotherapists and a founder of the Atlanta Psychiatric Clinic. He died in May, 2008.

BEGIN TRANSCRIPT:

THERAPIST'S INTRODUCTION:

There are three parts to this tape. Part one is a brief case history here; part two contains a recording of an interview held in May 1962 at which time the patient expresses her feelings about the electric shock therapy which she had had seven years previously; part three will be a brief follow-up. This recording is being made in 1964. Miss EST is now 21 years old. She was first seen by me in February 1957, having been referred by the physicians at a children's hospital because she was too nervous for them to examine. According to the parents, she was unable to go to school or Sunday school or to get out into a crowd and was extremely nervous. The onset had occurred three years previously at the age of 12 when soon after her menstrual periods began, she was unable to sleep, cried all the time and was referred to a psychiatrist (0:02:02.2).

According to his report she "had begun developing a hand washing mania, would put her shoes on and off time after time, lock and relock doors, cut lights on and off, zip and unzip her zipper many times. At the time Dr. X saw her she was having difficulty doing her schoolwork because of erasing and rewriting. It was his impression that she had a severe obsessive compulsive neurosis, and although he did not feel optimistic about the outlook, he felt it worthwhile to give her electroshock treatment." She had approximately 30 such treatments, ending in February 1955 (0:02:57.5).

Later that year, she developed rheumatic fever with some heart involvement and finally a full-blown Sydenham's chorea. With hospitalization and adequate medical treatment, she recovered with no residuals.

At her first interview with us, she was 15 years old and explained that she didn't think those doctors that is the psychiatrist, knew what they were doing, that they just asked her a few questions and then kept giving her those things, by which she meant electric shock treatments. They had to hold her on the table to give them.

She also explained that she gets pretty mad at herself and that she doesn't really see how her parents put up with her. Her parents explained that they had never had a "cuss fight" in 20 years of marriage, and that they had certainly not ever let the children know that they were angry with each other. Mother in a cold and steady voice described herself as a normal mother and a good mother. "I have worried quite a lot over her, didn't want her to know it. She's my only worry." She was asked by the pediatric psychiatrist, did you miss her while she was in the hospital? To which mother responded in a loud, harsh, shrill voice, "Miss her? Of course we did. We went to see her every weekend that we could. Of course we missed her (0:05:04.1)."

The patient herself described the ending of her ability to go to school. She had made only straight As in school. One day she was giving a report and became too anxious to remain in the classroom. The next day she returned to school but she spent the day in the restroom. After that, she was not able to go back.

The staff conference regarding this patient arrived at a diagnosis of schizophrenia. It was recommended to the agency which had sent her that she have ten interviews only in psychotherapy and that definitive psychotherapy be postponed until she was past some of the turmoil of her life as it was at that time (0:06:14.8).

She was seen for these ten interviews and became less anxious. At the conclusion of the ten interviews she was re-evaluated and the report contains the following observations: "The changes which have taken place as brought out in the examination are as follows: she now likes to go out whereas previously her parents would have to beg her to; she still will not go to church; she sleeps better and has more interest in being helpful around the house; she now likes to ride her bicycle but doesn't like to get up in the mornings; she has become more irritable and has been able to get mad at her mother, whereas previously she used to want her mother with her all the time; her anuresis had stopped during the past month (0:07:18.8)."

One interview of the ten was rather remarkable in that the patient became terrified. She had been playing tic-tac-toe with me and I had absentmindedly let her win again. She became terrified at this point and this was the most feeling experience of hers and mine during the ten interviews. She was not seen again then until 1961 when she returned, this time sent by a different agency. She had not been seen by a psychiatrist since her ten interviews. According to father, she had been better than he at one time had thought she ever would be. She had been a sophomore in college when she called her parents to come and get her because she felt funny, had been upset for two months, including anorexia, insomnia, nausea and vomiting. Her parents still had not had a fight. She was still afraid of doctors because of the electric shock treatment and repeated "they had to hold me down." By this time she wanted to be a teacher. She had obtained a summer job. We again recommended ten interviews in psychotherapy and these were authorized by the referring agency. At the end of that time, the patient was still working and elected to continue psychotherapy at her own expense and at the reduced fee which the agency pays (0:09:46.9).

It was in May 1962 that the following interview took place. At the preceding interview the patient had become so anxious that she did not stay, but left the interview after it was about half over and did not return for the rest of that interview time.

The recording of the interview will be a little difficult to understand at times, and for this reason the transcript will probably be necessary. All the silences in the interview have been reduced to ten seconds, but the transcript will give you the exact length of the time of the silence. You will notice a sudden emotional reaction in the patient. I didn't know what this was about at first, and I was quite tense and anxious at that time. When she speaks of, when we went down there, she refers to the city where she had her electroshock therapy (0:11:02.0).

This is the interview.

BEGIN SESSION:

THERAPIST: Oops. You look pretty good today.

CLIENT: Thank you.

THERAPIST: Feeling better?

CLIENT: (indiscernible)

THERAPIST: What's (indiscernible)?

CLIENT: (chuckling)

THERAPIST: If you were feeling perfectly wonderful, I'd be very suspicious (0:11:57.5).

CLIENT: (chuckling) (indiscernible)

THERAPIST: Try though. Because I wouldn't understand it?

CLIENT: No.

THERAPIST: Wouldn't believe it. How often are you going in?

CLIENT: I think it's been about two weeks apart (0:13:00.0).

THERAPIST: If your parents thinking of you as going for a certain number of interviews, or are they thinking more long range than that?

CLIENT: I don't I have a would have guessed it was.

THERAPIST: As I remember I was pretty sloppy with my discussion of this with them. Wasn't very clear about it.

CLIENT: I don't want you to be like them (0:14:14.8).

THERAPIST: What do they make you feel?

CLIENT: I don't want to go. It makes me feel like that I'm in that room again...

THERAPIST: Maybe it's a good thing for you to feel.

CLIENT: No, it isn't.

THERAPIST: For you to get past being scared of it.

CLIENT: I don't want to.

THERAPIST: You don't want to go through life being scared of it.

CLIENT: No. I don't want to go through that again because it's I hurt (0:15:00.9).

THERAPIST: I sure don't blame you for that.

CLIENT: I don't think you should do that. I don't (0:15:58.1).

THERAPIST: You didn't think they had an electric shock machine...

CLIENT: No, I know you don't.

THERAPIST: Good.

CLIENT: I know it, but sometimes I can't hold up and I can't I just see it.

THERAPIST: No, I think that's a good thing for you.

CLIENT: I don't.

THERAPIST: You've got to feel it until you...

CLIENT: I don't want to.

THERAPIST: All through being scared again.

CLIENT: It makes me I feel like I can't breathe or anything.

THERAPIST: I feel it too.

CLIENT: Huh?

THERAPIST: I feel it too.

CLIENT: I need some more water.

THERAPIST: I'll go get it (0:16:58.7).

CLIENT: Thank you.

THERAPIST: You're welcome. Want a cigarette?

CLIENT: No, thank you.

THERAPIST: Do you mind?

CLIENT: No.

THERAPIST: Whiskey?

CLIENT: No (chuckling). I might need some.

THERAPIST: I'm sure glad you didn't have to leave this time. I think if you had left today you would have come back, though, don't you (0:17:59.4)?

CLIENT: I didn't want to. (indiscernible) that I used to that we used to visit when I went down there and it just made me feel awful just to see when I love him, he's so sweet, but it still made me feel just scared just to see him because I knew that I used to stay with him when we went down there. I do, I've got to get over it. I want to. I mean, I want to go through it (0:18:58.3).

THERAPIST: Which is (indiscernible)?

CLIENT: No.

THERAPIST: (indiscernible)

CLIENT: Okay (0:19:58.4).

THERAPIST: You must hate the doctors.

CLIENT: I don't anything that the [audio gap]. I don't hate them, I mean I can't hate them, but don't think they knew what they was doing, if you want to know what I think about it.

THERAPIST: I think you do hate them.

CLIENT: Well...

THERAPIST: And I think you may feel that same hate in here with me. But it's all right, because I'll be glad to hate you right back.

CLIENT: (chuckling) Well, okay. But I don't hate them. I don't think I could stand to see them (0:20:57.4).

THERAPIST: I don't believe that.

CLIENT: But why do you think I should hate them?

THERAPIST: I know I would. I think I do.

CLIENT: I think I'm mostly afraid of them. I was really a young I just I came across this picture and it, you know when you wrote the book? I just something and I just saw this picture, and it just, I don't know, it just made me feel awful, I just couldn't even stand to see his old picture. I can remember them going the whole place and all the people there. And just every noise and every sound, I can remember it. And I can remember the way that I would stay awake at night and you could hear I could hear them paging the doctors through their and now, I can't it hurts to go into a hospital and stay put down (ph) without being all shook up when I get out. And I can remember the way that they and it smelled awful and dirty. Those people were dirty. At least give me something to make me asleep before I got down there, and I'd get there and I wasn't even able to walk. And just you had to go into one room, sit and wait and to it was awful, and then you'd go to another one and then you'd know that you had to go in there next. And it was just so awful. Lay you on the stretcher. I'm tired (0:24:59.1).

THERAPIST: You bite your fingernails?

CLIENT: I don't usually, I don't eat them. I bite this one sometimes.

THERAPIST: You just pick on one.

CLIENT: (chuckling) (indiscernible) I think this chair sits better than that one (0:26:07.8).

THERAPIST: I think it does too. I don't like to sit in that one.

CLIENT: I don't either.

THERAPIST: Well, I think I felt that you were too scared to get this far into the room before.

CLIENT: I was. I sat in that one where I was just stiff.

THERAPIST: And where you'd be at the door.

CLIENT: (chuckling) Where you know I could keep you know I can't relax in that chair (0:26:58.7).

THERAPIST: Yeah.

CLIENT: My sister graduated last night, and I didn't even go. I wanted to but I think if it'd been less dark (ph) I would have, but I don't know, I just I knew I couldn't. But she doesn't know why and I think she (0:27:55.5)...

THERAPIST: Think she's mad?

CLIENT: And I know she's not mad, I just well I think she's just sort of hurt a bit because I didn't go. She isn't mad, I don't think.

THERAPIST: Does she live with you?

CLIENT: Yes, she's yes, she does. I live at home.

THERAPIST: Yeah.

CLIENT: Well, you know she does.

THERAPIST: (indiscernible) I guess that was kind of dumb. But how could she live with you and not know that you have a lot of trouble going places?

CLIENT: Oh, she knows it, but I don't know (indiscernible) they all do, but I mean, I don't tell them why, and...

THERAPIST: Do you know why?

CLIENT: I don't know what I do and I didn't know what to tell her, but I couldn't tell her that I was just afraid to go because I didn't want to. And my grandma always saw her, she used to say oh, come on honey, go to church with us today. And I didn't say anything, I didn't say anything, I just you know kept myself calmed down so I might if anybody says anything I just fly all over the place, I can't help it, I don't even know I'm going to do it. My sister's boyfriend does it when he'd say, go get your dress on, let's go to church. So I told him, I didn't even know I was going to do it, I just I said, I didn't think I was old enough to go. But that's like asking and then my grandma started asking me like, I'd turn everything off the dresser on the floor because I can't stand it anymore, telling me to go because I want to.

THERAPIST: How do you feel about these outbursts after you have them?

CLIENT: Well I feel real embarrassed and bitter after it.

THERAPIST: Better or bitter?

CLIENT: Well...

THERAPIST: Or both (0:29:59.6)?

CLIENT: Well, sometimes both I guess. I don't know if I feel better or not. I just, I don't (indiscernible) I don't tell them anything though.

THERAPIST: How come you don't tell them you're afraid?

CLIENT: Because I didn't do so (ph), well why are you afraid, I'd say well, I don't know.

THERAPIST: You could tell them that's what you're coming here to find out.

CLIENT: (chuckling) Well, I think it's I just can't tell them, that's all. Maybe I don't want or I don't know what.

THERAPIST: Afraid it would upset them?

CLIENT: I don't know, I don't know if it would or not. I don't I don't know. I don't know anything anymore. I just know that I just can't stand things anymore (ph). I'm just sort of tired of everything. I'm just (0:31:35.2)...

THERAPIST: Would you be surprised if I told you anger is encouraging to me (0:32:00.6)?

CLIENT: Yeah.

THERAPIST: Well, it is. I think they've been pushing you around for years and you're beginning to get tired of it. I'll take part credit for that.

CLIENT: Okay.

THERAPIST: What you thinking (0:32:56.9)?

CLIENT: (chuckling) Well, I'm just wondering, if hadn't told them (indiscernible) what I was doing, that's all. And then I thought wait, well I thought maybe well, you might have to get me some of your whiskey but I never had any before (chuckling).

THERAPIST: (chuckling)

CLIENT: And I didn't and that's all.

THERAPIST: Oh, I have all sorts of things handy.

CLIENT: (chuckling)

THERAPIST: If you need them. I'll take part credit for that too. You're beginning to seem like a real human being (0:33:56.6).

CLIENT: Thank you (chuckling), I guess.

THERAPIST: (chuckling) You're welcome. Wouldn't surprise me if somebody asks you for a date soon.

CLIENT: What do you think, I've been proposed to (chuckling).

THERAPIST: You have?

CLIENT: Yes.

THERAPIST: Good.

CLIENT: I'm going to have to turn him down I guess.

THERAPIST: You mean just recently?

CLIENT: Yes. Well, I mean not recently (indiscernible), I've just been putting it off (chuckling).

THERAPIST: Well, congratulations (0:34:56.8).

CLIENT: Well, I think he's only really staying because he's what I mean I still don't know he doesn't know about me. I mean he doesn't he didn't ever know about me before I got before I went to school and so I never did tell him. But that's not why I'm not that's not why I don't I'm not going to accept it. It's because I just don't think I he's the boy for me anymore. I liked him until this happened, okay.

THERAPIST: Until he proposed?

CLIENT: Mmm hmm.

THERAPIST: How long have you been going with him?

CLIENT: Over a year, about two years. I hadn't I mean I just don't think that (indiscernible). I don't want to get married (0:36:16.5).

THERAPIST: Still nice to be proposed to.

CLIENT: I know it. It is. But I still think it would be a different story if he knew me. I mean if he knew all about it.

THERAPIST: Well, since you're not going to accept him anyway, why don't you tell him and see? He might have a story to tell you.

CLIENT: (chuckling) He might, I don't' know (0:37:10.1).

THERAPIST: You ready to go?

CLIENT: Mmm hmm.

THERAPIST: Bye.

END SESSION

THERAPIST'S NOTE: This particular interview was the sixth of a second series of ten interviews, and when it took place I was not sure whether I would be seeing this young lady beyond those ten interviews or not. Therefore, I was intent on accomplishing as much as possible. I was eager to make maximum use of what might be a limited time (0:38:05.6).

I had a great deal of personal feeling involvement with her as you could probably tell from the interview, and I felt secure enough in my feelings of affection for her to be able to get into the depth of her fear of another assault by a psychiatrist. I felt her terror with her, yet I didn't feel that it was necessary to interrupt it, but rather that I was ready to help her explore the feeling which of course goes beyond the content of the experience with electroshock therapy. I as well as she was tired at the end of the interview (0:38:54.2).

It is rare in my experience for a patient to experience repeated emotional upheavals in the same interview like she did. I felt a profound respect for her capacity to do this.

The actually she elected to continue her psychotherapy beyond these ten interviews at her own expense, and for awhile she paid the reduced fee that the agency pays. Later, she elected to pay a regular outpatient fee in spite of the fact that that meant she could not have her interviews more than once⁴ every three or four weeks (0:39:52.5).

The relationship reflected in this interview has continued and there has been another episode of terror similar to this one, but non-specific. That is, it was not a reliving experience per se, but rather a terror that had no content. She went through it rapidly in the interview and was much more stable in her feelings afterward. The factual follow-up includes the fact that this summer job she had became a permanent job and she has since gotten a promotion. She continues her relationship with her boyfriend and on a somewhat more realistic basis. She has bought herself a car and drives to the interview but always brings someone else along with her. She continues to live at home with her parents and grandmother and is looking forward to the time when she will be courageous enough to drive many miles actually for her interview alone (0:41:16.8).

Addendum

THERAPIST'S NOTE:

Since this tape was made, Ms. EST has had another interview. This she did arrive having made the trip all by herself, and was very pleased with this. She had had a dream in which they were moving into a new house which was all sunshiny. She thought about her old room and decided she didn't want to go back to it except that sometimes she would go there for a little while and just sit (0:42:03.6).

She also had decided that she will never be satisfied until she finishes college. This is the end of the recording.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

ABOUT THE THERAPISTS:

Richard Felder, MD graduated from Emory University School of Medicine in 1944, served as a US Army physician in Germany and practiced internal medicine before going into psychiatry. With this medical background, Dr. Felder viewed clients' mental health along with their physical well-being and by linking the two, advanced a more holistic approach to healing.

Dr. Felder was president of the American Academy of Psychotherapists and a founder of the Atlanta Psychiatric Clinic. He died in May, 2008. John Warkentin, PhD., MD also practiced in Atlanta and co-founded the Atlanta Psychiatric Clinic. He is the founder, along with Thomas Malone, Cal Whitaker and Richard Felder, of Experiential Psychotherapy. Dr. Warkentin died in 1983.

THERAPIST'S INTRODUCTION:

The following is an introduction by John Warkentin to the case of Don, D-O-N. This is a single interview with the patient by two therapists which we call multiple therapy. Two years prior to the interview recorded on the tape, Don came to Dr. Richard Felder for individual psychotherapy. His presenting complaints initially were that he felt frustrated and "tight" in all of his living and he had had a sense of being unable to use his native intelligence. He had a sense of being dissatisfied with life generally but was unable to state in just what ways. He described his father as a domineering person and his mother as very over protective. She was still trying to baby him at the time therapy began. Don was inerratic until the age of 7 years. He got through school alright, graduated from college but somehow did not feel ready to support himself. He often felt irritable or hostile to people around him. Had many thoughts of suicide as a way of getting people to feel sorry for him and had considered carbon monoxide poisoning in his car. His operating dynamics were largely compulsive. He was punctual, systematic, a coin collector, and easily felt suspicious of the attitudes and motives of people around him. He had a number of phobias such as of the dark, water, cancer, and death. He stated that he dreamed very little. His sexual history was negative for homosexual contacts. He continued to masturbate with considerable guilt. He was generally shy and hesitant with girls. He had never dated much however, about four years before coming to our clinic; he had had some heterosexual experiences with casual strangers. His physical health had always been good except for colds and a history of three hemorrhoidectomies. [0:03:03.9]

We did projective psychological testing which included the Rorschach one year prior to the taped interview which you're about to hear. The testing showed the following: his figured drawings were like those seen in chronic schizophrenic patients. They were primitive and undifferentiated. His compulsions and obsessions were no longer protecting Don against being flooded with unconscious material. He was uncertain of his identity and afraid to express tender feelings of any kind. His thinking was stereotyped often concrete and literal. This is still in the psychological testing and it indicated that he had much introspectiveness, and infantile fantasies, magical expectations. His ideas of reference were primarily with authority figures and there was some indication that he was suffering from religious delusions. In summary the testing showed him to be a bright introspective man who was definitely involved with his therapist and relating in a rigid and orally dependent way. His reality testing was not seriously impaired. [0:04:30.9]

After this psychological testing we discussed his case in our clinic staff and thought it wise to introduce a second therapist into the treatment situation, namely Dr. John Warkentin. This was done. The patient at first objected to the increased cost and then welcomed the three way relationship which we call multiple therapy. Prior to this time, Don had 46 individual interviews. He was then seen in 37 multiple therapy interviews before we taped the interview which is recorded on this tape. [0:05:21.1]

During the year of multiple therapy prior to this taping, the patient was making slow progress. He developed some affection for the new therapist, gradually became more bold and outspoken in the interviews, displayed some aggression in the way he related to his parents, companions, and girlfriends. He began to report many dreams. He remained in good physical health. The two therapists during this year were developing a gradually increasing respect for Don so that they dared to be somewhat more aggressive with him as time went on. Both therapists adopted some of the patients depreciating and sarcastic way of discussing his experience and their relationship with him. Only on rare occasion was tenderness possible in the interview situation and this was always quite threatening to Don. Some of the interviews were very boring and sometimes the therapists attempted to meet this with provocative statements. Don always seemed more comfortable when the therapists maintained a hostile attitude toward him than when they felt warmly affectionate toward him. This situation is reflected in the taped interview which follows. [0:07:03.1]

By way of follow-up history, the patient made a satisfactory ending in psychotherapy, was eventually married, and is now definitely self supporting, and working adequately in a professional situation.

BEGIN SESSION:

CLIENT: Are we going to tape this one today?

DR. FELDER: Yeah. I hope you don't mind.

CLIENT: Would it matter?

DR. FELDER: Well try and see if you want to. Of course it would matter.

CLIENT: Is John coming late?

DR. FELDER: I suppose so. He's just running late.

CLIENT: Should we go ahead?

DR. FELDER: Well that's what I had in mind and soon as you decide about the recording. [0:08:06.7]

CLIENT: Yeah.

DR. FELDER: We're on.

CLIENT: Are we on?

DR. FELDER: Or off.

CLIENT: It's the same damn old thing of sex just gets me all frustrated. I don't know what to do with it. This weekend I date a date with this girl Saturday afternoon that goes to the church out there where I work in College Park. We played tennis that afternoon. And then I went over to her house Saturday and she spent the night with this girl. And she asked me to eat dinner with her Saturday night and then again yesterday at lunch. And then last night, I took her over to this friend where she staying and got to necking and I didn't do anything. But I got so damned aroused just feeling her breast that I had to jump up and go in the bathroom to keep from messing my trousers up. And then I felt real bad about it and I got to trying to figure why in the devil I feel so bad about it and one of the things I'd done that was so awful but it's just this damn pattern that I'm in. Something like this happens and I don't know what to do with it. I feel real, real depressed. And it's the same old thing of wanting to talk about it and not wanting to talk about it. It seems like I'm afraid to talk about it. I don't know. I felt like a hypocrite. All day yesterday when I was with these different people, I guess I felt kind of depressed all day because I knew that I wasn't feeling close to anybody. It seems like I'm trying to make sex do something to make me feel closer and it just doesn't work. [0:12:45.6]

DR. FELDER: Well now that we got that out of the way, you know of any way you and I could be close?

CLIENT: No. Nothing comes to mind. You must have something in mind when you say that. [0:13:41.4]

DR. FELDER: What I had in mind is getting to where you and I are here rather than you and somebody else are there and it's today instead of yesterday.

CLIENT: On the way out here I was thinking about telling you about this thing. This thing is really like going to confession kind of the feeling I have about it. [0:15:41.4]

DR. FELDER: Confession I guess there's a wall of some kind between you and the other person isn't there?

CLIENT: Yeah. Well wrong ones yeah. It's so sad. That's the darndest thing. I don't know. I can't seem to talk about the here and now. When I was sitting out there waiting for you all my damned butterflies starting going around in my stomach and the longer I sit, the more nervous I got. It seems like it's hard for me to talk about the here and now. I get so anxious I guess a wall goes up or something. I don't know. It's hard to do. The only feeling right now I'm aware of is I wish John was here which I think if it had been four or five times ago I wouldn't have had that feeling. [0:17:45.6]

DR. FELDER: In fact you would've wished he weren't here.

CLIENT: Yeah.

DR. FELDER: Well that's some change isn't it. It seems to me like he is here.

CLIENT: I always associate birds singing with him. [0:18:46.1]

[Knock on door.]

DR. WARKENTIN: Hi.

CLIENT: Hi. We were just talking about you.

DR. WARKENTIN: That's good of you.

CLIENT: I was saying I wish you were here which four weeks ago I don't think I would've said it.

DR. WARKENTIN: That's helpful. What do you suppose you want me for?

CLIENT: Gosh, I don't really know. I guess I think I was just being protected somehow. [0:19:49.8]

DR. WARKENTIN: That sure sounds like me. (chuckles) Boy oh boy. That's wonderful you know. Here I pick on you all over the place and you call it protective.

CLIENT: I think you did it the first couple of times I came but I haven't thought of you the last few times as picking on me. [0:20:26.4]

DR. WARKENTIN: I'm not just laughing at you. I think that's how it actually works.

DR. FELDER: I do too.

DR. WARKENTIN: I think you experience the kind of attack that I carry through with you as protective. It keeps you from loving me; makes it safer.

DR. FELDER: He was chattering about something that happened yesterday or last week or something. I asked him can you think of any way that he and I can be close. He promptly responded that he could not without even stopping to think about it. [0:21:55.0]

DR. WARKENTIN: Sounds like I might have divined the situation when I walked in.

DR. FELDER: It certainly does.

CLIENT: It might have what?

DR. WARKENTIN: Divined the situation. I have the feeling that you've moved that chair back a fair piece before you sat down and then you moved it back some more after you sat down just to get away from Richard. [0:22:27.5]

DR. FELDER: If there wasn't screen in that window, he might be able to slide right on out the window if he leans back like that.

CLIENT: I felt that way when I came in. I was sure anxious waiting out there.

DR. WARKENTIN: It's my fault that we were late. I got behind with our company today and haven't caught up yet. [0:23:11.9]

CLIENT: I'm confused.

DR. FELDER: Congratulations.

CLIENT: When we were talking a while ago and I was looking at you, there was something in your eyes and I felt real warm towards you. I don't know but I think you caught it to when I was looking at you.

DR. WARKENTIN: Uh huh.

CLIENT: And then you started this thing about protection and you kind of say that my looking at you as protection keeps me from feeling warm towards you.

DR. WARKENTIN: I explained something to you and that's always on the cold side. [0:24:14.1]

CLIENT: Yeah.

DR. WARKENTIN: I sort of backed away from you to make an explanation. I'm glad you caught that. To me that's an important part of what we're here for, for you to really experience all these changes as acutely as you possibly can. I don't think you're here just to be loving, or just to be hateful, or just to talk, or just to anything. [0:25:16.5]

DR. FELDER: I had a fantasy about you while you all were talking that your left leg goes paralyzed, really quite useless and withered.

CLIENT: That doesn't leave but two to go because my right is withered and paralyzed too.

DR. FELDER: It is?

CLIENT: That's what you say it is.

DR. FELDER: I really think of you as quite an inadequate person. [0:26:02.7]

CLIENT: Sort of makes so, one leg and one arm.

DR. FELDER: Because that's not what I thought you meant when you said that leaves two to go.

CLIENT: You've always got sex on your mind.

DR. FELDER: Isn't it wonderful.

CLIENT: (chuckles) I don't know. I guess it is if you can learn to enjoy it rather than always feeling guilty about it.

DR. WARKENTIN: He's already done that.

CLIENT: Already felt guilty about it?

DR. WARKENTIN: It seems like a long time since we saw you. How long has it been? [0:27:10.7]

DR. FELDER: I was thinking that too.

CLIENT: Ten days I think. Ten days, April 8th.

DR. WARKENTIN: Are you spacing them out or something.

CLIENT: Ten days apart, three a month.

DR. FELDER: Just to be different.

CLIENT: No, that's half as many as I'd been coming. I was coming six when I was coming to see you.

DR. WARKENTIN: Well we're going to mad with you for coming so rarely.

CLIENT: Well I hope I could've come more but I just can't afford it. [0:28:06.8]

DR. WARKENTIN: We can still be mad with you.

DR. FELDER: That wouldn't stop us would it John?

DR. WARKENTIN: No. I had a real feeling of anticipation when I saw his name on the schedule for today. I looked forward to this interview. I felt badly I got snafued (sp?) to I that couldn't be here on time.

CLIENT: Whenever people try to complement me or say anything nice like you just said, I don't really believe it. Don't believe that they really mean it. [0:29:28.9]

DR. WARKENTIN: Sure. It's much more comfortable to call me a liar at least to yourself even when you don't do it out loud. You know that would be desperate if you started believing what people told you.

CLIENT: I just don't know what to do with it.

DR. WARKENTIN: Sort of a raw feeling when you can no longer shut it off like you have been doing? [0:30:42.9]

CLIENT: Uh huh.

DR. WARKENTIN: Or decide not to shut it off.

DR. FELDER: I had a dream about you just them. I dreamed that you had demonstrated to us how crowded you are and sort of hemmed in. Your boundaries are so closed in that you don't have any room to move about it. And then somehow or other I got a picture of you from a different perspective and there was a lot of extra room at the side that hadn't been visible from the front. I don't know how I got this other perspective but it was kind of like the world rotating. And then the three of us were in a car at the bottom of Jet Road and we were going to go up a long hill and in order to make it over the top we'd have to get up as much speed as we could. And these two dreams seem to be related to each other somehow. [0:32:25.9]

CLIENT: Your dream's made me tense.

DR. FELDER: I had another association to the first dream that the turning where I could see the extra space was like the turning of a compass that you have in an automobile.

CLIENT: I don't know. What kind of compass is that? [0:33:15.4]

DR. FELDER: It's one that floats inside of a brown glass ball then when you turn, it turns except it doesn't. It seems to turn but actually you turn around it.

CLIENT: I had two dreams and both of them President Eisenhower was in them and in one he was Master of Ceremony in Truth or Consequences which I always associated with being kind of a joke. And then the one last night he was on television and he had been deeply hurt because somebody had said something about him or something. Anyway he was tearing off two associations that come to mind that had something to do with the army uniforms; some kind of insignia on the uniform. And he was tearing them off of this coat. And the feeling was that he had been insulted and he was deeply hurt because people had seen him in a way in which he didn't think he really was. [0:35:19.9]

DR. WARKENTIN: How did he look in your dream?

CLIENT: He was crying part of the time and he was angry too; a combination of being angry and crying. It was different from a lot of dreams that I have because I was real aware of his feelings which usually I'm not aware of.

DR. WARKENTIN: I've sure noticed the shift in you to new interests. One of my initial impressions of you when I came into your therapy with Dr. Felder was your preoccupation with the realities of life; what you had done or not done and then centered your consideration around the fact of this or that. This dream to me epitomizes the change. Your concern is with the feeling of the man; he was hurting, or angry, or crying and no particular concern with how it had happened. So what? I see that as a big thing in your living. [0:37:02.8]

DR. FELDER: More room to move around in.

DR. WARKENTIN: Uh huh. I like the respect for human experience itself. You're reflecting that.

CLIENT: This was last night. This dream was last night which to me kind of associated something with this girl that she had seen me in a way that I didn't want to be seen. Maybe I was trying to tear something off myself. I was telling Dick before you got here this girl last night I started feeling her breast and I got so aroused sexually that I had to go to the bathroom before I messed my trousers up. And then afterwards it was all over, I felt real guilty about it and depressed. [0:38:20.1]

DR. WARKENTIN: You mean about going to the bathroom?

CLIENT: Both.

DR. FELDER: Makes you think you would want your sickness to be visible in here and covered up outside of here.

DR. WARKENTIN: I gather you did not really care for her as a person? [0:39:33.4]

CLIENT: I think that's the reason I felt so guilty because she had asked me will I eat dinner with her Saturday night and then lunch with she and her folks Sunday and somehow I felt like I was taking advantage of her.

DR. WARKENTIN: You were really doing with her what I thought you were doing with Dr. Felder when I came in, just backing away.

CLIENT: Uh huh.

DR. WARKENTIN: What's so dangerous about being close do you suppose; with her, with us? [0:40:31.6]

CLIENT: I know what comes to mind but a lot of it's up here, not in my gut. I feel like my parents are gosh I don't know whether I could say I was ever close to them or not. I feel it ain't being as close to them as I was even though that probably wasn't real close. I had to always do and be what they wanted me to be and it kind of took my initiative away. I think Dick and I talked some about this. And now I guess unconsciously I feel like if I get close to anybody else that they'll do what my parents did, they'll take my initiative away from me rather than having to develop it. [0:41:38.5]

DR. WARKENTIN: So when you're in the bathroom with the door locked, no one can interfere with your initiative?

CLIENT: Yeah.

DR. WARKENTIN: What would be bad about losing your initiative? What would happen next? [0:42:40.7]

CLIENT: I don't know. I think of myself as having lost it or almost lost it.

DR. WARKENTIN: So you can't really afford to lose much more?

CLIENT: Yeah.

DR. WARKENTIN: Well what if you did, then what? [0:43:21.0]

CLIENT: I don't know. The thing that I thought was the world would go to pieces; my world.

DR. WARKENTIN: How?

CLIENT: Be totally dependent on somebody else.

DR. WARKENTIN: Then?

CLIENT: Well according to who I was with. If I did it with you and Dick, I guess it would be good. I say that but I guess I'm having trouble being able to do it. I guess most of the time I'm obsessed with defending what little bit I've got left. I guess that's the reason I have to defend it because it is so low. [0:45:12.2]

DR. FELDER: I was just thinking how much we've gone along with him on this. [0:46:16.3]

DR. WARKENTIN: Protecting his initiative.

DR. FELDER: Or preventing him from being dependent like he obviously wants to be.

DR. WARKENTIN: I wonder why?

DR. FELDER: That's what I was wondering.

DR. WARKENTIN: Almost as if we agree it would be awful if he were really dependent. [0:47:26.2]

CLIENT: I feel like the thing that I'm striving for is to be dependent on you and Dick but I'm afraid to be dependent on others. That's sad and I guess I'm afraid to be dependent on you all still. [0:48:39.3]

DR. FELDER: I was just having a very crazy dream that you didn't have any mouth so I had to let you swallow me like the whale swallowed Jonah so that then you would have a mouth. [0:49:12.3]

CLIENT: I want to talk and yet I don't. [0:52:09.5]

DR. WARKENTIN: Richard's dream have an upsetting quality?

CLIENT: What?

DR. WARKENTIN: Richard's dreams have an upsetting quality. [0:53:01.5]

CLIENT: Sure.

DR. WARKENTIN: I just figured why he doesn't want to talk. He'd be doing that for us.

CLIENT: Be giving you something.

DR. WARKENTIN: Uh huh. Yeah, we're working for you and you have a feeling that you ought to be working for us, tit for tat. [0:54:11.5]

DR. FELDER: Tat for tit.

DR. WARKENTIN: Anyway.

CLIENT: I feel like that you are working for me?

DR. FELDER: You do or are you asking him how you feel?

CLIENT: I'm trying to (chuckles) Skip it. [0:55:16.5]

END TRANSCRIPT

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INTRODUCTION:

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VERDA HEISLER, PH.D., a diplomate in clinical psychology of the American Board of Professional Psychology, Inc., practiced full-time in San Diego, California, beginning in 1951. She published articles in many professional journals, and is the author of *A Handicapped Child in the Family* (Grune & Stratton, 1972).

She is the THERAPIST in the session that follows.

BEGIN TRANSCRIPT:

THERAPIST: These two group sessions were selected because they illustrate the dynamic interaction that exists within my group and the effectiveness of this interaction in breaking through the rather rigid defense system of Betty, a highly competent and successful professional woman whose frustration in her personal life stemmed partially from an overemphasis on maintaining the persona of maturity. We begin the recording when the 75-minute group session is about 15 minutes underway and I am speaking to Betty.

THERAPIST: Betty, you're being so honest and courageous tonight.

BETTY: (chuckles) Dr. Heisler (ph) (inaudible).

THERAPIST: But I'm wondering if you can take it on the chin on another matter.

BETTY: Oh! ***! Go ahead.

DICK: I want to hear what you want ***.

BETTY: Go ahead. What is it you want to hear?

DICK: Well she thought you were going to reveal something and evidently you're not. And I'm wondering what it is.

BETTY: Well maybe I'll reveal it some other time.

THERAPIST: Gee, I'm wondering too what that is. (chuckling) Oh well, that's not very important. Um I was very uncomfortable with something from you last Wednesday. And as I thought about it afterwards. I thought about the fact that I don't like this in you. And the reason I don't like it in you is because it's such a blind spot, it seems to me. And somehow I want you to be better than this. I want you to be free of such a blind spot. And to get right to the point, the thing from last Wednesday that I'm talking about is the humor that you were expressing, and you generally do express your racial prejudice through humor. This is always the form which it does come out. And it was with regard to the threat that you were posing to your mother about the possibility that you might marry a Japanese boy or a Korean boy, and this was very funny. [0:02:27.6]

And I really wonder, are you completely unaware of the prejudice that you are expressing in this kind of thing? I know that you see yourself as a very liberal as a person that's very liberal kind of orientation. And I ask myself, "How do you square it?" You know, I know I have prejudices, but I think I'm enough aware of them that I have them, that I don't express them in that form. And it really bothered me. I thought, "You know, how do you expect *** to feel?" (inaudible)

I haven't seen *** during the week, but I felt very bad because *** because of this. And I wrote it out. I didn't want to be ***. And I thought, "I've just got to take that up with Betty because my feeling I feel about you as I did when I first when you first came in the group. I felt that Betty's feelings were the same as she had expressed. But I didn't like her very well. And while you were talking, I want to say, "Oh, you're just like my mother." And as I thought about it, it was the same thought. How can you feel so liberal and unconsciously be so prejudiced?

CLIENT: Yeah, I get *** I really haven't ever faced it before. I'm just full of feeling right now. I found that when I started talking about it, I just got angry all over again. It really makes me angry. [0:04:09.5]

THERAPIST: I was full of feeling last week when you were talking about the Japanese boyfriend and I was just felt I felt throbbing inside. I can't identify the feeling I had. But on the way home, I was trying to figure out how I could be wrong (ph). This is typical of me. And I decided that you were just expecting your mother's prejudice, not yours. I figured that, that this is your way of making fun of your mother and her prejudice. And I because I thought, "Betty can't really feel this way herself."

DICK: Feel what way?

THERAPIST: Um feel prejudice herself. I thought Betty didn't really have the prejudice that she was expressing her mother's prejudice this way. Then I shouldn't be angry about what Betty said because she was

expressing her mother's prejudice, not hers. This is just my way of handling it. But I was full of feeling at the time. Not now so much.

F: Well I guess that didn't register with me there because when Betty was doing it, I was thinking that she found *** her mother's weak points. She was getting at something her mother would that would really upset her mother. And you were digging at your mother through that.

DICK: Well I'm having some reactions, and I'm sorry to have to interrupt this, because I want to defend this on a non-feeling level, although I am feeling plenty. I think we have to be a little bit more realistic about humor and the nature of humor and the fact that prejudice does exist, certainly in Betty's mother's mind. Now this was some joking from Betty's mother's frame of reference, I think, and I don't think it has anything to do with Betty's prejudice. I think that perhaps Betty wouldn't I don't think she'd share this. It would be the same way that if I I have an aunt that's a member of the WCTU, a great-aunt. She's 90 years old. And it would be like me saying, "Well the next time she comes down, I'm going to get out a martini and mix it." And she'd be shocked. But I have nothing against martinis. I drink them all the time. But from her frame of reference, that would be big funny kick (ph) to make a mention like that just because she feels so seriously about it.

[0:06:29.9]

And another thing. Humor has in it some realism, of course. Mother-in-law jokes are as old as the hills, and mother-in-laws are a very serious problem. But yet there's mother-in-law jokes and I don't think that I feel very defensive about this from Betty's standpoint because I don't think it reveals as much I don't think it reveals enough for us to get that upset about. And I further feel, ***, I have a friend that has a Jewish wife and once in a while I get off one about the Jews and she laughs. And I've had a Negro debating partner and I can joke about the Negroes with him when I was in college and he laughed. I think that there's a certain sophistication that we as minority members, which we all are, of course, have to reach in this and face the reality of humor and the reality of racial prejudice. Let's face it. We've all got it. It's there. What are we going to do with it? I'd rather joke about it than sometimes, in certain situations, than to get morbid about the thing.

THERAPIST: The primary difference it's a very major difference to me between the kind of thing you're expressing and the kind of humor you're expressing and the kind of thing that I heard YOU expressing, Betty is the consciousness of the prejudice. As I said, I'm not free from prejudice. But I think I am enough aware of myself and enough free from blind spots in this area that I know when I'm feeling it and I know when I'm expressing it. And I don't think Betty knew that she was expressing it. And I don't think she was conscious of her own attitudes as being expressed here at all. And they WERE being expressed. This was not just her mother's prejudice that she was communicating about it, was your own also. But I feel you're not aware of it. I feel you have a blind spot. [0:08:32.0]

BETTY: Um well, I know that I used to say that I'm prejudiced against ignorance and stupidity and things like that. But I know that I do have prejudices. I mean, sometimes but the way I know it, it's not a very it's not a real knowing, kind of knowing. It's like sometimes I don't like a reaction of mine. I'll get a reaction, and I'll not like it. And I guess it's because it doesn't fit in with my scheme of me. And so I'm thinking that the reactions that I feel are probably based on an unconscious prejudice.

THERAPIST: I think so. I agree definitely ***.

DICK: Well why does it anger you so much?

THERAPIST: Um well I mean

DICK: There's a lot of ugliness that comes out of the unconscious. Why does this particular one grab you?

THERAPIST: Mm-hmm. Yeah, it's a good question. Let me think about it for a moment. Um I'm not always angered by it, although I'm always reactive to it. And I'm particularly reactive to it in Betty because of your unconsciousness of it and the extreme opposition between this, which you reveal, and the attitudes which you consciously espouse, so to speak. This discrepancy is something I want to get in there and reach. Um however, I wasn't angered by it when it came out two or three weeks ago in regard to Sarah. I picked up on that and tried to focus your attention on it and you dispensed with it in the way that Noel Shade turned to rise to the level as if he told you you did. ***.

BETTY: No. No.

F: You have an answer for everything.

THERAPIST: Yeah. You have an answer for everything. That was the kind of thing when you expressed your prejudice against Sarah. And I tried to pick up on it about three weeks ago. I was not angry in that situation, and I probably would have been if someone had been hurt by it. Your complete insensitivity to Edie, I think, is what made me angry. How did you feel about Edie in the context of that communication?

BETTY: Well I wasn't feeling anything about Edie.

THERAPIST: So I think that's pretty damn insensitive and that's what makes me angry.

BETTY: Well I didn't relate her in any way.

THERAPIST: Mm-hmm.

F: *** Japanese.

BETTY: I didn't know Edie had anything that would ***

THERAPIST: Are you Japanese, Edie, or half Japanese?

EDIE: No, I'm part, I'm half Oriental.

THERAPIST: What's the difference? Japanese, Filipino, Korean, you know, I mean

EDIE: I consider myself in the same pot with all the Oriental, however, so I think that I in one way I felt, "Well, Betty's not even thinking of me and my background."

THERAPIST: "They're not one of those."

EDIE: Yeah. Uh I think I can express it better, my feelings I had about Betty, in comparing her with my mother. My mother considered herself a very liberal woman without any prejudice whatsoever. And she came from a very prejudiced family. And in order to this is what I saw Betty doing, in a way. In order to shock this straight-laced New England family, she not only married an Oriental but she produced some black-eyed, black-haired babies and used all of us to throw in the faces of these prejudiced people. And she seemed to get a certain amount of glory out of it, that she had really stepped out of the straight and narrow and done something that would her satisfaction was in shocking people a blond mother with these little dark babies. And we, the children and my father, were the ones that suffered from it. Mama apparently got her moments of glory out of this thing that she had done, not out of love, but out of a desire to hit back at prejudice in her family. Thinking herself very liberal and in my way of thinking, my mother was one of the most prejudiced people on earth, not only about race, but everything. And to me, it *** such a shame that Betty is striving to be the liberal person that she would like to be, still has this hurdle to cross without apparently knowing it. The thing with my mother. [0:13:51.4]

THERAPIST: Yeah, and that brings two more things I want to say. This to me is the difference between a martini and a human being. There are a lot of jokes that just aren't funny to me, and I may be deficient in the area of humor, although there are an awful lot of jokes I can really appreciate. But jokes which are veiled scapegoating or something of this sort involving human beings really aren't funny to me. And there's a big difference between using a martini or a human being in this way as a weapon toward others. And I think what you just said about the way you and your father were used by your mother shows this in a pretty extreme form, that on a different point of the dimension it's the same thing that you were doing. And I had another thought oh, the other reason why I got angry is because I found you so unreachable on this, you know. I find that tonight I really *** hard enough with this, but I think maybe I'm getting through. And this is going to have some impact. But I think one reason that I got angry at this point was because I tried to reach you on this many times, and you've always had an answer, you know, as Perry (ph) did, [so effectively] (ph). And I think this is the part of the reason for my anger, Dave (ph).

DICK: Well I'm really glad it came out because as I sit here, I was kind of enjoying the humor of the thing *** and remember the other day when I said I was trying to remember something and couldn't? It was when I was laughing so heartily at all this and looked over at you and boy, just the opposite! And it really had an impact on me. I wanted to mention that to you, how that gee, that took the wind out of my sails. I thought, "What am I missing?" And you just answered it, what I was missing. And I, too, realize now that I had not considered Edie either in this fun-making somehow.

THERAPIST: Mm-hmm.

DICK: But of course, that's the nature of prejudice. It's that projected generalization out there. It isn't that you're different, see? I mean, that's prejudice for you.

THERAPIST: Mm-hmm.

DICK: You know this is really wild (ph) for me. I'm glad it came up because I didn't realize it.

THERAPIST: That's why I really genuinely feel it's important for us to be aware of our prejudices.
[0:16:21.2]

F: I remember pretty clearly, I believe the time when Sarah was discussed. And I was pretty troubled about it. And when I thought over when I was trying to explain to myself why this happened and why this seemed to stand out, the conversation last week stood out so in my mind. I remembered the conversation about Sarah and also about the father, the Mexican father I believe that came to see you? And that time you realized that you might have handled the situation differently. He was a laborer and he had come in from work and that sort of thing. That's the closest I think I've seen Betty get to understanding this uh feeling she has unconsciously.

THERAPIST: Yes. She seemed to take a big step forward at that point.

DICK: *** whether Betty's feelings are hurt or not.

BETTY: Oh, well sure. I mean not my feelings are hurt. It's not that.

DICK: ***

BETTY: Yeah, I just feel so injured.

DICK: I keep wishing there was another way.

F: Yeah, I guess I do too.

f: I don't feel angry towards you, Betty. I don't feel as I was hurt last Wednesday, but I don't now. My feeling is more of I wish you could see it and wish you didn't feel that way. Because my picture of you would be so much more complete if this thing weren't there.

THERAPIST: I'm interested that you feel injured. I don't understand that.

BETTY: I feel like assaulted. [0:18:30.5]

THERAPIST: Your defenses are very precious.

BETTY: Yeah, it's like I've been stormed, you know, when I wasn't looking.

THERAPIST: Mm-hmm.

DICK: I think that's about the most direct I've ever seen you be.

THERAPIST: You don't like it being ***?

DICK: Well, no, I'm not judging it. I I've it may be very good for progress. The things that are going through my mind were some of the things you said earlier about, well, you have to have a certain amount of confidence before you can do that. *** confident away. And I was wondering why it hasn't happened to me and I kind of shrugged that off. And then I think of who else it has happened to. And it has, to the women, I think, more than it has to me and to Betty more than it has to anybody else. But maybe that's helpful for Betty. [0:20:00.9]

Pretty painful treatment, but treatment's treatment.

THERAPIST: Yeah. But the pain in it, what is the pain?

BETTY: The pain is the feeling assaulted, feeling attacked. The feeling ***.

THERAPIST: Injured.

BETTY: Injured.

THERAPIST: Stormed.

BETTY: Stormed. Stormed.

THERAPIST: Yeah. Like there's a castle with battlements and walls around it and this has been stormed. Well this is very true. This is exactly it. And this castle and battlements and walls, these are the defenses that protect you blind spots. And you're feeling very hurt that I assault *** defenses and want you to give them up. And your reaction tells me that you're more motivated to protect those battlements than you are to know this in yourself. And that distresses me.

BETTY: That even distresses me.

DICK: That's so true of all that's the nature of defenses, though. Who is that not true of?

THERAPIST: There are degrees.

BETTY: But don't you think that those defenses are me defending myself against me too? It's defending me from knowing myself. I mean it's not just that I have been stormed, it's that I am being forced to see something that I have defended myself against seeing.

THERAPIST: Mm-hmm. Exactly. [0:22:12.4]

BETTY: So it's not just an external thing.

THERAPIST: It's all internal. It's all within you. Yeah.

BETTY: Well I don't know what you mean by that. But it's just that I know, I mean I feel that these are things that I just don't want to think about.

THERAPIST: Mm-hmm. Mm-hmm.

BETTY: And to be forced to think about them hurts.

THERAPIST: Mm-hmm. Mm-hmm. Mm-hmm.

BETTY: And of course I I mean just when I realize that I've been masquerading for years, makes me know how much I wanted to be how much I want to be a kind of person, and therefore makes what I am so far away from that. (blows nose)

THERAPIST: I don't know. There's something in that that doesn't quite ring true to me because if the motive the drive to be a particular kind of person, a person who knows his prejudices is strong, then the willingness to relinquish the defense against it is greater than the resistance to relinquishing that defense is less if the motive

BETTY: I didn't say that I was motivated to know my prejudice. I was motivated I wanted to be an unprejudiced person. And the knowing I mean, that it's not that I was motivated to KNOW my prejudice. It's I was motivated not to HAVE any.

THERAPIST: That's hard for me to try to reply to because it seems so kind of incredibly naive for you to think that just by pretending it's not there, it will not be there. You must know that in order for it to be not there, or for it to be less, you have to know it. You must know that.

DICK: Well, I know how you feel.

BETTY: Pretty worthless.

THERAPIST: Wherein lies your worthlessness?

BETTY: (weeping) Oh, stupid and not seeing things that are so obvious that I'm feeling so defective and just seems like no matter how far I go I never get anywhere.

THERAPIST: Because the route to getting somewhere involves facing that about ourselves which we don't like.

BETTY: There's always that to face.

THERAPIST: Yes there is, Betty, for every human being. And why should you be so exempt? [0:26:10.4]

Why is it a special persecution to you to have to face the human challenges and human dilemmas and human conditions that are a part of life for everyone?

BETTY: Gee, you just make me feel so put down. (blows nose)

THERAPIST: It comes to me now that in this, you need to be put down because you're clinging to a concept of yourself as a person without prejudice. And how did you ever get that way, you know? I haven't reached it. And I doubt that very many people have reached it completely. And yet your self-concept is that you've got it 100%.

BETTY: No it's not. I'm very prejudiced against Catholics. I know that. Not Catholics, but Catholic philosophy.

THERAPIST: Not Catholics.

BETTY: It's hard for me to understand Catholics, but I'm prejudiced against the theology and the dogma. And I know that. And probably against Catholics too, I mean, since they follow it.

THERAPIST: But Betty, you said not too long ago that you have an image of yourself as a person with no prejudice.

BETTY: I said that's the person I want to be. And I've tried to think of myself as a person with no prejudice. I guess I think I have fewer prejudices than most people. But I've always known how I felt about Catholics. [0:28:30.6]

THERAPIST: I generally end up feeling kind of defeated when we reach this point. And I have a feeling that we've been here many times.

BETTY: I feel the same way that I felt that evening when I was thinking that you were wanting me to do something that I didn't know how to do. And I told you that it was like you were expecting if I would suddenly begin speaking Chinese. And I don't know Chinese. And that's the way I feel now, like I'm supposed to DO something. And I don't even know what it is.

THERAPIST: Well the only thing I have asked you to do is to try to be open to the possibility that you ARE prejudiced against Orientals, against Mexicans, against Catholics, maybe, that you have some prejudice,

some racial prejudice, that you DO have some. I'm asking you to be open to the possibility that this is so. That's really pretty clear. Clear cut. [0:30:07.1]

BETTY: (sighs) What I really want to say is, will saying "yes" end all this? I mean, how could I not be open to it? It's been, you know

THERAPIST: You don't seem very open to it to me, Betty. And when you say, "Will saying yes' end all this," you're saying, "Okay, I'll say yes,' Dr. Heisler, and that will shut you up and get you off my back and that's the important thing." So I feel defeated and I feel, okay, let's let go of it. Maybe another day we'll try it again.

BETTY: Well gee whiz, I'm so embarrassed in front of all these people. Why couldn't you have done this when we were alone? (crying)

THERAPIST: Because it happened in group and it involves other people. If you had brought it up in individual if you had come last Thursday and said anything about it, then we would have gone into it then. You brought up the matter of Mary and you ***.

BETTY: (crying) (blowing nose)

F: It isn't very comfortable feeling involved with this knowing that ***.

THERAPIST: Mm-hmm. I'm sure it isn't. It's a very uncomfortable situation for everyone here including me.

(long silence)

I'm feeling that I'm being seen as the terrible person, the ogre. But I feel that I'm not that. And I feel that the suffering Betty is undergoing *** suffering is a part of life for everyone in some way sometimes and if there is an issue on which it has to be met and confronted ***. And I feel that I'm doing this for you, Betty. Even ***. [0:34:56.3]

(long silence)

BETTY: This is a terrible experience. It's the first time I've ever REALLY wanted to walk out. It's an almost intolerable thing here.

THERAPIST: I wouldn't want you to walk out, Betty.

F: I feel the same way, Dr. Heisler, just as she does. I don't see her as an ogre, but at the same time it doesn't lower my estimation of you, if that's why you're so afraid to stay. I don't know why you're afraid to suffer in front of people this way. But it's for progress for you.

BETTY: It's very embarrassing.

DICK: What's the embarrassing part about it?

BETTY: I'm embarrassed with the way I'm acting. And it's the way I'm feeling. And I feel so defective.

THERAPIST: We are all defective in one way or another. You are defective in that you have a blind spot you're trying to protect.

BETTY: I don't know why this particular area has such feeling and such humiliation for me. But it's like the most unspeakable thing that you would not do in public, I am doing.

THERAPIST: What is that? [0:38:16.3]

BETTY: All of this emotion. Being so much the victim of my emotions. And being blind.

THERAPIST: Betty, this isn't in public. We are all your friends. Even I am your friend.

BETTY: I guess I really am a phony. I mean a real one. A hard-working phony. Just like to think that I'm better than a phony. [0:40:45.9]

THERAPIST: So I think that working on this blind spot of prejudice that you have would help you stop being, stop needing to be a phony.

BETTY: Actually, I suppose so. But I think the way I was feeling was that when I said "worthless," it was like on top of everything else, I'm this too, you know? I guess it's very precious to me. It just it was I had good feelings about myself, I suppose. And then to lose them and just (sighs) just seemed like nothing left. [0:42:21.4]

I know what it is, it's like, I'm a failure in so many ways, and I'm REALLY a failure in this way. I mean, even as a human being, I'm a failure.

THERAPIST: You mean, in having prejudice?

BETTY: Yeah.

THERAPIST: I have prejudice and it doesn't make me feel that I'm a failure.

BETTY: But it was one of the things I could like about myself.

THERAPIST: That you have none.

BETTY: It's something I could approve of.

F: Any of the feelings you have about this, could it be that since you circulate in pretty liberal-minded group and that this particular day and age with race riots and all of that sort of thing, one of the biggest emphasis is on liberalism, lack of race prejudice? And aren't you in some way thinking, what would your friends think who consider you very liberal and without prejudice, what would they think? Not so much of what you think of yourself, but how important this subject is at the present time? And your standing in your circle of friends is, in your opinion, lower at this moment if they were to know of even you're trying to recognize it. All of them don't know, maybe, but they might find out. And this would make you a failure with this circle of friends? [0:44:20.7]

BETTY: It might be mixed in. But I don't think there's too much of that. I think it's a much more personal thing. I just think it's that there are so few ways that I can approve of myself.

F: And this is one less.

BETTY: Yeah.

THERAPIST: You mean you are really such a worthless person, with so little to like or approve of in yourself, that you have to pretend something that isn't so, to use it as a basis for self-acceptance and self-approval?

BETTY: (sighs) I guess so. I've tried to think of what I approve of in myself. And the only thing I can think of is my professional abilities. And that's not really me as a person. Then I can think of other things. But my first reaction to me is that there just isn't too much that I can feel good about. [0:46:41.8]

THERAPIST: And if that is your feeling toward yourself, then it is important that you know that.

BETTY: I keep thinking I know it, though. (sighs) But every time I really have to deal with it, it surprises me. It's funny, it's like I KNOW some of my value as a person, but that I feel that I have no value.

THERAPIST: Well if you didn't have value to me, I wouldn't get angry at your blind spots, I wouldn't be concerned about what kind of person you are. And I wouldn't be trying to reach you if you didn't have value to me. [0:48:19.2]

(long silence)

BETTY: I don't understand why I feel like such a nothing. I mean, I just (sighs) I really guess I just thought that I can't divorce my value from my work. I keep thinking that beyond the work day, that I don't have any value, that I just work and I go home and get ready to work again. And yet it isn't that bad really, but it's like I have nothing like there's no reason for being except to work.

THERAPIST: You haven't come to any valuing of yourself, toward yourself in our work the kind of work you do and the kind of work I do, we find our value in our value to others and serving others and helping others. But when that is set aside, then you have no value to yourself, of yourself?

BETTY: I don't think so. [0:50:04.0]

THERAPIST: I have always experienced my self-worth in terms of caring about the kind of person I am. You experience your self-worth through caring about the kind of person that you this is the way I experience it.

BETTY: I'm not sure that I really know what that means. I mean I sort of do, but not really.

F: I've been experiencing the same kind of a feeling when I come home, you know, when I'm off work lately and I don't have anybody, anybody else to look forward to seeing. I feel kind of lonely and like there's just nothing but a void there. And I've been trying to figure out what you know, what I could do to make my life more enjoyable or you know just being with myself. I don't *** with myself.

THERAPIST: And you find your worth in caring about what kind of a person you are.

F: I'm wondering if that can help me, as a single person, learn to enjoy just being alone.

THERAPIST: I think it's just the most important thing of all, you know. I think the most important thing in any aspect of life. [0:52:40.2]

(long silence)

f: In order to have that feeling, you have to know yourself pretty well.

THERAPIST: I don't know, Betty, um Edie, um this was just sort of coming to me as we've sat here through this experience, of kind of coming back to me that this is something that I came to really in my early childhood. And I didn't KNOW myself in any sophisticated way. But this was the orientation that I came to as a child, that this was what was important to me. And it really is it's the base of living, you know, the whole self. And it reduces other problems. It's the thing that is more within your control than anything else in life. This is the thing that probably carried Cardinal (ph) and Betty through the imprisonment. This is the thing that enables to withstand brainwashing. This is the ultimate source of strength. This IS the ultimate strength within a person. [0:54:31.3]

F: That goal seems to get pushed aside in some cases or pushed underneath because I feel like in my life I've my goal has been to find out to know what kind of a person somebody ELSE wanted me to be, not what kind of person I want me to be, caring about what kind of person.

THERAPIST: Mm-hmm. Mm-hmm. That can be a real self-betrayal if you get to it, too far in that direction. That's your problem too, isn't it?

F: Mm-hmm. You think *** I can't I'm like Betty, I know what kind of a what person what kind of person people WANT me to be, so I know how to be that all right. But I don't know how to find out what I want to be. I don't even know what I want to eat.

THERAPIST: Yeah.

BETTY: I'm still not sure that I really understand this.

THERAPIST: Mm-hmm. Do you feel that way?

F: Oh yeah. It's like a blank piece of paper. And you know, going to create something on that piece of paper, but what? [0:56:31.7]

F: you know, and I feel troubled for you to say to me "Forgive yourself." But *** to Betty.

F: Mm-hmm. Mm-hmm.

F: And I feel fragile.

THERAPIST: Well let me see, ***. Can you give me an example of when I said this to you ***?

F: No I can't, but I'm thinking about I can't *** example, but it ties in with that dream I had where I stepped in the glass, in the broken glass, and you said I was punishing myself. *** if you think I punish myself over much and that I should let up on myself so I can get in a position, like a race horse, I could do the third job.

THERAPIST: Well the main thing that comes to me is that I certainly don't see you as being surrounded by walls of defense, you know, that have to be broken through and stormed and gotten past so that you can meet yourself. I just don't see you as having that kind of defense.

F: More like on a raft, drifting around the middle of the Pacific.

THERAPIST: Mm-hmm. Mm-hmm.

F: And I don't know what day it is or what year it is or which direction I'm going.

THERAPIST: Yeah. Mm-hmm. [0:58:01.9]

F: That's more fragile. That's why I have to forgive myself.

THERAPIST: Mm-hmm. And find that orientation. Which I think this may help you with. I'm glad this came out tonight because I think this should it would seem to me this would be of value to everyone to have this concern, to think in these terms. But it came to me in connection with you and this blind spot and I really wish you would try to think about it in that context.

BETTY: Yes, I will. I mean that's why I thought you didn't need to keep at me so long. I mean, I thought you could trust me to think about this. But it's like, you didn't. You just had to keep at it here as though I just wouldn't do anything with it when I left here. So that's what made me so mad was when you had I felt you just had to reduce me to the pulp here, because you didn't have faith that I would do what I could.

F: I felt that she finally did storm the defenses and she'd better do what she could do while she was in there or you'd put them up stronger again and she never would make it back in.

I just feel bad ***.

But another way of saying she didn't trust you.

Yeah, I did feel that.

THERAPIST: There is a reduction in it because the blind spot is unrealistically seeing yourself as really being up there with no prejudice. And I don't think it's very easy for you to come down from that perch. So there is a reduction in it. [1:00:17.7]

BETTY: Did I say "reduce me to a pulp"?

F: Mm-hmm.

BETTY: That's what I was thinking. I wanted to be sure that I said it.

THERAPIST: Mm-hmmm.

BETTY: But a living pulp, because it's really a palpitating pulp.

THERAPIST: Like in your dreaming?

BETTY: Yeah. A little baby-like creature. Yeah. But I'm glad there's life there, you see, that's why I put in what I was thinking. I'm thinking about how I always want to run away or hide. And I just thought maybe it takes more energy to run than to stand and slug it out.

F: When she said this was public, I was with her. Until you reminded us this is not public. I was feeling this was public too.

THERAPIST: Mm-hmm. It will really be a therapy group when nobody any longer feels that this was a public place.

DICK: Well I'm advancing then because I didn't think it was public at all. I thought, gee, this is just the opposite. This is in the bosom of your family. I was glad you brought that up.

F: I was glad too.

DICK: I guess if not here, where? This was my own reaction.

F: I think some of my feelings were how much better to *** it here than to actually work up to a situation where you might be confronted with certain things actually in public. And when you express embarrassment, I thought how much worse it would be if before a group or in a group other than this group would be if the situation were forced. I began thinking of my own experiences were terrible frightening aspects of it without anyone who would understand.

DICK: I just have one very extraneous feeling that I've got to say to you, *** and that is that with your skirt kind of high on your knee there, it looks provocative and sexy to me, and that's my reaction to it. And I wanted to tell you because you might not wear it next week and then you'll I couldn't you know, ***

(laughter)

DICK: It was a little distracting at several points.

F: *** grandma!

DICK: Well ***.

F: It's lovely.

F: Yeah, it is.

THERAPIST: That's a very good note. Thank you.

(first session ends)

THERAPIST: The second of these two group sessions occurred about four months later with the same participants except Alice, who was absent. Again, the session is about 15 minutes underway. *** paintings which he does as a spontaneous expression of his inner life. And the group communication has so far been centering on the painting. As we open, Mary is speaking.

MARY: How do you feel about this one?

DICK: Oh, all right. Actually this one's kind of has some ambiguity for me. Well they all do, but this one puzzles me a little bit. [1:04:59.4]

This figure here puzzles me a little. In my mind, I don't know whether it's a male or a female.

MARY: What about the kneeling figure?

DICK: Well, what about it?

MARY: What do you what is it?

DICK: Well it's a fellow (ph). (long silence)

F: *** bolt of lightning. *** figure is is kneeling in front of this.

DICK: Well chronologically, the lightning was kind of late in the game. I had the two principal figures in, I think, long before I got the lightning in. No, I don't think so. [1:06:15.1]

F: That lightning just sort of comes out of nowhere. I mean it's not raining. It's not lightning. It, you know, comes down unexpectedly.

DICK: *** middle of last year I did that.

F: That figure standing up reminds me of a clay thing I carved when I was in junior high school that it was a woman, it was a girl who had her hands folded and she had a robe like that on.

DICK: Do you still have it?

F: Yeah. Yeah. I kept it. It was like a doll I have that I can never part with.

DICK: Why don't you bring it in, because I just completed a clay figure with a robe too.

F: Oh really?

DICK: Yeah.

F: Oh. Maybe I will. I remember thinking when I finished it that this peace or this quiet that this figure I was trying to put quiet and peace into the figure and I was thinking, "This is what I'd like to have. This is what I'd like to achieve inside someday." I don't know if that your figure means the same thing to you or not. [1:08:19.4]

The crosses. You have crosses in two of them. Are those of religious significance or death?

DICK: I think they're religious. *** death ***. I'm pretty religious in kind of an irreligious way. I mean I drink and smoke and *** and all that, but I'm pretty religious in my makeup.

F: You mean in that you believe in a greater being? Or

DICK: Well I believe in something out there or in there or wherever. Uh huh. Some unknown that must be fathomed a little bit.

MARY: I was wondering if it was believing in religion was a guilty significance, that you're going to be punished eventually for your sins.

DICK: Probably.

F: That lightning kind of made me think of that and your man connected with your cross, you know, that's a mighty that man just packs a punch for me. He seems like such an overpowering thing and you wanted to connect him with your cross. There's a connection there. Overpowering man. [1:10:25.8]

(long silence)

DICK: Well, you know, everybody that's seen, that has commented on the powerful figure of the man and everything, and it doesn't I'd never thought of it that way until someone said so. To me, it's an INTENSE thing maybe, I could use that word. But I never thought of it as particularly powerful in the sense that I think you mean.

THERAPIST: It seems kind of something almost sinister in that, to me. I don't know.

DICK: To me, he seems very how do I want to say it not even brooding well, maybe sad would be probably better. Sober and sad. I don't see it as sinister. [1:12:17.2]

I'm going to have to bring in a couple of my face man's faces that

F: Yeah, I wish you would.

DICK: And you can I don't know maybe you'll see in all of them.

THERAPIST: To me it's like he's the personification of MAN and then this woman humble

DICK: Kind of beat down?

THERAPIST: Yeah. Woman. (chuckling). Yes. Subservient.

DICK: Well a man is a big giant ego out there.

THERAPIST: You know, man, woman. (chuckling) Big strong man. Little weak woman.

DICK: Well what does a woman need with strength?

F: She needs it just as much as man. Not this brute muscular type strength, but strength of personality, strength or integrity. She needs it just as much as a man does. She needs to be able to stand on her own two feet, be right up there with him. [1:14:05.4]

THERAPIST: Bring in a *** some more of you. I want to see them.

DICK: All right.

THERAPIST: Bring in your clay figure too. I'm sort of set on the crosses or hooked on the crosses. (chuckling) You know, I've been sitting here thinking, you know, is it the Christian dogma that you subscribe to, or is it that, you know, Christ died for the sins of man and we are all born sinners so, you know, you have to pay. You I wonder if the cross meant that you thought YOU had to pay for your sins. Kind of the guilt motif that Mary was talking about. But then you said you didn't what you believed in God was or a supreme being, was a greater power, something like that, and you didn't mention being a Christian specifically. But I think it's pretty interesting that you have a cross in two of these pictures.

DICK: Yes, I think that the guilty will be punished for their sins.

THERAPIST: You think the guilty will be punished? [1:16:10.2]

DICK: When they'll be in Judgment Day. They might not be in Judgment Day, but I think that they

THERAPIST: When will it be?

DICK: I think probably during the act itself or, I'm not sure. I think there's some kind of cosmic justice.

F: Retribution.

DICK: I wanted to use that, but then I thought I'd just kind of tuck that one away. Yeah, cosmic retribution.

F: Guilty according to who?

DICK: Well I'm trying to stay on the feeling level of this thing, you see, I and when you give me a question like that, it's pretty hard.

F: Well what I was thinking of, you know, judged guilty in a criminal court for instance, or merely burdened with your own guilt feelings that are not necessarily a guilt that you have to bear.

DICK: Well I'm not trying to talk about it intellectually, so whether you have to bear it or not. I think that there are you have the picture of your world and there are pitfalls in your world and if you go the direction of the pitfalls, you're going to stumble into them. And you're going to have a hell of a time getting out of them and you're going to suffer and you're going to pay for everything. I don't see it as doing it and then going up

to Judgment and then getting a judgment pronounced. I see it as the judgment and the doing it all in one activity. [1:18:09.0]

The judgment is made before you do it, you might say. In my view.

Pretty hard for me to talk about this stuff.

F: Why?

DICK: well *** the words, you know. I find I read about Christianity and it makes me want to puke. And I read about, let's say Taoism, and Tao. I don't have to think "God," you know, "God" with all the primitive *** all my childhood associations with God. I can think of Tao with the natural flow or order of the universe and the all the paradoxes surrounding it and *** I can actually get a feel of this as I read. But Christianity is so loaded for me. [1:20:01.8]

God is too personified. He's too personal. He's too too much my childhood father.

f: with a ledger, keeping track.

DICK: I don't feel that way. Is that the way you see it in your childhood vision?

F: Well God was not in my life, really, when I was a child.

DICK: Really? Gee, God was in my life overwhelmingly.

F: What was your father like?

DICK: Personality, you mean?

F: Mm-hmm. Meaning, toward you.

DICK: My father was a was domineering in the sense of wanting to have everything his way. Not domineering in the sense of physically punishing me.

F: How did he get things his way? How did he go about doing that?

DICK: By talking, I guess. Arguing. Talking. He wanted me to think his way. I think that was it. But he wasn't a force in my religious education. He didn't stand in the way, but he's not too religious outwardly.

F: But how did God get into your life so much in your childhood?

DICK: My mother. Sent me to Sunday school every Sunday.

F: Sent you? Or went with you?

DICK: Oh sometimes she'd go, but you know, Sunday school is kids.

F: Did she she didn't you don't know if she went to church or ? [1:22:43.9]

DICK: Oh, she was a churchgoer, sort of. I mean she's very she's quite religious. Whether she went to church or not every Sunday isn't really relevant. She saw that I went to church or to Sunday school every Sunday. Yeah, that's right, in those days Sunday school was first and then church was after. Now it's kind of a combined thing, most of the places. So I had to sit through church too a lot of times. That's right.

BETTY: I think it's quite relevant whether a parent goes to church or not. I think there's a considerable difference.

DICK: Yeah, I know. (chuckling)

BETTY: I'm serious.

DICK: It's okay for the kids, but for them ***

BETTY: That's right. I think you teach kids a lot by sending them off to Sunday school, you know, and then staying home and

DICK: And what?

BETTY: And just stay home. I was thinking of looking at the Sunday paper.

MARY: Betty, you know, I'm getting angry with you.

BETTY: Why?

MARY: I you know, I feel like I'm interested in Dick. I'd like to hear about his parents and I feel like you're cutting in *** all the time.

BETTY: Well he didn't think it was relevant whether his mother went to church when she sent him to Sunday school. And I think it was quite relevant.

MARY: Yeah. I'm getting upset, I'm not sure why. But I feel like you're just carrying it off into you're going into kind of an impersonal thing.

BETTY: Well I didn't intend it impersonally at all because I think kids learn from these. And I think he learned something. I think it was part of his experience. [1:24:22.5]

Gee, it makes me feel I shouldn't say anything!

MARY: No, I just wanted to tell you what I was feeling.

BETTY: Well, you did. And now I'm mad. So you just go ahead and talk to Dick. And I will listen because I don't want to be impersonal.

(long silence)

MARY: I was feeling that this is one of the few times that Dick has ever begun to fringe upon talking about his parents, his mother and his father, and his feelings about them and what they were really like. And I just had the feeling that you're, in a way, taking this away. Maybe it's just taking it away from me because I want to hear what they were like. But you were taking it away by saying, talking about how relevant it is and how much kids learn.

BETTY: Well I learned it specifically.

F: Do you still feel like talking about your mother? [1:26:09.8]

DICK: Yes, but I'm wondering why Betty is not expressing the feelings she's having right now.

BETTY: I have. I didn't like what she said. I was offended. That's it.

F: do you feel like she's feeling something other than what she's expressing?

THERAPIST: I was wondering if it made you uncomfortable to hear him talking about his mother.

BETTY: I don't think so.

THERAPIST: Because in a way, you're kind of clamping up now by saying you're not going to talk anymore. And you're in this way, you're not expressing your feelings.

BETTY: No, I said I wasn't going to interrupt the flow anymore. Well that's what I meant.

(long silence)

DICK: Because you really got disturbed at that, didn't you? [1:28:16.6]

BETTY: Mm-hmm.

(long silence)

BETTY: But I don't want to talk about it. So why don't you go ahead?

DICK: Well I don't feel very comfortable about going ahead the way you feel.

BETTY: Well I'm sorry, then.

DICK: Well you know, it's like I mean, if somebody's real disturbed as you are now, it you know, it's hard to go on just like just like nothing's happened. [1:30:03.5]

BETTY: Well, um I don't want to be an obstacle, particularly. But I just really don't feel like talking about it. And and I guess I feel that I shouldn't have become as angry as I did.

DICK: You've got a little piece of tissue paper up here on this left eye, right eye. Yeah, there you go.

BETTY: Anger, you know, to me always seems real childish. So I'm feeling pretty childish. (blows nose)

But I don't know why it made me so mad. And in a way, I don't want to know why. I guess it's sort of I don't know, was like I mean, it's ridiculous to go from something so small to something to a pretty big idea. But somehow I think I experienced that situation a lot in my life. And for someone to say, "You're getting in the way," just it just hit something. Or "you're in the way." It just hit something very hurtful. [1:32:38.2]

Because I guess I'm afraid that I really am in the way, not where I'm supposed to be, because there's no place like that. Just in the way. It's either that

F: Did you say that she was in the way or she was cutting him off?

MARY: Well this I felt that she was cutting off his personal train of thought and she it made me feel that she was in the way, that she was interrupting and in the way. At least this is the way I'm interpreting your ***.

BETTY: You know, it's like "Get out of there. You don't know what you're doing. You don't do the right things." I guess it hits pretty close to how I feel about myself, which is like a clod. [1:34:30.3]

(long silence)

See I don't

EDIE: Does the subject of religion or religious background have anything to do with it, Betty? Other than

BETTY: I don't think so.

EDIE: When you were doing saying the things that were bothering me, I had a feeling that he was getting into uncomfortable territory and you were trying to get out of it in a way.

DICK: Yeah, my mother couldn't have been sincere unless she went with me every week. Right?

BETTY: Yeah. [1:36:09.2]

Well my dad sent us to Catholic church. And my mother, for a while when they were living together, sent us to Catholic church. But she's not Catholic. I mean, it didn't make sense to me. She hated the Catholic church. And my dad insulted her, called her "goddamned Methodist," but she sent us to his church. That was only for about a year and a half. And there's just I don't understand sending a child to church if you don't go yourself. I don't know I think children I think I learned things about church by being sent and not having my parents go, that you know, they're not in the Sunday school curriculum. I resented it.

THERAPIST: I'm feeling kind of amazed after all these years we've worked together that I've just learned that your father was Catholic.

BETTY: Yeah, I'm a baptized Catholic.

THERAPIST: It's obviously a very significant fact and one that I've never known. It's all kind of amazing to me.

BETTY: I'm ashamed of it.

THERAPIST: Uh huh.

BETTY: I don't tell people.

THERAPIST: Uh huh.

DICK: You expressed quite a bit of in a few areas where you expressed prejudice, one of the most intense *** is against Catholics.

BETTY: I now it is. I'm violently anti-Catholic. [1:38:11.5]

Actually, religion was a great source of conflict, those few years in the home, when my dad decided it was time to get us to church. At that time, I was around seven. I always felt very left out in religion because my other my friends had very orthodox faith and it was always like they knew something I didn't know. I mean, they knew God existed. And when I was going to catechism and going to church, I was just I always felt like a fraud . I didn't know that God existed. I didn't understand the whole thing. And I I wanted to be like all the other people in the church and all the other kids and grownups that I knew. And so I would DO these things, you know, like kneel and say prayers and all that stuff. And but I felt like there was just this gigantic secret that I couldn't share because I knew nothing about God. It was like I was too old to it's like I was too old to believe in God when I was first introduced to the idea. And then I spent years living in a completely Christian culture, and I wasn't Christian. And I sort of wanted to be and kind of thought I was. But actually, I wasn't. And now I can say that I'm not Christian. But this has only been for the last year or two. [1:40:42.7]

DICK: Well you sound like you're anti-Christian, when you say it that way. You don't say "Christian I'm not Christian" in the same sense you say, "I'm not Mohammedan, I'm not Buddhist." Are you saying it with the same feeling that you'd say, "I'm not Buddhist"?

BETTY: No, I'm probably more hostile toward Christianity than I am toward most any other religion. I know that I'm more uncomfortable with the real true Christian than I am with anyone from most any other religion.

F: What is a real, true Christian?

BETTY: Well

I'm *** but I don't expect an answer.

BETTY: Yeah. Because I'm thinking of a real true RIGID Christian.

DICK: That reminds me you remind me a little bit of my *** when I was about 24, 23,22. And I was talking to a psychiatrist one day and he said started talking about religion. And I said, "I just really don't care anything about it, you know. I have no interest. And this is a lot of hokum," and so forth and so on. And he said, "Well, remember, though, that it's one of the don't knock it too much because it's one of the probably the oldest institution. It probably even precedes marriage as an institution in human culture." And I didn't think much of his comment at the time, but I've thought about it a lot recently, in the last 10 years or so. And I think I think there's a lot to that, you know. It's so universal. It's a universal need to express that we as individuals have to come to terms internally with this whole business, regardless of what your beliefs are. [1:43:15.4]

When you're *** to come to terms with it *** effort.

BETTY: Well I know that I don't think in this area very much. I still feel that I'm in the information gathering stage where I go to the Unitarian church and I hear what the minister has to say and then I talk with people in other circumstances, I mean other situations and I know that I haven't formed my own I haven't crystallized certainly what I would call my own religious orientation. I know better what I'm not, or what I don't believe in than what I do believe in.

Actually I thought a very tolerant fact yesterday, and I was talking with a welfare worker who's very delightful young girl. And I was telling her about our Unitarian young people's group. And it frankly had not occurred to me that she would be Catholic. And she said that she would she said she goes to the Catholic church, which I thought was sort of different from saying, "I am Catholic." And so I asked her if she was Catholic, and she said, "Well, yeah." And I said, "Well I guess you wouldn't be interested in this group." But then later on driving home, I was tempted to think, "Gosh, and I thought she was so *** and here she is Catholic." Sort of like, gee, there couldn't possibly be anything good about her now. (chuckling) But then my tolerant thought was, "Well, gee, I hope that it does something for her. I mean, I hope that there is something in there, in that religion, that gives her something that she is needing apparently. I hope it's a source of strength to her." And then I forgot about it. But I was kind of aware at the time that that was much more tolerant than I'm usually able to be about Catholicism. [1:46:15.6]

DICK: Well all you have to do is look at all the Catholics there are in the world and that answers your question about it does something. People don't stick at something that doesn't do something for them. I think Catholicism is imminently successful in doing things for people. I don't know what it is they do, but I have been brought up anti-Catholic. My mother is very anti-Catholic and I've had I've been very prejudiced against the Catholics for years until say last 10 years or so. There's so much there's so much nonverbal business that is part of the religion and ideas that *** and ideas that can't be expressed verbally very well. And I think the Catholics somehow capture some of this. I don't know. Another thing that helped me was this book by Jung. Remember that book? See he does a beautiful job of bringing out, I'd say, the good parts of some of the good parts of Catholicism. And I assume he's not no, he wasn't Catholic. And all their symbolism and everything that's so meaningful that some of us Protestants, you know, were robbed of that. Some of the earthy experiences too. You know, Catholics feel like they are consuming (ph) the body of Christ when they go to Communion. Well, nobody told me that when I went to Communion. It was all very symbolic and but imagine, if you do a if you eat the body of Christ, there's an experience for you. But you'll never have it and neither will I. [1:48:10.8]

I think too that Pope John did an awful lot for Catholicism.

BETTY: Once when I was an adult, a friend of mine gave me the *** as a part of his doctoral study. And I and one of the questions was, "What is the capital of Italy?" And I couldn't think of Rome. And I know now that that's pretty significant. I thought of Genoa, you know. And I just I mean, he, you know well, he thought it was pretty interesting too, because I think he knew that I had this Catholic background. And he gave me a couple of little leads, you know, just to see well, I think he assumed I would pick up on it. And I never did. *** You know, couldn't think of anything but Genoa, where Columbus was from.

THERAPIST: Mm-hmm.

F: ***?

BETTY: Wexler Intelligence.

(inaudible, cross talk)

f: Wexler Intelligence Scale. Yeah. [1:50:07.4]

BETTY: *** way too. I mean, this situation today is a funny way to find out. It makes me cry about my religious problems. I didn't think I had any religious problems. I'm just, you know, anti-. It was a marvelous experience for me to find the Unitarian Church. The first time that I went, and the minister was talking about things that were ideas of mine that I had never verbalized, I had never felt free to verbalize. And gee, you know, here was a whole group of people listening and, it seemed, accepting and agreeing with what he was saying and it was like a real homecoming. I hadn't realized that I ... would ever find people who shared my ideas, my feelings.

THERAPIST: I think a very interesting phenomenon has occurred during this session, and I can sort of describe how I see it, but I would think I would rather know, for example, how you see what just happened, Betty.

BETTY: Well, apparently I WAS becoming uncomfortable and I probably WAS depersonalizing, although I THOUGHT I was being personal. I resented Dick's mother sending him to Sunday school and not going to church herself. And that and I wanted to focus on that. (blows nose) But I guess the lack of comfort that I was having wasn't related, you know, to him. It was to Dick, it was to me. And apparently this is a pretty charged area for me. I still don't quite see why, frankly. I guess that's all I see.

THERAPIST: Uh-huh. I'm kind of interested in going around, I think. How do you see, Dick, what happened?

DICK: Well I think I see that too. And I think I've seen my taking advantage of the situation to get *** of my own. You know, it's pretty nice to have Betty come along with her emotion at that point. And I just *** a personal thing that's been taking place in me. I think now that this thing has gone on, I am a little pissed off at my old lady for sending me to church to relieve her guilt feelings so she that she feels she's doing the right thing while she stays in bed and lolls around on Sunday while she booted me out to church. And I feel I'm sorry I can't respond a little bit better to your question because I feel too that something very interesting and important has been going on here, and is going on. And I can't put my finger on it. I don't know what it is. It's it's somehow we have gotten problem center here in the group. [1:54:46.7]

I'd like to think about it. I don't have anything more to say about it right now.

THERAPIST: Mm-hmm. Well this is, again, I think very productive the way both you and Betty have answered the question. Actually, I kind of think that each of you has answered, not the question I asked, but a different question, which was more: How did you experience what happened? I think each of you has told more of how you experienced what happened yourself subjectively rather than giving a more objective description of the total phenomenon, which was what I was trying to get at. But your answers were productive and meaningful. There are different levels and different ways of looking at this. I think it's all very interesting. Would you like to respond?

EDIE: Well I'm just glad that I asked Betty if religion had anything to do with her discomfort because it appeared to me you were hiding so hard behind this feeling, "Oh, I'm just a clod." And you were crying and to me you were holding this clod up to ward off something that as you, you know as Mary said, you were cutting Dick off. It was on religion and then you became the clod and you were holding the clod up to avoid the subject of religion. And it might be that because I felt your discomfort before on the subject of religion or Catholicism in particular, and this has always interested me, to some extent. When I saw you drop that clod and be able to look back and more inwardly to try to find out what this discomfort was, I was glad you could. [1:56:35.4]

And in a way, it rather reminded me, Betty, in a way, maybe not quite as drastic, but the time that we talked about prejudice. And it was so painful to you who is you, who are so very anti-prejudice to feel that you had prejudice. And in this instance, I think it's been hurtful to you to think that you might possibly have religious feelings. You don't know what they are. But you are very antinow, and maybe it means more inside ***.

BETTY: Actually, that sort of in a way, I've had thoughts like, you know, no one would call me a religious person because I don't adhere to the externals of, you know, the great Protestant or Catholic religions. And yet, gee, I think that most of my life is very ethical and as I define religion, you know, which is being of service to others, in my capacity, I try very hard to be of service. And I'm I'm so oriented, you know, I think I try to be, towards humanitarian things. And yet I don't earn the label "religious." And I think I kind of resented that because I can't go around, you know, telling everybody what a great Baptist I am or what a great Catholic and, you know, wear ashes on my forehead on Ash Wednesday, you know. Then I haven't any title. And in my own quiet little way I keep thinking that I'm more religious than they are. [1:58:28.3]

DICK: I've got to add to my *** comment. I'm sorry to change the subject, but I think that Mary played a very important role in today's discussions. And also *** most important things in that her honesty and her sensitivity in responding to Betty and at the same time I would say that Mary might have Mary and perhaps even Edie exerted some leadership inputs today that was kind of constructive here in the group.

F: I think maybe it was a combination of things, though, because if Betty hadn't been ready or open to be able because her first immediate reaction was to clam up and to close up completely. But then she opened up again and discussed it a little bit more.

THERAPIST: I'd like to give you a little credit there, Mary, that is relevant to one of the aspects of your functioning and I was very much impressed. And that was that despite your very deep, real involvement in Dick and what he was revealing about himself, when Betty's emotions and problems really came to the fore, you were really able to let go of your interest in Dick and you became genuinely interested in and understanding towards Betty. And I was thinking, "Gee, what a great therapist!"

MARY: Gee, that makes me feel good!

DICK: Well, and she was very successful at drawing me out too with her questions, which I usually *** resent. And I didn't find myself resenting them this week for some reason. She was questioning me about the myself. And I always think somebody's got an axe to grind when they start that, you know? And I didn't have that feeling this time.

THERAPIST: Mm-hmm. And I think our time is up.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy. The following transcript features Drs. Carl Whitaker and Richard Felder together, treating a couple.

Richard Felder, MD (1919-2008) graduated from Emory University School of Medicine in 1944, served as a US Army physician in Germany and practiced internal medicine before going into psychiatry. With this medical background, Dr. Felder viewed clients' mental health along with their physical well-being and by linking the two, advanced a more holistic approach to healing.

Dr. Felder was president of the American Academy of Psychotherapists and a founder of the Atlanta Psychiatric Clinic.

Carl Whitaker, MD (1912-1995) was a pioneer in the field of family therapy. He viewed the family as an integrated whole and not simply a group of separate individuals. He believed family togetherness could bring personal growth and stressed the importance of including extended family members, especially children, in treatment. He also was an early champion of the concept of "co-therapy," where therapists work together in pairs, and of live supervision, in which a master therapist watches a student at work with a family and teaches by intervening in the session. Dr. Whitaker's innovations have become standard procedures among family therapists.

In the late 1940's, Dr. Whitaker was Chairman of the Department of Psychiatry at Emory University, where he primarily worked with schizophrenics and their families. In 1955, Dr. Whitaker went into private practice as co-founder of the Atlanta Psychiatric Clinic. He became a professor of Psychiatry at the University of Wisconsin in 1965 and remained there until his retirement in 1982. He continued to teach and lecture frequently after his retirement.

BEGIN TRANSCRIPT:

THERAPIST 1: I had a strange experience in contrast between the tremendous restraint you brought to our meeting when we said hello, and your statement now that you want very much to have a therapeutic -

FEMALE CLIENT: Yeah.

THERAPIST 1: It's as though you talked in two voices, and I wasn't sure which one -

FEMALE CLIENT: [Well, I talk in two] (ph) voices. I seem to have two selves. I don't know. I don't seem to always be genuine or really very real.

THERAPIST 1: My way of putting it together was that you wanted to be therapeutic, but you wanted to be therapeutic because we made it that way without your having to get your feet wet anywhere.

FEMALE CLIENT: Yeah, I guess do like I wouldn't mind it to be easy.

THERAPIST 1: I was also intrigued by your husband's idea that it was an affair.

FEMALE CLIENT: Affair?

THERAPIST 1: Yeah, he said he wanted the whole affair to (inaudible at 0:00:54.8).

FEMALE CLIENT: (Laughs). (Inaudible).

THERAPIST 2: Well, he was using it in a broad sense.

THERAPIST 1: Well, so was I, you know, having a specific broad in mind. [0:01:05.1]

(Laughter of many people).

THERAPIST 1: And I guess I really thought you did too.

MALE CLIENT: I didn't at the time, but I do now.

FEMALE CLIENT: Um hm.

THERAPIST 1: Do you have times when you want to give her away?

FEMALE CLIENT: (Laughs).

MALE CLIENT: Yeah, I wish to be as honest as possible, I'll say yes, but they usually don't last very long.

THERAPIST 1: And it can be quite a gift.

MALE CLIENT: I hope so, but I she's not up for grabs. She's -

THERAPIST 1: She's what?

MALE CLIENT: She's spoken for though, she's I don't think the occasion for making (inaudible at 0:01:57.8) will come up. I think she's already -

THERAPIST 1: Strange feeling you are avoiding saying, "She's mine." [0:02:04.6]

MALE CLIENT: Not consciously, but perhaps subconsciously (inaudible).

THERAPIST 1: Do you feel sometimes that she's really not yours? That you really haven't made it?

MALE CLIENT: I suppose it means maybe I do, but it doesn't last long.

FEMALE CLIENT: I was wondering (inaudible) it's not lasting longer and [you don't think as long] (ph).

MALE CLIENT: Well, that's what I mean now, I mean the feeling that (inaudible at 0:02:41.1).

THERAPIST 1: How do you feel about him?

FEMALE CLIENT: I'm good (ph).

THERAPIST 1: You get no credit for that. [0:03:00.1]

FEMALE CLIENT: Well, like I say I'd like to say that I love him very much and (inaudible at 0:03:04.4) I can't seem to live without him, but I don't know. I don't know what to tell you about how I feel about him. I suppose I do feel.

MALE CLIENT: (Inaudible) can I ask for elaboration on that?

THERAPIST 1: No.

FEMALE CLIENT: No, you can't because I can't.

THERAPIST 1: No, you're just the other patient; you don't get any chance to be a therapist here.

FEMALE CLIENT: (Chuckles).

THERAPIST 2: It's really okay?

MALE CLIENT: It's okay.

THERAPIST 2: Because I had sort of a feeling that you were going to have to be a therapist or you'd be crushed.

FEMALE CLIENT: (Chuckles).

THERAPIST 2: Why is that funny? You understand what I'm talking about here?

FEMALE CLIENT: Yeah. How did you know? [0:04:00.0]

MALE CLIENT: She's crazy.

FEMALE CLIENT: I don't get the same response though.

THERAPIST 1: You don't seem crazy do you?

FEMALE CLIENT: No, what I mean to say, he wouldn't even smile and puff his pipe, instead he'd say something else maybe, and it really isn't so. And I was not because I said it, but this is a because of the situation we're in right now [in the moral structure] (ph), he won't do that. It's polite not to.

(Long pause in conversation).

THERAPIST 1: What happened out there?

FEMALE CLIENT: Well, I suddenly noticed that I am sitting here grinning and laughing, and looking at the three of you, and then he's like, "Well, maybe we should stop that." [0:05:05.7]

MALE CLIENT: What?

FEMALE CLIENT: (Inaudible) was unpleasant for the two of you.

(Inaudible at 0:05:13.4).

THERAPIST 2: (Inaudible) I was waiting for your words to sink in with him, that's what I was waiting for, but I guess they didn't.

FEMALE CLIENT: Well, it's polite not to let them sink in, or not to let them (inaudible at 0:05:29.0) response right now for him.

THERAPIST 1: You mean he has the same kind of bland blankness that you do?

FEMALE CLIENT: Perhaps, I don't know, (inaudible) psychiatrist. I don't know I kind of feel that, but I don't know. I don't know that that's true.

THERAPIST 1: Do you think of this as your way of protecting yourself against you?

FEMALE CLIENT: Protecting myself against him or myself?

THERAPIST 1: Both maybe.

FEMALE CLIENT: I don't know. [0:06:00.0]

(Long pause in conversation).

THERAPIST 2: I wish you could get over that "I don't know." It makes me back away from you, and I don't like that.

FEMALE CLIENT: I'll take off my shoes (inaudible at 0:06:23.2). I just don't know what to say. Maybe it's my inability to express myself or to really let you know how I feel, but at the moment -

THERAPIST 2: Maybe it's your fear; I see your heart is beating very fast.

FEMALE CLIENT: Well, it beats fast all the time. I'm quite tense all the time usually. (Inaudible).

THERAPIST 2: Does it beat faster with us?

FEMALE CLIENT: With you? I don't know, I guess it beats probably just as fast as it has all the other times that I've been (inaudible at 0:06:57.9) psychiatrist or social worker, or psychologist. [0:07:02.1]

THERAPIST 2: It sounds like you're you've been with thousands of them.

FEMALE CLIENT: Well, I feel like it. That's why I kind of wanted this to be therapeutic, but I didn't think it's possible with just one session, but I don't know, I'm kind of hoping, I kind of want to be optimistic.

(Inaudible from 0:07:17.2 to 0:07:37.6).

MALE CLIENT: To improve perhaps our relationship with each other rather than (inaudible at 0:07:40.3) because our problems seem very much bound up with each other.

THERAPIST 1: Is she a therapist to you too?

MALE CLIENT: Well, in some ways at times when I'm when I come in the door all tired and worn out after a rough day (inaudible at 0:08:06.4) or something and she (inaudible) therapeutic at times. (Inaudible). If I'm home first, I hope to have such an effect on her when she comes home.

THERAPIST 1: Are there times when you get past this role playing business with each other?

(Inaudible at 0:08:31.6).

THERAPIST 1: Or be helpful.

FEMALE CLIENT: Be helpful, needing each other (inaudible).

MALE CLIENT: At the time it doesn't seem more efficient, it just seems (inaudible at 0:08:53.7) deal with it, I didn't mean to say it that way or consciously set out to be therapeutic or that she consciously sets out to be therapeutic. [0:09:04.6]

(Crosstalk).

FEMALE CLIENT: I think it's important to me when I'm therapeutic to him or that I cause some great response in him that's very positive and that he got (inaudible at 0:09:13.7) or needs this very much. I think

it's very important to me. I somehow [I see] (ph) he needs that kind of thing.

MALE CLIENT: I suppose I need also to feel that way about myself, but at the time that I'm (inaudible) it depends on the circumstances, but much of the time it isn't something that I'm consciously thinking about at the time, I just sort of naturally perceive (inaudible at 0:09:50.0) and I sort of have enough faith in myself to feel that (inaudible at 0:10:02.5) I will be pleasant to Dora also. It isn't it hasn't always been the case. Actually I've been taking dexamil (sp?) lately, and I've noticed that now that I'm taking them, I have a much I have much more faith in my ability to cope with the situation (inaudible) much less inclined to be consciously thinking about the effect of my words upon Dora and such, and yet still they seem to work out better I should say than before because I (inaudible at 0:11:00.6) take things in stride in a normal fashion. My natural [and studied] (ph) response is in fact a more positive response, it's more conducive to our getting along.

THERAPIST 1: It scares the hell out of you, huh?

FEMALE CLIENT: Hm?

THERAPIST 1: It must have scared the hell out of you.

(Inaudible at 0:11:29.6).

FEMALE CLIENT: (Inaudible) at other times though. This is something [he does] (ph) for someone who doesn't know him maybe it would appear that way at first, but after living with him and knowing him for some time, it's something that you've mostly adjusted to (inaudible at 0:11:44.8). He doesn't have any idea (inaudible) it is a mouthful or an awful lot, you know, and he really wanted (inaudible) for instance we'll go to a picnic we went to a picnic a couple of weeks ago, and [this lady] (ph) was there and he's very much interested in linguistics, and here was this cream of the crop linguistics linguist -

MALE CLIENT: Linguist.

FEMALE CLIENT: Linguist, right, and he really (inaudible at 0:12:11.7) at the picnic.

MALE CLIENT: Well, the thing that Dora is trying to say is that it often seems to her that I talk too much.

FEMALE CLIENT: Yes.

(Laughter).

THERAPIST 1: (Inaudible at 0:12:26.7) unfair because that's what (inaudible) before she said it. She was just agreeing with you.

MALE CLIENT: She's saying that however, there's a distinction here. You're speaking of a particular instance and she was referring to my general behavior on many occasions. She was her comment on your remark was that my behavior a moment ago was quite typical of my behavior in general, that I usually talk too much. [0:13:00.1]

THERAPIST 2: There was two things she said that I paid any attention to that seemed to make any sense to me you said her name, and that's when I began to relax and I thought of her tension, and maybe her tension is like mine with you, that when you get personal for a moment then the tension begins to be gone, but when you [say something] (ph) far away, the tension increases. The other thing you mentioned was coping with the situation, and I wanted to ask you what situation you mean.

MALE CLIENT: Well, the context in which I said that was I was referring to being on (inaudible at 0:13:52.2), and when I said that I feel like more able to cope with the situation, I meant that really in two different ways. One very broad and the other very specific. The broad sense in which I meant it, I meant that really in almost every respect I'm able to cope with (inaudible at 0:14:13.6) with life better on (inaudible) than without it, but I'm the specific sense is just that (inaudible) we frequently get on each other's nerves and I felt that I was able to and of course it proceeding naturally to not get on your nerves in the way that I originally had in the past, and that this came in the natural course of things without any special conscious

effort in that direction, but just proceeding naturally I didn't get on her nerves really as much as I did before.
[0:15:14.1]

THERAPIST 1: Did you ask (inaudible)?

THERAPIST 2: Put me to sleep.

(Inaudible).

FEMALE CLIENT: (Chuckles). I usually do (inaudible at 0:15:29.2) and interested in every word he's saying, but on the contrary I'm not, and that's unfortunate.

THERAPIST 1: Why? Don't you think he says it so you'll be disinterested?

FEMALE CLIENT: If that's true (inaudible at 0:15:44.5) disinterested, but his argument in defense of that is that intelligent people, people with very high IQs don't lose interest, they have a very long attention span.

(Laughter and crosstalk).

FEMALE CLIENT: (Inaudible 0:15:57.4) at that I get very bored very quickly. Do you understand?
[0:16:05.7]

(Inaudible).

FEMALE CLIENT: No, I'm not defending. I'm just simply relating to you what I've been told. But I -

MALE CLIENT: I confess that (inaudible at 0:16:26.8).

FEMALE CLIENT: Yes, and I feel quite inferior at times because I don't know what my IQ is and couldn't give a damn less actually, but to him it's very important this (inaudible) I have a very little attention span etcetera.

MALE CLIENT: I think she is quite bright (inaudible).

(Crosstalk).

FEMALE CLIENT: But I don't seem to have a very long attention span.

(Crosstalk).

THERAPIST 2: Are these the two minds you have?

FEMALE CLIENT: I beg your pardon?

THERAPIST 2: Are these the two minds you spoke of? [0:17:00.9]

FEMALE CLIENT: No.

THERAPIST 2: (Inaudible) the one you try to have like he wants you to have.

FEMALE CLIENT: No. Well, I don't worry about that so much I worry about it, it is a problem with me, I won't deny that. On the other hand, that isn't it. I seem to be somewhat aloof and on one hand, and then the other it's very seldomly that I'm able to really sense very much about what's going on around me and to really care and to really be involved in it totally. Usually it's between an aloof feeling and then being there, you know, actually being on the scene and sensing and knowing what's going on. And somehow I'm not really caring about it, and it's very unusual where I that I really am able to sense it totally and to be completely involved. This is indicated in many ways. I've been able to see this in myself in many ways. [0:18:02.2]

For instance, in sex I don't I can't really relax enough or really to get this to be totally involved (inaudible) totally involved (inaudible). I don't know, I think of ourselves and other things, or it's completely hazy in a

way. I don't know that I can really express this feeling or this difference (ph).

THERAPIST 1: You mean you're afraid to disregard the other person?

FEMALE CLIENT: I'm not afraid of disregarding the other person, I actually do at times.

THERAPIST 1: Why do you (inaudible at 0:18:48.8)?

FEMALE CLIENT: Because I don't find I don't get anything out of it, period. I don't reach an orgasm, I don't nothing. (Stutters inaudibly) I know the difference. I at one time I was able to be this complete self and to really be involved in it and so on, and to really reach an orgasm. I know the difference, but I haven't been able to for (inaudible) time. [0:19:24.1]

MALE CLIENT: She hasn't (inaudible) in the specific context of sex, but I think I (crosstalk).

THERAPIST 1: Here we go again. Are you her father or her husband?

MALE CLIENT: Husband.

(Inaudible at 0:19:36.9)

FEMALE CLIENT: But I know, I worry about that very much, and that actually well, actually the truth is, when I first started seeking desperately psychotherapy, or any kind of help for this problem, it was because I was very dissatisfied and quite promiscuous, and I enjoyed sex very much. [0:20:03.8]

And when it got to the point where I wasn't having an orgasm, I kind of wanted to know what was going on, and that was the real reason that I actually started to look around for psychotherapy and so on. But there have been other reasons that I've learned about, or that I've come to the conclusion as being why I was looking for a psychotherapist or someone who could help me, or to help myself or whatever you say.

THERAPIST 2: What else?

FEMALE CLIENT: (Inaudible at 0:20:31.0).

THERAPIST 2: What other reasons?

FEMALE CLIENT: Oh, well, (inaudible) business of not really feeling and being able to (inaudible) I mean I can remember before I was married and my father was quite ill, and my mother was crying because he was (Inaudible at 0:20:51.6) and she thought he was going to die, it was a heart attack. And everybody in the house was quite upset, but I just couldn't give a damn. I didn't even care. And I really felt that way, and I it didn't matter to me at all, and everyone else was very concerned and crying, and they thought something terrible because I wasn't (inaudible at 0:21:11.2) to do so. And I seem to have no feeling, or a very negative distant (ph) feeling about everything that most people are very concerned about.

THERAPIST 1: Why should they be concerned about it?

FEMALE CLIENT: I beg your pardon?

THERAPIST 1: Why should they be concerned about it?

FEMALE CLIENT: Because it's very important to them with whatever it is goes the way they want it to go. Sometimes I feel as if my my marriage, I don't see anything [to doing anything is supreme] (ph) or anything is very important, or anything is important at all. The only thing that's important is what I want and (inaudible at 0:22:05.5), and what I want for that moment. If I want to eat watermelon, then that's fine, that's the (inaudible) thing at the time, or if I want to be (inaudible), then that's important, but everything else is behind me and the only thing that's important is what I'm thinking about, what I'm about to do at the time, and then I'm not altogether involved in it at the time.

MALE CLIENT: Let me (inaudible at 0:22:29.5) let me give an example of the situation that she had mentioned (inaudible) on because that's an example that -

THERAPIST 1: Well, why don't you talk about you?

THERAPIST 2: Okay, we'll let her speak for herself.

MALE CLIENT: At the same time I will talk about me. Well, the not all of her problems, but many of them begins with one or the other of us becoming annoyed or (inaudible at 0:23:01.9). I'm reminded the example of the two the husband and wife who (inaudible for several seconds) but not because of that but because one became very annoyed at the way the other (inaudible at 0:23:40.5) toothpaste (ph), and in numerous respects, our problems tend to be like that.

THERAPIST 1: (Inaudible)?

MALE CLIENT: (Inaudible) we do our share of (inaudible at 0:24:02.5) things to annoy the other, and if I make -

THERAPIST 1: You sure sound like (inaudible).

(Chuckling).

(Inaudible from 0:24:14.2 to 0:25:12.7)

THERAPIST 1: Or maybe of being detached (ph).

MALE CLIENT: Well -

THERAPIST 1: (Inaudible at 0:25:17.4) is detaching (ph) yourself.

MALE CLIENT: No, it isn't just you know, (inaudible at 0:25:22.9) [I am and she isn't. She has in fact continued being there] (ph).

(Inaudible from 0:25:41.3 to 0:29:34.5).

MALE CLIENT: This is very small thing (inaudible) but it is something that annoyed me at the time, and it's in a way typical of the kinds of little things that (inaudible at 0:29:48.5 to 0:30:00.7). I don't know exactly (inaudible), they were small I suppose (inaudible). I suppose I was patterned after my sister (inaudible) three years older than she is.

THERAPIST 1: (Inaudible at 0:30:26.6)?

MALE CLIENT: But but light, lighter than Dora.

THERAPIST 1: (Inaudible at 0:30:36.4).

(Laughter).

THERAPIST 1: I certainly think (inaudible) eating watermelon.

THERAPIST 2: I think you've done all you need to do Dora. (Inaudible at 0:30:49.3) by marrying her, I don't think you need any watermelon.

(Chuckling).

[0:31:00.0]

THERAPIST 2: (Inaudible).

FEMALE CLIENT: (Inaudible) dreams. I only have one dream. I always had one dream usually. I very seldom dream about anything else. I dreamed about an apartment one night. I'm sick of the apartment. We have a really very small apartment, the rent is very high, and I've been wanting (inaudible at 0:31:25.3) apartment, but I know I can't have it for another couple of months, and I dreamed once that I had a very

spacious apartment. But (inaudible) I very seldom deviate from this one dream I have, and have been having since I was about maybe 7 or 8, and it's always been that of my mother dying, and that dream has always bothered me. (Inaudible at 0:31:47.1).

THERAPIST 2: How about last night?

FEMALE CLIENT: No, [I haven't had dreams] (ph). I usually unless I forget the dreams I usually don't recall any other dreams, and this dream usually wakes me up. And on the other hand, I can remember her having a heart attack and not wanting to go, or having some difficulty with her heart she has a very bad heart and I was quite aloof, I didn't really care if she died or lived. And on the other hand, (inaudible at 0:32:21.2) dream this dream, and get very worried and stuff. You have the ability to sit there and just look at me, and I hate that.

THERAPIST 1: Afraid you might (inaudible at 0:32:21.2).

FEMALE CLIENT: No, I just wonder what he's thinking about.

(Inaudible at 0:32:47.4).

FEMALE CLIENT: Well, I'm not so sure my sleep is healthy. I think like I have difficulty getting to sleep and (inaudible) take some (inaudible), and I seem to have to take a drug to stay asleep to go to sleep and then have a drug to wake up, and that's unfortunate. [0:33:14.8]

(Inaudible).

THERAPIST 1: Which one would you use (inaudible) for, the one to put you to sleep or the one to wake you up?

FEMALE CLIENT: I don't know. I hadn't really come to a conclusion as to (inaudible at 0:33:35.6). I don't know. Probably I need something to stimulate me because I think he would depress me if he stared at me much longer. That is you (inaudible) Dr. Felder (sp?), right? Right. Well, I'd have to have something to stimulate me because I think that for someone to stare at me, it makes me very mad and I don't like being stared at, and I don't like the idea of not knowing what other people think, and somehow usually I can pretty much speak for take for granted what one's thinking, but somehow for him I haven't known him long enough or else I'm just not so sure about him. I'm very insecure about him and therefore he bothers me. [0:34:14.1]

THERAPIST 1: Maybe you're afraid if he stares at you long enough it would be stimulating.

FEMALE CLIENT: Hm, perhaps. [I don't know] (ph).

THERAPIST 2: He might even get in your dreams.

FEMALE CLIENT: Get in my dreams, no.

THERAPIST 1: I might even like watermelon, then what would you do?

FEMALE CLIENT: Oh, I don't know, I'd probably go out [and buy all I could] (ph). I wouldn't want him to eat them all in front of me. I love watermelon.

(Long pause in conversation). [0:35:00.0]

FEMALE CLIENT: Actually if I felt that I could see him twice a week or once every week, it wouldn't matter so much. I'd figure, "Well, I'll go watch this man stare at me for a half hour, an hour twice a week an that'll stimulate me and provoke me, and so on, and maybe I'll get better," and I might think it's worth it in the long run.

(Pause in conversation).

THERAPIST 1: I had a strange feeling a few minutes ago when you were talking. I felt you getting more and more involved, and then all of a sudden you turned yourself off.

FEMALE CLIENT: Well, (inaudible at 0:35:40.6) been told I do. One of the students I saw told me that when things got to painful for me and I didn't feel any pain physically but that I would turn myself off, and that this is what I was doing and this is why he couldn't manage the psychotherapy on me (inaudible). [0:36:00.1]

THERAPIST 1: do you think it's possible that you could keep from turning yourself off, just like you do it?

FEMALE CLIENT: Possibly, but I think it's very important for me to be able to feel some hope or to have some hope that I am okay and somehow looking at myself I get more and more convinced that I'm not, and so I think it's very painful for me and that I couldn't go on doing it not for any great length of time. Perhaps I shouldn't seek psychotherapy because of that, I don't know.

THERAPIST 2: You seem pretty real to me.

FEMALE CLIENT: I don't know. Somehow, I didn't realize sometimes I think it's a matter of just wanting to talk to somebody for an hour or two about my situation, but more like wanting to ask questions and to get answers, so to soothe me and make me feel better, and someone to say, "You're okay," and then that would make me feel very good and then I would go out with a very positive feeling about myself. Somehow I feel very negative about myself. [0:37:00.1]

THERAPIST 2: That's what I told you.

FEMALE CLIENT: What did you tell me?

THERAPIST 2: That you're okay.

FEMALE CLIENT: Oh. But somehow you didn't say it right. You said it as if you had to say it, or as if, "Well, I don't think [you do anything you have to do] (ph) because if there's anything you have to do -

THERAPIST 2: So if you could be healthy in your dreams you can be healthy awake.

FEMALE CLIENT: Yeah, but then you haven't said what would make me happy healthy in my dreams.

THERAPIST 2: You are healthy in your dreams.

FEMALE CLIENT: Because I don't dream very much? Because I have just that one dream?

THERAPIST 2: (Crosstalk) just a minute (inaudible) because you have feelings in your dream [that you won't have].

FEMALE CLIENT: (Crosstalk). Well, if we may talk about it, I don't know. There's something that bothers me very much and that is just I worry about this sexual thing, you know. About not being able to reach orgasm and because I once did perhaps I never did I wouldn't know I'm missing. You can't miss that which you have never had. But I wonder, I'm looking at myself, is that me, or is this me? Am I a lesbian or am I what? I have all these things that bother me constantly. They're constantly annoying me and I (inaudible at 0:38:17.6) because somehow I just don't want to be anything like that and I feel very insecure because I'm worried that I may be, and there's no way I can possibly think myself into thinking that I'm not any of those things, and it's very important that I'm not any of those things.

THERAPIST 2: You didn't go through this in your adolescence wondering about whether you were a lesbian or not?

FEMALE CLIENT: No.

THERAPIST 2: (Inaudible at 0:38:41.3).

FEMALE CLIENT: Yes.

THERAPIST 2: (Inaudible) encouraging you?

FEMALE CLIENT: Well, no, just I don't know, I seem to usually I would think I don't know, but I would kind of think that somehow I feel as if one can't deviate just so much before there's no end to the deviation and I'm quite deviant in my sexual behavior, and therefore I feel as if there's no end to what I might do, and I'm fearful. There have been things that I've done that surprise my I surprise my own self, and I (inaudible at 0:39:24.8) feel what next?

(Pause in conversation).

MALE CLIENT: Can I express a concern perhaps, or worrying about -

THERAPIST 1: No.

FEMALE CLIENT: (Chuckles). This is fun.

(Laughter of several people).

THERAPIST 1: (Inaudible at 0:39:53.6) do it yourself.

FEMALE CLIENT: You read the book (crosstalk).

THERAPIST 1: (Crosstalk) get too involved, you know? If you started chatting him up every time he began to sound like that. [0:40:02.9]

FEMALE CLIENT: It just wouldn't work. You see, he has on his (inaudible) behavior today. Mr. Hyde (inaudible).

THERAPIST 1: Not Dr. Jekyll?

FEMALE CLIENT: That's Dr. Jekyll isn't (inaudible)?

THERAPIST 2: Mr. Hyde is (inaudible) Dr. Jekyll (inaudible).

FEMALE CLIENT: Yeah. Right, right, right.

THERAPIST 2: (Inaudible at 0:40:19.9)

(Laughter).

FEMALE CLIENT: You see, I do need a translator.

THERAPIST 2: You could not get a pipe out of his mouth (crosstalk).

FEMALE CLIENT: But I might get my hair pulled and there's not much left.

THERAPIST 1: Couldn't you pull his as hard as he pulls yours?

FEMALE CLIENT: No, I just don't have the strength and (inaudible at 0:40:38.8) within the act I just (inaudible) more or less become aloof and just don't care.

THERAPIST 1: Well maybe you don't pull hard enough.

FEMALE CLIENT: Hm, maybe not, but you say I can't concentrate (inaudible).

THERAPIST 1: You mean you won't.

FEMALE CLIENT: Well, I (inaudible at 0:40:51.2).

(Inaudible).

FEMALE CLIENT: (Laughs). You going to ring the bell? [0:41:00.0]

THERAPIST 2: It's just the first bell.

FEMALE CLIENT: Oh, I see. But when my husband speaks about not getting on my nerves prior to his taking dexamil he could get on my nerves quite a bit prior to taking dexamil he still does at times, but somehow it's not as bad as it used to be and that's good.

THERAPIST 1: Why is it good?

FEMALE CLIENT: Because it was hell prior to his taking dexamil at times.

THERAPIST 1: You want to have a marriage without hell?

FEMALE CLIENT: Well, without so much hell.

MALE CLIENT: I don't understand (inaudible at 0:41:47.9).

FEMALE CLIENT: Well, he the way he stated, "Do you want to asked, "Do you want to have a marriage without hell?" He more or less well, I more or less gathered that he meant that there was some hell in marriage, and since there has to be some hell in marriage according to the way he asked the question, I more or less wanted to say, "Well, not so much hell, or not as much hell." [0:42:09.5]

MALE CLIENT: Now I understand it even less.

FEMALE CLIENT: Well, I have nothing to say to help you understand it any further.

THERAPIST 1: You (inaudible) complaining ten minutes ago that you didn't have any heaven, and now you're complaining you don't have any hell (crosstalk) both come together.

FEMALE CLIENT: (Inaudible at 0:42:26.4).

THERAPIST 2: You can't have one without the other.

FEMALE CLIENT: You can't? Are you saying that's a fact?

THERAPIST 2: No, just suggesting the possibility.

FEMALE CLIENT: I don't believe it.

THERAPIST 2: (Inaudible at 0:42:43.2).

FEMALE CLIENT: (Chuckles). I don't believe it. I believe that married life can be very wonderful and ours has at times been quite wonderful and quite pleasant, and I've enjoyed it very much. And then there have been times when there's been quite a bit of hell, and I've hated it very much, but I feel that there should be a period of time [with either] (ph) are not the two extremes. [0:43:09.6]

THERAPIST 2: Why?

FEMALE CLIENT: Or one of the two extremes. Because I feel that I'm not a person alone as an individual who has to go through life in one of the two extremes.

MALE CLIENT: Maybe our marriage just doesn't work right.

THERAPIST 2: [Maybe not] (ph). You've been complaining that you don't have enough feelings.

FEMALE CLIENT: Well, I keep thinking about this instance (inaudible) go on, and I keep thinking about this business of not really caring about a whole lot of things, things just not mattering to me and so on, and it bothers me because I don't care, that I just don't it doesn't matter to me because I can't seem to get anything that involves me completely that I feel from head to toe, or [0:44:03.4]

THERAPIST 2: (Crosstalk).

FEMALE CLIENT: (Inaudible). (Inaudible) the only thing I seem to be able to feel completely is I can get involved in worry. I can worry better than anyone else I know, and I can -

THERAPIST 1: Did you get involved when he pulled your hair?

FEMALE CLIENT: It hurt, and -

THERAPIST 1: But you don't want him to get involved so you don't pull his.

FEMALE CLIENT: Well, somehow I just don't feel it's important to pull his, or if I do it's only it's very seldomly that I'm very, very, very (inaudible at 0:44:33.3) pull his or hit him or anything like that, and it's very seldom. And somehow life in my what did you say a few minutes ago? Giving up or going off? I go off there too. I stop it. [0:45:00.0]

THERAPIST 1: Well, I think this is your right.

FEMALE CLIENT: My right? I'm sure it's my right. I do it, but the point is, why do I do it? And it bothers me that I don't care enough to go on or to be persistent in that way.

THERAPIST 1: Maybe you'd just rather have it that way than have heaven and hell.

FEMALE CLIENT: But perhaps there is a need for me to do that. I don't know.

(Break in audio).

THERAPIST 1: Has it ever occurred to you that maybe this is all the things the two of you (inaudible at 0:45:33.7)?

(Crosstalk).

FEMALE CLIENT: No, it hasn't. (Inaudible at 0:45:41.7) he's really interested in something that he that indicates that he wants to have a or that he wants peace. It's like he's a conscientious objector, he believes in disarmament (inaudible), and if I (inaudible at 0:46:07.5) restaurant together (inaudible) across from my work and (inaudible), and this stupid waitress came over and she took a wet rag and (inaudible) table and she went across the table and the table was still wet and she was going to serve me on it. I said, "Well, why don't you wipe that table up?"

And so he's, "No, well, don't do that to her," you know, "It's okay, it's okay." And this p-ed the hell out of me because I think I thought that she should have wiped that table up, and (inaudible at 0:46:38.4) wipe that table up so I (inaudible) eaten there. But he on the other hand wanted to just keep things as they were and (inaudible) making a big point, that I was (inaudible) very stupid. (Inaudible at 0:46:51.8) a tip, and I didn't think she deserved a tip. I think you get tips when you work, or you do something right, or for the services you perform, and this (inaudible). [0:47:04.1]

THERAPIST 1: Why didn't you walk out?

FEMALE CLIENT: Well, if I'd walked out, he'd have just made a bigger scene than the one he didn't want me to make.

THERAPIST 1: Then you want peace too.

FEMALE CLIENT: Well, I want peace with him, but with that stupid waitress I didn't particularly care about (inaudible at 0:47:19.2) peace.

(Crosstalk).

FEMALE CLIENT: And there's just so much hell with him and his (inaudible) things that he thought were just terrible, but I (inaudible at 0:47:30.2) or something you know? As if I was a (inaudible) woman that I just got (inaudible) tired and said, "Okay, if you want to eat here, we will."

THERAPIST 1: Did you ever think [he used a prostitute] (ph)?

FEMALE CLIENT: Possibly.

THERAPIST 1: (Inaudible at 0:47:49.8).

FEMALE CLIENT: Oh, I knew that. (Inaudible) take him for granted.

THERAPIST 1: Is this the way he gets his peace and you get yours by [looking at his face] (ph). [0:48:03.8]

FEMALE CLIENT: By what?

THERAPIST 1: [Looking in his face] (ph) or getting mad (inaudible).

FEMALE CLIENT: No, not necessarily. (Inaudible at 0:48:11.4). As far as peace is concerned, I think I've bargained and compromised on peace more since I've known him than ever before.

THERAPIST 1: Think he'll (ph) ever get tired and give it up?

FEMALE CLIENT: I would hope not because I'm I wouldn't (inaudible at 0:48:29.0) be able to live without him and kind of nuts about him actually despite all his certain faults and mine too, and maybe I will, I don't have any insurance that I won't, but it's a possibility. I think that most anything's a possibility.

THERAPIST 1: Except (inaudible at 0:48:46.5).

FEMALE CLIENT: Well, (inaudible) to have a terrible scar on my face or something like that, and I wouldn't (inaudible) in any way.

THERAPIST 1: (Inaudible at 0:49:02.3) guess (ph)?

FEMALE CLIENT: What?

THERAPIST 1: That you're really afraid (inaudible).

FEMALE CLIENT: Well, that's a possibility too because I (inaudible) when I am angry I do get pretty angry. I was afraid once I was going to kill him because he well, one morning I just had enough, and I went at him with everything, just every part of me. (Inaudible at 0:49:27.9) I was completely involved, and -

THERAPIST 2: (Inaudible).

FEMALE CLIENT: Yeah, and I just went at him with everything, and somehow I just got tired.

THERAPIST 1: [And he gave up that time] (ph)?

FEMALE CLIENT: No, he didn't give up. He was still going.

(Inaudible at 0:49:42.8).

MALE CLIENT: I'm trying to think which (inaudible) that was.

THERAPIST 1: (Inaudible) scared to death too.

(Inaudible from 0:49:59.0 to 0:50:13.6).

FEMALE CLIENT: So he didn't have any choice.

MALE CLIENT: On that occasion I hadn't I hadn't this was one of the few occasions where she was (inaudible at 0:50:24.1) and I wasn't. I hadn't really I hadn't really gotten even greatly perturbed and I did [walk over to the door] (ph) to try to get us back together to try to -

FEMALE CLIENT: Kiss and make up.

MALE CLIENT: Kiss and make up, and she wasn't in the mood for kissing and making up (crosstalk).

FEMALE CLIENT: (Inaudible at 0:50:49.3).

MALE CLIENT: This was (inaudible) the reason that I had to go in the hospital actually was that I was worried myself because I (inaudible at 0:51:06.4) several times especially (inaudible) marriage, and even (inaudible 0:51:15.0). I lost my temper several times (inaudible) and pulled her hair (inaudible).

FEMALE CLIENT: That could be a possibility too.

MALE CLIENT: (Inaudible at 0:51:31.5) we're both wrong (inaudible). You see most of the time we get along pretty well together and we prize (ph) our marriage pretty highly, and I think when the slightest thing happens we feel greatly threatened that we'll break up, so we feel greatly (crosstalk).

THERAPIST 1: It doesn't sound like you're going to break up. [0:52:00.0]

(Inaudible).

MALE CLIENT: Well -

FEMALE CLIENT: (Inaudible).

MALE CLIENT: I felt horribly desperate. I felt desperate fear that I was (inaudible at 0:52:12.2) we need to make up, we need to save our marriage, and immediately after I do that, I try to kiss and make up, and she wouldn't have any part of it, and I (inaudible). And I tried very hard, and I tried as hard as I could to kiss and make up at that time, and her not having part of it caused me extreme frustration, and even though it wasn't surprising (inaudible). [0:53:00.1]

I'd become (stutters) compulsive in my desire to make up.

THERAPIST 1: But this compulsion (inaudible at 0:53:25.4)?

MALE CLIENT: No, it wasn't that she (crosstalk). She wasn't it wasn't that she hit me, it was that she -

(Inaudible from 0:53:35.0 to 0:54:00.0) she'd try to keep her distance, and she wouldn't let me she'd she would be annoyed if I'd get close to her. And I'd tell her that I wanted to make up, that I was sorry, that I apologize.

THERAPIST 1: (Inaudible at 0:54:13.5) apologize.

FEMALE CLIENT: Don't tell him that.

(Laughter of many people).

MALE CLIENT: The thing was -

THERAPIST 1: (Inaudible at 0:54:29.4).

MALE CLIENT: The things was (inaudible). I felt a real compulsion to make up so that our marriage would hold together.

THERAPIST 1: (Inaudible at 0:54:42.5).

MALE CLIENT: No. But her behavior in rejecting my apologies and so on, would (crosstalk).

THERAPIST 1: Why would she (inaudible at 0:55:05.4)?

MALE CLIENT: Well, she was rejecting (inaudible) I would try to compulsively force these apologies on her practically, and at these times I was really at my weakest (crosstalk). And then she would likely say something at that time it would just infuriate me and I would -

THERAPIST 1: Just be mad again.

(Inaudible from 0:55:39.6 to 0:58:13.4).

FEMALE CLIENT: Aren't you going to stand up and say goodbye? I have a staff meeting to go to.

MALE CLIENT: Is it really that late? What time (inaudible at 0:58:22.0).

(Inaudible).

FEMALE CLIENT: But I'm taller.

(Inaudible from 0:58:31.7 to 0:59:35.5).

THERAPIST 2: I was hopeless.

THERAPIST 1: Boy, her (inaudible) something.

MALE SPEAKER: Louder.

THERAPIST 1: Her (inaudible at 0:59:42.0) was at the gate and we started to greet each other, and she just completely blanked as much as she did when she left. [1:00:00.1]

(Pause in conversation).

THERAPIST 1: Do you think she'd murder us?

THERAPIST 2: I was a little scared of her, but I wasn't scared of him.

THERAPIST 1: Where he flips into this little boy thing.

THERAPIST 2: I went took the precaution of deciding what I would do (inaudible at 1:00:13.2).

(Chuckling).

THERAPIST 1: I thought this symbol (inaudible) her taking her shoes off because she got afraid of herself and disarmed herself.

THERAPIST 2: It's no wonder he's interested in disarming her.

(Laughter of many people).

MALE SPEAKER: Disarm everybody himself.

MALE SPEAKER: Conscientious objector.

(Chuckling).

FOREIGN MALE SPEAKER: He pulls her hair. He pulls her hair.

(Crosstalk).

FOREIGN MALE SPEAKER: With her permission. With her permission.

MALE SPEAKER: Speaking of her being a queer, like two women fighting. [1:01:05.2]

MALE SPEAKER: Yeah.

(Crosstalk).

MALE SPEAKER: I thought you were holding back and Dick was coming more in there. I thought this back talking was kind of mutual between you and the husband, and I felt Dick was getting more in there with (inaudible at 1:01:27.7) with her.

THERAPIST 2: I felt just the opposite, that I was pretty hopeless about ever reaching them at all, but supporting what he was doing.

(Inaudible from 1:01:34.9 to 1:06:05.7)

THERAPIST 1: (Inaudible) the big struggle that we were in, and that I guess is the beginning of any therapy, the question of who is going to be in control. And (inaudible at 1:06:16.4) not being in control of what goes on in therapy, but being in control of who is responsible for whom, which means this battle of whether we were going to take responsibility for him in the sense of listening, in the sense of letting him drone on, in the sense of letting him alienate us, or the battle that we were in; the initial structuring battle of who was going to be the strongest, and who is going to decide whether their life is going to be their responsibility or our responsibility. [1:07:00.3]

And I (inaudible) him talk.

(Inaudible from 1:07:05.4 to 1:07:26.6)

THERAPIST 2: To me the implication in letting him know how we felt about his jabbering on and on, it that there is something more to him than these long drawn out boring formulations.

(Crosstalk).

THERAPIST 2: (Inaudible at 1:07:47.1) that in our having some respect for ourselves and our feelings, we gave him the right to move toward having more respect for his own feelings. [1:08:00.0]

MALE SPEAKER: When you started (inaudible) him at the end, he told you directly (inaudible).

THERAPIST 1: Shit, no. I was through.

(Crosstalk).

THERAPIST 1: I was trying to make him get out of it.

MALE SPEAKER: I felt he played several (inaudible at 1:08:16.5).

MALE SPEAKER: (Inaudible).

THERAPIST 1: I think that's true. I thought of myself as giving both of them ammunition for some more battles.

FOREIGN MALE SPEAKER: But you cut him down so much.

FOREIGN FEMALE SPEAKER: They need to learn how to fight (inaudible at 1:08:39.5).

MALE SPEAKER: I thought about this too. Shouldn't we do something before this interview is over to restore his position as head of the family?

MALE SPEAKER: (Inaudible at 1:08:51.9).

THERAPIST 2: And yet I didn't feel it was he whom we had cut down so much as his jabbering. [1:09:02.4]

MALE SPEAKER: And he isn't the head of the family. She said, "I'm taller than you," and he went out furious.

THERAPIST 2: Then he helped me -

MALE SPEAKER: He may take it out on her.

THERAPIST 2: When he said, "I'm confused," I felt (inaudible at 1:09:17.4).

(Inaudible).

MALE SPEAKER: It was all right to leave them.

MALE SPEAKER: (Inaudible) his confusion (inaudible).

MALE SPEAKER: I think it proved who had the bigger (inaudible at 1:09:41.3).

MALE SPEAKER: (Inaudible) sexual problem (inaudible).

MALE SPEAKER: He sounded awful worried to me. [1:10:00.0]

THERAPIST 2: I sure wasn't inspired to get into it.

(Laughter).

THERAPIST 2: Her sexual problems.

(Laughter).

(Inaudible).

MALE SPEAKER: Maybe she scared us off by saying that some therapist had been not objective enough.

MALE SPEAKER: Dick, you said you had a feeling she would attack you.

THERAPIST 2: (Inaudible at 1:10:24.5).

MALE SPEAKER: Do you mean physically or mentally because there were a number of non-verbal cues which we could see here. All the males kept their legs crossed up to about 2:30 (inaudible). She never crossed her legs at the knees once and there's an obvious (inaudible at 1:10:43.3) on the part of the males (inaudible) crossed legs unusually so, and I wondered also if her confusion, (inaudible) her separation between mind and body, she seduces with her body and (inaudible) her mind doesn't allow that. [1:11:00.7]

FOREIGN FEMALE SPEAKER: She has a very long neck.

(Crosstalk).

THERAPIST 2: It crossed my mind that he might too, but I was comfortable with that. I would just enjoy fighting with him, but with her I thought I'd have to do (inaudible) pretty carefully.

(Inaudible at 1:11:27.9).

FOREIGN FEMALE SPEAKER: (Inaudible) he was terribly afraid of her on an unconscious level that she ate the whole watermelon (inaudible) nightmare he said (crosstalk).

(Inaudible).

FOREIGN FEMALE SPEAKER: I felt that she was [eating the air] (ph) (inaudible at 1:12:00.3) concentration of feeling in her mouth every time she opened it (inaudible) her tongue (inaudible). It was as if she was developing (inaudible) everything (inaudible) and tasting it (inaudible).

THERAPIST 2: I loved her mouth, very sensuous and hungry, and feeling, and it was definitely -

FOREIGN FEMALE SPEAKER: (Inaudible at 1:12:21.9).

THERAPIST 2: I liked it.

MALE SPEAKER: Carl, I would say in the beginning that I you're shutting him out was a very important thing for him, but at the end, I experienced (inaudible) a confirmation for him of his own (inaudible).

MALE SPEAKER: It wasn't that deliberate.

FOREIGN MALE SPEAKER: I think (inaudible at 1:12:55.1) much more realistic level, man wrestles with the problem that they did marry (inaudible), and how about the children (inaudible) discuss here. [1:13:11.5]

MALE SPEAKER: Do they have children?

THERAPIST 2: My impression -

MALE SPEAKER: He said, "To be."

THERAPIST 2: My impression is they don't.

MALE SPEAKER: I was very much impressed with how well you two worked together.

(Chuckling and crosstalk).

MALE SPEAKER: Did you guys practice together?

(Laughter and crosstalk).

FOREIGN MALE SPEAKER: I wonder what the value is of what you did to him, making him so confused and angry. Do you feel that this will help him, and how?

THERAPIST 1: I think of him as coming in limping, and going out with his muscles at least tight in anger. [1:14:08.0]

THERAPIST 2: I thought of the Chinese proverb, which I believe in that, "Confusion is the beginning of wisdom."

FOREIGN FEMALE SPEAKER: Always?

THERAPIST 2: But I also had this feeling of (inaudible at 1:14:24.0) at least he's mad about his (inaudible) and or his not using what he's got.

THERAPIST 1: And I think we may (inaudible) have given her the first hope that this sexual problem is bilateral, not just that she doesn't get an orgasm, I didn't say it, but he doesn't get an orgasm either. He has an ejaculation and doesn't know what an orgasm is. I hope that's what she was saying, I didn't bother to get into it. [1:15:00.0]

(Inaudible).

THERAPIST 1: Mechanical talker mechanical verbalizer.

MALE SPEAKER: But you seemed to be saying to him that what he was saying was (inaudible) worthless (ph).

THERAPIST 1: I felt that.

MALE SPEAKER: And you'd be saying to her that what she was saying was by contrast very much worth while, that what she was saying was valid and so on, and I had the feeling that (inaudible at 1:15:27.7) that she was saying that (inaudible) and I couldn't help wondering what (inaudible).

THERAPIST 2: I told him that a couple of things that he said seemed worth while to me.

MALE SPEAKER: Well, but the other problem you (inaudible at 1:15:53.6).

THERAPIST 2: Well, most of the time he just talked to be careful not to say anything really. [1:16:01.3]

MALE SPEAKER: (Inaudible) I noticed was that when he talked, he talked about her, when she talked, she just talked more about herself than him.

(Crosstalk).

MALE SPEAKER: She wasn't speaking for him as much as he was speaking for her.

FOREIGN MALE SPEAKER: The point that he had the dream (inaudible at 1:16:26.4) listen to him.

MALE SPEAKER: Well, I got the impression that (inaudible).

THERAPIST 1: In answer to (inaudible), you're problem, I don't think of it as anything that I tried to deliberately change. If I'm on one side I'm on one side. I don't think that means I'm not available to him the fact that he hasn't gotten me.

MALE SPEAKER: But he has to perform the way you want him to, right? [1:17:00.0]

THERAPIST 1: You're damn right. Sure.

MALE SPEAKER: I think too that when she said that they had met this linguist at the picnic, he seemed to accept this without question, and I had the impression that he accepted the idea that he talks and philosophizes without too much meaning behind his talk.

THERAPIST 1: I had no real feeling that he had never been broken if that makes any sense (inaudible at 1:17:29.8) his defensive pattern, had always somehow gotten through. If he couldn't get it through by words and his intellect, then he would get it through by this little boy dependency that he'd (inaudible) within the last minute, and that basically the biggest contribution could make to him was to not let him get through, to really defeat him.

FOREIGN FEMALE SPEAKER: I felt that was extraordinarily insightful shedding (ph) once again, and to have not been (inaudible at 1:18:02.8).

MALE SPEAKER: I would have been just like his wife -

(General consensus).

MALE SPEAKER: (Inaudible) to be a good little boy, then I'll love you again. Make believe you're grown up.

MALE SPEAKER: To me if you're telling him (inaudible at 1:18:17.6) that he should talk about his problem (inaudible) listen (inaudible) something that was important to him about himself, and then he didn't do it, and if you had listened to that, you're not standing behind what you said. So the way to stand up for what you said (inaudible).

MALE SPEAKER: My only feeling (inaudible at 1:18:43.8) Carl, was that (inaudible) under ordinary circumstances. What I'm afraid of in this particular circumstance however, is that when the two of them walked out of the room, he might have fallen to a panicked terror that she actually (inaudible) him up. By breaking down his defenses in his particular circumstance with being with her, I'm a little bit frightened for him right now, though apart from that (crosstalk). [1:19:16.1]

THERAPIST 1: Well, let me say this differently. I don't have any plan and I didn't have any plan. To me this is how I responded to them. Post hoc I can see I assume that if I hadn't become convinced that each of them was pretty deeply in love with the other, we probably wouldn't have gone anywhere.

MALE SPEAKER: Building on Harry's comment, I have to (inaudible at 1:19:41.5) that the two of you related to her in the same as that her husband relates to her, as her good little boy, and (inaudible).

FOREIGN FEMALE SPEAKER: I had the feeling more that (crosstalk). [1:20:00.7]

THERAPIST 1: (Crosstalk).

FOREIGN FEMALE SPEAKER: Developed further, particularly with her mother (inaudible).

THERAPIST 2: She wouldn't look at me very long.

FOREIGN FEMALE SPEAKER: No.

THERAPIST 2: There was no question who was going to win the (inaudible at 1:20:14.1).

FOREIGN FEMALE SPEAKER: [Then why did you] (ph) stimulate her? (Inaudible).

MALE SPEAKER: (Inaudible) surprised she didn't want you to look at her (inaudible) that she didn't really want to (inaudible at 1:20:14.1).

THERAPIST 2: She said she hates people who stare at her.

(Crosstalk).

MALE SPEAKER: And I wonder about the making of their failure to have orgasm. When she spoke of this (inaudible at 1:20:58.7) she used one finger emphatically, and I wondered (inaudible) is she collecting father's penis, is this the guilt that prevents orgasm despite her denial of too much feeling about the father and so forth, and I just wondered what feeling you had about her sexual difficulties. (Inaudible) entirely the husband or do you think there's [something else] (ph)?

THERAPIST 2: I thought she meant she used to have orgasms with him and that she's gotten to the place where he's just boring to (inaudible at 1:21:27.7).

MALE SPEAKER: What she said was, she used to have them when she was a prostitute, right?

(Crosstalk).

FOREIGN MALE SPEAKER: (Crosstalk) that she would trade in her orgasms for his (crosstalk).

THERAPIST 1: Repressed aggression. If he didn't hit her, she (inaudible).

MALE SPEAKER: Right. [1:22:00.0]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The therapist featured in this transcript is Dr. Russell J. Becker, a noted pastoral counselor. Dr. Becker graduated from Kalamazoo College in Michigan in 1944 and received a B.D. degree from the Colgate Rochester Divinity School in 1946. He received his PhD. Degree in theology from the University of Chicago in 1950 and while there, he studied with noted therapist Carl Rogers at the Counseling Center. During the time of his studies there, he collaborated with Dr. Rogers on an article on basic counseling which appeared in the first issue of the new journal, *Pastoral Psychology*. Dr. Becker would go on to contribute many articles and book chapters in the area of pastoral psychology and the interaction between religion and mental health. He authored books entitled *Family Pastoral Care* (Prentice-Hall, 1965) and *When Marriage Ends* (Fortress Press, 1971).

BEGIN TRANSCRIPT:**THERAPIST'S INTRODUCTION:**

The following interview is a demonstration session of joint marital counseling. It occurs as a demonstration interview in front of a group of about 25 to 30 naval chaplains, men who are at various stages of service and experience in the Navy chaplaincy. The interview with this couple, Mr. and Mrs. Navnor took place a day immediately following their initial request to the base chaplain for assistance in their marriage. Because the base chaplain had been alerted to my interest in conducting a demonstration of joint marital counseling, he offered my services to the couple. They accepted and they accepted the terms of participating as a demonstration interview in front of the group. (0:01:13.2)

At the outset the chaplain introducing the couple to the counselor is barely audible because of very considerable background noise. People still adjusting their seats, and there continues to be some steady background noise of air conditioning equipment. The audibility of the record immediately improves, however. The initial interview follows.

BEGIN SESSION:

DR. BECKER: (Inaudible at 0:01:49.6) I'd like to have you wait (inaudible at 0:01:50.9). The chaplain sergeant has told me that not only you have a problem, but you were kind enough to come into this particular setting seeking help. Each of these men here are chaplains, and as ministers would be concerned to be of help. Their interest will be in the helping process, but I'm here to be interested in you. Would you like to tell me what brings you here?

MR. NAVNOR: Well, we still can't get along (inaudible at 0:02:58.0) can't see eye to eye on things.

DR. BECKER: Things seem farther apart than they ought to be?

MR. NAVNOR: Much farther.

DR. BECKER: I take it you've tried to work this out in some way with yourselves and come to an impasse or get no place?

MR. NAVNOR: (Inaudible at 0:03:54.2) she just came back home for about five weeks. She went back with her family for five weeks, nothing changed when she came back.

DR. BECKER: You thought you would just try a separation for a little while and see if you'd get a different perspective or feel differently about things or what was it?

MRS. NAVNOR: Thought it might work.

DR. BECKER: But it's the same old situation when you got back, is that it? 0:04:30.5

MRS. NAVNOR: Yes.

DR. BECKER: So the question is now what?

MR. NAVNOR: That's the question.

DR. BECKER: I guess you figure you've tried everything you know how to get along or to work it out?

MR. NAVNOR: Yes.

DR. BECKER: Reasonable basis and including this time away, and it just doesn't look any better for either one of you, is that right?

MRS. NAVNOR: I don't know we just can't seem to talk to one another. And I think things could be straightened out, but we just can't express ourselves, at least I can't. I get disgusted and clam up (inaudible at 0:05:47.1) say anything (inaudible at 0:05:48.1).

DR. BECKER: So, times when you need most to talk things through, why, your own reaction is one of closing off all talk, closing off all talking through?

MRS. NAVNOR: Yeah, so I give in, I won't argue, doesn't seem to be any point.

DR. BECKER: You drop the argument, but (inaudible at 0:06:16.8).

MRS. NAVNOR: I either agree or I just cut him off.

DR. BECKER: That's the kind of feeling, you drop the argument and go on feeling your own feelings?

MRS. NAVNOR: Um-hmm.

DR. BECKER: And in a way this doesn't really help?

MRS. NAVNOR: No.

DR. BECKER: Somehow, I guess you're saying, perhaps the both of you, it's hard to handle in words the way you do feel at times, hard to put it across to the other one, is that it for each of you?

MRS. NAVNOR: Yes.

DR. BECKER: So in a real way, I sense you don't want things to take a bad turn or stay that way and yet, kind of feel helpless to get through to him, get through to the other one, your own point of view, your own picture on the situation. Kind of like you're being trapped in two different parts of the cave, two different turns the cave could have and you're really just off by yourself, as isolated as that from each other at these times, and hurt and angry and alone. Is that the way it is? Is that the way it is for you?

MRS. NAVNOR: Well, when an argument does arise, I usually bring up the past, things that have hurt me; I just don't forget them very easily and I just keep reminding him of it.

DR. BECKER: That is when you get going in the thick of it you want to say all that you haven't said before.

MRS. NAVNOR: Yes.

DR. BECKER: And you got your memories well rehearsed and

MRS. NAVNOR: Yes.

DR. BECKER: This is the time to let them out. 0:09:45.6

MRS. NAVNOR: They're just minor, little things, I can't pin them down to exact times or places, but I just—things that just seem to stay there in my mind, just don't erase very easily.

DR. BECKER: Kind of— it's a picture in my own mind of a sowing pin cushion, you know, each one of those little pins, it's a little thing, but it hurts because it's sticking in you and easy to bring up, easy to remember, easy to try to push out, push back.

MRS. NAVNOR: Um-hmm. They may seem silly or selfish when you repeat them, but they don't to me.

DR. BECKER: Because they may seem like little hurts or

MRS. NAVNOR: Um-hmm.

DR. BECKER: Childish hurts maybe even?

MRS. NAVNOR: Yes.

DR. BECKER: But they're hurts.

MRS. NAVNOR: Um-hmm.

DR. BECKER: And they've ached, and I guess you're saying you really want him to know.

MRS. NAVNOR: I can't tell him, though.

DR. BECKER: Pardon?

MRS. NAVNOR: I can't (inaudible at 0:11:35.4) to tell him that (inaudible at 0:11:35.4) because I get (inaudible at 0:11:43.2) that it's my fault or it's a laughing matter or it gets some remark from— I mean, I'm just not a person that can take remarks. Sometimes I don't know how to accept things. And the more you can let some things slide by, I just don't. I mean, I just don't have that sense of humor in that way, I guess.

DR. BECKER: Your husband may try to just toss it off or toss it aside, perhaps even lightly sometimes when you do bring these things up, and seem to be saying that hurts all the more?

MRS. NAVNOR: Yes, it does.

DR. BECKER: With the kind of feeling, well, maybe I'm

MRS. NAVNOR: Like you're being laughed at or something.

DR. BECKER: Maybe I'm a very sensitive person, but nonetheless, that's the way I am, is that the way you end up feeling?

MRS. NAVNOR: Yes. I mean, like, I can't argue with a neighbor or something, I'll end up crying before, I mean, if something's happened over here and something like that, I (inaudible at 0:13:05.1) go in the house or just walk away or just not argue with them. I mean, I usually end up having a good bawling session over it and then I feel a lot better.

DR. BECKER: But when something unfair happens, it hurts you and you end up having to pour your hurt out in tears in some way? 0:13:30.8

MRS. NAVNOR: Um-hmm.

DR. BECKER: (Inaudible at 0:13:39.6) usually get over it, but maybe that's with the neighbors. You seem to be saying with your husband, I keep remembering these things?

MRS. NAVNOR: Um-hmm.

DR. BECKER: Everything seems to be that I could let him, let my husband really know how I feel without having it become a situation and another fight and another argument, the letting him know how I feel?

MRS. NAVNOR: Yes.

DR. BECKER: Be a cause for another hurt on your part?

MRS. NAVNOR: I don't ask several times, I mean, I don't like to beg for things. And I'll ask once or twice and if I'm refused, that's it. I'm not going to keep asking or going to be asked more than twice (inaudible at 0:15:21.9).

DR. BECKER: That is you don't want to keep getting at him, but when he doesn't take your requests seriously, your inquiry seriously, then what, you smolder a bit?

MRS. NAVNOR: No, if I can't do it myself, I find someone that can help me. I can be very independent if I want to.

DR. BECKER: But you get a kind of feeling, you won't help me, forget about it, I'll go about it my own way, is that it?

MRS. NAVNOR: If I can't do it then

DR. BECKER: I'll get other

MRS. NAVNOR: If it gets left, I do it the best way I know how.

DR. BECKER: How do these things look to you?

MR. NAVNOR: (Inaudible at 0:16:41.4) at home (inaudible at 0:16:44.0).

DR. BECKER: At home too. Not sure what you mean by that, are you saying by that— that not going to make a big deal out of everything, is that it?

MR. NAVNOR: Yeah.

DR. BECKER: Or is your feeling of perhaps, I don't want to argue with her, there's a disagreement or maybe she can come around or

MR. NAVNOR: Oh, we argue, that's (inaudible at 0:17:42.7).

DR. BECKER: So you're kind of saying, the times you really get into the (inaudible at 0:17:52.8) and other times you would just rather sit and listen?

MR. NAVNOR: I sit and listen and walk out and forget it.

DR. BECKER: Turn away from it all, wait until she gets over it, is that it? 0:18:10.7

MR. NAVNOR: Yeah, either that or wait till I get over it.

DR. BECKER: Saying by that, you can get kind of steamed up and need time to cool off. So you've been sitting listening here too, what do you hear your wife saying, what she said earlier?

MR. NAVNOR: (Inaudible at 0:19:23.0) she has a hard way of expressing (inaudible at 0:19:23.2).

DR. BECKER: As if she may not be able to get it to you with the real feelings she wants you to know about, is that it?

MR. NAVNOR: Want me to know about or everybody else?

DR. BECKER: I don't know; is that your feeling at times that

MR. NAVNOR: Yeah.

DR. BECKER: It's just kind of put on the Public Broadcasting system and you're waiting for it to turn off, is that it?

MR. NAVNOR: Not silence.

DR. BECKER: And she can make you pretty angry when she gets to going, huh?

MR. NAVNOR: But I get pretty angry.

DR. BECKER: Because she's what, throwing everything at you or

MR. NAVNOR: No, just misunderstanding (inaudible at 0:20:37.0).

DR. BECKER: Interpreting it way different than what you mean?

MR. NAVNOR: (Inaudible at 0:20:46.8) I figure that a marriage ought to be two people's ideas, not just one, and give up an idea then expect that to be it and no argument about it. (Inaudible at 0:21:03.6) that way, I never have and I never will.

DR. BECKER: And you get the feeling at times that she throws an idea at you, and it's, you know, it's take it or leave it or it's in that form? And that really bristles. I mean, that really gets you angry enough to what, throw it right back or turn on your heels and depart or

MR. NAVNOR: I've argued back.

DR. BECKER: Both?

MR. NAVNOR: Both.

DR. BECKER: But you seem to be saying it's a take this or else attitude that really sets you off?

MR. NAVNOR: That's right.

DR. BECKER: And you really expect things to be matters that you would talk over or two people would agree upon, two people have a chance to consider at least?

MR. NAVNOR: That's right.

DR. BECKER: So I sense that there's a time when you were point out the hurts you felt and what may be adding more than the thick of the moment to the situation, but feeling as though you're not taken seriously when you do try at these times to get through to your husband. And I hear you saying that it comes to you as a very high-handed or critical kind of attack, and you get your defenses up?

MR. NAVNOR: (Inaudible at 0:24:34.1).

DR. BECKER: Is that the situation?

MRS. NAVNOR: Not the way I see it.

DR. BECKER: Not really, not fully, huh? Tell me more. 0:24:51.7

MRS. NAVNOR: I think what he was referring to was the recent incident, I did go over his head, but it's been once in seven years and he disliked it. But I have helped him out of a lot of situations. I mean, I think I have given all that I have (inaudible at 0:25:11.5) was refused and just wanted it I felt that we could do it, we really couldn't in a way, but we've always (inaudible at 0:25:23.3) other times to get ourselves other things, or fix things up or get along somehow.

DR. BECKER: So you think he kind of has a reference to a specific situation here in which you

MRS. NAVNOR: Yes, I do.

DR. BECKER: You more or less took the bull by the horns and decided to go ahead, what, buying something or (inaudible at 0:25:47.6)?

MRS. NAVNOR: Yes, I purchased something.

DR. BECKER: And you know that really made him angry?

MRS. NAVNOR: Yes, it did. And it seems as though if there's something he wants, we always find a way to make it out. I have remarked that I wanted something once, and a friend of our neighbor of ours got something, so if they have it, there's no reason we can't have it. It isn't what I really wanted, I wouldn't argue with him, but we'll put it down on paper, we could do it financially, so that was it.

DR. BECKER: (Inaudible at 0:26:47.8) when he decides that you can do something, why, very often that could be done?

MRS. NAVNOR: That's it, if I disagree or not.

MR. NAVNOR: It works both ways.

DR. BECKER: But you're saying this comes around from the other end too?

MR. NAVNOR: That's the only part of our marriage that is 50/50.

DR. BECKER: Where both of you go off on your own?

MR. NAVNOR: That's right.

DR. BECKER: That's the only part where you feel things really get bounced off, huh?

MR. NAVNOR: They bounce themselves out there.

DR. BECKER: Yeah, but not elsewhere?

MR. NAVNOR: Nowhere else.

DR. BECKER: What are you saying? You feel like you're on the short end of the deal?

MR. NAVNOR: No, (inaudible at 0:28:00.4) some things, yes.

DR. BECKER: So you disagree and you get angry with each other, or don't like what the other one has decided to do or the more— how everything is all right for the other, but not for me, some of what you're saying at various times and places and these things just keep accumulating, is that it?

MR. NAVNOR: That's right.

MRS. NAVNOR: Yes.

DR. BECKER: I sense that getting your point of view over to the other or discussing anything through with the other is a very difficult thing.

MR. NAVNOR: It has been ever since we got married.

DR. BECKER: This is no new thing, huh?

MR. NAVNOR: Lived with it seven years.

DR. BECKER: What's your feeling

MR. NAVNOR: (Inaudible at 0:30:00.7).

DR. BECKER: Right from the start?

MR. NAVNOR: Off and on.

DR. BECKER: And you feel this put up with it until you feel you can't any longer and then have tried to see if just time away would do it, would help. But it's still the same problem of, you know, how can I talk to you or how can you talk to me? 0:30:46.7

MRS. NAVNOR: Out of the seven years we've been married, the six of it he's been to sea. This is really the first time that we have been together this length of time. That before when we had an argument like that, he always seemed to go back to sea and everything would cool off. And things would be in our letters, things are going to be different when you change or I can express myself in a letter.

DR. BECKER: Writing.

MRS. NAVNOR: And I mean, I can't to his face, and I think that's the only reason we have gotten along this long, I mean, with him being at sea so much.

DR. BECKER: And seven years sounds like a long time, but

MRS. NAVNOR: Really it's not.

DR. BECKER: Maybe it's really just one year?

MRS. NAVNOR: Yes. Maybe I've had my independence too long because I've had money to take care of— to pay our bills, I mean, I've had the car. If I want to put the kids in the car and we go to the beach, I could go, now I ask for it, I refuse (inaudible at 0:32:04.6) hurt. I mean, I've just come and go as I please. I've never neglected my children and I have run no bills on him, just this recent one. I mean, I feel as though I've tried.

DR. BECKER: You're kind of saying there is quite a switch really for you. You've been trying to make it, but it is quite a switch?

MRS. NAVNOR: Yes, it is.

DR. BECKER: When everything is up to you, you just go ahead and do it and when suddenly, but at one point from that point on for a while your husband's there, why, perhaps it isn't easier, it isn't natural, it isn't what you've grown accustomed to, to consult or to really ask, or what may seem like begging permission for things you would ordinarily just gone ahead and done, is that it?

MRS. NAVNOR: Yes.

DR. BECKER: But I guess I hear you saying even though you've been somewhat aware of this as a problem, you've been trying to work at it. And this one instance more or less drew a line about how much you would trim your sails and give in. But for the most part, I guess I hear you saying it's been a difficult matter and I've been working at it.

MRS. NAVNOR: I haven't been working at the point where I try to discuss things with him. It just seems to be a losing battle, so I haven't even tried. There's been lots of things I'd like to discuss with him. As he has said, I use the broadcasting system, I ask my neighbor's advice or I have a couple of friends I do go and cry on their shoulder sometimes. I mean, I have to release my feelings to someone and I can't do it to him. And I think he releases his-self too (inaudible at 0:34:50.2) in a different way.

DR. BECKER: Can't have a load of reactions all bottled up and not have come out someplace I guess you're saying, either one of you.

MRS. NAVNOR: Um-hmm.

DR. BECKER: But you seem also to be saying, this isn't the way I'd like it to come out. 0:35:15.9

MRS. NAVNOR: No.

DR. BECKER: Partially, you're saying also, maybe I've been wrong in not trying some new way, or trying somehow to work at this one of getting through to him when I do get a bottled up set of feelings, is that right?

MRS. NAVNOR: I mean, after you've wrestled with four children all day long, you may have something you'd like to tell him at night when he comes in from work, and blare it at him maybe when he comes in the door, this has gone wrong, or that's gone wrong. And you get a reply, "Don't bother me with your troubles, I've had it at the office today." So why discuss it with him? I mean, I don't feel as though I'm going to get anywhere if he can't spend the time to listen to me. Maybe it is something happened over so and so, or something here or

DR. BECKER: Kind of saying, maybe I pounce on him when he comes in the door because I've been through a lot during the day, but (inaudible at 0:36:37.5).

MRS. NAVNOR: But if I wait and tell him if one of the children tell him before I do, and then I get yelled at for not telling him. For instance, a little while ago our little three-year-old was hit by a car and the minute he walked in the door, I should have blared in his face, your daughter was hit by a car today. I waited until the next morning and our little six-year-old told him. I mean, I had intentions of telling him.

DR. BECKER: But you can get wrong— be wrong either way?

MRS. NAVNOR: Yes.

DR. BECKER: Whether you do or you don't.

MRS. NAVNOR: Like, I've asked him to speak to the children about matters that I think he should, and I usually get some smart answer and that's just it. I mean, I guess it's I just don't know how to take them. It goes way back to an incident when I ask him about razor blades, if he would keep them out of the children's reach and he says, "Would you give them some shaving cream," or something like that, but

MR. NAVNOR: Oh, wait a minute, now slow down. 0:37:53.7

DR. BECKER: I mean that's a little far fetched.

MR. NAVNOR: It's mighty far fetched.

MRS. NAVNOR: No, it is not.

MR. NAVNOR: I came home one day and she told me the kids were playing with the razor, didn't cut himself, why worry about it? If he cut himself; something to worry about, am I supposed to sit down and cry about it? He didn't cut himself, the kid wasn't hurt.

MRS. NAVNOR: Well, you could tell—at least put them out of the way.

MR. NAVNOR: Bring up another one while she's bringing that up. Little boy played out in the street on his tricycle, (inaudible at 0:38:21.7) two or three days in a row, put him in his room at night, thought it was enough punishment. Kids are going to play in the street. If you live in a place like that they're going to play in the street, can't get away from it. I come home one night and she—I was setting there watching TV and she told me, "Guess what?" I said, "What," she said, "Your boy was riding a bicycle out in the street and three days I punished him." So I told her, I said, "Buy him a crash helmet in case he gets hit." I didn't mean anything by it, it was just the idea that the kid is going to play in the street, he's going to play in the street, that's all there is to it. Boys will boys, I don't care. I've done the same thing myself when I was a kid. I've been told not to do things and I turned right around and did them myself when I was a kid.

DR. BECKER: So I guess I hear

MR. NAVNOR: It's a bunch of petty stuff; it doesn't have anything to do with what the situation is now.

DR. BECKER: Well, I guess I hear you saying that you try to respond really to the situations that she will draw your attention about the children. You may not respond exactly the way she wants.

MR. NAVNOR: It doesn't do me any good to punish them in the evening when they get away with it all day long.

DR. BECKER: Something

MR. NAVNOR: Not fair to the child I don't think.

DR. BECKER: They're all under the dam by then and this is no time to be settling the scores, is that it? 0:40:00.7

MRS. NAVNOR: I still—that's something we disagree and I think you can talk to a child. I don't punish my children. I mean, if I get real disgusted and mad at them, I lick them or I hit them, but I don't beat them continuously and [that we were expect in my childhood] (ph) because they're going to turn around, I got hit, you know, if I did it or not. Well, I talk to my children and they don't mind me. I can yell at them sixty times a day, their father steps in the room and speaks once and that's it. He just has a demanding authority there or something, I don't know what it is, but they mind him a lot better than they do me. But I can't see beating a kid every time he doesn't—or just hauling off and whacking them or hitting them. And I have heard my children in little discussions on the porch with their playmates. They know when I talk to them, they know what's right and wrong, they do it though. They'd be slaphappy if I hit them every time they didn't move

when I ask them to, and I've seen some children that get switched every time they've asked to, and they don't mind any better than mine do. My kids are no angels, but they're no devils either.

DR. BECKER: I guess you're kind of responding to this point that, well, maybe you ought to discipline them during the day.

MRS. NAVNOR: They get punished when they do something.

DR. BECKER: Like you're saying to that, that you may do some disciplining, but you're not going to overdo it.

MRS. NAVNOR: Yes.

DR. BECKER: And that your real preference is to talk the thing through with them, so that they understand what you expect of them.

MRS. NAVNOR: Um-hmm. Not talk way over their heads.

DR. BECKER: But I also sense that you really admire the fact that when your husband does speak, it gets through to them and sometimes you would like him to add this note to the course, or add this word at the end of the day.

MRS. NAVNOR: They tend to jump when he speaks. I mean, if I say something to their father, they won't touch it, yet, they'll get in my jewelry box, or they get in my perfume, or if I'm in the bathroom they just come barging in, but if he's in there, they won't go.

DR. BECKER: So it feels pretty hard to handle the authority as clearly as he does with them, but

MRS. NAVNOR: I've heard

DR. BECKER: Times you'd like him to add something.

MRS. NAVNOR: The six-year-old say to the three-year-old, "You're not supposed to do that, mommy won't like that or that isn't nice," or something like that, or "You shouldn't talk like that." I mean, it gets through to them in a way, they know and they tell the younger one.

DR. BECKER: So, you know, basically, they're registering what's right and what's wrong.

MRS. NAVNOR: Um-hmm.

DR. BECKER: So basically, you're really not worried.

MRS. NAVNOR: They're never been into serious, with anything serious. They have childhood (inaudible at 0:43:10.5) them back and they have their little arguments, but five minutes later they're playing together again. I've had two mothers on my neck, but it's just over little things. I mean, my child is older and my child is bigger, please don't pick on my son. I mean, it's just things like that, where I mean, the person would turn around and hit back, I think he would be a lot better off. But I don't like them picking fights, but if they're going to get hurt, I'm not going to run out there all day long and say don't hit my son, don't look at my son, or don't do this to my daughter. They can settle their own little arguments.

DR. BECKER: This is an interesting thing and in a real way both of you seem to be saying here the kids are getting along, and getting along all right. And yet, in spite of this, you're going to have a lot of [knock down] (ph) to do about a shade of disagreement or a little tidbit of the whole thing on top of it. And there's a little, in a sense, that basically, things are going all right for the kids, they'll manage and they are managing. It's kind of strange. That is, the things that are so—with basic things in terms of how the children are coming, being in fair shape, to find yourselves in so much of a crossfire with each other. 0:45:33.1

MRS. NAVNOR: It's not only the children. I think they get blamed for lots of things sometimes, really isn't the reason.

DR. BECKER: That is, the disagreements are over more than them?

MRS. NAVNOR: Yes.

DR. BECKER: This is kind of back to this matter, the two of you now just— for the first time now in the past year, I guess you're saying, really having to find a way of living together, back to that kind of thing, is that what you mean?

MRS. NAVNOR: Um-hmm.

DR. BECKER: Not sure where this brings us to at this particular point. Maybe you would like a chance to do some more talking, or an opportunity to come again and explore this a little bit further. Not necessarily in this setting, but to explore it further in terms of other facets of what represent disagreements that we may not have touched upon today, and that you would like to utilize (inaudible at 0:48:10.8) hour for this purpose. Is this something you would like to do further?

MR. NAVNOR: I don't know, if it would help things I'd do it every day, doesn't make any difference to me.

DR. BECKER: What time are you available tomorrow?

MR. NAVNOR: Probably about the same time, in the afternoon.

DR. BECKER: Twelve-thirty?

MR. NAVNOR: (Inaudible at 0:49:06.2).

MRS. NAVNOR: It's a little early for me.

DR. BECKER: Twelve-thirty is (inaudible at 0:49:08.6).

MRS. NAVNOR: I could make it, though.

DR. BECKER: Twelve-thirty at the chaplain's office, I could see you there and see if this will help a little bit more.

MR. NAVNOR: Okay.

DR. BECKER: Appreciate your willingness to let these other chaplains get in on our conversation, and I do hope it starts something that is of help for you. I'll see you tomorrow.

MR. NAVNOR: (Inaudible at 0:49:48.4).

END SESSION

THERAPIST'S NOTE:

As the couple left the parking area, they had a slight mishap with the car and the husband went to the dispensary for some first aid assistance. At which time his wife exercised a considerable solicitousness with respect to his well being. And this had a healthy effect following their session together, and they continued to talk together in a rich and full way through the balance of the day. The next day when they appeared for the interview scheduled, without the demonstration audience present, they reported a more happy relationship, a more solid understanding of each other, and a greater sense of confidence in their ability to work things out. So after that second session, they— no further appointments seem to be indicated and no appointment was made.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The therapist featured in this transcript is Dr. Russell J. Becker, a noted pastoral counselor. Dr. Becker graduated from Kalamazoo College in Michigan in 1944 and received a B.D. degree from the Colgate Rochester Divinity School in 1946. He received his PhD. Degree in theology from the University of Chicago in 1950 and while there, he studied with noted therapist Carl Rogers at the Counseling Center. During the time of his studies there, he collaborated with Dr. Rogers on an article on basic counseling which appeared in the first issue of the new journal, *Pastoral Psychology*. Dr. Becker would go on to contribute many articles and book chapters in the area of pastoral psychology and the interaction between religion and mental health. He authored books entitled *Family Pastoral Care* (Prentice-Hall, 1965) and *When Marriage Ends* (Fortress Press, 1971).

BEGIN TRANSCRIPT:

MRS. BETTERLY: (Inaudible at 0:00:02.0)

SUZANNE BETTERLY: What? No. No.

THERAPIST: Well, I think that the three of you do have a problem—a very good (ph) problem. But I'd like you to—I'd like to try to give a picture to the three of you of each other—of yourselves and each other. And, ask (inaudible at 0:00:39.0) speaking to me trying to tell me what is going on.

I think Suzanne feels that most basically that she has to deal with two parents who are unfair to her. And the unfairness is perhaps in two different directions. There are probably two ways that are mostly unfair. One is by being easier on Bill, more preferential and (inaudible at 0:01:29.9) of him so that kind of she feels he can do no wrong in mom's eyes or in daddy's eyes. [0:01:41.2]

And that the other level of unfairness is the—how would you put it Suzanne—making rules that kind of they are different from time to time or not being consistent or the same in what's expected of her.

SUZANNE BETTERLY: Yeah.

THERAPIST: And, this would be all right except that she feels that there's the same fundamental problem that she has to deal with in school. And that a teacher I think she has this year is, in her point of view, has it in for her. Kind of (inaudible at 0:02:36.6) was gotten to, was spoken to by the teacher last year that this girl hadn't been a good girl. And this teacher is, in Suzanne's eyes, being unfair to her. That she gets blamed and disciplined for the consequences of something that somebody else does. And this is what she means when she's speaking of unfairness (inaudible at 0:03:10.4) [0:03:10.5]

Her real feeling then comes down to take those two together, I guess is what Suzanne is saying gosh, what can you do? If you can't really rely upon your own parent to be fair to you and can't rely on a teacher to be fair with you then you're just stuck until they change their minds or come around. She puts it this way. You're really out of a family until they change their minds.

Now there's one additional thing that is a part of unfairness, from her perspective. And that is that she's accused of not trying.

MR. BETTERLY: (Inaudible at 0:04:16.6) [0:04:17.4]

THERAPIST: Trying is an internal state of mind. Trying something within a person and she's very quickly judged both by her parents and by her teacher as not trying when this is just not the case. And she has been trying. And that leads her to feel it's a pretty (inaudible at 0:04:45.5) proposition—pretty useless to try if it's not even appreciated. This kind of unfairness in terms of trying as seen in terms of high expectations that you

hold and she doesn't (inaudible at 0:05:06.3) to the level you want. Then it's not that she's trying at her level. She hasn't tried is the report—play back she gets. [0:05:17.8]

Then how Suzanne sees the two of you in terms of what you're trying to do is kind of blurry. So, I'm sure she has a real picture. I think I can come back to that in a moment. I don't want take the picture that the two of you have of Suzanne because this is her picture of you and her teacher. I think the two of you are saying you see her as asking for attention and approval, perfection over and over and over. And you've got this in many ways—so many ways that you finally just feel exasperated—just worn out by it that (inaudible at 0:06:59.5) Suzanne asking you for approval and attention and love far beyond what could possibly ever be met. There's no—it's just too much that she's asking for. [0:07:21.2]

Then I guess you feel that Suzanne is not reasonable on things. That she doesn't her part in things enough. She doesn't introduce enough (inaudible at 0:08:15.5) in things like (inaudible at 0:08:19.4) speaking about that having the fire in the fireplace that she has a good idea for her little brother to suggest but it's not a good idea for an older sister to let happen. So reasonable in the sense that she would be hurt by her little brother's touching her and not realizing she could really be hurting him by (inaudible at 0:08:51.3) him back. You see that there's some like of aspect in fault.

Well this is an amazing picture that I see the two of you holding about her and her holding about you. There is some sense on your part that she must look upon you as unfair. As in her picture of you is the same one as what she feels about you. [0:09:41.0]

MRS. BETTERLY: She's helping (inaudible at 0:09:41.3)

THERAPIST: Well, so that this is getting through. The thing that isn't there on her part is the picture of maybe what you two are up to. And, what you're trying to do. Or what you're up against in relationship with her. So up to some sense that you have—and her—in clear appreciation of what (inaudible at 0:10:24.4) what you're doing other than that you've kind of excluded her. And, kind of made it awfully difficult and impossible for her to measure up to whatever you want her to be.

Now, so the perhaps the first thing I asked today is that the consequence of this is that—I mean there isn't an understanding on the part of each of you, an understanding over against the other of what the other person is fully experiencing. Meaning what your parents are feeling for instance. What they're trying to do. Now, on Suzanne's part there's not this picture. I think maybe there is some parts of this picture on your part feeling about her. [0:11:38.2]

Let me come back to what I think Suzanne is doing in the picture that she holds of herself. And this lack of any picture of maybe you people are doing living your own life and asking to be good parents. I get a real sense that Suzanne is feeling that the cards are all stacked against her. That if she tries, she isn't going to be good enough to please. And, but she's going to be criticized for what she accomplishes. If she doesn't try, she's going to be criticized for not having tried. And so, she can't win either way. [0:12:48.2]

So I kind of think that she's decided that she's lost so it doesn't matter what she does. How kind of I guess—and the only thing you're going to get is disapproval or rejection or criticism of—by them. And it does make a difference what you do. I get the feeling that maybe this is something that she has come to think of as the way to handle herself both at home and at school. Like kind of what's the use (inaudible at 0:13:37.3) [0:13:38.1]

Does it look that way to you Suzanne? I think you're kind of waiting Suzanne—waiting to see if they will change, if they will appreciate something you do or if they will appreciate your trying Suzanne. And you see yourself as making lots of effort in trying. And then the additional—the difficulty that's there is that if you're waiting for them to change and you're expecting them not to change, just be the same old people, it's kind of hard to get the situation any better under that basis. Do you know what I mean?

Now I guess the thing that—the most serious—this idea is the most serious dynamic, fundamental operating factor for Suzanne in her relationship with you. If she expects you to be wrong all the time and if she has no sense—nothing to do except not wrong, I mean to be harsh on her and maybe find her wrong all the time. And she has no other position to take than wait until you change and she's waiting for you to change while expecting you to never change. So she's really expecting you to—two things of you—both just being the same all of the time and some day something will be different. And I—[0:15:48.5]

MRS. BETTERLY: I wake up. I find everything different.

THERAPIST: Yeah. And so this just could perpetuate it (inaudible at 0:15:55.9) for her—for you.

MRS. BETTERLY: May I say something here? I think Bill and I try in many ways to please Sue. And yet we have the feeling that we are not pleasing Sue. If we give her something or Bill brings home something or we go some place sort of special, it's nice but, it's pretty but. And, I have gotten to the place is when I give Suzanne something as a gift, I'm wandering what's going to be the but this time. It's nice but it should have been a different color or it should have had a little something here. And, Bill and I almost fall to see it before we start. We want to give her something that we know will please her. And yet we know that for some reason or other, it's not going to completely please her. And so this—[0:17:07.5]

THERAPIST: You're trying to—what you're saying is that you withhold within your own selves the same attitude?

MRS. BETTERLY: That she has. Yes.

THERAPIST: In the sense that she has.

MRS. BETTERLY: Yes.

THERAPIST: That you want to please her but you don't think anything will please her.

MRS. BETTERLY: Yes. There's always going to be this it's nice but.

(Overlapping conversation)

THERAPIST: (Inaudible at 0:17:24.1)

MRS. BETTERLY: It was a good movie but.

THERAPIST: There's something wrong with it.

MRS. BETTERLY: Yes. So you see she's the ultimate—she's waiting for us to change. And yet, she knows we won't. And we are trying to do for her and yet we know she's not going to be satisfied.

THERAPIST: You're both caught in the same—

MRS. BETTERLY: Yes.

THERAPIST: Kind of—

MRS. BETTERLY: Yes.

THERAPIST: Bind of trying to make a clean start.

MRS. BETTERLY: Yes.

THERAPIST: Or do something differently for the good.

MRS. BETTERLY: Yes. Trying (inaudible at 0:17:59.6)

(Overlapping conversation)

THERAPIST: But it's making it, this isn't going to work either.

MRS. BETTERLY: Very dubious. Yes. (Inaudible at 0:18:05.3) why will this? [0:18:07.2]

THERAPIST: Yeah. Is there some—?

MR. BETTERLY: What I wanted Suzanne to realize is that this is not a punitive thing here. Anything about is that we're trying to get our minds together so that we can understand this thing better. This is not disciplinary. This is not anything of that nature. It's that we're trying to get an understanding here.

THERAPIST: Well I think that's what we've been talking about is that we're really worlds apart in understanding the other person and knowing what's going on in their mind. And I think that's true of each of us to hand over to the other one. I think there is another factor that I'd like to see if I can get a hold of in terms of what maybe the two of you may be doing that perpetuates a difficulty with Suzanne. I think you have some appreciation of the kind of thing I've just been saying about what Suzanne encounters mainly is that she's kind of given up. [0:19:58.8]

SUZANNE BETTERLY: (Inaudible at 0:20:01.6)

THERAPIST: Her best efforts are not seen as good enough. And, her efforts aren't even appreciated for whatever they are. And so, there's no winning from—if she doesn't try at all, she's—because she hasn't tried. So she's being (inaudible at 0:20:23.3) either way. She's kind of given up but I think she said she's kind of given up. By her—by your feeling that she feels as though she can't—perhaps can't please or can't do, can't come up to expectations. [0:20:46.3]

I think this points directly then to what kind of expectation levels you are holding within yourselves. If you realize that a pretty realistic or strong level of feelings within Suzanne that I can't or what's the use and you still go on expecting you can and you better then this isn't taking account of Suzanne where she really is. And it's going only help to keep her in the position of feeling I can't. And there is (inaudible at 0:21:30.3) so that you know something that should lead you to feel considerably differently about every situation with her than you actually do. And out of concerns that you put in terms of that you know she's got more ability or objectively, it could be different. Out of those concerns that you find external and objective and you keeping the pressure high—[0:22:03.7]

MRS. BETTERLY: Well, yeah.

THERAPIST: But out of an appreciation of where she is, within herself, you know this is wrong.

MRS. BETTERLY: But we know that she can do better because we've seen her do it. That's what we have to base our standard by.

THERAPIST: That's quite—

MRS. BETTERLY: (Inaudible at 0:22:20.5)

THERAPIST: Far from her though.

MRS. BETTERLY: Yes. Yes. But I say; that's one of the reasons we hold the standards high.

THERAPIST: Yeah. Yeah.

MRS. BETTERLY: Because we've seen past performance and know that she is capable although she does not feel that she is.

THERAPIST: That there's much important to you—

MRS. BETTERLY: Yes.

THERAPIST: Than whether she actually believes she can or she can't. She feels she can't by it doesn't matter if she has the ability of Michael Angelo (inaudible at 0:22:43.4) feeling and so she thought she couldn't. So the only place that you can really effectively meet her is where she is in her own feelings not in terms of where she should be or where she could be. [0:23:06.7]

MRS. BETTERLY: Well the only other plan is the fact that we just had (inaudible at 0:23:12.6) high levels of expectations for Sue.

THERAPIST: Yeah.

MRS. BETTERLY: It wasn't (inaudible at 0:23:16.7)

(Overlapping conversation)

THERAPIST: (Inaudible at 0:23:16.9) level.

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 0:23:18.1) This is like the level she is and this is our (inaudible at 0:23:24.1)

(Overlapping conversation)

MRS. BETTERLY: Yeah. And I thought we could arrive at this level just out of our own thoughts.

MR. BETTERLY: No.

THERAPIST: Yes.

MRS. BETTERLY: We arrived at it from past experience.

THERAPIST: Yeah.

MRS. BETTERLY: And that's why we have set it.

THERAPIST: The goals.

MRS. BETTERLY: The goals high.

THERAPIST: But somehow or the other (inaudible at 0:23:41.3)

MRS. BETTERLY: Has been wrong. [0:23:43.1]

THERAPIST: Has been—just you've made it impossible now for (inaudible at 0:23:45.7) So that, I think each of you has your own fundamental problem of the other where in some ways Suzanne feels that she's trying and wants to be good. But she also feels that it's useless. And in this sense, she's given up trying. You know what I mean by saying that, Suzanne? (Inaudible at 0:24:22.7) you're trying and yet you feel as though what's the use of trying? And that's a tough spot to be in.

But, for your parents, I sense them saying they know you feel as though you're having a tough time trying—pleasing them. And yet they still want you to (Laughter) be a perfect little girl. And that's hard for them to realize that there's even two different things they're expecting. Just as it's hard for you to realize you both are trying and have given up trying. Feel it's useless to try. [0:25:11.1]

So I think this is probably the level that you have to help each other. It's the deepest inner struggle each of you are having within yourselves that the trouble inside yourselves which relates to the other so it's a struggle inside yourself.

MR. BETTERLY: The question I would (inaudible at 0:25:45.3) is, we have a family of four and we have tried to be fair. But, in effect what you're saying is that this is the level that we should understand Suzanne and come down to this level. But what happens (inaudible at 0:26:20.5) and just give in. [0:26:25.3]

THERAPIST: Well it isn't as much giving in as acknowledging that in addition to pure ability, there is her accumulated appraisal of that ability within herself that just come out in a highly I can't—in this negative form. So that any time you are looking to Suzanne for doing this or doing that, you have to look at her both as one who's capable but who does not feel that way about herself. So it isn't really giving in. You're acknowledging there's something there more than just the shear, crude motor power and intellectual capacity. There is the girl with her talent plus her feelings about those talents which have accumulated into a way that are detrimental to her (inaudible at 0:27:38.5) [0:27:38.7]

MRS. BETTERLY: Well I guess the reason why she didn't want to be bothered to further anything, I mean when she likes something and you get her that thing to do along that line and then because it's means work and time for her, she's rejecting it. When we're hoping that this will be the one thing that she will sort of take an interest in and work at it and we would be glad to help her.

THERAPIST: I would imagine what you're encountering is initial enthusiasm. Yeah. A fundamental (inaudible at 0:28:17.4) on the fact that I can't please them anyways.

MRS. BETTERLY: Well how—

MR. BETTERLY: How do we—?

MRS. BETTERLY: How are we going to make her understand that we are—?

MR. BETTERLY: We are (inaudible at 0:28:28.0)

(Overlapping conversation)

MRS. BETTERLY: I mean all that we're hoping for is that she will try and follow through. And we will be so pleased and be so willing to help her.

THERAPIST: Well (inaudible at 0:28:39.3) that she's not feeling for that. [0:28:41.3]

MRS. BETTERLY: Well, then the questions is that how do we convince her of this? How can she see it?

THERAPIST: Well, I think we have to accept that this is the way she feels.

MRS. BETTERLY: Or we could sit down and work with her on a project until it is completely done even though it's so simple?

THERAPIST: For—okay, just take piano playing. Now Suzanne may not know why she's given up that. Do you know Suzanne why you've given up piano playing?

MRS. BETTERLY: Well she—yes, you do. Don't you? You didn't want to practice, did you? Did you?

THERAPIST: Do you like practice? I don't think she really knows why she's given up. I think it's partly—it's a good expression of what she overall feels about anything now. And that is what (inaudible at 0:29:42.7) [0:29:43.2]

MRS. BETTERLY: She's really good at it. I mean we were so pleased with it.

THERAPIST: But supposing I try and try hard to play piano and play it well, what would you feel Suzanne if you practiced well and had lessons (inaudible at 0:29:59.3)

SUZANNE BETTERLY: (Inaudible at 0:30:01.9)

THERAPIST: Would you feel that your parents would want you to play a little bit better?

SUZANNE BETTERLY: Like a little bit more all the time.

THERAPIST: Just a little bit more. So why try?

MRS. BETTERLY: Well I didn't—

THERAPIST: I think this is the (inaudible at 0:30:18.9)

MRS. BETTERLY: We did give up the piano lessons until I talked to the teacher first.

THERAPIST: Well there's no—

MRS. BETTERLY: And—

THERAPIST: No. It doesn't matter what the teacher decides (inaudible at 0:30:28.5)

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 0:30:28.5)

THERAPIST: She was threw—

(Overlapping conversation)

MRS. BETTERLY: (Inaudible at 0:30:32.2)

THERAPIST: Way, way back.

MRS. BETTERLY: (Inaudible at 0:30:33.2)

THERAPIST: Yes.

MRS. BETTERLY: But on the other hand, Suzanne wanted me to sit right beside her while she practiced every note. And she made a mistake and I corrected her. Then she did not like that. And yet, having had a little bit of music, I could not sit there and let her play the same note wrong every time. And oh course, I would correct her and—[0:30:58.6]

MR. BETTERLY: Well (inaudible at 0:30:58.1) I mean this or that are—

MRS. BETTERLY: Yes. But I think you have to understand why—

MR. BETTERLY: (Inaudible at 0:31:03.0)

MRS. BETTERLY: She feels—I think this all carries out why she feels she's not good enough.

MR. BETTERLY: By how the (inaudible at 0:31:12.3) are that we don't expect this out of her. That I (inaudible at 0:31:21.0) If she gets a G, fine. If she gets an E, fine.

THERAPIST: Right.

MR. BETTERLY: But I know then disappointed that she doesn't get Cs, it's just that I, in my own way of thinking—maybe I'm wrong—but the only way you'll get anything is to give a little something either of yourself or whatever it is. That you can't set a goal here and then reach that goal without setting a little goal a little bit further. If you're going to take one breathe, you'll die. You've got to take another breathe. You've got to go on. And, it's not that we're criticizing Suzanne. It's—and I don't, frankly, know how to show her that I don't want everything out of her. I just want her to—[0:32:22.0]

THERAPIST: Well I think the thing that's at work here that could be helpful, I think within you or perhaps within both of you as parents are feeling that you have to help her strive to be better.

MRS. BETTERLY: Yes.

THERAPIST: And set goals beyond what she's done in her next task.

MR. BETTERLY: No. Not really. It may sound that way. (Laughter) But if she never was the greatest piano player in the world, it wouldn't bother me a bit.

THERAPIST: Well, now wait a minute. Now I'm not talking about you're setting goals way beyond. I'm just saying you want to set a little too high.

MRS. BETTERLY: A little bit high. Just a little bit more.

THERAPIST: You're saying if she does this much then I know she can do that. And I have a right to say that she could with growth and practice and perhaps would be a little bit better.

MR. BETTERLY: Grow. Yeah.

THERAPIST: Yeah. So I think what you're saying is that you feel this is your responsibility to set the sights. Now what I sense is the deep disappointment in Suzanne is that she can't set her own sights. And she does. We like to grow ourselves. And we like to feel we're pleasing others and the pride in the parents with what we can do. And she doesn't get a chance to surprise you ever with what she can do. And to please you with what she came up with. Because you feel the need to help her to her next level and this not only doesn't help her enjoy the full measure of accomplishment at this moment in this level. [0:34:22.2]

MR. BETTERLY: Yeah.

THERAPIST: But it doesn't give the mechanic (ph) within herself or the trust within herself too. I'll make the next effort so that this will please them. Now Suzanne wants what you want as deeply as any child. And (inaudible at 0:34:41.3) pleased in these (inaudible at 0:34:42.4) what to be pleased by.

MRS. BETTERLY: Well I have a question.

THERAPIST: Okay.

MRS. BETTERLY: Then why? Now I will not cook (ph) for Suzanne anymore. I have all the things for her and I'm really happy when she does make something. In fact, I would like for her to make something for every Saturday. Nothing would please me more. And I always have it on hand. I can not cook with Suzanne. And I can't do many things with Suzanne because when we get into doing something—having majored in home ec, I am far from being the best but I do what—I do know a few of the rules along the way. And I want to give these to Sue. And then let her work them out the way she thinks is best. But what I run into is, immediately—perhaps my way of trying to help her is not correct. And there is a wall right here. [0:35:43.6]

(Noise on tape 0:35:44.5)

MRS. BETTERLY: She doesn't—I want to give her suggestions on a way to do it and help her so that the next time, she will say well, now I have done this and I know that if you take a level piece of (inaudible at 0:35:54.9) take a knife and take it off and that's a level (inaudible at 0:35:57.4) I'm trying to give Suzanne all this and she doesn't want it. I want to do it my way. I don't want to do it that way. And, so you see, I feel like I'm being pushed back. And yet she wants you to work with her. With her music, she wanted me to sit right there while she practiced. If she's trying to make something, she wants to come—she wants you to be there while she makes it. This is fine except you see, we get into such a hassle that I feel it's not good for Suzanne. And it's not good for me to stand there and argue with her about something. So I say all right, you do it yourself. And oh course, I know that many times she gets into trouble because she doesn't know what to do. [0:36:41.8]

THERAPIST: Well yeah—

MRS. BETTERLY: But I feel like I can't help her. I want to help her but apparently I'm going about it the wrong way.

THERAPIST: Well I sense a real concern for her making good cherry pie or whatever. Because there's certain ways you can louse up making.

MRS. BETTERLY: Well I—

THERAPIST: Now, the thing that—

MRS. BETTERLY: Don't want her to be disappointed at her efforts.

THERAPIST: Well—

MRS. BETTERLY: And we won't know how to do it if someone doesn't give her a little bit of help.

THERAPIST: But I—all right, then you're just documenting. You have a real concern for her making good cherry pie. Now the thing you do not—are not ready to do is be happy about mud pie.

MRS. BETTERLY: Well we eat everything that she makes regardless of whether it's good or not. And she won't touch it. (Laughter)

THERAPIST: Well—

MRS. BETTERLY: So I don't know whether you could say that or not.

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 0:37:43.3)

THERAPIST: We're not talking about the eating. We're talking about the process. I don't think you enjoy the mud pie for all the (inaudible at 0:37:59.1) and enthusiasm and putting one's self into it that you can do. [0:38:03.1]

MRS. BETTERLY: Well probably not because it was pushed into me at school that you would do things right or wrong. (Laughter) And that you should be it right.

THERAPIST: Does—there's one way to do things. And if you do things—

MRS. BETTERLY: Right.

THERAPIST: By one way, you miss all the fun in life that comes with mud pie.

MRS. BETTERLY: Well maybe I didn't make any mud pies when I was little or very few of them. Let's put it that way.

THERAPIST: Possibly or it's (inaudible at 0:38:27.3) or the real problem is that there is an (inaudible at 0:38:33.3) joy that can never be had later in life. It can only be had right now in not being perfect. And not making real pies, just making mud pies. This being (inaudible at 0:38:47.6) [0:38:48.5]

MR. BETTERLY: Right.

THERAPIST: And when these things that—these things that Suzanne is looking for and this is why she (inaudible at 0:38:56.0) And this is all she's begetting out of cooking right now. And that is a sense of this is a joy that a woman has and will have some sense of their life around this if she does it well. And a boy can do this, sure but he'll be—could be an oddball if he does it. But he really (inaudible at 0:39:32.9) in the unique kind of thing that Suzanne is picking up. And that is a part of what it means to be a woman. And what she does drastically (inaudible at 0:39:49.9) compared to other women with joy and standing in the kitchen and being liked while they're—for this as well. This is not wanting mother around (inaudible at 0:39:58.4) [0:39:59.8]

MR. BETTERLY: (Inaudible at 0:40:01.6)

THERAPIST: (Inaudible at 0:40:02.9) It's a deeper learning. (Inaudible at 0:40:09.5) and—

MRS. BETTERLY: Well then why ask for advice if you're not going to take it? (Laughter) Oh course, I—well you see (inaudible at 0:40:20.7)

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 0:40:20.7)

MRS. BETTERLY: These are things that are hard for me to understand.

MR. BETTERLY: (Inaudible at 0:40:24.8)

THERAPIST: It's like no one wants advice when they ask for it. You have to assume that is true. All of your neighbors (inaudible at 0:40:38.4)

MRS. BETTERLY: Well—

THERAPIST: (Inaudible at 0:40:45.7) It's true for the child too.

MRS. BETTERLY: Well, because I have a feeling that I'm (inaudible at 0:40:47.4)

(Overlapping conversation)

THERAPIST: Someone asking for advice (inaudible at 0:40:48.6)

MRS. BETTERLY: I don't want anyone to give me advice. But if I want it, I'll ask for it. This is one of my (inaudible at 0:40:56.3) quirks. [0:40:57.4]

THERAPIST: Yeah. But it's just saying the same thing in another way. You don't want to advice.

MRS. BETTERLY: Well when I want it, I'll ask for it. And I do occasionally ask for it, believe it or not.

(Overlapping conversation)

THERAPIST: (Inaudible at 0:41:05.2)

MRS. BETTERLY: And I expect to have a good answer when I do. (Laughter) But I don't want somebody to give it to me free of charge. I want to have the privilege of at least asking for it. (Laughter)

THERAPIST: You want to ask for it, right? But you see what I mean—?

MRS. BETTERLY: Yes.

THERAPIST: In terms of this—

MRS. BETTERLY: But you see; I didn't cook in a kitchen. And I—you brought up about the mud pies; I probably didn't make mud pies either. So, as I say, I know that a lot of this is because of the way I look on things. And that's why I'm here. Because I want to see Suzanne's side of it as well as my own feeling on the matter. [0:41:50.9]

THERAPIST: Now, the (inaudible at 0:41:56.2) thing to learn and to realize for you in the light of your first inclination to expect more or expect well. I mean the tough and difficult thing to learn is that expecting what came and the way in which improvement comes, accepting the unacceptable puts (inaudible at 0:42:31.1) the low bar on worthy. So, there's a way in which you free the possibility of improvement occurring mainly.

Her wanting to be better for (inaudible at 0:42:44.6) says and this is all right for you mainly. Cherry pie without tapioca (inaudible at 0:42:59.3) sloppy as can be. If this is all right then she's got a big surprise in store for you. And that is a cherry pie that stays together. [0:43:11.7]

Well, and that one becomes the surprise in something where she could please you with something you didn't expect. Because you settle for something way down here. Man, have I got news for you. I've been thinking about that (inaudible at 0:43:29.8) and I can do it better. I know a new wrinkle on it. And this is where she can learn the desire she has to want to please you and effectively and actually be pleasing you.

MR. BETTERLY: In other words, don't offer constructive criticism.

THERAPIST: Yeah. Yeah.

MR. BETTERLY: Forget it.

THERAPIST: Yeah. Support and accept. Support what's been done and accept it.

MRS. BETTERLY: But support it enthusiastically when you don't feel it, I mean I'm a very honest person clear down to my toes. And, I want to say yes, it's nice and it is nice. But I can't get all this exuberance and (inaudible at 0:44:16.5) that is not there. [0:44:18.3]

THERAPIST: Well then—

MRS. BETTERLY: I don't do it with anyone. I—

THERAPIST: Yeah. But then you've got it as then this is exactly—

MR. BETTERLY: Your problem.

THERAPIST: Yeah. Exactly your problem. You're not seeing what there is from her point of view that represents something (inaudible at 0:44:33.2)

MRS. BETTERLY: Well that's very—I mean this is right. But as I say, when I don't see it, I just can't get all excited. Oh, this is wonderful. It's—

THERAPIST: But when you don't—

MRS. BETTERLY: Because I don't—

THERAPIST: When you don't see it then you have your problem in front of you.

MRS. BETTERLY: Yeah.

THERAPIST: I see only my own standards. I'm not seeing her achievements, her efforts or whatever she's—this represents to her. So that when she comes to you and says, as a little child with a drawing that's (inaudible at 0:45:07.1) Well you're not going to treat the 3 year olds drawing and say well, that's nothing. When they come with glowing eyes; gees, that's great. Tell me about it. You don't say what is this? Because that implies that it isn't clear that it's something—[0:45:28.5]

MRS. BETTERLY: The beautiful array of color.

THERAPIST: And, you say tell me about it. And they will give you what it is. Then by God, you listen to them (inaudible at 0:45:38.9) I guess so. Then you get enthusiastic about that red (inaudible at 0:45:43.1) Why, I'll go with you. It's (inaudible at 0:45:49.3) to me too.

MRS. BETTERLY: (Inaudible at 0:45:50.6)

THERAPIST: And so, you're getting kind of (inaudible at 0:45:53.1) And just with simple tell me about it. And any level along the line will let you know what you're missing. That what it might mean over on the other side of the (inaudible at 0:46:09.9)

MR. BETTERLY: And I had (inaudible at 0:46:12.2)

MRS. BETTERLY: You see I won't gush over a person either. Oh, it's wonderful to see (inaudible at 0:46:18.9) I mean that looks beautiful. (Inaudible at 0:46:21.2)

SUZANNE BETTERLY: (Inaudible at 0:46:21.8)

MRS. BETTERLY: No. But I won't. I'll say you spent a lot of time (inaudible at 0:46:25.5)

(Overlapping conversation)

THERAPIST: (Inaudible at 0:46:25.5) matter of fact. [0:46:26.1]

MRS. BETTERLY: Yes.

MR. BETTERLY: (Inaudible at 0:46:27.2)

(Overlapping conversation)

MRS. BETTERLY: And (inaudible at 0:46:28.3) dress and I think it's a beautiful dress. But if it does nothing for them, I'm not going to say you look gorgeous in the dress. I'll say you have on a lovely dress. It's a beautiful color. But you don't go—I am (inaudible at 0:46:37.7)

(Overlapping conversation)

SUZANNE BETTERLY: (Inaudible at 0:46:37.6)

MRS. BETTERLY: No.

SUZANNE BETTERLY: (Inaudible at 0:46:39.2)

MRS. BETTERLY: I don't think they do. But I will not say they do when I don't think so. But I will tell them it's a beautiful dress. It's a gorgeous color. You know how I look at it? You look funny. No, I'm—I don't say that. But as I say, the truth is that someone instilled in me that I can't do all this fancy stuff when I know it's not right.

MR. BETTERLY: (Inaudible at 0:47:02.9) this is our problem. We've got to do—

MRS. BETTERLY: Yes.

THERAPIST: Well the fact is well from there, there are all kind—levels of truth you see.

MRS. BETTERLY: Yes.

THERAPIST: And I think this is what you'd have to be willing to accept is that the truth of the accomplishment of the 11 year old or the 3 year old or the 5 year old in its sense of rightness and appropriateness, there's a truth in that that you just can't get at any other age point. And this is the truthness—the rightness that is and is the achievement of the product of this level of ability and this level of maturity. [0:47:48.6]

MRS. BETTERLY: But I'm not (inaudible at 0:47:50.5)

THERAPIST: And it's not the truth of adult perfection and adult accomplishment. Again, it's the truth. I mean mud pies are really wonderful things. And I can't get back to making them you see. I couldn't make a mud pie (inaudible at 0:48:13.1) I'm spoiled into adulthood or I haven't found yet the exuberance of a three year olds mud pie and it's something to behold.

And it's a real truth and it's—this is accomplishment. And it's the stuff out of which rather than saying oh, don't waste your time on mud. It's a step out of which (inaudible at 0:48:41.8) And a three year old can construct this and a four year old can (inaudible at 0:48:50.6) And this says to each age its own level. And, you really have to be willing to one, to appreciate its own inner meaning, its own inner sense of rightness that must be there.

MR. BETTERLY: Understanding the other (inaudible at 0:49:17.8) [0:49:18.0]

THERAPIST: Now I'm a big (inaudible at 0:49:21.3) if you make the kind of effort with Suzanne on day to day things or school (inaudible at 0:49:30.0) and so on, she would be so startled with you that she would get a whole new zest of enthusiasm (inaudible at 0:49:40.9) of trying to do things that are startling to you. That she'll—she'd realize there's some things—she would be so—that you have broken through to her expectations in that nothing is going to be right. And she'll be free to go ahead and discover there's something more that would be even more pleasing. [0:50:05.8]

Try this for a while. And, maybe two or three months from now, you're (inaudible at 0:50:28.3) And we'll have another session about three months from now. And then if things are going well, we might be able to cut them back (inaudible at 0:50:42.0) session.

MR. BETTERLY: Okay.

(Pause in tape)

THERAPIST: Family Pastoral Care by Dr. Russell J. Becker. Publisher is Prentice Fall, 1965.

MRS. BETTERLY: I (inaudible at 0:51:07.3) the fact that I saw Suzanne's teacher. Yesterday I had a conference with her. And, it's not a new problem. It's the same thing as in—she's had the same problem except that she (inaudible at 0:51:19.5) school. And, one of the new things is that she—[0:51:23.7]

(Noise on tape 0:51:24.0)

MRS. BETTERLY: Which is something that she needs to work on. And, we feel that Suzanne is very demanding in attention. And—

(Noise on tape 0:51:43.6)

MRS. BETTERLY: In trying to get the attention that she would like to have and the praise that she would like to have. Many times my daughter, she is going able it the wrong way. And instead of maybe getting praise for something she's done, she's over (inaudible at 0:52:01.5) some place and instead she's getting criticism. And, that's hard. And so, we thought that maybe you could help us. Help Bill and I to present Suzanne (inaudible at 0:52:19.0) help her. Suzanne doesn't feel it is a problem. And, yet Bill and I are looking to the future (inaudible at 0:52:30.3) if we could give her help now (inaudible at 0:52:34.6) control. (Inaudible at 0:52:39.2) that she does but (inaudible at 0:52:43.6) getting her here. And we tried to give Suzanne the things (inaudible at 0:52:56.9) we try to divide (inaudible at 0:52:59.1) she feels that she is getting hers. And I feel that Billy feels he is always getting he is getting his share either. [0:53:06.4]

THERAPIST: Well—

MRS. BETTERLY: And so this—

THERAPIST: Yeah.

MRS. BETTERLY: And the other—there is one other thing. And that's the fact that Suzie and her teachers have always said she is a very capable child. A very capable girl. She can do much better work than she is doing. But she has the attitude that well, why should I work any harder? And this, for her teachers, this is something that bothers the teachers because they want her to work to—up to her capacity, if possible, for her own sake. And, they feel that she definitely can do better than she's doing but she doesn't seem to care. She doesn't have the drive to do better. And we would like to help through that so that she does have this desire to make better grades then this. Not that she—not that we want her to give up all of her pleasures and just sit at home and study and nothing else. But, perhaps having a little more self control and working a little harder at the time allotted her studies instead of maybe looking around and thinking well, now what am I going to do when this is over or what will I be doing say at recess. [0:54:26.0]

THERAPIST: Sure.

MRS. BETTERLY: If she would apply herself which she's capable of doing. And when she really wants to—

(Noise on tape 0:54:33.8)

MR. BETTERLY: Okay. Let me say one thing about it. There's—what we're talking about now is beyond the normal. That's—but, I mean this is normal throughout a childhood to have this type of reaction but this is a little bit further than normal.

THERAPIST: Now let me have some time alone with Suzanne. And then, I can spend some time with the two of you. And then maybe if we can arrive at something that's helpful. Okay?

MR. BETTERLY: Okay.

THERAPIST: (Inaudible at 0:55:11.6) 15 or 20 minutes time. Yeah.

MRS. BETTERLY: My. (Laughter) I'd say (inaudible at 0:55:18.0)

THERAPIST: That's all right. Hello Suzanne. I take it they think there's a (inaudible at 0:55:29.1) problem here and, would like to know if there's some way they can be of help, I suppose. Some way things could be going differently. What do you think? What—? [0:55:51.5]

SUZANNE BETTERLY: I don't think there's a problem.

THERAPIST: You don't think there's a problem. How do things look to you?

SUZANNE BETTERLY: Well I don't think—

(Noise on tape 0:56:00.5)

SUZANNE BETTERLY: And when my daddy came home, he said it was awful.

THERAPIST: Kind of that not to happen quite often. Is this what you feel? That you're trying and you don't even get credit for the amount of trying you do. Is that it?

SUZANNE BETTERLY: Um—hum.

THERAPIST: That kind of makes you feel like what's the use of trying (inaudible at 0:56:34.1) Are there things—how do you see things in terms of school?

SUZANNE BETTERLY: (Inaudible at 0:56:48.7) school for one reason. And the teachers are always so unfair.

THERAPIST: They're unfair.

SUZANNE BETTERLY: Because they think I (inaudible at 0:56:59.0) because a kid (inaudible at 0:57:00.2) And I say ouch and I get a detention.

THERAPIST: You're the one who gets caught and gets punished. And that's unfair. When they say that you kind of you lose your temper, what do they mean by that? [0:57:21.1]

SUZANNE BETTERLY: Well I just don't think it's fair and I get mad and I start yelling.

THERAPIST: But I mean I guess you're only yelling because it is sometime that's been provoking and kind of (inaudible at 0:57:37.1) you into a situation.

SUZANNE BETTERLY: And I'm also (inaudible at 0:57:43.6) caught for things that I didn't do. So I was sitting in my chair and these two boys were talking. And I dropped my pencil and when I turned around, they (inaudible at 0:57:55.3) And she said that I was in a conversation and I got in trouble for the other boys. I didn't say one word.

THERAPIST: Do you feel she has it in for you or—?

SUZANNE BETTERLY: Well I feel that (inaudible at 0:58:12.8) my teacher didn't like me, see? And so, I figured that she told the other teachers that I wasn't a very good student and that (inaudible at 0:58:22.3) trouble. [0:58:23.4]

THERAPIST: And right from the start of the year? Kind of feel as though you're battling against some pretty tremendous odds here then? When they say you're not working as hard as you could and not doing as much as you could in terms of—?

SUZANNE BETTERLY: Because when I get—when I do my highest, look what I get when my dad says it isn't very nice. He says it looks funny. I don't feel that it's very nice.

THERAPIST: Yeah. (Inaudible at 0:59:23.8) [0:59:25.7]

SUZANNE BETTERLY: (Inaudible at 0:59:25.6)

THERAPIST: You know he's pretty harsh on you? He really isn't as harsh on Billy? So in a sense, it really feels like you can get (inaudible at 0:59:57.1)

SUZANNE BETTERLY: And I do things and momma says that I kind of want Billy (inaudible at 1:00:02.0)

THERAPIST: Kind of gets to you and you can't do anything wrong and—

SUZANNE BETTERLY: Just get so sick of (inaudible at 1:00:37.8) the other leaders always pay attention to their kids but oh, mother never comes up with me and helps me with anything. She expects me to care and hope that I will and it's not fair. [1:00:53.2]

THERAPIST: As you lose out with her being the leader, is that it?

SUZANNE BETTERLY: Well I want her to be the leader but (inaudible at 1:01:01.9) should just get more attention than me I'd like it better.

THERAPIST: And not being completely knocked out of it. Is that it?

SUZANNE BETTERLY: Yes. And all the other girls, she's always helping them. And then when I (inaudible at 1:01:17.7) ask her to help me, she says well I have somebody (inaudible at 1:01:20.8) to do it.

THERAPIST: And it's as though you're on your own? Do you have studying to do at home, Suzanne? [1:01:58.9]

SUZANNE BETTERLY: Sometimes.

THERAPIST: Sometimes.

SUZANNE BETTERLY: For social studies sometimes.

THERAPIST: Okay.

SUZANNE BETTERLY: Mommy helps me with it.

THERAPIST: Do they keep after you to do your studying or not?

SUZANNE BETTERLY: Yeah. And (inaudible at 1:02:13.5) doing it before or after dinner and I do it after dinner. And daddy helps me with my arithmetic because last year I got low grades in it. And so this year when—if I make a mistake and I don't understand things, he starts yelling at me. And he goes whenever you're not following it, always come to me. So when I come to him if I don't get the right thing, he yells at me. He wants me to be perfect all the time and it's not easy.

THERAPIST: And you come to him because you need help and then he thinks this is just horrible that you're —[1:03:03.6]

SUZANNE BETTERLY: Um—hum.

THERAPIST: Need help and still says you're supposed to come to him.

SUZANNE BETTERLY: Yeah.

THERAPIST: That's kind of—

SUZANNE BETTERLY: (Inaudible at 1:03:14.5) if you don't hang up your clothes (inaudible at 1:03:16.3) When he found one of my old (inaudible at 1:03:19.7) that wasn't (inaudible at 1:03:20.5) that's where we keep our old clothes. And he started yelling at me. And then I had to go to bed five minutes earlier because it was in there. I didn't think that was very fair. And I'm always trying to fix up Billy's. When I tell momma that I found some of his things, she says well let it go until I find it. Well what if she doesn't? Well if she does find it, all she says is Billy use your head. And then Billy doesn't have to go to bed earlier. Just me.

THERAPIST: The rules don't (inaudible at 1:03:56.0) for both of you. Billy gets a real break every time.

SUZANNE BETTERLY: Um—hum.

THERAPIST: I guess you just kind of really can't leave them and give up trying. Is that it? [1:04:34.1]

SUZANNE BETTERLY: Um—hum. And when I do try, they're not (inaudible at 1:04:38.8) nice and make me keep trying. And I know when I try and you know if I'm (inaudible at 1:04:42.9) of not trying and I try my hardest. And (inaudible at 1:04:46.1) And I try and when I don't get good grades then I'm (inaudible at 1:04:53.3) and that I'm not trying.

THERAPIST: They don't recognize—they don't know when you're trying?

SUZANNE BETTERLY: Yeah. (Inaudible at 1:05:03.3) I'm not trying but they don't know if I'm trying or not. I could try my hardest and they'll say I'm not even trying.

THERAPIST: Yeah. They're quick to tell you—

SUZANNE BETTERLY: What to do and what not to do.

THERAPIST: Everything. So I guess you feel up against a pretty tough situation, right? Like when both of your teachers and your parents are—[1:05:46.8]

SUZANNE BETTERLY: (Inaudible at 1:05:48.0) it's not easy.

THERAPIST: Not really understanding you. That's a real up hill pull.

SUZANNE BETTERLY: Um—hum. And I try sometimes real hard and daddy says well why don't I try harder? I can't try harder and it's awful.

THERAPIST: So you just don't know what to do to please them.

SUZANNE BETTERLY: I can't turn to anybody for help because everybody is against me.

THERAPIST: The kind of people you expect to be of help to you—

SUZANNE BETTERLY: (Inaudible at 1:06:30.3)

THERAPIST: Are not—they're not pulling for you. (Inaudible at 1:06:35.4) So how do you think your mommy and daddy look at you? I mean how do you they take these things? [1:07:04.7]

SUZANNE BETTERLY: Well they think of them a lot differently than I do. And I just don't think they care about what happens to me. But what happens to Billy is awful. And it's everything is for Billy and everybody's—my grandfather probably (inaudible at 1:07:25.3) here mommy (inaudible at 1:07:27.5) make you something out of it. So now mother is going to make Billy something when she promised me.

THERAPIST: I guess you say you see them as caring an awful lot about Billy and just none at all about you.

SUZANNE BETTERLY: Yeah. And I get up in the morning before school at 6:30 a.m. and I'm cranky because I didn't get enough rest from the night before. And then momma is mad at me because I don't want to wear this dress and that dress. And, it's just not fun anymore. [1:08:11.7]

THERAPIST: Just the whole day starts wrong then.

SUZANNE BETTERLY: And then it stays wrong for the whole day.

THERAPIST: Um—hum. What do you think makes them unhappy with you?

SUZANNE BETTERLY: I don't know. But I'm just not the (inaudible at 1:08:38.4) child that they want. I (inaudible at 1:08:41.1) but I don't know what else I can do. And they're always telling me to do this and do

that. And when I do it, it's just something else.

THERAPIST: It's a real struggle. Well it's quite a struggle. [1:09:11.7]

SUZANNE BETTERLY: With your teachers against you and your parents are against you, it's not easy to hold out there any longer. Because there's nothing you can do.

THERAPIST: You're just sunk?

SUZANNE BETTERLY: Yeah. You sit and wait until they change their minds about you and (inaudible at 1:09:29.8) It's like you're out of the family because they won't help you with anything.

THERAPIST: Um—hum.

SUZANNE BETTERLY: It's not very fair to (inaudible at 1:09:48.8) because I'm always the one that gets left out. And last night momma told me I spent the night at my friend's house and momma told that all they were going to do is go out and get a hamburger and come home. And then they have my favorite dinner, steak and all kinds of stuff. [1:10:04.1]

THERAPIST: Kind of you missed out.

SUZANNE BETTERLY: When they tell you one thing—

THERAPIST: And do something.

SUZANNE BETTERLY: You believe in them. And then when they go (inaudible at 1:10:17.6) that's when they tell you to always believe your parents, you just can't because they never do what they tell you they're going to do.

THERAPIST: So you just can't be sure of them?

SUZANNE BETTERLY: No. I said you believe all of the kids on the block except your parents. Well what else am I supposed to—my parents tell me one thing and then they don't do it.

THERAPIST: (Inaudible at 1:10:41.7) Well, I guess this helps me see what's happening for you. And I would like to talk to your mother and father for a little bit. And then I'd like to talk to the two of you together—the three of you together. Okay?

SUZANNE BETTERLY: Okay. [1:11:04.2]

(Background conversation)

THERAPIST: I just I'd like to (inaudible at 1:11:51.8) with the two of you now to get a (inaudible at 1:11:57.1) as to how you see Suzanne. If you want to elaborate in any way (inaudible at 1:12:05.7) Basically, she isn't working up to her ability. And I'm worried about what this means. She got reports in terms of her temper. She lost her temper at school and so on. [1:12:25.2]

MR. BETTERLY: I think it goes deeper than that, Russ.

THERAPIST: Yeah.

MR. BETTERLY: Whether Maxie and I are—if we had laid awake at night past our regular bedtime hours, for hours into the night, discussing this thing. Once we had done this, I don't know how many times. And the funny part about it is we have done it for almost 11 years. Suzanne, as a baby, showed—was very indifferent about being loved. And, you'd try to keep her up and hold her and she just wouldn't—she wanted to get down. And you tried to love her up or anything; she wanted no part of it.

Now, she just can't seem to get enough of it. We try to love her. And we do love her. Oh course, we love her. But I mean it's just that she doesn't have a valuable that we can't give her enough. That there is not enough love in this world for her. And as a result (inaudible at 1:13:35.0) is constantly fighting for attention, for

praise and everything else over and beyond her brother and her mother and her father and everything else that she just—we don't know whether it's extreme self-centered selfishness or whether it's insecurity or what this basic thing is. And it's all these things together which cause, I'm sure, the trouble in school. I mean this is not just a lack of initiative in school nor is it lack of self control. Is that I think it all comes down to the other thing that causes this. She—[1:14:20.5]

THERAPIST: I think there's a basic demanding here on her part that is—that presses you to the wall really.

MR. BETTERLY: Really it does. And (inaudible at 1:14:32.7) you want to express your love but—and at the same time, you know that if you go back hard you're going to get drawn in it much further. And finally, you are at the wall. And then Maxie and I are both only children. Frankly we're probably not the best of parents. We—let's put it this way, we've never been educated to be the best of parents. This is something that either comes normal or it doesn't come normal. We've done everything we think we can do and should do. And, I think finally the problem is with us of knowing how to handle her and how to care for her.

MRS. BETTERLY: And yet, we've got two children. (Inaudible at 1:15:17.8)

MR. BETTERLY: Yeah. The other one is exactly the opposite.

MRS. BETTERLY: She would have been a perfect only child because she would have received all of the attention then. [1:15:24.3]

MR. BETTERLY: And she has a terrific adult yearning. And like I say again, I'm fully aware of other children. I mean when I say the things I say, this probably sounds normal for any child. But she seems to want to go beyond this. For example, we always heard in (inaudible at 1:15:46.8) that they'll ask a question and drop it. Not there, it goes on and on and on and on in the matter of dating or anything like that.

Now she wants this type of thing. And she's not really old enough to have the responsibility that goes with it. I mean some girls mature early and you don't mind because they have the responsibility and the sense of reality to go ahead on some things like that. But not with Suzanne, she's still not even 11 yet. But yet she wants these older type things. She's crazy about wearing lipstick and will get into it at every advantage. You know kind of we ignored it at first figuring it would pass but this doesn't pass easy. [1:16:41.1]

She wants to sample alcohol or smoke a cigarette and things like this. But, to me, it looks like she wants to be grown up ahead of time. But, and then this is the thing that bothers us for the future that we—neither one of us had hoped for a while a teenager which (Laughter) we're trying to get at this thing now because—

THERAPIST: You really have because of her curiosity at this point; you really have fears for her of trouble later on. How far she would move into things which I expect most kids (inaudible at 1:17:28.3) about?

MRS. BETTERLY: Yes. (Inaudible at 1:17:31.7)

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 1:17:31.9) but she doesn't seem to have any—how did you say it last night? [1:17:36.7]

MRS. BETTERLY: Well, I was (inaudible at 1:17:38.8) her timing is very poor. She's always kind of irritated at me. I (inaudible at 1:17:45.9) Suzanne's (inaudible at 1:17:47.4) And the other day she was telling me that she takes ballet at 5:15 p.m. and she (inaudible at 1:17:57.2) So she leaves just a little bit early to get a ride over there to Roosevelt.

And, so Suzanne, she has a remarkable memory but it's very poor at times. It can be very poor when it's convenient. She always forgets to wear her Girl Scout uniform. And she's worn one now for three years. This is going on for every Wednesday and the day has never changes. It's been a Wednesday ever since she's started in Brownie Scouts. But this year, she can't remember to wear her Girl Scout dress.

So she tells me that the girls at school (inaudible at 1:18:29.6) I have many of them in my scout troop. I have 23. They're—I can't say the word but anyway, they're saying well, you don't have to wear your Girl Scout

uniform because you're a leader's daughter. And you get to leave a little bit early to go to ballet see. With this part she says you'll have—you don't have no idea how much trouble I get (inaudible at 1:18:52.0) And yet, she is telling me that I don't give her enough time in Scouts. I don't sit down and talk. She'll approach me on how to do something and I'm always pushing her aside. [1:19:02.7]

And yet to give you an example of her poor time that I brought up in beginning, when I am explaining something, it's to the whole group. She goes up to me and (inaudible at 1:19:11.5) mother, mother, mother, I have to yes dear, your slip is showing. It couldn't be (inaudible at 1:19:20.2) Here I am, I am embarrassed to begin in. And secondly, it wasn't so important. It's already hung a half hour so why can't it hang a few more minutes until I finish with these girls? And then she come up to me when I (inaudible at 1:19:30.5)

THERAPIST: She's extremely bright.

MRS. BETTERLY: Yes. She is. If she wants to know something and she's been this way ever since she's been —what's this? What's that? Never—she could never decide whether this is well something she should come (inaudible at 1:19:45.3) who is that or tell me about this. But when it goes through her mind, she's out with it. It doesn't make any difference where you are or what it's about. If she wants to know, she just will not wait. It's got to be right then. And, many times, you are embarrassed. And you try to ease her off and a little bit later. Then, oh course, later she doesn't always remember to bring it up to you and you don't remember to bring it up to her. [1:20:12.6]

So, she has it then and if she thinks (inaudible at 1:20:15.0) which really she's not. Whatever it is—this question is that she is asking; I would be more than happy to answer it. But sometimes we—I'm not in a position that we can do it right then. Because knowing Suzanne, some of these things involve a little more time than you have at this particular moment and depending upon where you are. I know she (inaudible at 1:20:36.7) outspoken but (laughter) going on, there will be (inaudible at 1:20:41.0) was wrong with one of the (inaudible at 1:20:42.3) I don't really (inaudible at 1:20:43.0) Mother, look at that man back there. Why is he (inaudible at 1:20:48.7) or whatever his deformity was? (Inaudible at 1:20:54.1—whispered) What do you (inaudible at 1:20:57.3) (Laughter) Oh, you know about these—this is Sue.

This is Sue. And, oh course, there's demanding of attention and a lot of it just to get attention. She resents Billy—has ever since he's been here. And yet, he doesn't resent her. If he does, he's is very mild. He's always had to—with him. He always thinks of her. If he's given candy at the barber shop, he'll just try to—he'll either ask for two and if he thinks there's a possibility of not getting two then he just goes over and takes two to take one home to her see. She isn't as apt to do that for him. She might take two and eat both on the way (Laughter) home. [1:21:51.1]

She is getting a little bit better. I was pleased with her the other night. Bill really didn't his dinner and Bill told him he was going to bed. And Sue got quite upset about it. Well she just thought he was being awfully mean to Billy. It wasn't fair that he was putting him to bed. Well Billy had a half hour to eat. Well, if he—if it told him an hour to eat, let him sit there and eat. And this is the first time that she has ever shown of really taking his part. We haven't been able to get her to take his part any place.

Outside and I never push Billy off on Sue. She never had to stay in from playing to care of him. She never—I don't think she's ever had to give up anything for Billy. I never wanted her to feel that she had to give up her stuff in order to—for me to go some place to take care of Billy. Once in a while (inaudible at 1:22:44.3) leave the two of them home to run and do any of that. But when he was little, she didn't have to give up playing with her friends in order to stay with her brother. So the feeling of resentment of him does not come from that. It's their sharing attention. [1:23:00.8]

THERAPIST: I guess you're saying you've tried to be lenient on her.

MRS. BETTERLY: Exceptionally so. Yes. I have taken him with me when really she come have looked after him. And yes, her—she doesn't really—

MR. BETTERLY: She never really understands how much attention she is getting.

MRS. BETTERLY: And she really can't determine right from wrong. (Inaudible at 1:23:27.0) last Saturday Bill and I had to run into the lumber yard. And we were gone over longer than I thought we would be but the

children were all right. It was in an hour of appropriate time that they could be watching television and (inaudible at 1:23:39.8) themselves. And we told them that. And came back and—

MR. BETTERLY: We live in a wood house you know.

MRS. BETTERLY: Suzanne had made a dessert which was fine. Because I try not (inaudible at 1:23:51.1) that was fine. But they built a fire in the fireplace. And this is one thing that we had pointed out to the children. They know that we live in a wood house and we have to be extremely careful. And when a fireplace is built, either Bill or myself is there. Now occasionally we let one of the children do it but it is supervised. And oh course, we were just well, it's a horrible thing when you think my gosh; I could have come home and both of children would have been laying here burnt to death. [1:24:21.0]

MR. BETTERLY: (Inaudible at 1:24:22.5)

MRS. BETTERLY: And she was extremely upset because she thought she had done something so nice for us. And it was too bad that we had to want to bawl her out for doing this because we don't dare let these children light a fire while we're gone. If a spark should—in there (inaudible at 1:24:47.2) fire—

MR. BETTERLY: I mean it was beyond the normal of not having a good day.

MRS. BETTERLY: Yeah. I—

MR. BETTERLY: That we had (inaudible at 1:24:52.3)

(Overlapping conversation)

MRS. BETTERLY: (Inaudible at 1:24:52.4)

MR. BETTERLY: It's not that we haven't explained this. We have done this. I don't allow either one of them to play with matches unless I am there (inaudible at 1:25:02.2) because the cork on floor and the wood walls and (inaudible at 1:25:06.0) and everything and (inaudible at 1:25:07.4)

MRS. BETTERLY: And she was—she said well, Billy wanted to build a fire. Well that was all right but we said to her, you should have said well now Billy we should not build a fire when mother and daddy are not here. But the idea, one thought of it and the other one (inaudible at 1:25:24.9) that would be fun. (Inaudible at 1:25:26.6) when mother and daddy are home but she is 11. And I feel she is at the age where she should be able to think to herself well now is this something that is all right for us to do? We know other children of 11 that are quite capable of this and yet I know that you should not compare your child to some other child. But this is where Suzanne wanted to do something—[1:25:51.5]

MR. BETTERLY: (Inaudible at 1:25:52.3)

MRS. BETTERLY: Really nice. Doing something special so you'll be pleased when you come home. And yet her decision (inaudible at 1:25:58.0) is so wrong. If she would have just made the dessert that would have been perfect you see. But she had to go one step further and build a fire. And then oh course, the whole thing was burned out and she was quite upset over the fact that she had tried to do something nice and we didn't appreciate it. And it wasn't that we didn't appreciate the thought but it was that that was wrong in our house for she and Billy to build a fire.

Now this is Sue. Billy and the rest of us can work around a bucket of paint all day and not a drop gets spilt and no one gets it on them. Sue (inaudible at 1:26:32.1) could have been gone all day and walked in at 5:00 p.m. and that bucket of paint is still there. And before you know it, it's either spilt, it's down the front of her or it's on something. Now how it happens, I don't know. (Laughter) But this is Sue along with her striving her the attention and love that she feels she's not getting.

THERAPIST: Well (inaudible at 1:26:54.0) that she does all parts of exasperating things. So she'll find an exasperating thing to do. [1:27:01.9]

MRS. BETTERLY: Yes. I don't know how—and I don't know how (inaudible at 1:27:05.1) myself. And yet there are some times when she is very, very good about things.

MR. BETTERLY: She's very sweet and—

MRS. BETTERLY: She'll say that she can't do this. Now there are some things when she knows that she can't do it. Now this fireplace business, it can probably come up another time from now. And I don't imagine she'll ever light another fire unless she did ask. And some things she can just be boy, if she knows she's not (inaudible at 1:27:34.9) she won't budge. But when it comes to (inaudible at 1:27:39.9) in the very beginning is this right or is this wrong, she just doesn't (inaudible at 1:27:44.4) I don't know whether inside she's thinking I shouldn't do it. But on the other hand, it would be so nice to do it. You see? This I don't understand. (Inaudible at 1:27:59.90 and that she is a bright child.

THERAPIST: (Inaudible at 1:28:03.6)

MRS. BETTERLY: Her teachers tell her she is.

THERAPIST: So you're saying you don't know how she arrives at the—

MRS. BETTERLY: No. I don't.

THERAPIST: Actions that are wrong. And I (inaudible at 1:28:15.3) you're saying she just mystifies you. [1:28:17.2]

MRS. BETTERLY: Yes. And she is (inaudible at 1:28:19.2) There are times when it just got all over her and she's full of life. She loves (inaudible at 1:28:25.8)

(Overlapping conversation)

MR. BETTERLY: There's one other insight on that. I don't know if this has any bearing on it or not. But Suzanne seems to be an individual and there are quite a few of them I guess. I didn't realize there were. But she's extremely insensitive to or extremely sensitive to the pain in any sort of a way. She is—almost 100% of it is if she gets a slight cut or anything that drowns her physically, it's either the whole medicine chest or get to the doctor or complaining about it all the time all day long. A slight tummy ache in the morning is, to her, terrific and unbearable. And if we do leave her stay home from school and then (inaudible at 1:29:23.1) [1:29:23.7]

(Overlapping conversation)

MRS. BETTERLY: (Inaudible at 1:29:23.9)

MR. BETTERLY: But, she is always over sensitive to pain as evidenced by if Billy happens to touch her, she's liable to bust out in crying. Or she'll hit him 16 times as hard as he hit her. She seems to have no balance either in recite to what she has (inaudible at 1:29:46.0) and what she receives.

MRS. BETTERLY: And this has come back to her thing, she's not getting enough love.

MR. BETTERLY: She doesn't seem to realize that other people feel pain. And yet, in her own mind, she (inaudible at 1:30:00.4) pain terribly. If you touch her, well as a child, you could play. And I had to be—it was almost like I was (inaudible at 1:30:11.1) because if I (inaudible at 1:30:13.1) a little bit wrong it would get her to a cry, a real hysterical cry almost. Billy and I, we wrestled. He wants to fight back. I mean he doesn't give up too easily. But Sue, as long as she's winning, will fight. [1:30:32.2]

But let one little bit of defeat come in there and she's had it. There is no fighting back after that. As long as she's on the winning team and well as evidence by the fact in school yesterday as I was saying, she had a bottle of paste on her desk which didn't belong there in the first place. And one of the kids made (inaudible at 1:30:52.9) and she just got out of her seat and crumbled every bit of paper on his desk that he had been working on all morning and, threw it on the floor. Well now, the point we're driving at is what was done her and the damage inflicted here was in no relationship to each other. And—

MRS. BETTERLY: And she felt that she was right. Because when I got to see the teacher and when she—she was ready. She said and another thing, this particular sixth grade in junior high that have gotten (inaudible at 1:31:28.4) they are very immature for 11 years and so—

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 1:31:32.1) grade have been a problem. [1:30:32.2]

MRS. BETTERLY: This the teacher said, she said (inaudible at 1:31:38.0) But she was telling me about this and she said I don't know how to get through to Suzanne. She said I don't (inaudible at 1:31:46.5) And she said she did this particular thing and she said she couldn't understand why she was perfectly right in ruining his papers because he had touched her paste. But he had not hurt her paste in any way. He had not done anything to it that she could not use it. And he had (inaudible at 1:32:07.9)

(Overlapping conversation)

MR. BETTERLY: He didn't wipe it on her (inaudible at 1:32:08.8) so he didn't do wrong.

MRS. BETTERLY: It was just one of those things that was set to temptation and he just (inaudible at 1:32:12.4) stuck his finger in it. (Inaudible at 1:32:13.7) So here again, the balance is not—

THERAPIST: You're saying that you find her unreasonable.

MRS. BETTERLY: Yes. And Bill will tell you about seeing that. Suzanne had an eye test Thursday. Billy had his eyes tested Friday. They both had to have drops. They both wore little glasses like this. We had to wait a half hour after the drops were put in for (inaudible at 1:32:36.8) And Sue complained of these glasses cutting her face and hurting her nose for the whole half hour. [1:32:46.6]

So I thought well, now we have the same thing on Friday. Billy never once mentioned that those glasses were a little sharp, that they hurt his face (inaudible at 1:32:58.0) or that they hurt him in any way. He put them on and they did slide a little bit. And he talked about (inaudible at 1:33:05.2) He never once said they hurt him.

MR. BETTERLY: Well she expects life to be a complete bowl of cherries with sugar and cream right there and no hardship whatsoever. There's nothing in life that should irritate her or arouse her or anything else. And, but life just ain't this way. (Laughter) And I want to get her ready for it. And frankly, I think it's probably us that needs the advice of how do we go about this that life just is not a bowl of cherries. That there are other individuals' desires and things that have to be reckoned with and that she has to be a team in society. And there are bound to be irritations in everything that (inaudible at 1:33:53.7) [1:33:55.2]

THERAPIST: How do you see her picture of herself? What do you think she's thinking of herself?

MR. BETTERLY: She don't think she's good enough. I don't think.

THERAPIST: Good enough for what?

MR. BETTERLY: She doesn't think she's as bright enough as she should be or is or she knocks herself. She doesn't think she's up to par.

MRS. BETTERLY: She thinks she's terrible. She's one of the shortest girls in her class. Everybody is so much bigger than she is.

THERAPIST: So you're saying she does not think she's good enough for whom or for—?

MR. BETTERLY: Well as compared to the average.

THERAPIST: And that's in what way? Intelligence?

MR. BETTERLY: Yeah. She keeps saying when we're working on homework (inaudible at 1:34:51.3) oh; I'm not smart enough for it. I'm not—I'm a dummy or something like that. I forget what—[1:35:01.0]

MRS. BETTERLY: And there's the lack of self confidence.

THERAPIST: And she sees herself as (inaudible at 1:35:15.4)

MR. BETTERLY: Inadequate.

THERAPIST: Inadequate.

MRS. BETTERLY: (Inaudible at 1:35:17.3) And we have set her standards too high. Unfortunately Bill and I do have, I feel, rather high standard in work that we do. When Bill does any carpentry around the house, he wants it to be right. He doesn't like a sloppy joint. He doesn't want to (inaudible at 1:35:44.8) something together and have a crack in it. He wants it to fit. And I like to sew and I constantly strive for perfection. That's as much a phobia with me as whatever is bothering Sue because I want it to right. I want it to look right and whatever it is, to be the right color and everything else. That's something that's in me and perhaps; we have made the standards too high for Sue. This I don't know. [1:36:18.8]

THERAPIST: Yeah.

MRS. BETTERLY: And, when she says she can (inaudible at 1:36:21.9) as long as I can do something and get by but why strive any harder. Her teacher says she (inaudible at 1:36:30.2) her writing is terrible. She said she doesn't try. Her English is very poor. She said she doesn't (inaudible at 1:36:36.1)

(Overlapping conversation)

MR. BETTERLY: And then she had a vocabulary of a six year old when she was two almost.

THERAPIST: (Inaudible at 1:36:43.0) You're saying that (inaudible at 1:36:50.4) feeling as though she doesn't measure up. And, for yourselves as having helped (inaudible at 1:37:00.9) as believing that she has high ability. And, I guess you're saying by that that you feel well you've wanted her to measure up. You've wanted her to come up to some—[1:37:23.9]

MR. BETTERLY: (Inaudible at 1:37:25.8) in her own (inaudible at 1:37:26.9) the one that she sets for herself, she loves plays and she loves acting. And she likes all these other things. But even those things that she loves, she will (inaudible at 1:37:47.8) piano and music. She loves music. She sings. She can memorize a song like that and that's that. She can hear a melody and she'd go down and play it on the piano.

As much as she likes it, she will not strive to do anything with it other than an occasional you know. I mean we give her her piano lessons. She begged for piano lessons. That's all we heard about. We went out and bought a piano and gave her piano lessons. As soon as she got this (inaudible at 1:38:19.7), she didn't want any part of it. She will get something on her mind that she wants, she wanted—what do you call those little animals? [1:38:33.1]

MRS. BETTERLY: (Inaudible at 1:38:35.3)

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 1:38:36.5) The guinea pig like. Yeah. She wanted a guinea pig. That's all we heard around (inaudible at 1:38:42.1) is a guinea pig, a guinea pig, a guinea pig. So we got it and two days—

MRS. BETTERLY: Well she took her money.

MR. BETTERLY: Yeah.

MRS. BETTERLY: We finally told her she could have it.

MR. BETTERLY: She'd earn it.

MRS. BETTERLY: If she would earn the money.

MR. BETTERLY: If she'd earn it.

MRS. BETTERLY: And so she finally scrounged around and found a silver dollar that had been given to her (Laughter) and some other money. And finally (inaudible at 1:38:59.3) that she managed to scrap \$2 (inaudible at 1:39:02.6)

(Overlapping conversation)

MR. BETTERLY: She bought the guinea pig and then that was—and I—and she and I made a cage for it together. We worked hard. I figured if she worked on the cage with me and help me with the thing and she wanted to, this would build (inaudible at 1:39:13.7) Two days later bang, the guinea pig (inaudible at 1:39:16.5) and then nothing to do with it. Except maybe three minutes a day attention, that was it.

MRS. BETTERLY: She might take it out of the cage and play with it a little bit. [1:39:24.1]

MR. BETTERLY: But then put it away and then she (inaudible at 1:39:25.4) this desire that was there forgotten as soon as she had what she wanted.

THERAPIST: Well I guess I hear you saying that you see her as feeling inadequate within her and yet, you also see her as not pushing herself.

MR. BETTERLY: No. That's true.

MRS. BETTERLY: She won't.

MR. BETTERLY: You know (inaudible at 1:39:46.9) connected with what she wants.

THERAPIST: She'll—well she sees herself as wanting things and not wanting to do anything about them.

MRS. BETTERLY: And Bill is an excellent father really to the children. He—

MR. BETTERLY: Well I don't think I am but—[1:40:11.7]

MRS. BETTERLY: He takes time out to help them build this and help them build that. Christmas day he spent all day on their toys. If they break down, he fixes them. He helps them figure out this. Helping them to figure out that. And I say there are few fathers that take the time with their children that Bill has. My dad traveled all the time. He certainly didn't. Bill's dad never did it for him. But the children can—will never be able to say that their daddy didn't sit down and help them. Because if they want to build something, by golly, Bill's got the nails for them and the hammers and we help them figure out how to do it. And then, oh course, he expects them at some point to take over.

THERAPIST: How do you think she looks at you? Sees you?

MR. BETTERLY: I don't know.

MRS. BETTERLY: Again, this is probably one of the greatest things that baffles both of us.

MR. BETTERLY: Well I love that we love her and we wouldn't even be here.

THERAPIST: (Inaudible at 1:41:09.0)

MR. BETTERLY: I don't know.

MRS. BETTERLY: Well I would say, as a very strict mother and probably one that's not too understanding. [1:41:16.5]

MR. BETTERLY: (Inaudible at 1:41:24.0) of always being unfair. How fair is fair?

(Overlapping conversation)

MRS. BETTERLY: (Inaudible at 1:41:29.4) was real little, you don't love me anymore or you wouldn't make me do this. And I keep saying to Suzanne, if I didn't love you, I wouldn't make you do this. I would just let you go. But I do love you and I want you to do this because it is necessary for you to learn it or whatever it might happen to be. But she thinks we are being hard on her. Yes.

MR. BETTERLY: And unfair.

MRS. BETTERLY: Yes. And what else she thinks I don't know. But those two things, I know that she feels that way. She's unhappy.

MR. BETTERLY: She is. Yeah.

MRS. BETTERLY: And her teacher says that she's unhappy.

MR. BETTERLY: She's an extreme (inaudible at 1:42:13.7) She can't—

MRS. BETTERLY: We can punish her by making her stay in her bedroom. [1:42:19.5]

MR. BETTERLY: Yeah.

MRS. BETTERLY: Because she's got books, dolls, paint sets—

MR. BETTERLY: Everything.

MRS. BETTERLY: She can't find one thing to do in her bedroom. We put her in her bedroom (inaudible at 1:42:28.8) because—

MR. BETTERLY: Find something to do but she won't.

MRS. BETTERLY: She hasn't—

MR. BETTERLY: (Inaudible at 1:42:34.0)

MRS. BETTERLY: Done (inaudible at 1:42:35.1) like she should. And I'll put her there and maybe she'll just interest herself in something. She'll either sit on her bed or in (inaudible at 1:42:42.5) or stand at her doorway like this. If she's going to think of going (inaudible at 1:42:47.5) And then—

MR. BETTERLY: She's just got to be with people all the time.

MRS. BETTERLY: And then she—

MR. BETTERLY: Whether it's adults or whether it's children or what. If we have company, (inaudible at 1:43:02.4)

(Overlapping conversation)

MRS. BETTERLY: (Inaudible at 1:43:02.4)

MR. BETTERLY: Sit right down and carry on a conversation right with the rest of us. Or if she has a guest over, she wants the guest right with her and she don't want Billy or us around. But if Billy has guests, she wants right in there. I mean she's just got to be in with all these people all the time. Never by herself. And— [1:43:27.3]

MRS. BETTERLY: And she wasn't left when she was little.

MR. BETTERLY: No. No.

MRS. BETTERLY: Never.

MR. BETTERLY: It's amazing and it's like the (inaudible at 1:43:34.2) all the time until I was 19. I mean by that (inaudible at 1:43:40.1) I've never been one in the social world where—

MRS. BETTERLY: We don't want now (inaudible at 1:43:45.1)

(Overlapping conversation)

MR. BETTERLY: (Inaudible at 1:43:45.3) and give her to somebody else all the time because we just don't.

MRS. BETTERLY: And we certainly didn't then.

MR. BETTERLY: No.

MRS. BETTERLY: We couldn't afford to.

MR. BETTERLY: No.

MRS. BETTERLY: When she was little, to go out. Maybe we would go out once a month and it was (inaudible at 1:43:58.9) We even did that.

THERAPIST: Well I think it might be helpful to spend some time now with the three of you to see if I can sort of play back the two of you these various pictures each of you hold of the other. And what are the—where the difficulty comes. I think that would be well to do with her here because I think that—[1:44:37.1]

MRS. BETTERLY: Do you feel that she will understand this?

THERAPIST: Oh yes. Just like that.

MRS. BETTERLY: She was (inaudible at 1:44:44.6) over the fact that we were bringing her here today. She was very angry with me. Didn't think it was right at all. She didn't want to come. And I talked to her at great length about it. And finally I said to her, well will you please come just for her? I said not for yourself but I said I want you to do it for me. I said I feel that there are things I should be doing for you and understanding about you. And I don't. And I said I never had anybody's assistance and I, in my experience with children has been very (inaudible at 1:45:19.4) And I said I feel the only way I can understand you and children of your age will be to come here today. I didn't try to—

THERAPIST: What did she say to that? [1:45:32.3]

MRS. BETTERLY: She still didn't want to come. And I said well you've just got to (inaudible at 1:45:37.3) Mr. Betterly is going to take his time this morning to see us and I said it would not be fair for us to call him now and say that we were (inaudible at 1:45:45.7)

THERAPIST: Well I think it would be very beneficial and more beneficial with the three of you than (inaudible at 1:45:57.1) speaking to the two of you or back to her alone.

MRS. BETTERLY: Well I have one other question to ask. Will you have some (inaudible at 1:46:09.3) to make on things that we should do or can do to help Sue?

THERAPIST: Well that's what I'm going to do now.

MRS. BETTERLY: Yes. Well that's (inaudible at 1:46:18.4)

(Overlapping conversation)

THERAPIST: Not in suggestion form but to let you see what you're dealing with in each other and in yourself.

MRS. BETTERLY: Well, but I feel that unless we have some very concrete suggestions made, Bill and I have been struggling with this problem now for quite some time. And apparently we haven't been able to come to any good solution. And, I feel that you could probably say well now, this is maybe a place where you could do this. Or you could try this. [1:46:53.0]

And, I'm not speaking for Bill, I'm speaking for myself. I feel that I'm very blind and I—there are things that are evident that I should be able to recognize but for some reason I don't. My own personality is involved in this thing too. And perhaps I'm stubborn and just won't give up and say well, this is it. Let's do something about it. And even if I did know that something could be done, I wouldn't know which way to turn. So that's why I feel (inaudible at 1:47:24.9) something (inaudible at 1:47:26.4) now we are going to try this.

THERAPIST: (Inaudible at 1:47:34.4)

MRS. BETTERLY: I work much better with a pattern. (Laughter)

THERAPIST: Well, I think a pattern (inaudible at 1:47:40.0)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

Dr. Harold Greenwald (1910-1999) was born on July 28, 1910, in Manhattan. In 1956, while in his mid-40's, Dr. Greenwald earned a doctorate from Columbia University. Despite his late start, he quickly gained prominence in psychoanalytic circles as a leading student of the Freud disciple Theodore Reik. He became president of the Freudian-leaning National Psychological Association for Psychoanalysis early in his career, but later turned his attention to cognitive therapy.

He is credited with the development of direct decision therapy, a derivative of rational emotive behavior therapy. In his teachings of direct decision therapy, Dr. Greenwald specifically addressed the decisions people make. He saw all psychological problems as a result of decisions people have made.

Dr. Greenwald taught at Hofstra University, in 1968 and 1969, and at the University of Bergen in Norway as a Visiting Fulbright Fellow. He also taught at United States International University in San Diego and became a Distinguished Professor there in 1975. He served as president of the Academy of Psychologists in Marital and Family Therapy and as president of the division of Humanistic Psychology of the American Psychological Association.

Dr. Greenwald wrote numerous books during his career, including "Great Cases in Psychoanalysis" (1969), "Emotional Maturity in Love and Marriage," with Lucy Freeman (1961), "The Sex-Life Letters," with his wife, Ruth Greenwald, (1972), "Active Psychotherapy" (1974), "Direct Decision Therapy" (1974) and "The Happy Person" (1984).

This is an interview of a patient in therapy conducted by Dr. Harold Greenwald of New York, New York.

BEGIN TRANSCRIPT:

THERAPIST: I thought when you called the other day did you mean that you had a special crisis today?

CLIENT: When I wrote you that letter I told you I wasn't going to come here any more, but I had to see you one more time. I just had to see you. I don't know why I was coming. I don't know what you need me for. I'm so boring, and demanding, and you're too busy. You're always so busy.

THERAPIST: That's right. What would you like me to do?

CLIENT: You know what I'd like you to do. I can't have what I want. [0:01:03.7]

THERAPIST: What's that?

CLIENT: I want you to love me.

THERAPIST: Why?

CLIENT: I think about you all the time. You're the only one I do think about. I write letters to you. I didn't even know what love was about until I met you. I couldn't even say I love you to my husband or my sons or

anything until I knew you. Now I know it. I have to go away. I mean what am I coming here for anymore? I mean what's the program? I got rid of the claustrophobia. I can ride on the subways now. I got a job. I'm teaching. I'm successful. I didn't tell you. Something very good happened to me this week they offered me a scholarship to go on to college. So what am I coming here for? [0:02:14.0]

THERAPIST: Yeah, what are you coming for?

CLIENT: I don't know. I'm not going to come back anymore. This is the last time.

THERAPIST: You're making it sound as if everything is going well with you and yet your voice sounds as if everything is terrible.

CLIENT: Well I don't want to say goodbye to you.

THERAPIST: Well you don't have to say goodbye with me just because you get well. I like helping patients.

CLIENT: You're just fooling.

THERAPIST: I'm not fooling at all. Remember when you had the claustrophobia and all these other difficulties, who needs it?

CLIENT: Well I don't have that anymore.

THERAPIST: All right. So what you seem to be asking for is that we develop some new problem that you can work on? [0:03:03.4]

CLIENT: I have plenty of problems.

THERAPIST: I didn't hear any.

CLIENT: Don't look at me.

THERAPIST: All right. Where would you like me to look?

CLIENT: Just don't look at me.

THERAPIST: Okay. Where should I look? I have no objections (inaudible at 0:03:15.0).

CLIENT: I'm so ugly. I can't stand to have you look at me.

THERAPIST: I know how ugly you are even if I don't look at you. (chuckles) I remember how ugly you are.

CLIENT: You know that's the kind of thing you say that just upsets me so much.

THERAPIST: Well I have to upset you. If I don't upset you, you won't come anymore. You'll get well and you'll leave me. I don't want you to leave me yet.

CLIENT: I don't want to leave you.

THERAPIST: Did I tell you to leave? I'm sorry I looked at you.

CLIENT: But I can't go on. I can't go on loving you this way it's too upsetting.

THERAPIST: All right. I have an idea. Tell me how I can behave so that you can hate me. If you hated me, would it be just as upsetting? [0:04:10.4]

CLIENT: Sometimes I think you can read my mind. I do hate you.

THERAPIST: That's the nicest you said to me in a long time.

CLIENT: You ruined this.

THERAPIST: I think it's great that you're able to tell me you hate me.

CLIENT: I have been wanting to tell you this, but I can't tell you.

THERAPIST: All right. Don't. When you're ready, you'll tell me. There's no rush. We've got years ahead of us. And the longer you find it difficult to tell me things, the longer we can stay together.

CLIENT: Don't look at me.

THERAPIST: I'm looking past you. I'll be glad to run the session the way you like. All right. I think the mistake I've been making up till now is I haven't been listening to you enough and doing what you would like me to do. You know you've heard me say this many times, I've said this in public, I've written this, I believe that the patient knows best how she should be treated, and I haven't been listening to you enough. How do you suggest I treat you so that you don't find it so painful to come and you don't have to suffer as much as you do? What can I do? [0:05:37.9]

CLIENT: You do listen to me. You do listen to me.

THERAPIST: No, but I'm not treating you properly. If I did you wouldn't have to leave. Obviously, I'm doing something terribly wrong. You're being very kind and you won't tell me this.

CLIENT: I'm not being kind.

THERAPIST: You're being extremely kind.

CLIENT: No, you're the one who's kind.

THERAPIST: No, no. If I was treating you properly, you wouldn't be suffering so. You wouldn't have to leave. I must be doing something wrong.

CLIENT: It's just that if I stay I have to tell you something. [0:06:07.2]

THERAPIST: No rush. Don't tell me anything until you feel ready to tell it.

CLIENT: I'm afraid to tell you.

THERAPIST: Well then don't tell me. Just tell me when you're ready. Have I ever tried to force you to tell me anything? I would be interested. Don't tell me this but I'd be very curious to know why you're afraid to tell me what it is that you're?

CLIENT: Because you'll hate me and you won't love me anymore.

THERAPIST: Then I won't love you anymore?

CLIENT: No.

THERAPIST: Have I said that I love you?

CLIENT: No.

THERAPIST: Maybe I hate you already. Suppose I hated you, would it be easier for you to tell me the truth?

CLIENT: Yes.

THERAPIST: All right. So how are you going to behave to make me hate you?

CLIENT: I already behave that way. I'm demanding. I don't pay you enough money. I know I don't pay you as much as the other patients do. I call you on the telephone all the time. I can tell you're busy, but you take the time out to talk to me. I'm boring. I don't think anything. I don't know anything. I'm stupid. [0:07:16.1]

THERAPIST: And that makes it a very restful change from my other patients they're all intelligent, who don't call me, who pay me a lot of money. It's a relief to have somebody like you.

CLIENT: You say those things. I don't know what to do with them.

THERAPIST: About what?

CLIENT: I don't know. You make me feel like?

THERAPIST: Like what?

CLIENT: Like I can tell you. Oh, I'll try to tell you. I'll try. You see it's like there's things about you that I think that aren't nice.

THERAPIST: You're being kind again. There's things about me that are lousy. [0:08:08.4]

CLIENT: They're terrible.

THERAPIST: Right. Now you're being truthful.

CLIENT: But I mean you're sorry?

THERAPIST: That's right.

CLIENT: And you're insincere.

THERAPIST: Right.

CLIENT: And you say things that aren't nice.

THERAPIST: Like what?

CLIENT: And I want you to be? And the other night when I called you I thought you were drunk and then I said to myself, oh my God, my own mother was sick and now I've got another mother who's sick. I don't need that.

THERAPIST: What are some of the terrible things like that? Is this what you were afraid to tell me?

CLIENT: That's part of it.

THERAPIST: You mean that I'm sick.

CLIENT: I think you drink. Yeah, I think you're sick.

THERAPIST: Yeah. You see you said you're stupid, yet most of the other patients haven't realized how sick I am. I think that's great. As a matter of fact, if you must know, one of the reasons why I kept you at a lower fee, and why I like your telephone calls, and so on, because I think that you might be able to help me because you've helped me already. [0:09:14.9]

CLIENT: You saying things like that, that's part of what I can't stand.

THERAPIST: What are you talking about?

CLIENT: How I can help you huh?

THERAPIST: By telling me that I come across sick.

CLIENT: I can't help you.

THERAPIST: Why not?

CLIENT: Oh, look at me. I mean my whole thing is to get to be like you and I can't. I get so hopeless.

THERAPIST: Get to be sick and drunkard like me?

CLIENT: Well I hope you're not sick. I hope you don't drink. Do you drink?

THERAPIST: You're not crazy. You're not crazy in that way. You're crazy in other ways. You know what's going on. If you see me as sick, you must recognize a certain sickness in my, and I wish you'd tell me what it is. I think you can help me with it. Would you want to help me if you could?

CLIENT: You're making me very nervous.

THERAPIST: The more nervous you are the longer you'll stay here. So let's not worry about that. At least?

CLIENT: I can't stand it when you say those things to me. [0:10:02.0]

THERAPIST: Look, if you get well you leave me right?

CLIENT: Yeah, that's what I'm afraid of.

THERAPIST: If you remain nervous, then you stay here. So when I make you nervous, I'm showing you how much I care for you. Look, there's one way in which I'd like you're help very much, and I'm completely sincere at this moment, and I think you'll know how sincere I am when I explain the help I want. There are many things about you that are extremely puzzling to me. I'd like you to make me into a better therapist for you. Now you can do this. Nobody else in the world can do this. It happens, and incidentally I'll be a better therapist for other people but never mind them. I want you to make me into the best possible therapist for you. In order to do that, I need you to tell me how to treat you.

CLIENT: You mean it? [0:11:00.6]

THERAPIST: Yes.

CLIENT: Well first of all why don't you ever ask me why I'm sitting on the edge of this seat? I'm very uncomfortable. You never think about me.

THERAPIST: You know I've noticed this many times, but I always was concerned it would make you more self conscious. I thought I could get it over by my sitting back comfortably and relaxing and I thought that maybe you'd pick that up.

CLIENT: I try to be like you all the time. I can't do it. I mean I'm trying. I can't catch up with you.

THERAPIST: So you think I should ask you questions like that? Incidentally why do you sit on the edge of the chair?

CLIENT: Because the chair's uncomfortable and my feet don't stretch all the way to the ground if I sit back but my back hurts. I go out of here, I'm exhausted.

THERAPIST: Yeah. You know I got the lousiest chairs in New York. Some son of a bitch sold me these chairs six months ago and since then everybody's been complaining about them and I haven't had the time and the sense to go and get another pair. I think you've made a very good suggestion. [0:12:02.9]

CLIENT: Everybody complains about them?

THERAPIST: They don't directly complain, but they made the same complaints about their back hurting them, about them being uncomfortable after a session, and nobody had the guts to tell me like you just did.

CLIENT: Are you kidding me?

THERAPIST: No, I'm not kidding. You think I'd hold on to them if they were that bad. I might. Not in your case. What kind of a chair would you like? What kind of chair should we get?

CLIENT: I'd like one like that.

THERAPIST: Like this one? You want to change? Okay.

CLIENT: Well I'll come sit over there.

THERAPIST: Okay. Fine. How's that?

CLIENT: Better.

THERAPIST: That's good. Well now that you're sitting in the analyst chair, I'll hope you'll be more of an analyst with me. You're being very helpful so far, thanks. Hey, you were able to sit back. You're right. [0:13:03.2]

CLIENT: It feels better too.

THERAPIST: Yeah. You know I like this chair better than that one.

CLIENT: You do?

THERAPIST: Yeah.

CLIENT: Why?

THERAPIST: I don't know. It seems to fit more comfortably. Maybe I like being a patient more than I like being an analyst.

CLIENT: I don't know what to say to you.

THERAPIST: Huh? So far you're helping.

CLIENT: You know there's this other thing. I never mentioned it but a long time ago? Remember I told you that awful thing I get with school where the directors ask me what was wrong. The teacher I was assisting and I told her and I didn't tell the teacher that I said anything. I told her all those awful things about the teacher. They were true. She didn't handle the kids well. She wasn't good with them. And then they let her go, and she was so angry at me and I felt like such a?

THERAPIST: Rat fink.

CLIENT: Yeah. And you said I should've said to her well I'm just not nice, I'm mean. [0:14:09.8]

THERAPIST: That you were a rat fink I said you should've said.

CLIENT: Yeah.

THERAPIST: Right.

CLIENT: How could you say a thing like to me?

THERAPIST: What?

CLIENT: How could I say that? How could I tell her I like to be mean? I like to be a rat fink, that's why I do it.

THERAPIST: Don't you?

CLIENT: No, I don't like it. I don't want to be that way.

THERAPIST: You're crazy. It's so much fun to be a louse.

CLIENT: It isn't fun for me.

THERAPIST: Why not?

CLIENT: I can't help it. It's because I'm scared. I thought about the kids. I thought it was the right thing to do. I didn't know what to do when that director asked me.

THERAPIST: Yeah. You mean you thought that their responsibility was more to the children than to the other teacher?

CLIENT: Yes.

THERAPIST: And that's what makes you a rat fink? That you're more interested in the welfare of 20 kids than 1 idiot of a teacher?

CLIENT: Yes, but I should've done something. I should've told her that I said it about her or I should've talked to her first. I should've gone to her and told her what she was doing wrong with the kids instead of just going to the directors and telling her. [0:15:10.5]

THERAPIST: You never told her?

CLIENT: No, I never told her. The directors told her. Don't you even remember? I told you this story.

THERAPIST: Yeah. So how come you were able to tell me all the things that are wrong with me today?

CLIENT: I don't know how you wormed it out of me. You wormed it out of me somehow.

THERAPIST: But I'm glad you told me. You don't believe that do you?

CLIENT: You're glad?

THERAPIST: Yeah.

CLIENT: That I told you, you were phony, and insincere, and that your advice is lousy.

THERAPIST: Of course. How else can I improve if you don't tell me those things? I told you I want to be the best possible therapist I can be for you. Now if you don't tell me, what the hell am I going to do? I'll continue to be lousy, phony, insincere, and making you nervous all the time. You told me about the chair, we changed chairs. Aren't you more comfortable? So why shouldn't I want that? [0:16:03.5]

CLIENT: You mean it?

THERAPIST: Of course I mean it. Try me. Tell me more things.

CLIENT: You know I feel better. I really feel better. I feel good that I told you.

THERAPIST: And I feel better.

CLIENT: I don't believe that.

THERAPIST: Some day you're going to try my patience so I'm supposed to be a very patient guy. Therapists are supposed to be patient but they never believe a word I say. Just because I happen to be a liar, you don't believe me?

CLIENT: That's why. Why do I love you so much?

THERAPIST: Because I'm a rat fink too.

CLIENT: What am I going to do about loving you? I can't stand it.

THERAPIST: Can't stand loving?

CLIENT: No. I can't. I think about you all the time. I want to be with you all the time.

THERAPIST: I think that shows very good taste for you.

CLIENT: It isn't funny to me. It's very hurtful.

THERAPIST: The love?

CLIENT: Yes. [0:17:02.6]

THERAPIST: When you came if you remember one of the things you complained about, in fact you mentioned it earlier in the hour, was that you couldn't love anybody.

CLIENT: I know but this is very painful to me. I think about you all? I can't get you out of my mind.

THERAPIST: All right. What can we do about it? What do you think we should do about it?

CLIENT: I don't know what to do. I've tried everything. I was even going to leave you. I thought you didn't want me to come here anymore. I thought maybe you were trying to get me to leave.

THERAPIST: Let me make it clear right now. You can come for the rest of your life.

CLIENT: You mean it?

THERAPIST: I mean it and you never have to get well if you don't want to. You can stay as crazy as you are and come here for the rest of your life. I mean it.

CLIENT: But what if I'm not crazy?

THERAPIST: If you're well, that'll be even better.

CLIENT: You think we could be friends? You know listen I wanted to ask you, could you suggest some books for me to read? I really want to get to be as smart as you are. I want to read all the things you do.

THERAPIST: Wait a minute. Why is that? Why do you want to be as smart as me? [0:18:03.8]

CLIENT: I want to be just like you.

THERAPIST: How are we going to get along?

CLIENT: I want to be like you. You said we were both rat finks.

THERAPIST: Right.

CLIENT: Well I want to be like you in the other ways too. What do you think I'm going to college for? I wasn't interested in college.

THERAPIST: Yeah.

CLIENT: I want to get to be like you. I want to travel all over the way you travel. I want to live an exciting life. I want people to look up to me the way they look up to you. It's silly. It'll never happen to me.

THERAPIST: No, I don't think you've got the brains for it.

CLIENT: I've got the brains. I used to be considered a very smart kid when I was young.

THERAPIST: You're putting me on?

CLIENT: No. When I was a little girl my teachers thought I was very smart. Something happened with my mother. I started having those temper tantrums on the floor and everything. Something happened to me and I was never all right after that.

THERAPIST: You mean when she used to scream?

CLIENT: Yeah, I told you when she laid down on the floor, and screamed, and kicked her heels, and I would do anything. It seems like it froze my head up. I couldn't think anymore, but I always did well in school. But at least that's when I started to feel so stupid. But sometimes I don't feel so stupid anymore. I'm getting straight A's in school. I didn't tell you about it, but I got my paper back, and I got an A on it. You know the one from that psychology course. [0:19:27.2]

THERAPIST: I never got an A in Undergraduate Psychology. I'm afraid you're getting smarter than me.

CLIENT: I don't believe you.

THERAPIST: I'm the guy who went to psychology never had an A.

CLIENT: I don't believe you.

THERAPIST: I know. That's the trouble. Nobody knows how much I had to overcome.

CLIENT: Why do you talk to me like that? I don't understand what you're talking about.

THERAPIST: I'll show you my record.

CLIENT: Will you? I don't believe you. Show it to me.

THERAPIST: I'll bring it in. I don't have it with me but if you'd like to see I'd be glad to show it to you. I was a terrible student in college; much worse than you. I was a little better with graduate school but with college lousy. [0:20:06.4]

CLIENT: Maybe I can get to be like you. I have to work awfully hard. That makes me feel like I'm still stupid that I have to work so hard to get those grades.

THERAPIST: Yeah. Only the dumbest do that. If you were really smart you wouldn't have to do anything. All you'd have to do is register for the class, the mark would come in automatically, you wouldn't have to open a book. If I was smart I would've been able to do the same thing. I couldn't. If you can figure out the way, please tell me.

CLIENT: Honestly. I can't even talk to you.

THERAPIST: Why?

CLIENT: I just feel so happy now.

THERAPIST: Well we're making each other feel good.

CLIENT: You made me very good tonight. I don't know how you did it.

THERAPIST: You know I don't either.

CLIENT: I should have an idea of being in love with you.

THERAPIST: Why should you move from being in love with me? I don't think you think enough about me. [0:21:08.6]

CLIENT: But I feel like a baby.

THERAPIST: Yeah.

CLIENT: Yeah, but I mean I'm in love with you like a baby's in love with its mother. I mean I want you to hold me in your arms all the time.

THERAPIST: All the time?

CLIENT: All the time.

THERAPIST: Never stop for reading or anything else?

CLIENT: Never.

THERAPIST: Holy mackerel. What else?

CLIENT: I want you to be around me and be with me. That's one of the things I pretend all the time is that you're with me. When I'm studying that you're with me. When I'm in bed that you're with me that you tuck in the covers at night.

THERAPIST: And then what?

CLIENT: Nothing. You kiss me on the forehead.

THERAPIST: Just on the forehead?

CLIENT: Like my mother.

THERAPIST: Yeah. And what would happen after that? Suppose we did all those things. I would hold you in my arms all the time; I would tuck you into bed.

CLIENT: I just want to come and live with you.

THERAPIST: All right. And then what would happen?

CLIENT: Nothing.

THERAPIST: Nothing?

CLIENT: Nothing. That's all I want. [0:22:01.2]

THERAPIST: Yeah, but I understand that that's what you want but what would you do for me?

CLIENT: I never thought about doing anything for you.

THERAPIST: How come?

CLIENT: I don't know. I just thought about what you were going to do for me.

THERAPIST: Yeah. The things you ask for sound great. But I'm very interested, isn't there anything you'd do for me; any little tiny thing, not too much, not at the beginning?

CLIENT: What can I do for you? You've got everything.

THERAPIST: I asked you to do something for me so I don't get it.

CLIENT: What?

THERAPIST: I asked you to make me into a better analyst.

CLIENT: Oh, I can't make you into a better analyst.

THERAPIST: Look you gave me certain suggestions on how to handle this session didn't you? I handled this session in the way you suggested. What were the results? You feel better. I feel better. Isn't that doing something for me? [0:23:02.6]

CLIENT: I suppose so. I don't understand you. So what else am I supposed to do for you? I can't think of anything I could do for you.

THERAPIST: You know it seems to me you hate the idea that you helped me.

CLIENT: Well I don't want to help you.

THERAPIST: Why not?

CLIENT: I want you to help me.

THERAPIST: All right. Tell me how. That's the only help I want. Keep telling me how and you'll be able to keep telling me how.

CLIENT: Well I want you to love me.

THERAPIST: No, you said had to.

CLIENT: Love me.

THERAPIST: How will that help you?

CLIENT: I want you to make me feel so I don't feel dirty like I felt with my mother.

THERAPIST: She made you feel dirty?

CLIENT: Yeah, whenever I came near her, she made me feel I was dirty like I smelled bad.

THERAPIST: Do you? Do you smell bad?

CLIENT: Well do I? Smell me.

THERAPIST: I don't have such a good nose. You ought to know. Don't you ever smell yourself under your arm? [0:24:08.2]

CLIENT: Oh please. Dr. Greenwald. I don't know what to say to you. I bathe a lot. What are you talking about?

THERAPIST: How much?

CLIENT: Twice a day.

THERAPIST: Not enough. That's not enough.

CLIENT: How many times should I bathe?

THERAPIST: Every spare moment.

CLIENT: I don't have any spare moments. I take care of the children. I cook meals at night. I go to school. I work all day long. What spare moments do I have? I don't even have time to clean my house on the weekends when I do the washing, and the ironing, and I cook all the meals for the week. What spare time do I have?

THERAPIST: Yeah, that makes it tough. How long do you spend in the bathtub?

CLIENT: Ten minutes; as little time as I can spend.

THERAPIST: Ten minutes in the morning and ten minutes at night.

CLIENT: Yes.

THERAPIST: Couldn't you spend more time at night?

CLIENT: No, I haven't got any more time. Do you think I'm dirty? [0:25:02.9]

THERAPIST: No. I don't know. I haven't had a chance to examine you that closely but your mother must've known. Why would she say it if you weren't dirty? What mother wants to say that her kid is dirty?

CLIENT: She didn't like me. Like even now I know I'm not dirty. My husband tells me I'm not dirty. When my mother comes near me, she moves away. She shies away from me like I'm something? I hate to have her around.

THERAPIST: How often do you see her?

CLIENT: She's got the key to my house. She comes in whenever she wants to.

THERAPIST: Comes in whenever she wants and tells you how dirty you were?

CLIENT: She tells me everything. She wants to know what I'm doing every minute. I can't stop her.

THERAPIST: How does she feel about you coming here?

CLIENT: She doesn't care. She goads me to.

THERAPIST: She doesn't mind?

CLIENT: She doesn't care anything about me. She doesn't care what I do.

THERAPIST: Did you tell her that you come here?

CLIENT: Of course I told her. [0:26:02.1]

THERAPIST: And she doesn't even ask you what you say about her?

CLIENT: No she doesn't ask me.

THERAPIST: You don't mind talking against her this way?

CLIENT: No I don't mind, maybe a little. I mind a little.

THERAPIST: Why?

CLIENT: Well she's my mother.

THERAPIST: Yeah. I'm very interested in this thing. What do you think is the truth of the matter? Are you dirty? Is your mother telling the truth or is your husband lying? Which is it?

CLIENT: Oh, I know I'm not dirty. I'm very clean. But she makes me feel dirty.

THERAPIST: Yeah.

CLIENT: I mean it's the way she backs away from me.

THERAPIST: Does everybody back away from you that way?

CLIENT: No.

THERAPIST: Only your mother?

CLIENT: I think so. I don't let anybody else come in my house. [0:27:03.4]

THERAPIST: That's a good idea. Very good.

CLIENT: Well you know that I don't want anybody to come in my house. I haven't gotten any furniture in it. It's not clean enough. My house is dirty, sloppy.

THERAPIST: You know next time you come I think it'd be a good idea if you combed your hair more carefully. That's no way to come in. You claim to love me. You don't even take the trouble to comb your hair before you come in.

CLIENT: I do. I just went in the bathroom just before I came in. I always (inaudible at 0:27:35.2)

THERAPIST: You've got a compact, just look at yourself in the mirror.

CLIENT: What's wrong with it?

THERAPIST: I think it looks pretty good.

CLIENT: I don't know what to do with you.

THERAPIST: How come you admit it that your hair is all right?

CLIENT: You won't get me to do that.

THERAPIST: Isn't that a? CLIENT: I don't know how you do that. [0:28:03.1]

THERAPIST: Isn't that a dirty trick on my part?

CLIENT: Yes it is.

THERAPIST: I apologize.

CLIENT: I think I'll just sit here for a while.

THERAPIST: Okay.

CLIENT: I love you.

THERAPIST: Do you tell the truth to the people you love?

CLIENT: You're so good to me.

THERAPIST: You were going to leave me.

CLIENT: I know. But I get this feeling that you hate me, that you're going to reject me, and so then I think I've got to go before you do.

THERAPIST: Before I find out how dirty you are?

CLIENT: That's right. That's right.

THERAPIST: So you're a jerk. You tell me to hold you in my arms right? If I did that I'd find out how dirty you are wouldn't I?

CLIENT: But I'm not dirty.

THERAPIST: You're sure?

CLIENT: Yes.

THERAPIST: You're positive?

CLIENT: Yes.

THERAPIST: Okay. If I tell you that our time is up now do you think I'm saying it because I think you're dirty? [0:29:08.2]

CLIENT: I know I have to go because our time is up. I usually notice it. So I'll see you next week?

THERAPIST: Same time?

CLIENT: Yeah.

THERAPIST: Okay. If you feel like calling me, please don't hesitate. Try to call me when with a boring patient.

CLIENT: You know I'll try not to call you, and I'll call you anyway. I always do.

THERAPIST: Good. Don't hesitate. Try especially to call me to interrupt the segment of a boring patient.

CLIENT: Now I'm not going to call you at all.

THERAPIST: Why not?

CLIENT: I don't know.

THERAPIST: You're being difficult.

END SESSION

DISCUSSION:

THERAPIST: I don't know how you felt about it but at no time that I was sitting here, except for occasionally being conscious of the audience, did I have any feeling that I was with anything but a patient and somebody that I didn't know except as a patient. It was I felt completely in the role. Did you feel the same way? [0:30:23.1]

UNKNOWN MALE: Yes.

THERAPIST: And I wish I had been able to be as good a therapist as she was a patient. But I wonder if you have any questions about any of the things that I said or did? Yes.

UNKNOWN FEMALE: Well the patient asked you hug here would you eventually hug here?

THERAPIST: Did you all hear the question? The question was when the patient asked me to hug would I eventually hug her? That will have to be a professional secret. (chuckles) Actually being serious about it I don't believe that actual physical closeness is helpful for the patient. I might enjoy it.

UNKNOWN MALE: Doctor, with that kind of therapy is it possible to make any basic character or personality changes in the patient or can this merely give an effective way for the person to solve an immediate problem? [0:31:30.8]

THERAPIST: No, I working on the? That's an excellent question. Thank you. I was working on time to make a basic character change in the patient. I was trying to? Now let's see, what were some of the problems she presented? One, she tried to relate completely to her suffering; constantly telling me how much she suffered. She was constantly telling me that she was ugly, that she was dirty, all of these other things. My aim was to rob this maneuver of any gratification. See everybody, her husband, everybody else has disagreed with her. The more they disagree with her, being a negative person which she illustrated several times during this session, the more they disagreed with her the more set she would become in her belief that she was dirty, that she was ugly, that she was unacceptable. I agreed with her, and I would keep agreeing with her, and as you noticed several times, she started to change. [0:32:33.6]

Now this is characteristic of patients. She wasn't doing this just to please me because she was playing it as somebody who's very competitive and was not out to please the therapist at all. And she was really in character throughout the entire production so she wasn't interested in showing me as a good therapist in this scene because she's completely with the situation. But as I kept agreeing with her, I robbed her of the gratification. I didn't disagree with her. And because of that she kept on changing, and accepting, and

describing herself in more positive terms over time like the dirty thing. I kept asking her, and pressing her, and asking if she's sure she wasn't dirty until she affirmed this. This would lead to a basic character change if it was kept up long enough; not one session of course. Yeah. [0:33:29.6]

UNKNOWN MALE: More of a therapy than a preventive meaning (inaudible at 0:33:36.0) or difference in the presentation than the average analyst, or psychiatrist, who has the patient on a couch whereas patients keep talking and the psychiatrist doesn't say anything just listens to the patient.

THERAPIST: Well I said at the beginning that I was going to demonstrate psychotherapy; psychoanalytic psychotherapy; not psychoanalysis. What you are describing is classical psychoanalysis.

UNKNOWN MALE: Well (inaudible at 0:34:03.6) differ in the application so far as the effect upon the patient is concerned.

THERAPIST: Well in theory the theory says that you get a more profound personality change with the classical psychoanalytic method. As they lie on the couch, they free associate five times a week preferably. Many of the more classical analysts? See I'm deliberately not using the word orthodox because that's for childcare. Many of the more classical analysts would not consider it analysis unless it took place five times a week. You can get very profound personality changes that way. With the kind of remember she stated that she was only coming once a week. With that kind of patient, you can't carry on classical psychoanalysis usually. You would have to use a modified method and that's what I was demonstrating. [0:35:04.2]

UNKNOWN MALE: (inaudible at 0:35:11.0)

THERAPIST: If I didn't consider it the most superior method in this specific situation I wouldn't have used it. But whether it is superior or not is very difficult to decide because our tests, our different techniques, are not as perfected as they would be. This happens to be the method I find most useful with patients of this kind. I would not speak this way to every patient. I considered the way she presented herself that the plan that I worked out in my mind as we were going along was the one to follow and that's the one I developed. In this specific situation? I don't believe in using one method for all patients. The method has to be tailor made. Yes. [0:36:02.9]

UNKNOWN MALE: Doctor, was your patient taking psychotropic drugs and would you have recommended that she take them?

THERAPIST: A drug.

UNKNOWN MALE: A manufactured drug.

THERAPIST: No and the basis of how she reacted in the session?

UNKNOWN MALE: Why not?

THERAPIST: You didn't let me finish which indicates your interest in this. If you feel that she should take drugs, it's alright with me. But on the basis of how she responded, she was in good contact with me, she didn't have a paralyzing anxiety, she was able to profit by the therapy, I could see no reason for the drug.

UNKNOWN MALE: Yeah, but there's something of hysteria in her voice.

THERAPIST: I didn't know that hysteria could be treated by drugs or that that is the treatment of choice. Yeah.

UNKNOWN MALE: I noticed in the conversation there was a high level of banter. Would this possibly confuse the patient that you wanted to give them something else (inaudible at 0:36:56.7)

THERAPIST: Sure. It would confuse her. [0:37:03.1]

UNKNOWN MALE: Do you like to confuse them?

THERAPIST: Yeah. You see the problem is with most patients in therapy that they come in with a very rigid system. The problem is to break that rigidity. If I worked in one way and they are sure as to what I am doing, they tend to remain just as rigid. It becomes more difficult to break up the rigid defensive system. By asking in such a way that they constantly have to figure out what I'm doing, not being sure, and acting and trying to surprise them as much as possible, constantly bring surprise into the situation, I find that it helps break up the rigid defensive system. Is my point clear? [0:37:50.1]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

CLIENT: Uhm, you know, I'm divorced recently but was five years separated. (crosstalk)

COUNSELOR: Oh, how long were you married before the five-year separation?

CLIENT: Six.

COUNSELOR: Yeah, so that's... (crosstalk)

CLIENT: Yes?

COUNSELOR: ... you've been 11 years technically married with him, but in the last five years you've been separated and now legally divorced?

CLIENT: Yeah (crosstalk).

COUNSELOR: Right.

CLIENT: Also, and the two children involved who are not my children biologically.

COUNSELOR: You mean from your husband's first marriage? (crosstalk)

CLIENT: Right. Yeah.

COUNSELOR: And where are they now?

CLIENT: You know, they-I wanted them to stay with me. (crosstalk)

COUNSELOR: Right. Did you adopt them legally, is that right?

CLIENT: No.

COUNSELOR: Uh, so they're legally... (crosstalk)

CLIENT: Well, because it never occurred to me that what happen would (inaudible 00:05:56) (crosstalk)

COUNSELOR: Yes. Yeah. But does, does he have the custody then of the two children?

CLIENT: Yes.

COUNSELOR: And does he live in New York?

CLIENT: No. I'm not from New York either. I am... (crosstalk)

COUNSELOR: All right.

CLIENT: ... from Washington and we both live in the area. (crosstalk)

COUNSELOR: Yeah. And, and are you seeing the children? Do you have any visiting rights and so on?
(crosstalk)

CLIENT: Yes, I do.

COUNSELOR: Oh.

CLIENT: The arrangement we made and that's held generally was that I would see the children two evenings a week and all day Saturday and some other special times that was arranged and that's held with no difficulty. But, uh, and, and another thing that's important I think is that my husband was widowed when one child was a day old. The mother died I think because of leukemia and the children were two and three years old.
(crosstalk)

COUNSELOR: When you married?

CLIENT: When I married.

COUNSELOR: So now they're about...

CLIENT: They're now twelve and thirteen.

COUNSELOR: Right, boys or girls?

CLIENT: The boy is 13 and the girl is 12.

COUNSELOR: Right.

CLIENT: And the problem is uhm, the divo-the separation went through many stages because it began with my going into therapy because of the dissatisfaction I felt at that time with myself and particularly with the kind of mother-I thought I was to the children.

COUNSELOR: You thought you were a poor mother to these children? (crosstalk)

CLIENT: Right.

COUNSELOR: Because what were you doing that was so bad?

CLIENT: Well, I felt that I was repeating many things that I felt had been errors in my mother's rearing.
(crosstalk)

COUNSELOR: Which you had sort of resolved not to do, but then you were doing it ... (crosstalk)

CLIENT: Right. And then in my great effort... (crosstalk)

COUNSELOR: Right.

CLIENT: ... to not do these things that I found myself doing them.

COUNSELOR: Yeah.

CLIENT: And I also was encountering things in my children that I felt I didn't like and was causing
(inaudible 00:07:43).

COUNSELOR: Yeah.

CLIENT: And at the time I went to therapy, I don't-I know, I didn't think it was the marriage that was at fault, I felt (inaudible 00:07:54) (crosstalk)

COUNSELOR: Yeah.

CLIENT: And so, then during therapy other things came out and finally I, I decided that-and as I began bringing these things up to my husband, our relationship began deteriorating.

COUNSELOR: Yeah. And you mean he wasn't the greatest father in the world and things like that (crosstalk).

CLIENT: No. And uhm, also it was very difficult to discuss with him things that, I felt were wrong. He was very hostile about anything. (crosstalk)

COUNSELOR: And he was quite defensive.

CLIENT: Yes.

COUNSELOR: Okay.

CLIENT: And the hostility reached the point that there was continual bickering and shouting and finally things got to the point where, to me, they were untenable. And, and I really thought that they weren't going to change and I also couldn't any longer take the kind of hostility I was getting from my husband. And so I think, I at first I thought it was a temporary thing, I thought it just had to stop, I could only see it's getting worse, worse, worse and nothing being resolved. Maybe my leaving would stop it. And at my first-when we first talked of this I said, "I wish you would leave, Harry because-then, uhm, it could just go on this way because as it was, he was seeing very little of the children, he was self-employed. And he saw the children maybe a half hour or 45 minutes at bedtime. But it also began to occur to me that it was possible for him to see the children more than he was seeing them, that he didn't realize (indistinct sound) he was arranging it this way. (crosstalk)

COUNSELOR: Yeah.

CLIENT: That in fact he wanted to see me, not the children.

COUNSELOR: Oh, yeah.

CLIENT: And wanted a small amount of involvement with the children. He wanted his emotional involvement to be with me.

COUNSELOR: Were you guilty about that, that he wanted to see you more than the children?

CLIENT: No, I think I was resentful... (crosstalk)

COUNSELOR: Yeah. Yeah. I see... (crosstalk)

CLIENT: because... (crosstalk)

COUNSELOR: ... he should have wanted to see the children more.

CLIENT: Yeah. Because this was another thing that was happening that was a repetition of my family's situation. All of us in my family-there are four children very close to my mother and were very distant from my father and then... (crosstalk)

COUNSELOR: Who didn't want to see you that much.

CLIENT: Obviously.

COUNSELOR: Yes. (crosstalk)

CLIENT: And also was jealous of us very much. He wanted my mother exclusively (inaudible 00:10:08). (crosstalk)

COUNSELOR: I see, yeah.

CLIENT: And so once again I was in... (crosstalk)

COUNSELOR: You were following the pattern of your own family.

CLIENT: Yes.

COUNSELOR: Okay.

CLIENT: So, he said "No" because he did not want the separation. And then when it was first discussed he said yes, I could take the children.

COUNSELOR: Right.

CLIENT: But then as things went along, he said, "No, I could not."

COUNSELOR: Because? Why did he finally take the children? Did he really want them or... (crosstalk)

CLIENT: No.

COUNSELOR: ... what would the neighbors think if he didn't take them or what?

CLIENT: Well, I don't think it was clear. (crosstalk)

COUNSELOR: Yeah.

CLIENT: I think it was mixed but I think part of it was that it was all he had left of another marriage and another relationship, so that it... (crosstalk)

COUNSELOR: Yeah, and then he still had some bond with his ex-wife who died?

CLIENT: Yes.

COUNSELOR: Yeah.

CLIENT: He, he told me that he felt he had married quite early to this other woman and then it had been a number of years until they were able to have children involved, and that he said he felt that he was much more involved in the marriage with me because he has married quite early and he had seen his wife who was really more eager to marry than he was, but that to the degree that he had been able to love her, he had.

COUNSELOR: Yeah. Now, in the meantime, despite the fact that you thought you were treating those children badly, were you quite attached to them?

CLIENT: Yes.

COUNSELOR: Yeah. Right. (crosstalk)

CLIENT: Right.

COUNSELOR: So-and did you feel it was daunting by the fact that he finally took the children when he first said that you could have them?

CLIENT: Yes. And I also felt that his-at the time, I felt how dare he for doing this, not that he wanted the children, but he thought this would keep me from leaving.

COUNSELOR: Oh. So he was blackmailing you by saying that if you leave me, I will take the children?

CLIENT: Yes.

COUNSELOR: Yeah. Now, all of these happened five years ago because you separated and for the last five years you've seen the children (indistinct sound), uh, as a, uh, visitor, sort of? (crosstalk)

CLIENT: Right.

COUNSELOR: And he is ready. Does he have a housekeeper?

CLIENT: No. Uh, when I left, there was, uh, a woman whose child had been in our baby sitter... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... who lived in an apartment in New York and I went and told her I was leaving. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And after, if she would consider taking care of them after school because I really may be... (crosstalk)

COUNSELOR: Right.

CLIENT: ... a competent person. (crosstalk)

COUNSELOR: Right.

CLIENT: And she agreed to do this. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And she had done so all the time (crosstalk)

COUNSELOR: And on weekends or so, sort of, taking care (inaudible 00:12:26)... (crosstalk)

CLIENT: No. On Saturday, I'm there. (crosstalk)

COUNSELOR: That's it.

CLIENT: And there's only their father is there.

COUNSELOR: I see. (crosstalk)

CLIENT: (inaudible 00:12:33)

COUNSELOR: (inaudible 00:12:34) right? Now have they gotten along well okay with this arrangement when they started?

CLIENT: Well, seemingly they have... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... outwardly, people tell me they think that they're seem like very healthy children. (crosstalk)

COUNSELOR: Yeah.

CLIENT: What they told me the damage is, you know, I, I think probably I'm too close to evaluate (inaudible 00:12:51). (crosstalk)

COUNSELOR: Right. But now, why are you disturbed right now? Here it was Friday. It's late and the children seemingly have gotten along, you still don't want to go back to your husband do you.

CLIENT: No.

COUNSELOR: All right, then what are you upset about then?

CLIENT: What I'm upset about is myself and... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... that is that I don't really want to go back to live with my husband. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And, you know, I don't really think in order to get involved with somebody else.

COUNSELOR: Well, have you tried during the last five years, have you gone with men?

CLIENT: I haven't gotten out of my way to meet men, but when I have... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... met them, I have gone out, not a lot, but sometimes.

COUNSELOR: And you just haven't gotten involved with anybody?

CLIENT: To some degree, I did, but one correct (inaudible 00:13:32) and with also somebody that I really knew at the beginning, I was never afraid to get more of (inaudible 00:13:37) involved and this... (crosstalk)

COUNSELOR: Yeah, right. Uh, now, but you weren't avoiding men you could get involved with, is that true?

CLIENT: No, because... (crosstalk)

COUNSELOR: You just happen to... (crosstalk)

CLIENT: ... partly, it's, it's, uhm, the nature of my accounting. I work full time. (crosstalk)

COUNSELOR: Right.

CLIENT: I see the children and I go to school. I don't know why I should (inaudible 00:13:52) (crosstalk).

COUNSELOR: Right. Yeah. And do you meet in the course of work and school any amount of eligible males at the right age?

CLIENT: No. My age is not a problem. (crosstalk)

COUNSELOR: Yeah.

CLIENT: I'm 39.

COUNSELOR: And, and the problem when you're at school? (crosstalk)

CLIENT: (inaudible 00:14:02) I, I don't do that.

COUNSELOR: No I mean, I'm the graduate (inaudible 00:14:07). (crosstalk)

CLIENT: (inaudible 00:14:08).

COUNSELOR: So the men you're meeting at school, the younger... (crosstalk)

CLIENT: ... are younger.

COUNSELOR: Yeah, so that's how-right. (crosstalk)

CLIENT: And ...

COUNSELOR: I said the teachers. How about the teacher? (laughing)

CLIENT: There were women who (inaudible 00:14:18). (laughing) (crosstalk)

COUNSELOR: (inaudible 00:14:18)

CLIENT: Women who (inaudible 10:14:20). I'm not really a big fan to them (inaudible 00:14:22) ambition.

COUNSELOR: Well, I mean that, uh, you know, in college level, a lot of teachers are males, is that true?

CLIENT: Yeah, but many-I've got a class and (inaudible 00:14:30) class and I ended up meeting him. (crosstalk)

COUNSELOR: Yeah. Right. And so one of the reasons is that you haven't met any number of males in the last five years?

CLIENT: Right, but I also have as you would say, do you want to introduce me. That, and I really haven't gone out of my way either.

COUNSELOR: Because?

CLIENT: I think that there is still-and I think that this is also encouraged by the children. In other words, the children, although they know we're separated and all the... (crosstalk)

COUNSELOR: Yes. Right.

CLIENT: ...(inaudible 14:58:00) but still, it seems to me, think of us as married people... (crosstalk)

COUNSELOR: Right.

CLIENT: ... you know, because there is (inaudible 00:15:05)... (crosstalk)

COUNSELOR: Well, for five years in the age of 12 and 13, you'd think they'd be getting the idea that did not exactly-the...

CLIENT: Yes, but the thing is, our relationship was consummated at age 2. First of all, my husband, after I left, went into therapy himself. (crosstalk)

COUNSELOR: Yeah. Right.

CLIENT: And there have been changes in him. And... (crosstalk)

COUNSELOR: For the better we hope. (laughs)

CLIENT: Yes, yes. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And then... (crosstalk)

COUNSELOR: (inaudible 00:15:29) Yeah. Okay. (laughing)

CLIENT: ... definitely do that.

COUNSELOR: Okay.

CLIENT: And, uh... (crosstalk)

COUNSELOR: Now, when you say, therefore, that as against five years ago when you left him, separated, that you're getting on better with him or... (crosstalk)

CLIENT: Yes. Yes.

COUNSELOR: Yeah. Now, how does he really see you?

CLIENT: Well, I see him... (crosstalk)

COUNSELOR: (inaudible 00:15:48)

CLIENT: ... not, not like in terms of time. (crosstalk)

COUNSELOR: On Saturdays, for example, when you are there, is he there or what?

CLIENT: No.

COUNSELOR: Is he working?

CLIENT: He is working.

COUNSELOR: And on Sunday, he's there and you're not there?

CLIENT: Right, but, uhm, the amount of time varies. For instance, he may come home earlier... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... than the time... (crosstalk)

COUNSELOR: Right.

CLIENT: ... that he generally does. And I would, I would say that I see him probably two or three or maybe four hours total... (crosstalk)

COUNSELOR: Yeah. And do you have sex relations with him?

CLIENT: No.

COUNSELOR: No? So it's just a matter of getting along with the guy?

CLIENT: Right.

COUNSELOR: And, therefore, you're in doubt whether you should try-does he still wanna get back with you?

CLIENT: I don't know. At first, he did... (crosstalk)

COUNSELOR: Yeah..

CLIENT: ... but, I think that, uhm, I think at, at this point, he's more separated from me than he ever has been before he went ... (crosstalk)

COUNSELOR: Right. Well, we have to know whether he has another girl?

CLIENT: I don't know that.

COUNSELOR: That he's pretty busy shows not likely that... (crosstalk)

CLIENT: Yeah. He doesn't have (inaudible 00:16:47) of time. No. (crosstalk)

COUNSELOR: No. Right. (crosstalk)

CLIENT: And... (crosstalk)

COUNSELOR: He is home in the evening... (crosstalk)

CLIENT: Yes.

COUNSELOR: ... and he's home on Sundays and Saturday he works?

CLIENT: Right.(crosstalk)

COUNSELOR: (inaudible 00:16:57).

CLIENT: And I know he does-I know he does have, uh, still a great (indistinct sound) involved with me too.

COUNSELOR: I see. So because you haven't found anybody yet, and because he's still theoretically available and because you're getting along better with him, you sometimes wonder whether you shouldn't try to go back and live with him?

CLIENT: Yes, I think so. And I also think that...(crosstalk)

COUNSELOR: (inaudible 00:17:20)

CLIENT: ... I think that sometimes I wish to-that he would openly either marry or get involved with somebody else... (crosstalk)

COUNSELOR: But that would (inaudible 00:17:27)...

CLIENT: ... I don't know to what degree. It's because I-just that late and came back the door (crosstalk).

COUNSELOR: Yeah.

CLIENT: Or whether I really am involved with him more than I realize. (crosstalk)

COUNSELOR: Right. In other words, it might be either A, be involved with, with him or B, your own fear of getting involved? (crosstalk)

CLIENT: That's right.

COUNSELOR: Yeah. And have you got any indication from him what he would really like?

CLIENT: Well, uh, there had been times, many times where he's come home with the children have been in bed and we've had coffee and talk... (crosstalk)

COUNSELOR: Yeah. That's right.

CLIENT: ... and talk for a long period of time. And he told me things that-saying that he cares for me very much, but he didn't really know whether they had brought us together again.

COUNSELOR: Because? Did he give any cause?

CLIENT: Well, I think, uhm, feeling that even though we have both learned something we can change somewhat, we're still basically quite the same. We're still basically quite neurotic, and that... (crosstalk)

COUNSELOR: And you rejected him, but didn't he originally... (crosstalk)

CLIENT: And, yes, and I think he also recognizes that... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ...that-and the difficult thing we have to (inaudible 00:18:39) and that, in a sense, I might always be paying for that.

COUNSELOR: Further rejection?

CLIENT: Yes.

COUNSELOR: So he might not want to take you back but then punish you for rejecting him?

CLIENT: Right.

COUNSELOR: Well, was it not for the (inaudible 00:18:51), you knew I can think of get rejected, and you... (crosstalk)

CLIENT: (inaudible 00:18:54)

COUNSELOR: ... back to live with him a few weeks?

CLIENT: This is another matter.

COUNSELOR: Yeah. Well, have you ever considered either of you just tried to live together for the moment, uh, without getting married just to see what it is like? "Cause you haven't lived together for five years now. Now have you considered either in that house for those of (inaudible 00:19:12) together or going off for a few weeks on a vacation and trying together just to see how you do get along?

CLIENT: No, I think, uh, here, we're getting to think about the children.

COUNSELOR: The children would know that you're together and then they... (crosstalk)

CLIENT: Right.

COUNSELOR: ... they feel sad again if you left?(crosstalk)

CLIENT: And I won't.

COUNSELOR: Well, that's why I suggested what you could do theoretically is, uh, put the children with somebody like a woman around there, someone who could take care of them for a few weeks or send them to camp; they're 12 and 13 and so on, and bound you either if perhaps they were at camp, either in that house or elsewhere go off and try it for a weeks. You both get a vacations? (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... so it would be feasible?

CLIENT: Yeah. (inaudible 00:19:55)

COUNSELOR: Now why not consider something like that? So the two won't know 'cause they can't-they know now, "Great, mommy and daddy are together again," and then a few weeks later that you're apart again, which will be a little rough... (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... on them. So I agree that might not be a good idea to let them know. But if they didn't know what you could arrange, why don't you experiment on that kind of a basis?

CLIENT: And yet, uhm, I don't know how measured off these things are, but it seems to me if I do, uh, (inaudible 00:20:26) like you're-rather than bother children...(crosstalk)

COUNSELOR: (inaudible 00:20:29).

CLIENT: ... or anything... (crosstalk)

COUNSELOR: Right.

CLIENT: And that, uhm, I behave so differently now with him. I think I had an attitude that was too indulgent and then realistic at one point. (crosstalk)

COUNSELOR: You mean you let it get away there?

CLIENT: Right.

COUNSELOR: And now?

CLIENT: And now it seems to me that the least little thing... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... that annoys me ... (crosstalk)

COUNSELOR: Right.

CLIENT: ... or a difference in opinion, I think to myself as I'm putting on my coat, "Well, thanks God I'm not married to him and walk out the door and go off to my own apartment. (inaudible 00:20:58) (crosstalk)

COUNSELOR: (inaudible 00:20:58)

CLIENT: ... (inaudible 00:20:59) when it ended.

COUNSELOR: But do you get hostile at him when needed? Well, why do you have to get hostile?

CLIENT: Well I think there's initially a disagreement. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And he is still very short tempered. And usually, he will become angry with me...

COUNSELOR: Right.

CLIENT: ... but then usually it's at that point that I would back off.

COUNSELOR: But, but backing off is one thing and getting hostile is another. Now, why can't you back off by saying, "Look, (inaudible 00:21:24) that he's still short-tempered?" (crosstalk)

CLIENT: Well, I do that too. I don't always get angry with him. Sometimes, I'll just say, "Well, okay. We'll discuss it another time." (crosstalk)

COUNSELOR: Right.

CLIENT: Or something anyway... (crosstalk)

COUNSELOR: But most of the time, how do you feel when he gets hostile at you?

CLIENT: Well, I just think, well, there it is, you know. Is that really what you want? Is that any... (crosstalk)

COUNSELOR: So you don't get so upset most of the time.

CLIENT: You mean after... (crosstalk)

COUNSELOR: What they would... (crosstalk)

CLIENT: ... being with him?

COUNSELOR: No, I mean feeling, you know, I mean go and kick him in the balls or anything that mean.

CLIENT: (laughs)

COUNSELOR: How do you feel?

CLIENT: I feel that, uh, I'm very glad that I'm not married to him or that I feel that because of this... (crosstalk)

COUNSELOR: But in addition to that, which is perfectly (inaudible 00:22:02) a deal also (inaudible 00:22:04). Hurts, upset, angry or anything like that, usually when he acts short-temperedly to you and is a result of one of these quarrel?

CLIENT: Well, the feeling I had then is that it's impossible that we really can't... (crosstalk)

COUNSELOR: Well...

CLIENT: ... relate to one another. (inaudible 00:22:19). (crosstalk)

COUNSELOR: And that may be so but that, that may be an objective, feeling that a, a good chance you can't relate. That I feel what you feel more than that, that if you really do get upset. And as long as you're gonna get upset by his getting short-tempered and as long as he's short-tempered despite his therapy is gone, it won't work out. Now, why can't you get to the point where you don't get upset when he gets short-tempered? You just feel, as you've said before, okay, he's still pretty nutty. Who needs it? It's good I'm not living with him. Period.

CLIENT: That was my reaction at the time.

COUNSELOR: But the other times, a lot of times you were implying it's not. You really get a feel, and I don't think (inaudible 00:22:57) foaming at the mouth or anything, but fear, hurt, upset and then go, etcetera, is that correct?

CLIENT: Yeah, I think what I think I feel is that... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I'm not married anymore, but I might as well be married because I'm getting the same kinds of reactions with him as I did when I was married.

COUNSELOR: You know, but, but only saying if he's the same person he was. And that, that he hasn't changed that much. Is that what you're saying?

CLIENT: No. (crosstalk)

COUNSELOR: (inaudible 00:23:24).

CLIENT: But I, I don't think I also resent having to be involved when I'm supposedly not married anymore. (crosstalk)

COUNSELOR: Yes, but the reason you're involved is largely because of the children. Now you have picked this advantage. You're not even the mother of these children technically. Sociologically, you're the mother and you feel like the mother and you have elected to be with these children twice a week and again on Saturday, two weekday nights on Saturday and you maintain a good emotional relationship, which I gather you have with the children, and that's satisfying to you?

CLIENT: Yes.

COUNSELOR: Now, you were saying I elected this and goddamnit it, I shouldn't have the disadvantage of this short-tempered son of a bitch.

CLIENT: That's my feelings with him. (laughter)

COUNSELOR: Only shouldn't you have the disadvantage without advantages. Why should he not be the way he is, not why would he loved me if he weren't, but why shouldn't he be? But that's what you're thinking when you're resentful, aren't you?

CLIENT: Yes.

COUNSELOR: But now, why shouldn't he be exactly the way he is? A little better than he was, but still basically in denial (inaudible 00:24:26). (Laughter) I can see there isn't any reason. (crosstalk)

CLIENT: Right.

COUNSELOR: And yet, you're demanding, and as long as you're demanding like that, it's pretty obvious that you better not go back with him yet. Isn't that true?

CLIENT: Yes.

COUNSELOR: Now, why can't you-like you were demanding this, in which case, incidentally, maybe he wouldn't even act, feel better. Then obviously, he can see you're getting upset. So, he's says to himself, "Shit. There she goes again just as if we were married." (laughs) (inaudible 00:24:58) you're not married.

CLIENT: Yeah.

COUNSELOR: Why would I wanna have this when I'm not even married to that bitch? (inaudible 00:25:06) Well, you're both saying (inaudible 00:25:07) things. Now, you really could not feel upset, I don't mean give up that and (inaudible 00:25:12) it, and not (inaudible 00:25:14) that could feel. Isn't it too bad that he is they way he is? Now... (crosstalk)

CLIENT: Also. It seems to be many times when I'm with Harry, I am feeling one way and acting another. And that-and I don't really like that.

COUNSELOR: Now which way do you feel and which way do you act?

CLIENT: In other words, I'm with him many times and he would say was either to that. (crosstalk)

COUNSELOR: Right.

CLIENT: And I-and instead of telling him how I feel... (crosstalk)

COUNSELOR: Right.

CLIENT: ... I, I talk through that but before I do it, I catch myself and say, "Oh well, you just didn't know because, well, so forget it. And then I don't react... (crosstalk)

COUNSELOR: You don't show him your feelings?

CLIENT: I don't react so that he knows I'm reacting.

COUNSELOR: If-right. Because you're afraid to react and just take it (inaudible 00:25:56)... (crosstalk)

CLIENT: No, because it seems to me I know why he's doing it. (crosstalk)

COUNSELOR: Right.

CLIENT: And that sooner or later, he's not gonna do it or he's gonna see why he's doing it and that (inaudible 00:26:07)... (crosstalk)

COUNSELOR: I'm afraid to do it, afraid you're take it a little too magical. I think it would be wiser if you said it to yourself, "Look, I know why he's doing it and maybe sooner or later he won't do it, but maybe he won't (inaudible 00:26:14). Now why do I have to upset myself underneath, not overtly, but underneath, because he's doing what he's doing?" And I still think your feeling encroaching, feeling resentment larger than they have been discussing it, rather, you're getting to the point where you really don't feel resentful by sort of 100 percent or 90 percent or 80 percent, at least, accepting truly the fact the he is what he is, tough, even if he's always this way. That's too bad. But it doesn't mean anything about me and it doesn't mean that he should be otherwise. You see what I mean?

CLIENT: Yes.

COUNSELOR: So you're not really doing that, and incidentally, it seems to me that you're hanging yourself up on this hope, that with enough therapy and enough this and enough that, he will change and everything will be hunky-dory and you are pushing away your involvement with other men because you sort of think, you'll be saying to yourself that if I let myself get hung up on another guy and really leave him, go off and marry, even if I see the children, maybe all day long that magical day will arrive when he is washed clean and what a horrible mistake I will have made. So I better not chance it while the years are passing. Is that, isn't that obviously what you're doing? (crosstalk)

CLIENT: I think, I think uh, some of it is that it's the way I would like, you know... (crosstalk)

COUNSELOR: Yeah. Right.

CLIENT: to add that would... (crosstalk)

COUNSELOR: Yes, but aren't you saying that if you don't end the way I would like it to end this especially if made a mistake, that would be awfull. Aren't you afraid of picking the wrong one?

CLIENT: (indistinct sound) I don't really know.

COUNSELOR: It sounds like that.

CLIENT: You know I'm really... (crosstalk)

COUNSELOR: Incidentally, you know, why are you crying now? Why, what, what just got to you right at this moment?

CLIENT: I think I really-just having a real relationship with him I'm not so sure why I haven't...

COUNSELOR: Well, one of the reasons is that you're not trying very hard to have it elsewhere. You're still having hope spring eternal. It should be over here because it would be lovely, because we have the children and so on. Why should I risk it elsewhere?

CLIENT: Yeah, and another thing is that that the amount of involvement I did have with another person, you know, I found myself very guilty about.

COUNSELOR: Because?

CLIENT: I, because I... (crosstalk)

COUNSELOR: What was wrong with that?

CLIENT: ... I thought-at the time I was not divorced, I was separated or legally separated... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... and I felt that I wasn't divorced. I really had no reason. No... (crosstalk)

COUNSELOR: Why (inaudible 00:28:51) it off?

CLIENT: ... and I think the children take it lightly (coughs), but still... (crosstalk)

COUNSELOR: Yeah, but now-but whom thought the children to take a (inaudible 00:28:58)? That because you weren't divorced, you had no right to go and have a relationship. How did children get so moralistic, if they are, let's assume they are, how did they get so moralistic about marriage and divorce... (crosstalk)

CLIENT: Well...

COUNSELOR: ... and relationships. Uhm... (crosstalk)

CLIENT: ... well, and if, and then you go-I have to deal with this and them too that may still-another thing is... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... the divorce just became final at the end of January. (crosstalk)

COUNSELOR: Did they know about it? Yeah.

CLIENT: And at the time we were separated, Harry told me that it was up to me to tell them we were separating, and I did.(crosstalk)

COUNSELOR: Good. Right.

CLIENT: But he also told me that he wanted to tell them about the divorce. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And I said, very well (crosstalk).

COUNSELOR: So.

CLIENT: He hasn't done so yet.

COUNSELOR: When did it become final, in January?(crosstalk)

CLIENT: The end of January.

COUNSELOR: So he's dilly-dallying? (crosstalk)

CLIENT: Yes.

COUNSELOR: Because, why do you think he's dilly-dallying?

CLIENT: I don't know. I asked him several times and he said, uhm, "It, it hasn't been the right time for him and what is the big hurry? It doesn't matter." (crosstalk)

COUNSELOR: So he's probably (inaudible 00:29:55) out. He figures one of these days, somehow, easily he'll be able to tell them.(crosstalk)

CLIENT: Yeah.

COUNSELOR: Yeah, but are you resenting that?

CLIENT: Well, you know, I think that if it is a fact, well, then they should know.(crosstalk)

COUNSELOR: And I think you're saying because it would be better for him to do it, he should-still condemning him for not doing the right thing, assuming it wouldn't be the right thing? Isn't that so?

CLIENT: Yeah. (crosstalk)

COUNSELOR: Why...

CLIENT: And then I also think this would be easier for me. And I wondered if they really... (crosstalk)

COUNSELOR: Oh, fine.

CLIENT: ... finally that we're divorced... (crosstalk)

COUNSELOR: And then the (inaudible 00:30:32)... (crosstalk)

CLIENT: ... (inaudible 00:30:32) ... (crosstalk)

COUNSELOR: Yeah. (crosstalk)

CLIENT: And that is when you and daddy get back together again and it's not... (crosstalk)

COUNSELOR: And if go with another man, you'll be able to do it guiltlessly because your own children won't resent you.

CLIENT: I can't..

COUNSELOR: You say.

CLIENT: I can't.

COUNSELOR: But it means that you are too condemnable. You really are condemning you and accepting that kind of thing. (crosstalk)

CLIENT: Right.

COUNSELOR: And again, it seems to me that you're not teaching those children how not to condemn people for not doing the right thing. You're going along for their ride. Yes dears. If you're (inaudible 00:31:00) if I not technically divorced go out and have an affair with another man.

CLIENT: Yeah. But it's more than that. I cannot openly them it is a fact. Your father and I are not going to get together again. (crosstalk)

COUNSELOR: Because if I do, they will condemn me?

CLIENT: No...(crosstalk)

COUNSELOR: What(ph)?

CLIENT: ... but, uhm... (crosstalk)

COUNSELOR: What?

CLIENT: Simply that I, I guess can't risk ending this for them... (crosstalk)

COUNSELOR: Not because they... (crosstalk)

CLIENT: ... if that's what they wanted.

COUNSELOR: I can't deprive them even though that'll give me freedom to go out and be... (crosstalk)

CLIENT: I can't.

COUNSELOR: All right now, aren't you leaning over a little too broad to protect them and aren't you trying to teach them inferentially that they must have what they want? It's plausible for them not to have what they want. They'll never be able to survive without him?

CLIENT: Well, yes, but I also think I feel very guilty about this.

COUNSELOR: Isn't that what you're saying? Why you were out that you, you didn't get along with this man in six years of marriage but now in five years of separation, you still don't get along with him that well even though you don't see him that much. Now, why is that a horrible failure?

CLIENT: Well, not one needs it. But it was also my second marriage, I'm not failing the fourth.

COUNSELOR: All right so you, you knocked off two (inaudible 00:00:33) in a rock. (audience laughing) Now-and isn't that awful, so that proves you must be no good.

CLIENT: I guess (audience laughing).

COUNSELOR: Because what should you have done in those marriages?

CLIENT: I guess. Isn't that normal enough?

COUNSELOR: Who is deliriously happily married, to your father?

CLIENT: No.

COUNSELOR: Well, then why should you be like her? How, how has her marriage gone?

CLIENT: You know, but I don't do-I don't condemn people (indistinct sound) about divorces, but on the other hand I don't admire them either.

COUNSELOR: But you condemned you, if you don't make that special success that a woman should... (crosstalk)

CLIENT: It's not the image I like to have... (crosstalk).

COUNSELOR: That's right. That you demand the image you'd like to have. You are demanding that I be the kind of woman who picks the right man in the first place and succeed nobly with them even though I picked the wrong one... (crosstalk)

CLIENT: That's not very nice. (audience laughing) (inaudible 00:01:23). (crosstalk)

COUNSELOR: (inaudible 00:01:23) Well, with that kind of a demand you're bound to beat yourself and I think that's your problem that you make these unrealistic demands on yourself. And then when the children make their unrealistic demands, and they really are unrealistic at that for five years, they haven't got used to the fact that you're not living with him and you're probably not going back to their father. You go along with their unrealistic demands 'coz they're really yours. And that's why you're not teaching them to be realistic and to accept the hard facts of life. See what I mean?

CLIENT: I think... (crosstalk)

COUNSELOR: So you're being perfectionistic about you in allowing their perfectionism to affect you. And unless you denounce that their perfectionism, you'll carry it around and beat yourself and I'm sure you could find so many things that you were imperfect for, including and especially right now, this.

CLIENT: And I think-I didn't realize that... (crosstalk)

COUNSELOR: So you have to counter your perfectionism, and how could you do that? What could you do to counter your perfectionism?

CLIENT: (inaudible 00:02:37) I can't answer to that... (crosstalk)

COUNSELOR: Well, the answer is simple. This is probably why you can't answer it. You have to ask, "Why do I have to be so goddamn perfect?" That's such a great image of why can't I be me with my imperfection.

CLIENT: I guess that you mentioned really-I do think, generally, I have very good relationship with my children.

COUNSELOR: Yeah, right.

CLIENT: And have been told by other people with the opinion, opinion of respecting that; the kids are easy with me.

COUNSELOR: Right. Yeah.

CLIENT: But my son took something that he went long ago, and it, it, has hurt me very much. (crosstalk)

COUNSELOR: What?

CLIENT: And that was-eluding I wanted him to do, and he, he has to do it, and he's 13 and he didn't do anything. (crosstalk)

COUNSELOR: Yeah.

CLIENT: More than he... (crosstalk)

COUNSELOR: Right, that is a fairly common perfectionism, it's not a big thing.

CLIENT: And this particular thing, I have no idea. I don't even know what it was because my reaction was to what he said to me.

COUNSELOR: What, what did he say to you? (crosstalk)

CLIENT: And I said, "Well, it's important to me that you do this." And he said, "Well, we can't all be perfect like you." (crosstalk)

COUNSELOR: Ah.

CLIENT: And I said, "I never said I was perfect," and he said, "Oh, yes! You're the one who works all the time, and you don't believe in any play at all. And you're the one who thinks everybody has to be perfect." (indistinct sound)

COUNSELOR: Yes. Don't you think there's some truth to what he said?

CLIENT: Upset me terribly.

COUNSELOR: Because it's true?

CLIENT: I don't know why.

COUNSELOR: But don't you get that... (crosstalk)

CLIENT: I didn't think I had given him the dealing with. I thought I was a perfect partner, but evidently I didn't.

COUNSELOR: That's right, and, and I don't know how you gave it to him, whether it's the demands about yourself or your demands about him, the system. But it seems to me from the moment you said, here, "that I get the feeling that you definitely know what the right thing is and if you don't do that, that image isn't great, that is awful and you're awful. And if that's perfectionism, and I think they've seen it from you, and incidentally, it means that they're gonna start internalizing it about themselves. (crosstalk)

CLIENT: Yeah. Why-I do know why it's that is being so... (crosstalk)

COUNSELOR: Yes?

CLIENT: Partly, and that is that my mother... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... I came from a small town, and my mother had this-she was the only person in the world of this small town, which is my world for many years. I absolutely never hear anyone say an unkind word about. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And... (crosstalk)

COUNSELOR: She must have led an awfully dull life. (audience laughing)

CLIENT: Well, it was a very strange thing. Now, I constantly know this morally wonderfully woman and... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... and that's a wonderful woman. She is a very lucky girl to have, such a wonderful... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... until I really began feeling terribly guilty because I suddenly moved. The last thing I wanted to be in the world was a wonderful woman.

COUNSELOR: You know? (audience laughing)

CLIENT: And yet, I had to learn to reflect... (crosstalk)

COUNSELOR: That's right.

CLIENT: ... because my mother had picked me to be a wonderful woman.

COUNSELOR: And who else has picked you to be wonderful woman? Won't tell us (audience laughing)... (crosstalk)

CLIENT: (laughs)

COUNSELOR: ... is that right? Haven't you really, you, you got conflict there: A. I don't wanna be like my mother and have everybody think I'm a wonderful woman and sell my soul, you better run, but I really do wanna be a wonderful woman too. And I don't wanna harm my children or really break-up a marriage or go out and have a third marriage, which wonderful women never do (audience laughing). That's, that's what I need to think. So, I think you really have the, the image that your mother had except your mother worked her ass off to get it, to maintain it and got it and probably, as I said, sold her soul, and you see on some level that it's not exactly the best thing to do and still, you want that image. You want the best of two possible worlds, being yourself and having that wonderful image.

CLIENT: And my conflict was always-whenever I depart from that place.

COUNSELOR: You beat yourself.

CLIENT: Yeah.

COUNSELOR: And your children are blaming you or your husband's blaming you is not the issue. It's you blaming you. But let's have question and discussion.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: What would you like to talk about?

CLIENT: Well, I... (crosstalk)

COUNSELOR: And please, again, no whispering.

CLIENT: ...I just wonder if, if things are similar to some of their problems (inaudible 00:08:00). (crosstalk)

COUNSELOR: They all are. That's okay. Don't worry about that. (laughing)

CLIENT: Okay. Ah, well, my problem is ah, I do executive placements in employment (coughs) and I work very well with people at hand and I work very well with the companies who are calling, in other words, a company calls, and they're looking for a particular person, I would get all the information and I will work with the applicants that I have and I can use it very, very quickly and that's my, my manner is very, very fast. (crosstalk)

COUNSELOR: Right.

CLIENT: My problem is solicitations of new business.

COUNSELOR: Which means you have to call them... (crosstalk)

CLIENT: I have to call them.

COUNSELOR: Yeah, right.

CLIENT: And I have to find out from various companies who they're-in which I procrastinate. I put off interview and I would do all sorts of other things rather than pick-up that phone... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and do it.

COUNSELOR: Because if I pick up the phone and call, what might happen?

CLIENT: That might be demands it. (indistinctive sound)

COUNSELOR: And if they were and I think specifically some people will. (crosstalk)

CLIENT: Right.

COUNSELOR: Well, if they weren't, then why ask me that?

CLIENT: I would feel the same.

COUNSELOR: If there was, you can't deal with due respect. (crosstalk)

CLIENT: Depressed and hurt. I do.

COUNSELOR: All right because what are you telling yourself to create that...(crosstalk)

CLIENT: (coughs)

COUNSELOR: ... you kind of create the fact that if that was with me, well, I wish that they treat me nicely. But they didn't. This is a bad day, they have problems and they have to see you. (crosstalk)

CLIENT: Right, right.

COUNSELOR: So you don't have to feel perfect. (crosstalk)

CLIENT: Right.

COUNSELOR: But you have to make it... (crosstalk)

CLIENT: I can't reach personally... (crosstalk)

COUNSELOR: ... right.

CLIENT: You are hurting me right... (crosstalk)

COUNSELOR: Right. Because-then what did you specifically said when you feel hurt.

CLIENT: That I'm not worth that much.

COUNSELOR: Because they don't like me, they don't answer to me? I can't right this. Right? And how does that (inaudible 00:09:57)?

CLIENT: They really don't need.

COUNSELOR: Well, it's a stage, isn't it? Because they don't like things, I can't like this, right? (crosstalk)

CLIENT: Right.

COUNSELOR: Now, how does the second part, I can't likely follow from because they don't. What's the connection between these two statements?

CLIENT: Well, what it does it's from... (crosstalk)

COUNSELOR: Then how can you think they need it? (indistinct sound) I needed you... (crosstalk)

CLIENT: ... (inaudible 00:10:22). I do it every day.

COUNSELOR: Because you do read their thoughts.

CLIENT: Yes, it doesn't make sense, but I believe.

COUNSELOR: But at the time, you do read that they-because you have a perfectionistic philosophy that he doesn't.

CLIENT: I didn't-you know I, I listen to this... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... and I thought of all things, I have been trying at being a perfectionistic.

COUNSELOR: But you are, because what are you perfectly demanding? You're not perfectly demanding like he is that you do your math or your poetry or so on.

CLIENT: Right.

COUNSELOR: Now, what are you perfectly demanding?

CLIENT: I'm actually-I am demanding that every single person who I contact during the day would give me something to work on.

COUNSELOR: That, they all will like that.

CLIENT: That all-yes that if they...(crosstalk)

COUNSELOR: (inaudible 00:11:05)

CLIENT: ... are all likely to say I already said that if they are (inaudible 00:11:07). (crosstalk)

COUNSELOR: Right. You're, you're not saying in order for me to like myself, I need seventy percent of the people in the world to like me. You're saying, "in order for me to like myself, I need a hundred percent of those with whom I am in close contact to like me. Isn't that perfectionism?"

CLIENT: Uh hmm.

COUNSELOR: (indistinct sound) Do you have to be really that perfectionistic?

CLIENT: No, but I meant to get myself on the, on the telephone I mean I... (crosstalk)

COUNSELOR: But how do you deal with that idea? Because, suppose your proposition were true. Let's say the both to be true... (crosstalk)

CLIENT: Right.

COUNSELOR: ... for the moment. Then if a 100 percent of the people you've talked to don't like you, you can't like them. Let's suppose that were true. (crosstalk)

CLIENT: Right.

COUNSELOR: Now in that case, as in this case again it becomes too risky for you to call. (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: You better not call. That's why it is.

CLIENT: Uh hmm. You know...

COUNSELOR: So you have to get rid of the proposition, which you really believe in. Now you don't believe that 100 percent of the time, you get the right question you wanted right now. You believe the man who (inaudible 00:12:04) for a minute that the... (crosstalk)

CLIENT: That's right. Right.

COUNSELOR: But 59 minutes to reach out (inaudible 00:12:09), and that's the point. How are you gonna disbelieve in a 59 minutes to reach out?

CLIENT: Well, it's something that, you know, took a long time to adjust. (crosstalk)

COUNSELOR: Right.

CLIENT: (inaudible 00:12:23) was not prepared.

COUNSELOR: It's been we don't have to say adequate.

CLIENT: Right. Well, it didn't have... (crosstalk)

COUNSELOR: And exactly the reason it took a long.

CLIENT: ... I mean it's the same thing, you know, I... (crosstalk)

COUNSELOR: That's right.

CLIENT: ... I hate it (crosstalk).

COUNSELOR: No, you can't... (crosstalk)

CLIENT: Well, enough is enough. I'm not saying that I can't. I haven't been able to, and I've been...

COUNSELOR: But you see-then you got another nutty problem. Because I haven't been able to face it so far, or really because half of my patients are-aren't never will be able to be. See what you're saying.

CLIENT: Uh hmm.

COUNSELOR: Now does that bother you?

CLIENT: No.

COUNSELOR: Because I haven't made it go up, it will be difficult for me to take, is that true?

CLIENT: Correct.

COUNSELOR: Or having to get used to begging?

CLIENT: Right.

COUNSELOR: But there's no evidence that I can't.?

CLIENT: No.

COUNSELOR: And yet you really believe it? You got the ability to (inaudible 00:13:11) at this time. I might have all their love and unless I get a guarantee of all that love, I can possibly think it. If you could, it would be difficult, but you could. Isn't that so?

CLIENT: I'm not, I... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I just want-am I really looking for all these people's love and affection, yeah.

COUNSELOR: In this situation or they won't take all their love and attention. They don't...(crosstalk)

CLIENT: (inaudible 00:13:48)

COUNSELOR: ... call like to marry you?

CLIENT: No. Finally, all their... (crosstalk)

COUNSELOR: That you were looking for them not to say any nasty things to you.

CLIENT: Right, right.

COUNSELOR: Because if they say nasty things, I must sharpen up those deadly things. (inaudible 00:14:04) they are mean...

CLIENT: Yeah. (laughs)

COUNSELOR: Let's suppose they say nasty things and now you call three people in the whole street. (crosstalk)

CLIENT: Right.

COUNSELOR: After you say nasty things. (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: All right now why must you take those nasty things so seriously?

CLIENT: Ah, well I don't say (inaudible 00:14:22), you know, because up here I can say, well (inaudible 00:14:30).

COUNSELOR: No, because that ... (crosstalk)

CLIENT: I mean (inaudible 00:14:34) now is a... (crosstalk)

COUNSELOR: Right.

CLIENT: ... great deal of sense that ah, no, no reason in the world, yet this is obviously something that I am doing. I take it very, very personally and very seriously because I'm not worried as much as everyone else.

COUNSELOR: Because these three people said nasty things. (crosstalk)

CLIENT: ... said nasty things. (crosstalk)

COUNSELOR: Right. (crosstalk)

CLIENT: And I, I, I wonder if in my mind I have a block on these. How much money I should earn because I think if I were on the phone...

COUNSELOR: Yeah(ph). Right(ph).

CLIENT: ... I would probably triple my income... (crosstalk)

COUNSELOR: Right.

CLIENT: ... within the next few years. (crosstalk)

COUNSELOR: That's assumed. (crosstalk)

CLIENT: Right.

COUNSELOR: Yeah.

CLIENT: And I wonder if I'm, you know, if I'm thinking in my mind I'm not worth that much money.

COUNSELOR: All right. That's a possibility, but, but, but why would you not be worth that much, is that (inaudible 00:15:22). Now, what would make you unworthy of three times as much money as you now have?

CLIENT: What would make me unworthy?

COUNSELOR: Yeah, and what about you were so... (crosstalk)

CLIENT: Well...

COUNSELOR: ... not thinking that you don't deserve three times as much. (crosstalk)

CLIENT: It's my own imaging.

COUNSELOR: And where did that come from?

CLIENT: It started, you know, when I was probably three or four.

COUNSELOR: Right. But how did you start then?

CLIENT: How did I start it?

COUNSELOR: Yeah, how did you start the negative image? You have to start someday. (crosstalk)

CLIENT: Right, I mean I started probably in the time when I was in first grade and... (crosstalk)

COUNSELOR: (indistinct sound) And, and you feel right(ph)... (crosstalk)

CLIENT: ... not working. Not completing homework, assignments... (crosstalk)

COUNSELOR: All right.

CLIENT: ... getting very bad grades. (crosstalk)

COUNSELOR: Because if I completed my homework... (crosstalk)

CLIENT: ... homework I might get good grades, and I...

COUNSELOR: Are you okay?

CLIENT: Well, possibly it was a way of getting attention from my parents by getting good grades.

COUNSELOR: So, if I completed my homework assignment and I got good grades, my parents would ignore me... (crosstalk)

CLIENT: And they wouldn't like me or they wouldn't give me much attention.

COUNSELOR: It would-and I need attention. (crosstalk)

CLIENT: I need attention.

COUNSELOR: Now, so there's the sign again it is the same basic terms, that now you need attention... (crosstalk)

CLIENT: Right. They didn't (inaudible 00:16:33)... (crosstalk)

COUNSELOR: Yeah, same crack?

CLIENT: ... same (inaudible 00:16:36). (crosstalk)

COUNSELOR: Right now. Now what can you do about this 'coz you are still counting the crack... (crosstalk)

CLIENT: Right, and I have been trying to get rid of it. And it matters one now... (crosstalk)

COUNSELOR: And how?

CLIENT: Well, I guess it's by going out and getting on the zone and proving, ah, proving that my theory is wrong.

COUNSELOR: It is not proving that the principle, if I keep doing it, I probably will despite the rejection I get a lot of this.

CLIENT: Right, right. (crosstalk)

COUNSELOR: Okay.

CLIENT: So there will be few rejections... (crosstalk)

COUNSELOR: Right.

CLIENT: ... that it's still get a lot of these. (crosstalk)

COUNSELOR: And secondly, proving that despite the rejections, which you will get... (crosstalk)

CLIENT: Correct.

COUNSELOR: ... you're bound to get rejections. I won't be distraught.

CLIENT: Uh hmm.

COUNSELOR: So this is what you'll see.

CLIENT: I, I was working with a man recently. He was the president and I rejected him... (crosstalk)

COUNSELOR: Yeah.

COUNSELOR: ... and I-it's-my problem's been-has been-I need a very good opening sentence of thinking well, I mean so I can respect myself. (crosstalk)

COUNSELOR: It would be nice that if you had.

CLIENT: If I had it.

COUNSELOR: Right.

CLIENT: And I went to my boss on this and she wasn't any help at all. And she is like different every time and I was getting some ideas that she's gonna have to recommend me nothing. So I finally got myself on the phone and we had this (inaudible 00:17:54) and I said that I am wondering what's going on and he catch his breath and ah, (inaudible 00:18:02) I wonder if we can be of service to you and he said, "Well, why don't we get a new executive?

COUNSELOR: Want to get a what?

CLIENT: Wanted to get a new executive. (crosstalk)

COUNSELOR: (inaudible 00:18:12)

CLIENT: We're doing executive placement (inaudible 00:18:14). Really, it hurt, you know, why did you get an executive? (crosstalk)

COUNSELOR: (inaudible 00:18:22) If you'd take that... (crosstalk)

CLIENT: And then he turned around and said, "Yes, they were looking for a copywriter."

COUNSELOR: And attention, they readily talk to you (inaudible 00:18:30) of that. (crosstalk)

CLIENT: (inaudible 00:18:30).

COUNSELOR: ... if that is this is what (inaudible 00:18:31) if you (inaudible 00:18:32) to think they felt they were disrespectful. (crosstalk)

CLIENT: Correct.

COUNSELOR: Yeah, so he gets his crack on his check... (crosstalk)

CLIENT: Right.

COUNSELOR: ... but you don't really do anything... (crosstalk)

CLIENT: They made me find it (inaudible 00:18:44) and you give it up right now. (crosstalk)

COUNSELOR: We don't know what is that. Maybe his wife gives him bacon and eggs. (audience laughing)

CLIENT: Right. And then he said, we're looking for a copywriter but he has friends in acquiring the business and he was very busy. I said, fine, I think it's, you know, nice to deal with people that you're friendly with me now. However, I would like to call you back in a week and a half. If you filled it, in other words, and if then you haven't filled it, I referenced to you and he said fine. So I called them back and he said, "No, they hadn't filled it," and I said, "Well, you know. I know that I don't have that much money, you know largely because we work on a small budget as if taking a-to go out and take a trainee, you know, I am big enough. It's not to be fair, I mean, if they don't have the money. Yeah, I am going to expect someone in," and, you know, he don't like that. (crosstalk)

COUNSELOR: And he wasn't willing to admit that they got the money?

CLIENT: Well, I think that-so I have been trying. I have two people and he said, "Well, I can't see anyone this week. Call me back next week." I called him back Monday, and he said, "Well, they are putting the office," so now (inaudible 00:19:57). You know if this guy is just giving me the runaround or if they have still the job?

COUNSELOR: Yeah, but, but the only way you'll find out is by persistence.

CLIENT: But, but... (inaudible 00:20:06)

COUNSELOR: But why? What, what are you telling yourself to get (inaudible 00:20:10)? (crosstalk)

CLIENT: Ah, because I'm not worthy of-well, I'm not -I'm beginning to see that this guy is right. I'm not an executive.

COUNSELOR: Right. And they applaud you, putting you on because they recognized you... (crosstalk)

CLIENT: No, no, no. No, no, no. But I feel myself, you know, am I interested you know... (crosstalk)

COUNSELOR: And?

CLIENT: That I could have sustained myself-Yeah, I, I got myself into this, but am I good yet, you know? I'm doing a good job, but uhm... (crosstalk)

COUNSELOR: But you're really saying is what I can give. I'm doing this job. I got myself into it, but am I myself... (crosstalk)

CLIENT: ... am I worthy (inaudible 00:20:45) (crosstalk)

COUNSELOR: ... (inaudible 00:20:45) seeing that I don't always make out in every signs that facing that I have to please people or (inaudible 00:20:54). (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: Isn't that what you're saying? (crosstalk)

CLIENT: (inaudible 00:20:58)

COUNSELOR: That I do the job perfectly, I'm probably not worthy of it at all... (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: ...which is exactly what the fellow we have here, (inaudible 00:21:10). (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: So it is the same kind of perfectionism. And incidentally, as I said to him, with that perfectionism, you've got to denigrate yourself, unless you are perfect.

CLIENT: Uh hmm.

COUNSELOR: And in your particular ah, I could feel that (inaudible 00:21:85) again. We said that difference between him and the man... (crosstalk)

CLIENT: Right.

COUNSELOR: ... while it's between you and other people... (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: ... you have no control over that. So to be perfect, you have to be a magician. (crosstalk)

CLIENT: I ain't God.

COUNSELOR: That's right. We have to really tell all these people how to respond and have to write their script as well as their own block... (crosstalk)

CLIENT: (coughs)

COUNSELOR: ... and you can't do it.

CLIENT: No, I, I, I know I can but the words must have been personality problems, so...

COUNSELOR: You realize it, but you ended it out whenever you beat yourself. You're saying-you're saying, but in spite of the fact that I can control them, I should be able to. Otherwise, I'm no good. You see? You've seen these all irrational things but after things you bring them right back in. And it's always you who should be able to be a great executive, to make no mistakes, have a brilliant holy mind would work with everyone.

CLIENT: Uh hmm.

COUNSELOR: Which-what, what line in?

CLIENT: You know, I, I don't think it was really-I am so far from being the perfection. It is more trying to be perfect, you know, and it does for people that really just trying to be less perfect. Everything (inaudible 00:22:57)... (crosstalk)

COUNSELOR: In their work, in their work that you were trying to be perfect in yourself at work.

CLIENT: No, I don't agree (inaudible 00:23:05).

COUNSELOR: Well, a good artist tries to do well in his work, and he enjoys the work, but to protect it. (crosstalk)

CLIENT: Right.

COUNSELOR: But people like you, they're not really interested in the perfect world. They are interested in a perfect explanation of themselves. They've got to be perfect, and therefore, as I said to the other fella here, they don't perfect the work. They give up on the work because it's really no use.

CLIENT: You know what? I was trying to be a perfect human being.

COUNSELOR: Right, a god.

CLIENT: I doubt it. Not right now. (crosstalk)

COUNSELOR: And, and even if you think (inaudible 00:23:40) suppose you call up a hundred people in a row, (inaudible 00:23:42) and you won't get a hundred, but you fitted it perfectly as anybody could do. Even that won't be satisfying to you, but then you want a guarantee that the next hundred is gonna be the, the, the-or out with something well with me, which are continuing evaluating you, and you won't accept the fact that you are and always will be an imperfect being.

CLIENT: I, I just wonder if it could really, subconsciously or consciously, the way I think about it.

COUNSELOR: According to what you said up here so far, you don't like yourself and to relate this may have been self of you to imperfect performance.

CLIENT: Right. It's always been that started at third grade, uhm, probably high IQ. (crosstalk)

COUNSELOR: Right.

CLIENT: Always in school, uhm, with the matter of my parents getting into right uhm, good private uh, prep school. I took a test but couldn't make it on my own.

COUNSELOR: Right.

CLIENT: Uhm... (crosstalk)

COUNSELOR: And therefore...

CLIENT: Then, well therefore, (indistinct sound) ah, I probably I couldn't even work. I was (inaudible 00:25:11) in school.

COUNSELOR: So you make these... (crosstalk)

CLIENT: I mean.

COUNSELOR: ... meaning. If one thing goes wrong, if one has to fail, or one (inaudible 00:25:20)... (crosstalk)

CLIENT: But I'm (inaudible 00:25:20)

COUNSELOR: ... like me it's hope. Now that's why you get discouraged because any encouragement to you means, as I said before, any series of absolute successes and being a prediction of absolute successes to come, and anywhere along the line is a failure... (crosstalk)

CLIENT: (inaudible 00:25:39)

COUNSELOR: ... it's all hopeless, I'll never be able to succeed. Now, that is irony perfectionism because there aren't any human beings who can always do well and it's known that usually they could do well and who won't do well in the future because they've had a few errors along the line. They don't exist.

CLIENT: Right, I keep telling myself that, you know, by getting in the end and ah, fight it... (crosstalk)

COUNSELOR: Yeah. Right.

CLIENT: Ah, sure there's going to be a lot of failures, but there's going to be a lot of successes too.

COUNSELOR: But, but you also ended up that each failure mean what?

CLIENT: Ah, each failure means, I'm not a word that's (inaudible 00:26:26). (crosstalk)

COUNSELOR: Right. They have two conflicting value systems. One of the sayings was, in order to succeed in life, I have to go through a lot of errors. (crosstalk)

CLIENT: Right, and... (crosstalk)

COUNSELOR: And the other saying was-and if I have any errors whatsoever... (crosstalk)

CLIENT: I'm...

COUNSELOR: ... I'm an unworthy individual who never will be able to succeed at all and deserves that-and I know that very diverse fragment that-one is probably true because it is factually true. You deserve it. They don't want to succeed at anything, they have to have everything. (crosstalk)

CLIENT: Right.

COUNSELOR: And the second, that in order to be a worthy person, I must do well and, what I said before, (inaudible 00:27:01) feel like it. Pure definition because why do you have to do well to be a worthy person. Why can't you accept yourself as a human being who deserves to be happy even if you could consistently did poorly (inaudible 00:27:19)? (crosstalk)

CLIENT: Uh huh.

COUNSELOR: You really did consistently did poorly, (inaudible 00:27:23). What do you think now? Why? Because (inaudible 00:27:24) yourself as a being who deserves joy, pleasure, happiness, wherever you can get.

CLIENT: Well, I, I'm-it must be (inaudible 00:27:37) what he's saying is, I guess perfect stated to myself.

COUNSELOR: Because my being myself, my evaluation of me only it would get (inaudible 00:27:47) when I do externally in a world, or be right. And by your saying that, that every man (inaudible 00:27:53) would immediately have to (inaudible 00:27:54) mother, (inaudible 00:27:59) (crosstalk)

CLIENT: Uhm hmm. I think you, you know (inaudible 00:28:02) uhm, some act that you... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... to really have-have a name (inaudible 00:28:14) self or they lack ambition. (crosstalk)

COUNSELOR: (inaudible 00:28:17)

CLIENT: They plan and pray.

COUNSELOR: You condemn that they (inaudible 00:28:19) people. (crosstalk)

CLIENT: I could get in-at, at people (inaudible 00:28:21). (crosstalk)

COUNSELOR: Right, but you (inaudible 00:28:23). (crosstalk)

CLIENT: Yeah.

COUNSELOR: But you need that. That is unfair to them as you are to... (crosstalk)

CLIENT: Right. They ain't learning.

COUNSELOR: Don't they deserve to be happy even though they're shmucky and (inaudible 00:28:33) and... (crosstalk)

CLIENT: Right, you're right (inaudible 00:28:38). (crosstalk)

COUNSELOR: The same way that (inaudible 00:28:39) and the major one really is, no, they don't know, I don't. That's your majority belief-most of the time, (inaudible 00:28:49) that unless I and, incidentally, other human beings do very well, they observed the (inaudible 00:28:56). That's your-the ultimate and that's not the event. Let's have question and discussion.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: I delve into this nausea, ah, investigate this nausea, which, you know, for so long you have been ah, taking medicine for is a sinus drip, you know?

CLIENT: The last couple of months.

COUNSELOR: Yeah, last couple of months. You've been taking medication for it as a post-nasal drip or something like that.

CLIENT: Uh hmm.

COUNSELOR: Now, this morning before coming here, you didn't take the medicine and you felt nauseous.

CLIENT: Why I threw up. Even in the bathroom...(crosstalk)

COUNSELOR: Oh you threw up. You actually threw up. Right. Now ah, that we're relaxed a little bit and you seem to be okay, let's relax a little more. Let's use a little hypnotic relaxation, and maybe we ah, can get a few clues as to what's going on as if, you know, work on that. Uh hm, you make some brief comment but with, you know, but we'll get to that later, some brief comment about "I did something wrong," and, ah, just to that point. I hooked up the tape recorder anyway. But, let's-why don't you look at-well, it's-in several ways. Anyway, we can do with, you know, many ways we can do hypnosis. Mostly, it's a matter of relaxing yourself. Ah, just the way you're doing now, practically. See, you're holding your breathing over the belly

there. You can feel the breathing going up and down nice and good. Well, close your eyes and reach up and down breaths, you imagine a nicely relaxed place and really breathe that way, nice and comfortable in the belly. And let yourself get a little more relaxed with each breath. That's right. Your eyelids are fluttering a little bit. That's a good sign. That's fine. We're getting there. With each breath, you know, let yourself get a little more relaxed. And in order that we have some kind of signal or recognition when you're really ready to go into a hypnotic state, ah, why don't you hold one hand out in front of you at shoulder level. Ah, you know, hold your hands straight out in the couch.

CLIENT: Uh hmm.

COUNSELOR: No, straight out, ah, well, well touch it down to the couch first. That's right, straight up in front of you, on the couch. Now, raise it up about a foot, let's say, the whole hand and arm, and the shoulder. That's right. You can do it with both hands if you want, even though the other one's kind of feeling you're breathing. Well, you'll be able to see a difference between both hands. Now, you're relaxing all the time, and breathing nice and deep and, you know, letting yourself relax and you have this nice relaxed scene in your mind, right? Now, pick a hand to get heavy and, ah, drop down. When it drops and it touches the couch or you, that's your signal to yourself that you're ready to let yourself go as deeply as you dare into a hypnotic state, a hypnotic trance of a sort, okay? Imagine filing books, maybe, on the back of one of the hands, see?

CLIENT: What about rings?

COUNSELOR: Rings? (laughs)

CLIENT: This is my heavy hand.

COUNSELOR: Oh, yeah? All right. (crosstalk)

CLIENT: Even though I don't have the have the ring on it.

COUNSELOR: Ah, pick whichever hand you want and you picture whatever you want. So, anything that will make it heavy. You wanna make it heavy with the rings? That's, that's up to you. But when it touches, that's your agreement with yourself that you'll let yourself go into trance as deeply as you dare.

CLIENT: Interesting.

COUNSELOR: It's interesting?

CLIENT: It's getting heavier.

COUNSELOR: It's getting heavier. Ah, that's interesting, huh? Okay. Now, all right, I wanna try it again. Just go along with it, you know? And it's very easy and quick to produce these states if you really want one, you know.

CLIENT: Yeah, yeah. I think I want to.

COUNSELOR: So there you want to. All right, fine. I mentioned so much about it. Good, that your left hand and arm seems to be almost touching now. Now when it touches, you know, try to heave a good sigh of relief and kinda let all the muscles relax as best that you can without trying too hard. Fine. Now, the other hand that stayed up without any trouble at all, if you want to, sometimes we just ah, again, out of kind of a curiosity, if you want to, you can get that one rigid, you know. You gotta imagine it's tense and rigid and stiff at the elbow and imagine vividly, even though the rest of you is quite relaxed, imagine vividly how it would look if you couldn't bend it at the elbow for a short time, you know. Imagine how it would look if you couldn't bend it at the elbow and say to yourself, you know, strongly, that "I cannot bend it at the elbow." Just think that way. Don't change your mind. Think that you can't bend it at the elbow and imagine vividly how it would look if you couldn't bend it at the elbow. Uh hmm. That's fine. It's very stiff. Now, give it a little try but think that you can and picture that you can, a vivid picture. That's right, and of course you can. That's fine. All right, now, first, you know, let it go. Let it relax. And as it goes down, such as you let yourself go even deeper, because you have convinced yourself, you know, that you really can produce physical things in your own body. See?

CLIENT: With confusion.

COUNSELOR: With confusion also?

CLIENT: Saying that I can do it and I can't do it.

COUNSELOR: (laughs) Uh huh. Is that what you said to yourself? You can do it and you can't do it?

CLIENT: I can do it and then I can't do it because I'm not supposed to do it.

COUNSELOR: Uh huh.

CLIENT: I can do it if I wanna.

COUNSELOR: Do you want to, you know. If you want to picture it, you wanna imagine it, right?

CLIENT: If I want to give up, I can bend it.

COUNSELOR: Oh, I see. If you wanted to, you could bend it. Yes, that's true. We're not doing anything, you know, that you don't wanna do. Right.

CLIENT: I wanna try to help myself and get a better... (crosstalk)

COUNSELOR: Right.Uh hmm. Well, all right. Fine. Anyway you want to. Now, (coughs) just as easily as your hand went back through space as, as it drops down through space toward the couch. Just so easily, you can drop back into time and perhaps, some clue about, you know, nausea and throwing up will come to mind. Now, if you wanna, you know, ah, will count with each breath and give yourself time to think of it. But no matter how bizarre or strange it seems to you, whatever the thought that comes to your mind ah, don't hesitate to express it. It won't bother your, your relaxation.

CLIENT: It was when I was pregnant.

COUNSELOR: It was while you were pregnant.

CLIENT: When I knew I was pregnant.

COUNSELOR: When you knew you were pregnant.

CLIENT: Uh hmm.

COUNSELOR: Uh hmm.

CLIENT: Four days after my period was late, I got up about...

COUNSELOR: Uh hmm.

CLIENT: ...six o'clock in the morning and threw up for no reason. (crosstalk)

COUNSELOR: Right. So that was one time. Uh hmm. Did you want to be pregnant?

CLIENT: Not really.

COUNSELOR: Not really. Right. So ah, maybe, you know, the vomiting or throwing up, ah, conceivably, at least, or speculatively, we did guess maybe that it had something to do with not wanting the pregnancy, too, right?

CLIENT: Well, it wasn't so much why I didn't want it. I was just that...

COUNSELOR: Yeah?

CLIENT: ... marital situation wasn't... (crosstalk)

COUNSELOR: ... Right.

CLIENT: And it wasn't mutual.

COUNSELOR: Right. You knew there was trouble on the marriage.

CLIENT: Right.

COUNSELOR: Right. Okay. Now ah, however, right now, you're divorced. There's no marriage trouble. What else might there be right at this point? Let's go back, you know, there has something been going and you think you're pregnant?

CLIENT: No.

COUNSELOR: No. Right. Why isn't that?

CLIENT: I've taken precautions against it.

COUNSELOR: Right. So there's something else going on. Maybe.

CLIENT: Uhm...

COUNSELOR: Something...

CLIENT: I don't know. There's just always ah...

COUNSELOR: Uh hmm.

CLIENT: ...the confusion in my mind.

COUNSELOR: Uh hmm.

CLIENT: Who I am. I was thinking about it. Uhm... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ...(beeping sound) mother of (beeping sound).

COUNSELOR: Uh hmm.

CLIENT: Or am I (beeping sound) playgirl.

COUNSELOR: Uh hmm (laughs) I see. You're a little confused. Are you a playgirl or are you mother, you know?

CLIENT: That's what is going on right now.

COUNSELOR: Right now. Right now.

CLIENT: And I can see very clearly now... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... that that's what is going on. (crosstalk)

COUNSELOR: (inaudible)

CLIENT: Uhm, it's causing quite a bit of this...

COUNSELOR: That is, yeah. Is there something about your playgirl activities then that's disgusting? You know, getting you sick to your stomach.

CLIENT: Not satisfying.

COUNSELOR: It's not satisfying?

CLIENT: Uh hmm.

COUNSELOR: Yeah, but-right. Now, how would that get you sick to your stomach is there more than just that?

CLIENT: Uhm, it's just that, maybe, if I was more willing to be myself and being the mother of (beeping sound), ah...

COUNSELOR: Uh hmm.

CLIENT: ... I could be married again.

COUNSELOR: Uh hmm. Yes... (crosstalk)

CLIENT: And be pregnant again.

COUNSELOR: Yes.

CLIENT: And go through the sickness, but again...

COUNSELOR: I guess it would not. (crosstalk)

CLIENT: ... that it would be...

COUNSELOR: This time you would enjoy it.

CLIENT: It would be worth it, yeah.

COUNSELOR: Yeah. Uh hmm. All right.

CLIENT: And with what I'm doing with the, uh...

COUNSELOR: Uh hmm.

CLIENT: ...fooling around. I'm not getting anywhere.

COUNSELOR: Uh huh. Right. The fooling around is kind of disgusting or nauseating to you, possibly. That's, ah, it's that a possibility, let's say, or am I leading, you know?

CLIENT: Um, let's see how it used to be, ah...

COUNSELOR: Uh hmm.

CLIENT: ... or somebody used to compliment me...

COUNSELOR: Uh hmm.

CLIENT: .. how nice I looked, uhm, I didn't like it.

COUNSELOR: Uh hmm.

CLIENT: And I think it can, you know, it's-sometimes, when some people said it, like (beeping sound), it would make me sick to my stomach.

COUNSELOR: Uh huh.

CLIENT: Because it was not, uhm, a relationship where I could do anything about it.

COUNSELOR: Yeah.

CLIENT: Where, uhm, I felt anything for him...

COUNSELOR: Right.

CLIENT: ... which would give a reason for our relationship.

COUNSELOR: Uh huh.

CLIENT: And it goes with, ah, I guess everybody else who told me to a certain degree...

COUNSELOR: Uh hmm.

CLIENT: ... that I had what it takes or something like that...

COUNSELOR: Uh hmm.

CLIENT: ... that's right, I didn't like it, 'coz I didn't, I didn't feel it inside of me.

COUNSELOR: Uh hmm.

CLIENT: And yet I've changed about that, uhm...

COUNSELOR: Uh hmm.

CLIENT: ... I feel well. If so many people like last couple of weeks... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... by getting outside instead of, uhm, hiding in my apartment... (crosstalk)

COUNSELOR: (inaudible)

CLIENT: Uhm...

COUNSELOR: Right.

CLIENT: I see a lot more people.

COUNSELOR: Right.

CLIENT: And I begin to realize that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... they're not judging me just, ah... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... by my looks. It's whatever my actions are.

COUNSELOR: Uh hmm.

CLIENT: That really means something to me and not to them. If I, ah, behave like I'm a playgirl, then... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... even though I'm good-looking, I'm still a playgirl, and they will treat me as such.

COUNSELOR: Uh hmm. What's with this playgirl that seems to be bothering you? What do you mean...
(crosstalk)

CLIENT: Uhm...

COUNSELOR: ... by playgirl? You know, there's a lot of definitions.

CLIENT: By my accepting relationships with men that, ah, I know we can't go anywhere or...

COUNSELOR: Uh hmm.

CLIENT: If they're realizing like ah, (beeping sound) then (inaudible) that the problems were just...
(crosstalk)

COUNSELOR: Uh hmm. Right.

CLIENT: ... so heavy and for the one night stand or one night a week, uhm... (crosstalk)

COUNSELOR: Yeah.

CLIENT: Why should I have to put up with it? (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And why was I?

COUNSELOR: Yeah.

CLIENT: And now, I'm a little peeved or angry with him for not getting in touch with me and... (crosstalk)

COUNSELOR: Uh-huh.

CLIENT: ... because I was. I went out with-looking for trouble with somebody else... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and I thought, you know, if he doesn't want me, somebody else does... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And I will... (crosstalk)

COUNSELOR: There's this trouble during the past week. They were looking for you?

CLIENT: Right.

COUNSELOR: All right. Ah, uh huh... (crosstalk)

CLIENT: I had, uh, I met (beeping sound) down seaside... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... accidentally...

COUNSELOR: Uh hmm.

CLIENT: ... in the restaurant... (crosstalk)

COUNSELOR: Right.

CLIENT: ... with his wife.

COUNSELOR: Well?

CLIENT: And he had taken my name and address, with his wife sitting there... (crosstalk)

COUNSELOR: All right.

CLIENT: ... for what I don't know.

COUNSELOR: (laughs)

CLIENT: And, ah, I thought about it... (crosstalk)

COUNSELOR: (inaudible 00:13:30).

CLIENT: And I thought, what, you know... (crosstalk)

COUNSELOR: Yeah.

CLIENT: I sit that down a long time ago, that since he's married, I'm not... (crosstalk)

COUNSELOR: Yeah. Right.

CLIENT: ... going to bother with him.

COUNSELOR: Right.

CLIENT: But I hadn't really made up my mind that, uhm, I wasn't going to be this type of person and yet... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I accepted. We'll, I went out with (beeping sound). I went to the, ah, place where I knew he worked... (crosstalk)

COUNSELOR: Uh hmm

CLIENT: ... looking for trouble. And I thought, while I'm here looking for it, and I know it's gonna happen.

COUNSELOR: And so who's this (beeping sound), I'm not sure I...

CLIENT: He lives in my apartment building... (crosstalk)

COUNSELOR: Oh...

CLIENT: ... and he had come to my apartment before drunk.

COUNSELOR: Yeah. Uh hmm. Drunk. Uh hmm.

CLIENT: And he had accused me of teasing him or (inaudible 00:14:17). I...

COUNSELOR: I see.

CLIENT: I didn't. But this night last week after seeing (beeping sound), I went looking him up... (crosstalk)

COUNSELOR: That's right.

CLIENT: ... because I guess I knew what was going to happen. (crosstalk)

COUNSELOR: Yes.

CLIENT: And I could accept it... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... at face value that I was miring in a, ah, dirty affair with a married man, which meant nothing... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and no satisfaction to me. (crosstalk)

COUNSELOR: Well(ph)...

CLIENT: And if I could be in bed with him, then, surely I wasn't in love with (beeping sound).

COUNSELOR: I see.

CLIENT: And that's what I think I was wrong, in using that kind of... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... ridiculous reasoning that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... now I'd be going there... (crosstalk)

COUNSELOR: Sort(ph).

COUNSELOR: Well.

CLIENT: ... (beeping sound) and to prove that it was over. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: I had to... (crosstalk)

CLIENT: ... go back to the same thing I did before.

COUNSELOR: Right, that certainly sounds, you know, as we talked about before, very self-destructive to someone.

CLIENT: There is no satisfaction at all... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and then I knew it before it started and I... (crosstalk)

COUNSELOR: Right.

CLIENT: ... just thought, well... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I'm making exceptions.

COUNSELOR: Yeah, or is there something particularly disgusting about this sexual relationship with him?

CLIENT: The other night?

COUNSELOR: Yeah.

CLIENT: Uhm. It was just all one-sided again, for his satisfaction. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: I didn't have a... (crosstalk)

COUNSELOR: ... You didn't have a climax.

CLIENT: Oh, I didn't have a chance.

COUNSELOR: Uh huh. I see.

CLIENT: And there was just no uhm, affection or anything at all, like... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: It was very distasteful. And very... (crosstalk)

COUNSELOR: It's very distasteful.

CLIENT: What did I do this for?

COUNSELOR: Yeah.

CLIENT: Oh, it's, ah... (crosstalk)

COUNSELOR: Want(ph) to know.

CLIENT: ... why I may have gone to him was because he was one that, I accepted oral sex where (beeping sound) I didn't.

COUNSELOR: Uh huh.

CLIENT: I tried... (crosstalk)

COUNSELOR: Yeah, I see.

CLIENT: ... spent years in trying to accept that, that... (crosstalk)

COUNSELOR: I see.

CLIENT: ... anything goes.

COUNSELOR: So you had oral sex with this distasteful guy?

CLIENT: Right.

COUNSELOR: Right. Now, let your mind again go back in time. Just as easily as your hand went down through space. What about oral sex as you go back through time? Was there some nausea or vomiting about it way back, way back in time, maybe that first time you had oral sex?

CLIENT: Oh the one time that I remember uhm, was with my brother... (crosstalk)

COUNSELOR: With your brother?

CLIENT: ... uhm, he came in my mouth.

COUNSELOR: Uh-huh.

CLIENT: I don't remember if I got sick of it but I didn't like it.

COUNSELOR: You didn't like it, surely. How old were you then?

CLIENT: I don't know. Must've been eight or nine. (crosstalk)

COUNSELOR: Nine or ten(ph).

CLIENT: Must've been eight or nine.

COUNSELOR: Eight or nine? Uh hmm. I see. And ah, what do you remember after that? What else happened with oral sex that might have been disgusting at all?

CLIENT: I don't remember so much more of that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... if I remember that ah, when I had intercourse with a boy after I had started my period. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: I, you know, jumped up and realized, "My God, I could be pregnant from..." (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... something as silly as this." (crosstalk)

COUNSELOR: All right.

CLIENT: And I backed away.

COUNSELOR: Well... (crosstalk)

CLIENT: Right.

COUNSELOR: How did you feel then? Did you feel nauseous or disgusted or... (crosstalk)

CLIENT: I don't remember feeling nauseated, just scared.

COUNSELOR: Yeah, scared. And when was the next time you felt nauseated, threw up or something you know in (inaudible 00:17:55) somewhere. We seem to be tracing it somehow along... (crosstalk)

CLIENT: I don't remember. I satisfied uhm... (crosstalk)

COUNSELOR: Well...

CLIENT: ... one of my boyfriends that I had... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I remember I've, I wouldn't have ah, intercourse with him, but I remember I took care of him that way.

COUNSELOR: Uh hmm.

CLIENT: And then there was, uh... (crosstalk)

COUNSELOR: Was there any nausea with that?

CLIENT: I don't know, no.

COUNSELOR: You don't remember.

CLIENT: No. And... (crosstalk)

COUNSELOR: Let's, let's picture it now. Let's remember. You know, we can if we really want to.

CLIENT: (beeping sound) just to accept it too... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... before we were married.

COUNSELOR: Before, and, and how it got there?

CLIENT: I don't remember nausea.

COUNSELOR: You don't remember any nausea?

CLIENT: (beeping sound)I didn't like it. (crosstalk)

COUNSELOR: That's because you know you're-huh?

CLIENT: I didn't like it.

COUNSELOR: You didn't like the oral sex?

CLIENT: No, I didn't because he used to... (crosstalk)

COUNSELOR: Yeah.

CLIENT: uhm, well, I don't know. The way he was brought(ph) out or in his ah... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... language that was... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... dirty or obscene... (crosstalk)

COUNSELOR: (inaudible 00:18:59).

CLIENT: ... and girls who did that with... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... you know, big character.

COUNSELOR: I see.

CLIENT: And yet, he accepted it from me... (crosstalk)

COUNSELOR: Yes.

CLIENT: ... because he was in love with me, and that, you know, he was going to marry me, and then he get...

COUNSELOR: Uh hmm.

CLIENT: ... and that's what happened through our whole marriage. That was the way he insisted on being satisfied most of the time.

COUNSELOR: Most of the time he wanted oral sex even though he find this was, you know... (crosstalk)

CLIENT: Right.

COUNSELOR: Oh, I see.

CLIENT: And when we were-when we had intercourse... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I can't remember being satisfied...

COUNSELOR: Uh hmm.

CLIENT: ... except when I was in bed with (beeping sound) that night.

COUNSELOR: Uh-huh. Or does he get involved in orgasm, didn't involve himself long enough? No? (crosstalk)

CLIENT: No. He wasn't considerate of my feelings at all.

COUNSELOR: He wasn't considerate. He didn't care.

CLIENT: And I didn't know any better.(crosstalk)

COUNSELOR: Uh huh.

CLIENT: I didn't know what an orgasm was.

COUNSELOR: Uh huh. All right. Uh huh. (crosstalk)

CLIENT: (inaudible 00:19:52)

COUNSELOR: Or was there something else. You'd say at nine your brother ah, you know, had this urination ah, you know, with the penis in your mouth, and certainly that doesn't sound like a kind of thing, you know? Ah, it wouldn't make you feel so good and it probably, you know, it might be if that would make you nauseous or vomit. But you're not sure. You can't remember.

CLIENT: I can't remember being nauseated. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: Except when... (crosstalk)

COUNSELOR: How clear is it in your mind? Let's try to clarify that picture.

CLIENT: I still remember the field we were in.

COUNSELOR: Yeah, all right. Uh-huh. And you're in a field. Yeah.

CLIENT: And ah, that he wanted me to get down on him and when I did... (crosstalk)

COUNSELOR: Well?

CLIENT: ... he came in my mouth, and I remember running to the house.

COUNSELOR: Uh hmm. You couldn't tell anybody, of course.

CLIENT: No.

COUNSELOR: Uh hmm. Right.

CLIENT: Just probably called him a dirty rat or something like that. (crosstalk)

COUNSELOR: You did call him a dirty rat.

CLIENT: I don't know. I might have.

COUNSELOR: You might have.

CLIENT: Now, I don't know what I've said.

COUNSELOR: Was there something else after that around that time? With your brothers, did he do it again?

CLIENT: Uhm, my brother, when he-another brother (beeping sound) when he came home from the Navy...
(crosstalk)

COUNSELOR: Yeah.

CLIENT: ... ah, 'coz have heard now that I was ah, carrying one with the boys and...(crosstalk)

COUNSELOR: Yeah.

CLIENT: I know I don't remember all the uhm, occasions... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... or times... (crosstalk)

COUNSELOR: Right.

CLIENT: ... I think it probably could have been counted on one hand and... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... that my reputation was shot... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... after that. And my brother came home. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And he wanted to come into bed with me.

COUNSELOR: Your brother from the Navy.

CLIENT: Right, when he came home.

COUNSELOR: Right. How old ah, were you(ph) then?

CLIENT: How old-he's in-50, I was still only about 10 years old.

COUNSELOR: You were 10 years old. But he was a full-grown man, you know, 18, 19, right?

CLIENT: Right. Something like that.

COUNSELOR: Uh huh. Yeah.

CLIENT: And I think I got angry with him and... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... told him to get out of my room.

COUNSELOR: Uh huh.

CLIENT: And whether that made me nauseated, I don't remember.

COUNSELOR: You don't remember.

CLIENT: It may have, you know.

COUNSELOR: Uh huh.

CLIENT: My expression is turn my stomach when it gets in tight knots or something when something doesn't ah... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... agree with me.

COUNSELOR: When something doesn't agree with you, something you don't like occurs, you say ah... (crosstalk)

CLIENT: Yeah, a lot of times...

COUNSELOR: ... it turns your stomach, uh huh, at the time.

CLIENT: When (beeping sound) does a lot of things or... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... approaches me or backs me up in the corner... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I feel like, a, a trapped animal... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... trying to escape, and whenever he touches me... (crosstalk)

COUNSELOR: Uh hmm, yeah.

CLIENT: ... the expression comes out in my mind.

COUNSELOR: That, that make you feel, nauseated or (inaudible 00:22:43)?

CLIENT: Right. (crosstalk)

COUNSELOR: Right.

CLIENT: Turns my stomach.

COUNSELOR: Turns your stomach, now (beeping sound) is old, right?

CLIENT: Right.

COUNSELOR: Uh, how old (beeping sound) seventy... (crosstalk)

CLIENT: Seventy-nine or eighty.

COUNSELOR: Seventy-nine or eighty (beeping sound) years old. And when he touches you, you know it turns your stomach?

CLIENT: Right, I agree.

COUNSELOR: You do feel nauseous. Suppose you go further with him sexually, what happens then?

CLIENT: I never did it.

COUNSELOR: You never did? Uh hmm. It's kind of interesting but (beeping sound) still keeps, you know, in many ways uh, you know, he gives you a lot of money, right?

CLIENT: Right.

COUNSELOR: Uh huh. And you never-yeah... (crosstalk)

CLIENT: And I-you know I had a conversation with (beeping sound)... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... he had accused me of all... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... kinds of nonsense and (beeping sound)... (crosstalk)

COUNSELOR: All right.

CLIENT: ... and (beeping sound) have never been, never heard such language. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And he had been (inaudible 00:23:32) me a little bit... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and more or less accepted my story... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and felt sorry for me that I had to hear that... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... kind of ah, accusation.

COUNSELOR: Uh hmm. Right.

CLIENT: But now, he's uhm-why he gives me the money? I, I just don't know. I like to... (crosstalk)

COUNSELOR: Okay. Yeah.

CLIENT: He's just feeling that he's ah...(crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... holding onto me with it.

COUNSELOR: And he's given you a lot of money over a period of time, hasn't he?

CLIENT: Right, he has.

COUNSELOR: How much would you estimate while were talking about this roughly?

CLIENT: Oh, by now, over a hundred thousand... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... because I still have about... (crosstalk)

COUNSELOR: One hundred thousand dollars, you've never had intercourse with him and... (crosstalk)

CLIENT: (inaudible 00:24:17)

COUNSELOR: ... all, all he does is chase you around once in a while. Uh huh.

CLIENT: Right. That's right. (inaudible 00:24:22)... (crosstalk)

COUNSELOR: And that's going on between you and (beeping sound), this ah, man almost 80? Any idea what the attraction is on both sides?

CLIENT: Well, I think he likes to be in my company... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... because he now receives compliments, or I receive compliments and uh... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and that he is there to know that everything that I have on, he threw on me. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And that must give him satisfaction to know that the... (crosstalk)

COUNSELOR: Yeah. (beeping sound) do he have any daughters?

CLIENT: Yes, in Texas.

COUNSELOR: Right. How old is his daughter?

CLIENT: Well, I think she's about 40.

COUNSELOR: She's about 40. Uh hmm.

CLIENT: And he has a son, (beeping sound) adopted, and they don't bother with him at all.

COUNSELOR: Right. They don't bother with him, but you do get (beeping sound) affection.

CLIENT: Ah... (crosstalk)

COUNSELOR: I mean, you know, not physically or something. (crosstalk)

CLIENT: I don't give him-I don't know what it is I give him. (crosstalk)

COUNSELOR: (inaudible 00:25:25)

CLIENT: Uhm, it's something that his... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... family doesn't. (crosstalk)

COUNSELOR: Yeah.

CLIENT: He says I have no affection.

COUNSELOR: He says you have no affection. (crosstalk)

CLIENT: Uh, no heart... (crosstalk)

COUNSELOR: No heart. Yeah. Uh huh. All right. (crosstalk)

CLIENT: ... or whatever you want to call it because I don't run up to him and throw my arms around him and kiss him and... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... thank him... (crosstalk)

COUNSELOR: Yeah, for all he's done. Uh hmm.

CLIENT: ... for favors and all of this. I can... (crosstalk)

COUNSELOR: But he's done a lot for your family besides, right?

CLIENT: Right. (crosstalk)

COUNSELOR: Besides the money he gave you, right?

CLIENT: I can't even stand when he touched me.

COUNSELOR: Uh huh.

CLIENT: And yet... (crosstalk)

COUNSELOR: That disgusts you when he touch-when he touches you. (crosstalk)

CLIENT: Right.

COUNSELOR: It's almost nauseating, right?

CLIENT: Right, because... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I feel his money didn't, didn't buy me if I want to...

COUNSELOR: Uh hmm.

CLIENT: ... uh, to cut out... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and go with somebody else... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I can.

COUNSELOR: Uh hmm.

CLIENT: But my family has given him uh, the attention I guess... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... that his family doesn't.

COUNSELOR: I see. Your whole family isn't really, you know, plays up (beeping sound) or gives him attention, right? (crosstalk)

CLIENT: Oh, they don't... (crosstalk)

COUNSELOR: Just on the times, right? But he's done things for all the members of your family.

CLIENT: They're playing up to him... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... my mother and father, I think, genuinely care for him.

COUNSELOR: You think your mother and father genuinely care (beeping sound)?

CLIENT: Right... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and are grateful for what he has done for me and... (crosstalk)

COUNSELOR: Right.

CLIENT: ... the rest of the family. They hadn't received so much, but they... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... watched what he's done for me.

COUNSELOR: Uh hmm.

CLIENT: And, uh... (crosstalk)

COUNSELOR: What has he done for you, I mean, beside the money?

CLIENT: That's about it... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... but what I have to do... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... was learn how to handle it. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And use it to my advantage instead of ah... (crosstalk)

COUNSELOR: Yeah. Instead of?

CLIENT: ... squandering it.

COUNSELOR: Uh hmm. Right.

CLIENT: And I never had so much money before... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and a lot of times I feel I don't deserve it.

COUNSELOR: Let's move in to the future now. You know, this is easy as your hand can go down, you know, into the past, as you have and get memories from the past. How do you see yourself a year from now? Let's move in into the future. I'll ah-we'll have a hand raised from the couch a little bit. Just imagine balloons are tied to the fingertips, okay?

CLIENT: Either hand or?

COUNSELOR: Either hand, you pick the hand and just imagine balloons pulling it up, you know, just the opposite of going down, we're gonna move ahead. How does it look a year from now? Where, you know, what do you think you'll be doing then? Let's, let's count, uh-let's get the balloon to move a hand. That'll give you an idea of, maybe, a bit little different feeling, you know, what the future.

CLIENT: Uhm, I'm just beginning to feel now that... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... if I don't really realize what I'm doing now. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... take stock of what I have. (crosstalk)

COUNSELOR: Right.

CLIENT: And who I am... (crosstalk)

COUNSELOR: Right.

CLIENT: ...that, uhm, next year... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... I may have a few more dollars if ah, (beeping sound) gives me a few more dollars... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... but it will make it that much worse. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: Uhm... (crosstalk)

COUNSELOR: Right.

CLIENT: ... I'll be a year older. (crosstalk)

COUNSELOR: Right.

CLIENT: And that will be a year later... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And another year that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I have done nothing.

COUNSELOR: Uh hmm. You know, let's look at it. Let's, let's-rather than just think about it now. Now, let's, let's picture-see if you can get a picture of yourself a year from now.

CLIENT: Well, it just depends on which way, which... (crosstalk)

COUNSELOR: Well, I know... (crosstalk)

CLIENT: ... period of what I am in.

COUNSELOR: ... let's, let's see what the picture is. Let's try, you know ah, let's use the imagination now instead of just words. That's right. Your hand is up, that's fine. You did very well. Okay. So, let's say it's a year from now. How does it look now? Where are you as far as men are concerned now? What does the picture look like?

CLIENT: It's hard for me to say. (crosstalk)

COUNSELOR: All right we're in May, uh huh, or in April. End of April, right? April a year from now.

CLIENT: I find it difficult... (crosstalk)

COUNSELOR: What do you picture?

CLIENT: ... to make my decision.

COUNSELOR: Well, no, don't make a conscious decision. You know, just, just see a picture. Look, ah, like looking on a blackboard, you know, or looking at a movie stage. What do you see?

CLIENT: Uhm, somebody about... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... thirty-five years old.

COUNSELOR: Thirty-five? Yeah?

CLIENT: ... with (beeping sound).

COUNSELOR: Somebody about-a man you mean?

CLIENT: A man.

COUNSELOR: A man about 35 and (beeping sound)?

CLIENT: That's right.

COUNSELOR: Right.

CLIENT: At a baseball game.

COUNSELOR: At a baseball game. What kind of man is this?

CLIENT: Tall.

COUNSELOR: Tall, yeah.

CLIENT: Hmm, not thin, but... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: Uhm, well... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... a nice specimen for a man.

COUNSELOR: Yeah. What kind of person is he?

CLIENT: Uhm, well, just by being with (beeping sound), it's like a Saturday.

COUNSELOR: I see, uh huh.

CLIENT: With uh, with you know, little kids. A little kid's... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... ballgame.

COUNSELOR: Right.

CLIENT: Not old enough.

COUNSELOR: Uh huh, yeah. (crosstalk)

CLIENT: Right.

COUNSELOR: Now, while you're married to this guy now, if you look at it a year from now? You see this guy. He's, he really is good with your son (beeping sound). He's a kind of guy you like to have for (beeping sound). How does it look to you? Are you married now?

CLIENT: When I was first thinking about it, about... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I think I took it for granted.

COUNSELOR: Oh, I see. For granted you are married.

CLIENT: Yeah, but it was, uh.

COUNSELOR: A year from now, you're-will be married or are married, as you see it with this fine, you know, this guy who's a good father to (beeping sound)... (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... and who you can feel also the man is a, you know... (crosstalk)

CLIENT: And that's why...

COUNSELOR: ... a good man.

CLIENT: You know that's why I'd-why I married.

COUNSELOR: Okay, very good. All right, suppose now we count to five or count backwards from five and come out of trance. And, uh, you can keep, you know, any comfortable feelings you have if you want to.

CLIENT: Okay, but (inaudible 00:31:14) (crosstalk).

COUNSELOR: You can remember-huh?

CLIENT: I don't feel like I am in one.

COUNSELOR: That's all right. Don't worry about that. Uh huh. You don't feel nauseous, I'm sure. Right?

CLIENT: No, I just feel nervous.

COUNSELOR: You feel nervous. Oh? Something new?

CLIENT: Well, now, it's for me to be in that position when I used to be married. (crosstalk)

COUNSELOR: Oh, with this married guy? Uh huh. Oh, I see. Getting married, you mean that? Well, all right. Let's go back to the present now. We're coming back to the present. The hand drops down. You're back to the present now, okay? You can remember, misremember or forget the things we've-you know, discussed. They may work to help you nonetheless. Okay?

CLIENT: I don't know.

COUNSELOR: And I'll just count from five to one, and then you'll open your eyes and come right out of trance. Five, four, three, two, one. (Snaps fingers.) You see it?

CLIENT: I remember. Now my eyes are watery.

COUNSELOR: Your eyes are watery now. Why? You think you felt, uh, emotional about this scene maybe that you remember or what? Make you feel good to see this guy a year from now that, you know?

CLIENT: Maybe that it's too good to be true.

COUNSELOR: It's too good to be true. Uh huh. Well, that was your picture. I didn't, you know...

CLIENT: And if I want it, I gotta work for it.

COUNSELOR: You want it, you have to work for it. Uh hmm. All right, well, maybe. You think you will work for it?

CLIENT: After we're done?

COUNSELOR: After today?

CLIENT: Yes.

COUNSELOR: After today, you intend to work for it.

CLIENT: I think so.

COUNSELOR: You mean the, the playgirl stuff is stopping, or you wanna stop? Or what?

CLIENT: Well, because of what I did last week... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and knowing... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... exactly what it was... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and though I did it, and my reasons for doing it were wrong, I'm... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I'm not glad I did it.

COUNSELOR: I know.

CLIENT: At least I've looked at it... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... that what I was really doing.

COUNSELOR: Uh huh. Right, yes.

CLIENT: And what I did was wrong.

COUNSELOR: Uh hmm.

CLIENT: And building something for next year.

COUNSELOR: Right.

CLIENT: I shouldn't have uh, backed off... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... from (beeping sound), go back to something like that. I should've looked... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... for something better.

COUNSELOR: Something better, right, like this guy you saw a year from now?

CLIENT: Right.

COUNSELOR: Uh-huh. That, that definitely was better, you were sure. I mean as sure as you can be about these things, right?

CLIENT: Sure as it can be.

COUNSELOR: I mean, you can say he, he was a good man with (beeping sound) you know... (crosstalk)

CLIENT: Right.

COUNSELOR: ... look like a good, responsible citizen, huh?

CLIENT: Yeah, even though he wasn't... (crosstalk)

COUNSELOR: Even though he wasn't what?

CLIENT: ... dressed.

COUNSELOR: He wasn't dressed?

CLIENT: Well, you know.

COUNSELOR: My God, was he all nude or what?

CLIENT: Casually.

COUNSELOR: Oh, he's dressed casually, yeah.

CLIENT: (inaudible 00:34:03) dressed... (crosstalk)

COUNSELOR: Yeah, uh huh.

CLIENT: ... not like, uh, well, men that I would see in bars and... (crosstalk)

COUNSELOR: Uh huh, yeah.

CLIENT: ... men in business when they're putting more on that. They have businesses. (crosstalk)

COUNSELOR: Yeah, right. This is a, you know, a real honest-to-goodness guy?

CLIENT: Yes. Uh hmm.

COUNSELOR: Uh hmm, right (inaudible 00:34:19).

CLIENT: He lives in Milan.

COUNSELOR: [laughs] You were there while you're watching the picture, right? You might have been sitting in the bleachers or, you know, in the, in the ballpark.

CLIENT: That's right.

COUNSELOR: Right. Uh hmm, but this picture does help you, you know, direct yourself, you think, now, gives you a better idea of what you want?

CLIENT: I think so.

COUNSELOR: Yeah. This picture seen this, uh huh.

CLIENT: Because I love (beeping sound)... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ...for (beeping sound) future and... (crosstalk)

COUNSELOR: Sure, you're there, yeah.

CLIENT: ... I'm not doing anything bad... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... except money-wise.

COUNSELOR: That's right.

CLIENT: And I should... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... really know that money is not... (crosstalk)

COUNSELOR: Right. Uh hmm.

CLIENT: ... not happiness.

COUNSELOR: Uh huh. Right.

CLIENT: And that was it?

COUNSELOR: See if that'll help, you know...

CLIENT: Sure(ph). (beeping sound) the education. (crosstalk)

COUNSELOR: (beeping sound) education, right.

CLIENT: He's a smart little cookie.

COUNSELOR: (laughs) All right. Well, how do you feel about this session? The nausea is all gone, isn't it? Throwing up and the nausea?

CLIENT: I'm nervous.

COUNSELOR: You're nervous, though? The thing-when did you get nervous? When did it happen? When you saw this guy? Is that when you got the nervous thing? You know, the guy a year from now?

CLIENT: I think so. (crosstalk)

COUNSELOR: Well(ph), what, what... (crosstalk)

CLIENT: When I, when I started to think if it-am I just...

COUNSELOR: Yeah?

CLIENT: ... going out with men again, and uh... (crosstalk)

COUNSELOR: Uh-huh. Why should that make you nervous? Why are you so frightened? You know uh, just because you had trouble in one marriage and you're afraid of another failure or...

CLIENT: Maybe because I just think it's too good to be true. (crosstalk)

COUNSELOR: It's too good to be true. You don't deserve it, you mean? You're a bad girl because maybe you had sex with your brothers, or what?

CLIENT: I don't know, I, uh, would like to think that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... uhm my past has made me what I am.

COUNSELOR: Oh, I see.

CLIENT: But... (crosstalk)

COUNSELOR: Uh huh?

CLIENT: ... a lot of things I've done don't contribute to a very good future.

COUNSELOR: Oh, I see. So, you're, you're nervous in a way because you like to see this picture we had a year from now, but you think you don't deserve it. Is that-am I putting, uh, saying words correctly?

CLIENT: I'm thinking that I would have to nearly put my mind... (crosstalk)

COUNSELOR: To it, yeah.

CLIENT: ... building constructively instead of... (crosstalk)

COUNSELOR: Uh hmm, yeah.

CLIENT: ... revolving and choosing-or being choosy... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... from being a playgirl when it doesn't make any difference whether I'm... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... if I go to bed with every married man I see... (crosstalk)

COUNSELOR: Right.

CLIENT: ... or just pick you up and want to do it. so I'm saying...

COUNSELOR: Uh hmm. Still ends up nowhere.

CLIENT: It's still the same... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... no future. So why do you... (crosstalk)

COUNSELOR: (inaudible 00:37:03) right. Uh hmm.

CLIENT: ... choose it? Which is where I think I realize, you'll never know.

COUNSELOR: Right.

CLIENT: Why we choose it, it's not...

COUNSELOR: Okay.

CLIENT: No satisfaction or... (crosstalk)

COUNSELOR: Uh-huh. All right. So, the nervousness came on when you pictured the decent guy who could be a good father to (beeping sound). That's when you really started to feel a little nervous, huh?

CLIENT: Uh hmm.

COUNSELOR: Right.

CLIENT: And my eyes watered.

COUNSELOR: And your eyes watered. Uh huh. Uh huh.

CLIENT: That one night, just said that I could be about anything, I don't know.

COUNSELOR: Uh huh, I see. That really would make you happy though.

CLIENT: It would.

COUNSELOR: You would, all right. You're sure it would, you know, you're saying it would? Uh hmm, okay.

CLIENT: With what I know now.

COUNSELOR: With what you know now, uh huh.

CLIENT: What I should expect in a man... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... and he should expect from me.

COUNSELOR: Yeah, that's right.

CLIENT: If we're compatible, if we... (crosstalk)

COUNSELOR: Right.

CLIENT: ... both work at it.

COUNSELOR: Right. You should be happy and...

CLIENT: Reasonably happy.

COUNSELOR: Right, that would work for you.

CLIENT: It takes two.

COUNSELOR: Right. So the picture that we saw a year from now is what-you know it makes you nervous. You recognize that's a direction you wanna go. Am I putting that right?

CLIENT: I think so.

COUNSELOR: Uh hmm. You think so.

CLIENT: I'm... (crosstalk)

COUNSELOR: (laughs) What's the doubt?

CLIENT: ... still toying with the idea because it... (crosstalk)

COUNSELOR: Yeah. What's the doubt? You don't deserve it or what?

CLIENT: ... I can, I can say it and yet... (crosstalk)

COUNSELOR: Yeah, and not do it.

CLIENT: ... I turn around and do things and don't do it. But... (crosstalk)

COUNSELOR: Well, it may take a little work, you know, we're gonna work at it in treatment, we have a little bit, but... (crosstalk)

CLIENT: I'm not used to working at it so... (crosstalk)

COUNSELOR: (laughs) Yeah.

CLIENT: But I'm trying, you know...

COUNSELOR: Try, try, try.

CLIENT: I'm gonna try even harder to, uhm... (crosstalk)

COUNSELOR: Uh huh. Okay. You know it might be less than a year. Or we just picked a year, and you know, we could do this again and see if we can make it a shorter time. (crosstalk)

CLIENT: (inaudible 00:38:43).

COUNSELOR: ... Or would that scare you too much, huh? Or longer you say? (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: Huh? Or longer?

CLIENT: Uh hmm.

COUNSELOR: Uh huh. (crosstalk)

CLIENT: (inaudible 00:38:49).

COUNSELOR: But even a year scared you?

CLIENT: I was (beeping sound) once and that was wrong.

COUNSELOR: Uh huh.

CLIENT: But, like I said, with what I know now... (crosstalk)

COUNSELOR: Yeah?

CLIENT: ... if I start looking seriously... (crosstalk)

COUNSELOR: Right.

CLIENT: ... process of elimination... (crosstalk)

COUNSELOR: Right.

CLIENT: ... there should be somebody that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... finds me a better woman.

COUNSELOR: Yes. Now, that's the part I would agree with you. Yes, I think you're right.

CLIENT: And I still remember it takes two. (crosstalk)

COUNSELOR: Uh hmm, yes.

CLIENT: It's my decision.

COUNSELOR: Okay. Fine. Well, how do you feel about this session that we did today? It was helpful or...

CLIENT: Scared me a little bit when... (crosstalk)

COUNSELOR: Scared when what?

CLIENT: ... just when I first went in there and laid down and uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... completely took hold of me, that I was relaxed, and then...(crosstalk)

COUNSELOR: Yeah. Uh huh, scared you a little bit.

CLIENT: ... when I came in here, uh, my eyes didn't water. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: When I was, when I was... (crosstalk)

COUNSELOR: Yeah, but your eyes seem to water when you thought it this pleasant scene with this guy, who maybe you're not sure you deserve.

CLIENT: Maybe the last couple of months when I was in the other room my eyes... (crosstalk)

COUNSELOR: Yeah. Okay.

CLIENT: ... watered and that was when I was relaxed.

COUNSELOR: When you're relaxed, your eyes water.

CLIENT: Right.

COUNSELOR: So maybe, you know, you think you're sad underneath?

CLIENT: Which would-is-well, it's my own fault.

COUNSELOR: What's your own fault? (crosstalk)

CLIENT: (inaudible 00:40:07) You know, get on that marriage thing.

COUNSELOR: Oh, you mean, the playgirl thing.

CLIENT: Because of what I've done.

COUNSELOR: Uh huh. Okay, well, it won't help to beat yourself or blame yourself, right?

CLIENT: Right.

COUNSELOR: You understand that.

CLIENT: Right.

COUNSELOR: What will help will be working in, you know, toward the right direction. You know that.

CLIENT: Don't cry over spilt milk (inaudible 00:40:21)... (crosstalk)

COUNSELOR: Right. Crying and all that stuff, right.

CLIENT: ... and proceed.

COUNSELOR: Right. And possibly sometimes understanding, you know, why you do what you do. We might try that, but basically, first, the important thing is, if you see the right direction, the thing to do is to work toward it.

CLIENT: I see it.

COUNSELOR: Right. You can see it now. (crosstalk)

CLIENT: I see it.

COUNSELOR: Okay, all right. I guess we can stop now and make an appointment for next time, huh? Okay?

CLIENT: Okay.

COUNSELOR: All right.

COUNSELOR: Uh huh.

CLIENT: You know, I'll never forget the time I walked in (inaudible 00:00:06)

COUNSELOR: Uh huh.

CLIENT: It's a little different seeing that person before (inaudible 00:00:10)... (crosstalk)

COUNSELOR: I guess it was. And you know... (crosstalk)

CLIENT: How can this big deal, so I thought about it. (crosstalk)

COUNSELOR: Uh huh. (crosstalk)

CLIENT: And... (crosstalk)

COUNSELOR: All right. Well. Uh hmm, all right, uh, no big deal and that?

CLIENT: It seemed when I thought about it, I remembered it was.

COUNSELOR: (inaudible 00:00:30) Huh?

CLIENT: When I thought about it I remembered it was.

COUNSELOR: Uh huh. But what did you remember if saying life's such a big deal from the hypnotic thing we had done?

CLIENT: It wasn't worth it.

COUNSELOR: Huh?

CLIENT: It wasn't worth it.

COUNSELOR: It was? What seem to be, uh, so important, you know, in the hypnotic thing that...

CLIENT: I cried.

COUNSELOR: You cried?

CLIENT: Yes, something about my... (crosstalk)

COUNSELOR: Yes?

CLIENT: ... my feelings of letting loose, of finding relief in the, you know... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... of why I'm-why I hold back these tears, of why... (crosstalk)

COUNSELOR: Yes.

CLIENT: ... I've got such a strong control of my... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... real feelings.

COUNSELOR: Yeah. Well, that's true.

CLIENT: And I broke down, you know, I... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... started... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... talking about it, about it... (crosstalk)

COUNSELOR: Right. (crosstalk)

CLIENT: ... the way I'm thinking, not being... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... realistic.

COUNSELOR: Uh hmm, yeah. Right. So, we got a lot more feelings out using that hypnotic approach. What else do you remember from it?

CLIENT: You mean about my mother?

COUNSELOR: About your mother? What, ah... (crosstalk)

CLIENT: These big feelings that I had about being a... (crosstalk)

COUNSELOR: Yes?

CLIENT: ... not the-now I see, what was that? (crosstalk)

COUNSELOR: Yes?

CLIENT: Of not being good enough to marry somebody good. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: Or somebody that might be worthwhile.

COUNSELOR: Uh huh. Yeah. That came out the last time, ah, all right? (clears throat) Uh huh. Ah, yeah, that came out the last time, ah, the, ah, but even though you had-under the-I guess the, the time before that, when we used hypnotism and moved you into the future, you know, when you're picturing, you remember?

CLIENT: Uh hmm.

COUNSELOR: You pictured this fellow, right?

CLIENT: Uh hmm.

COUNSELOR: Who was going to be a good father? He was a nice kinda guy, and not the, you know, ah, as you looked ahead and saw yourself a year from now?

CLIENT: He was playing with (beeping sound).

COUNSELOR: He was playing with (beeping sound), your son, and he looks like the right kind of guy for a change, right?

CLIENT: Right.

COUNSELOR: And, ah, at that time, you didn't know... (crosstalk)

CLIENT: (inaudible 00:03:26)

COUNSELOR: ... probably you had met him, you met now?

CLIENT: Yeah, I did.

COUNSELOR: All right. Okay. Ah, and then last time, ah, we can, you know, after you had met him, peculiarly enough, he'll probably look very much like the fellow, right, in the hypnotic future... (crosstalk)

CLIENT: Right.

COUNSELOR: ... thing, you know, all right. Ah, then, you felt really all right. This is a good guy. He could be a good father (bell rings), and off, uh-but what you said (bell rings), ah, ah, then, ah, what came out then in that session with us, ah, was that you weren't worthy. You don't, you don't deserve a good guy, you know. And you thought this for ah, many, many years, all right? Is that the one you remember now? Is that? (crosstalk)

CLIENT: I didn't know if I thought it, but that's been my pattern of selection.

COUNSELOR: Uh-huh. Yeah. And then we trace it back. I think we used hypnotism to trace it back, is that all right, to... (crosstalk)

CLIENT: Right.

COUNSELOR: Or we use him as it only traced back, you know, why is it you-why you felt so unworthy.

CLIENT: I could trace it back now with hypnotism.

COUNSELOR: You can trace it back with (inaudible 00:04:49)? Well, okay, you trace it back now.

CLIENT: All right. This goes back to my never feeling that, ah, I was good, good enough for anything. Nobody ever told me I was. (crosstalk)

COUNSELOR: Uh hmm, right.

CLIENT: And I always heard that I wasn't. (crosstalk)

COUNSELOR: Right. Yeah.

CLIENT: As if it worked on me more than I had thought... (crosstalk)

COUNSELOR: Yes.

CLIENT: ... I had always felt, you know, that they're wrong. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And I'm not that... (crosstalk)

COUNSELOR: All right.

CLIENT: ... kind of person, that I don't behave that way, but, uh, I took the remarks on the, I guess, on the defensive... (crosstalk)

COUNSELOR: Yeah. Right.

CLIENT: ... or something like that, not-I didn't, ah, try to prove to myself or to anyone else that, uh, they were wrong.

COUNSELOR: Yeah. Uh huh. It seemed to me though there was something else, ah, some other things that might have made you feel like you were no good, or it might have been, ah, because you felt you knew you were no good that you're engaged in this activity and you were called were you? You, you told me, you know, your mother and father never really told you you were any good. This was the impression you got last time and you're pretty sure about it, too?

CLIENT: Uh hmm.

COUNSELOR: But then also, ah, your brothers and the kids you went to school with, kinda spread the word that you were no good.

CLIENT: That's right.

COUNSELOR: Right? (crosstalk)

CLIENT: Uh hmm.

COUNSELOR: Do you remember that part?

CLIENT: Yeah.

COUNSELOR: Why? Why did they do that, all of them?

CLIENT: Because of my sexual experiences with my brothers... (crosstalk)

COUNSELOR: That's right.

CLIENT: ... and his friends.

COUNSELOR: Right. Because of your sexual experiences with your brothers, ah, even before the age of 12, right?

CLIENT: Right, which weren't very frequent ... (crosstalk)

COUNSELOR: That's all right.

CLIENT: ... but they were enough to... (crosstalk)

COUNSELOR: Oh.

CLIENT: ... get around.

COUNSELOR: Yeah, as you told me, I think as, ah, you recollected last time under hypnosis, it was somewhere around, eight or nine years of age that your sexual experiences started. And apparently, they had the need to tell the other people at school... (crosstalk)

CLIENT: Right.

COUNSELOR: ... or at least the other boys at school, I don't know. Maybe they told the other girls, too, I don't know.

CLIENT: I don't know either.

COUNSELOR: You don't know either? I see. So this hard-hardly made you feel like a real worthwhile person in school apparently?

CLIENT: Yeah, right. As far as associating with other kids.

COUNSELOR: Right. Uh hmm, okay. All right, well, I certainly have that picture. (beeping sound) Uh huh. All right, well, now, today, we're-we have decision problems, right?

CLIENT: Sort of. Yes.

COUNSELOR: Yeah, you're-here is this guy who is, ah, not that, you know, ah, I've checked him out or anything and-but you, ah, you know, ah, and you-and inside you, you feel strongly this is the right of kind of guy now for a change, all right? And you thought of, you know, a gangster, a gambler, you know, the whole bit, right?

CLIENT: Right.

COUNSELOR: But now you're running and you were in this accident with your car last week, you know and... (crosstalk)

CLIENT: This week.

COUNSELOR: ... this week, yeah. And it may not really have been so much of an accident, as a way of trying to get out of something, you know?

CLIENT: Oh I was careless I use(ph)... (crosstalk)

COUNSELOR: Yeah, you were careless, uh-huh.

CLIENT: ... took my brother's station wagon and I U-haul it to Washington and... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... in reverse, it worked opposite of the way you think it is, and then I... (crosstalk)

COUNSELOR: Yeah, I'm sure, yeah. Never do that.

CLIENT: Yeah, and, and doing it without really... (crosstalk)

COUNSELOR: All right.

CLIENT: ... really being... (crosstalk)

COUNSELOR: Okay, yeah. (crosstalk)

CLIENT: ... so (inaudible 00:08:36) enough. (crosstalk)

COUNSELOR: Well, let's not nag on that point, but certainly, you were aware of your feelings now that you're pulled in two directions.

CLIENT: Sure. I ran down there.

COUNSELOR: Your friends out at Washington.

CLIENT: I looked for, you know, a day when I didn't have... (crosstalk)

COUNSELOR: Uh-huh.

CLIENT: ... appointments, so I could get away.

COUNSELOR: Oh, I see. Your idea of going down there was so you could have a date with a guy again?

CLIENT: No, I wasn't dating that night.

COUNSELOR: Oh, I see.

CLIENT: But I didn't want to date. I'm not... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... doing anything.

COUNSELOR: Right. Uh hmm. I see. You're kind of just running in general because you feel you can't live with yourself and think.

CLIENT: Uh hmm.

COUNSELOR: Uh huh, I see. Uh huh. Well, where are we now with this guy? You know, what-where do you feel you stand at this point?

CLIENT: Confused.

COUNSELOR: Confused?

CLIENT: Yeah but I was talking to him last night. Ah, I really like to talk to him. He's, ah... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... he's got, I guess, all the self-confidence that I don't have. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: And when he, he talks to me... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... could be, ah, it's just like in here.

COUNSELOR: Yeah.

CLIENT: I asked him, "Why me?" (crosstalk)

COUNSELOR: Yeah.

CLIENT: Why is there-he love me or why does he want to marry me?

COUNSELOR: Uh hmm.

CLIENT: I'm not sure... (crosstalk)

COUNSELOR: Oh, that's all right.

CLIENT: ... of what I had to offer or... (crosstalk)

COUNSELOR: All right.

CLIENT: ... I can't see what I have to offer to him, and then he just says, you know, "It's, it's chemistry."

COUNSELOR: He says, it's chemistry.

CLIENT: Yeah. Chemistry makes it quite work well.

COUNSELOR: Uh huh.

CLIENT: Ah, that it does but, uh...

COUNSELOR: Uh huh. Yeah, but you had plenty of other... (crosstalk)

CLIENT: ... it can't be that... (crosstalk)

COUNSELOR: Chemistry, uh huh, it didn't?

CLIENT: Yeah, but this... (crosstalk)

COUNSELOR: Like you asked why... (crosstalk)

CLIENT: ... is a bit different. (crosstalk)

COUNSELOR: ... why is it different, right? Okay.

CLIENT: He's, ah, uh, he makes a person, uh, you know, it, it brings complete satisfaction. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: There is no... (crosstalk)

COUNSELOR: Right.

CLIENT: ... feeling of frustration at all... (crosstalk)

COUNSELOR: Right.

CLIENT: ... except, uhm... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... afterwards, when I think about it, I can't think of why, you know, he loves me or wants to marry me. (crosstalk)

COUNSELOR: I see. I know.

CLIENT: With sex, it's, you know... (crosstalk)

COUNSELOR: That feels great.

CLIENT: ... pretty good on both sides.

COUNSELOR: You know, in other words, there's no longer the, the other kind of sex, which was more like masturbation. But with him, it's somewhat-you really feel the whole thing and he, he cares for you and you have much more complete orgasms?

CLIENT: Yeah.

COUNSELOR: Uh huh, right?

CLIENT: Most of the time anyway.

COUNSELOR: Uh huh. Well, most of the time, it's... (crosstalk)

CLIENT: And I'm not... (crosstalk)

COUNSELOR: ... pretty good right now. (crosstalk)

CLIENT: ... afraid of what I felt, so, so, like last night. (crosstalk)

COUNSELOR: Yeah, yeah. All right, okay.

CLIENT: Yeah. So, we're going to tie horse now... (crosstalk)

COUNSELOR: Oh yeah?

CLIENT: ... instead of getting even with him.

COUNSELOR: Oh, why is that?

CLIENT: Because I didn't have any orgasm.

COUNSELOR: Oh, because you didn't have an orgasm, you know, so...

CLIENT: Well, he told me it wasn't important.

COUNSELOR: That's right.

CLIENT: Not-it's not. I was, I was a... (crosstalk)

COUNSELOR: Oh, I see.

CLIENT: ... strange feeling. I wasn't even frustrated.

COUNSELOR: Uh huh, all right?

CLIENT: It was just fun... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and very enjoyable just to, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... to be able hold him close.

COUNSELOR: Uh huh.

CLIENT: ... and the night before we watched... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... we lay in bed and (beeping sound) and ah... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... he removed (inaudible 00:11:58) work. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: And get over little things. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And, ah, I guess he didn't want to hear or say it, and I fell asleep because... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... after that long ride... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... that there (beeping sound).

COUNSELOR: Yeah.

CLIENT: I slept. It was just good just to hold him. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: At least, now I got him, ah, talking... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and-but he won't tell me why.

COUNSELOR: He won't tell you why he cares for you, you mean?

CLIENT: Yeah. He-I don't know if he realizes it or not. Maybe he does, but, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... that's my biggest problem, where... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... you know, why I'm... (crosstalk)

COUNSELOR: Yeah. What could he tell you really, you know?

CLIENT: Well, he must have logical reasons.

COUNSELOR: Yeah, but, you know, I'm just wondering, are logical reasons going to satisfy you?

CLIENT: Well, at least, I could agree with him or think more about them... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... or, uhm... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... I'm guess I'm just looking for ah...

COUNSELOR: And, you know.

CLIENT: ... reasons in myself, but... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... when I think about them myself, I felt I... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I bury them. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And I say, "You know that's not true about me." And... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... my feeling of, uh, not being any good is, uhm, burying... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... what I do had to offer.

COUNSELOR: Right.

CLIENT: And for me to hear it from him... (crosstalk)

COUNSELOR: Uh hmm

CLIENT: ... what I do have to offer then... (crosstalk)

COUNSELOR: Yeah.

CLIENT: Uhm, I'm thinking maybe it's, uh, an outside way of, uh, making me realize it myself without, uh, hearing this, uh, outside influence from other people saying that I'm not any good. I'd rather hear, uh, why I am. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And see if I can, uhm, agree with that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... or finding uh... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... comforting feeling in that, that it's true, it's true, and he's basing the relationship with something that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... is really true.

COUNSELOR: Uh huh. I see. Uh huh.

CLIENT: Ready when it's time you know but, uh... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... for me to know and I wouldn't have to ask him. (crosstalk)

COUNSELOR: Yeah.

CLIENT: But he's smart, he's smart for work.

COUNSELOR: Uh hmm.

CLIENT: And uh, his first wife, and he, and he talked about her a little bit. (crosstalk)

COUNSELOR: Well, he was married before, I mean, before.

CLIENT: (inaudible 00:14:39)He was, he was married for four months. (crosstalk)

COUNSELOR: Yeah. Oh, yeah, yeah.

CLIENT: He said he knew this woman all his life... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... and she was married before with a little boy. (crosstalk)

COUNSELOR: Yeah.

CLIENT: But instead, they woke up, you know, like "yesterday, we're married four months" and that decided they didn't love each other anymore... (crosstalk)

COUNSELOR: I see.

CLIENT: ... which is one reason why I wanna know why... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... he loves me and why he wants to marry me. (crosstalk)

COUNSELOR: Well, I know, this is... (crosstalk)

CLIENT: What's wrong with him?

COUNSELOR: Yeah. Well, well, this, is something a little newer now. I can see, you know.

CLIENT: Uh, when I wake up and... (crosstalk).

COUNSELOR: Oh, yeah, oh, yeah, sure, sure.

CLIENT: ... having to say logically... (crosstalk)

COUNSELOR: Yeah, uh, yeah. Well, this is new all right. It's somebody we didn't know before, uh...
(crosstalk)

CLIENT: Oh, I knew it now.

COUNSELOR: At least (inaudible 00:15:24), uh huh yeah. Uh huh. Now, you've checked the other things or have you? You know you found out that the employees says he is.

CLIENT: I had it figured out how to really check it first.

COUNSELOR: Uh huh.

CLIENT: The, the more he... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... yeah, the more I see him and the more I hear... (crosstalk)

COUNSELOR: Yeah, uh huh.

CLIENT: ... uhm, the more, you know, how could I just believe him... (crosstalk)

COUNSELOR: Oh, I see.

CLIENT: ... that he, you know, he names the doctors he's worked there.

COUNSELOR: Yeah.

CLIENT: What I don't understand is their (inaudible 00:15:53) (beeping sound).

COUNSELOR: Uh hmm.

CLIENT: (beeping sound) who was the man (inaudible 00:15:58).

COUNSELOR: Uh huh.

COUNSELOR: And yet he is, uhm, what you call it, uh, toying with their practice, uh, for GP experience...
(crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and he's the one called for them or something. (crosstalk)

COUNSELOR: Yeah.

CLIENT: I don't know. (crosstalk)

COUNSELOR: Yeah, oh, it's so unusual.

CLIENT: But he said, uh, as far as he knew... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... he was going to Baltimore, and it's a five-year residency in neurosurgery. That much he explained to me last night. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: And he had another year to go, and he thought he was gonna to go to Baltimore for it.

COUNSELOR: Uh huh.

CLIENT: But it's if you're residents.

COUNSELOR: I see. He had one more year to complete his residence, huh?

CLIENT: You know, I don't know how to react with it... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... five years in neurosurgery.

COUNSELOR: Uh huh, well, so it's immediate. Let it go. And you should start thing (inaudible 00:16:53)... (crosstalk)

CLIENT: Right, correct I could always call up (beeping sound).

COUNSELOR: Uh huh. Yeah.

CLIENT: But, uh, which is, well, I'll do.

COUNSELOR: Uh huh. All right.

CLIENT: Saturday, he missed the family, and, uh... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I called up (beeping sound) Saturday morning... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... Fourth of July and, uh... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... told him, you know, that really was true, somebody did ask me to marry me? (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And, uh, and, and yeah, just married him. And, uh, here's another slip.

COUNSELOR: Yeah.

CLIENT: And (beeping sound) was, uh, upset. You know he didn't know whether to believe me or whether I was kidding or what. (crosstalk)

COUNSELOR: Yeah.

CLIENT: And, uh, I told him if he was going to the fireworks Saturday night with (beeping sound) she would meet him... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and of course he said if we made me do this.

COUNSELOR: Uh huh.

CLIENT: And I just couldn't believe it. So sure enough, Saturday night, we came looking for trouble, and I told my sister the same thing that (beeping sound) should be there. So he met, uh, my brother (beeping sound), my sister (beeping sound) and her boyfriend (beeping sound) came with, uh, another one of his girlfriends who did the same thing there three years ago, got married, and, uh... (crosstalk)

COUNSELOR: Oh.

CLIENT: ... he was very upset about that. But he still caters to the, uh, husband and wife. But anyway, and her husband is very intelligent and had done research at John Hopkins... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and, uh, (beeping sound) got to talking, and, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ...but I had to back away from that conversation. I didn't understand where it went. But... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... (beeping sound) took it all in and, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... loss stock (beeping sound). You know I played a dirty trick on him that, uh, he knew that we were gonna be there together, and four years, I didn't let him touch me or touch him and, uh, now, just let (beeping sound) touch me. And here, I let (beeping sound) put his arm around me, and, and that upset (beeping sound) great deal. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... And, uh, apparently, he thought I was gonna change my mind about marrying him.

COUNSELOR: Uh huh.

CLIENT: And I told him, I don't know how many times, but I guess he just didn't listen.

COUNSELOR: All right.

CLIENT: But, uh, I wouldn't let him touch me with a 10-foot pole. And that's what I told (beeping sound)...

COUNSELOR: Uh hmm.

CLIENT: And of course (beeping sound) didn't understand why the relationship or what kind it was and, uh, if this is where my financial independence came from or dependence really... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and, uh, why just because he showed up with me that I should be fired.

COUNSELOR: Uh hmm.

CLIENT: (beeping sound) And now, I told the family I was gonna be cut off and no more money and all these, and, uh, he was brokenhearted, and I did a dirty trick and... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: But he's calmed down since then, uh.

COUNSELOR: Uh hmm.

CLIENT: I told him I was only asked. I didn't accept... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... and, uh, I hadn't known him for that long, so it wasn't that, you know, something that I've been hiding him in the closet for a year? And now, all of a sudden, I'm springing them on the family.

COUNSELOR: Right.

CLIENT: It's when, uh, when I felt comfortable about the relationship and I... (crosstalk)

COUNSELOR: Go on. Right.

CLIENT: ... introduced him to my family... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and it, he had to be (beeping sound) eventually... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and with that story straightened out, but, uh... (crosstalk)

COUNSELOR: How did you know? Uh, when you say that story, does he know, uh, you know, (beeping sound) kinda giving you money or stuff like that.

CLIENT: Well, he-I let him read a letter to my brother. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: (beeping sound) hiding it, that, uh, I was getting my mother teeth and my father hearing aid and... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and that I had hoped (beeping sound) would reimburse me for it.

COUNSELOR: Uh huh.

CLIENT: And we've spent to, like, a thousand dollars this month and then... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... that and (beeping sound) gave me (inaudible 00:21:16), but he just gave me the other half today, but as of Saturday, he wasn't going to give me another cent... (crosstalk)

COUNSELOR: Uh huh. Sure.

CLIENT: ... you know, let (beeping sound) take care of it. It is his responsibility and, uh, which had me a little concerned... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... because of the, uh, money's cut off that short, uhm... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... especially with the 500 (inaudible 00:21:40) dollar bill.

COUNSELOR: Uh hmm.

CLIENT: It would be cutting into my, my-quite rapidly.

COUNSELOR: Yeah? How about getting a, that sort of saving? (crosstalk)

CLIENT: Well, I do, but I also know how fast they can go.

COUNSELOR: Uh huh.

CLIENT: And if I don't have a way of replacing them, it would, you know, be almost like forcing me to marry (beeping sound) for the, uh... (crosstalk)

COUNSELOR: Oh.

CLIENT: ... support.

COUNSELOR: You'll always get a job. You know we talked about (inaudible 00:22:09).

CLIENT: You know what? And I do it. You know I'd rather think of, uh... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... marrying (beeping sound) and doing something that I really wanted to do.

COUNSELOR: Yeah. Uh huh.

CLIENT: And uh...(crosstalk)

COUNSELOR: Yeah.

CLIENT: ... use that as an excuse I guess because... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... with, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: But I'm still not sure that, uh... (crosstalk)

COUNSELOR: Oh, yeah.

CLIENT: ... he can support me.

COUNSELOR: Uh. You're not sure about (beeping sound) supporting you.

CLIENT: Yeah. (crosstalk)

COUNSELOR: Yeah, well, first off, he's got another year of residency, uh... (crosstalk)

CLIENT: He says he can, and uh... (crosstalk)

COUNSELOR: Well, yeah, yeah. They don't make bank accounts... (crosstalk)

CLIENT: Why?

COUNSELOR: ... not for the style you've become accustomed (inaudible 00:22:47). (crosstalk)

CLIENT: But that's not, you know, we're going of that phrase before.

COUNSELOR: Okay. (laughs)

CLIENT: I know it myself quite well... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... this (inaudible 00:22:53) like, that accustomed as, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... very expensive even... (crosstalk)

COUNSELOR: That's right.

CLIENT: ... even basically it is... (crosstalk)

COUNSELOR: Right.

CLIENT: ... because I like nice things and, uh...(crosstalk)

COUNSELOR: You know at least for a year on a resident's salary, you know, uh, you'll live on his salary. You're... (crosstalk)

CLIENT: Yeah. But I have enough for, uh... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and, you know, a year's expenses, but...

COUNSELOR: Uh huh. I'm sure you don't know.

CLIENT: We're concerned about, uh, cutting into what I have... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and not having it later.

COUNSELOR: Yeah.(inaudible 00:23:32). (crosstalk)

CLIENT: But it seems to, uh, he doesn't understand why I've questioned him so much you know... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... he's got so much, uh, confidence in himself or something he can't understand... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... my, uh, doubting.

COUNSELOR: Yeah. Doubting, you mean where it seems were two kinds of doubting, doubting, uh, you know, that he already represents himself to be, uh... (crosstalk)

CLIENT: With the years, it's great. (crosstalk)

COUNSELOR: I don't know.

CLIENT: But if, if he isn't, you know, I, I would rather know about it. (crosstalk)

COUNSELOR: Well, sure.

CLIENT: So I could, uh... (crosstalk)

COUNSELOR: Right. Yeah. We don't repeat previous mistakes. Right. (crosstalk)

CLIENT: Yeah. Because if he wasn't able to support me, I would rather know it now than here later 'coz I told him I'm not used to... (crosstalk)

COUNSELOR: Sure.

CLIENT: ... money problems... (crosstalk)

COUNSELOR: Yeah..

CLIENT: ... and I don't wanna start them again.

COUNSELOR: Yeah, right. They're obvious, the money problems. Yeah.

CLIENT: Well, not... (crosstalk)

COUNSELOR: Not recently, right?

CLIENT: ... not having the money to pay for bills and scratching for next month's rent. (crosstalk)

COUNSELOR: Oh, yeah.

CLIENT: Uhm... (crosstalk)

COUNSELOR: All right. (inaudible 00:24:34).

CLIENT: ... marriage (inaudible 00:24:34) problems.

COUNSELOR: Yeah. Right. But the second, ah, there's a stronger line, you know, about that any decent guy could love you.

CLIENT: I just don't understand why anybody with... (crosstalk)

COUNSELOR: Well.

CLIENT: ... the, ah... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... ability that he has and, ah... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... the intelligence and all he has done with his life... (crosstalk)

COUNSELOR: Oh, yeah.

CLIENT: ... and with his intelligence that, ah... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I could complement his life.

COUNSELOR: Yeah. Uh hmm. So this is about... (crosstalk)

CLIENT: That point, I just don't understand, and he wants to come back. (crosstalk)

COUNSELOR: That's his problem as I understand. He's sure, I mean he has no doubts that he wants to marry you, right? Or should he? (crosstalk)

CLIENT: Not that I know of now.

COUNSELOR: Right. Now, you do.

CLIENT: He said last night he likes confusion, you know, as if...

COUNSELOR: (laughs)

CLIENT: He came to the right place.

COUNSELOR: Yeah. All right. As you're pretty confused, I mean with all this (inaudible 00:25:31)... (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... are, you know. (crosstalk)

CLIENT: Not only that, but you know my apartment too was...

COUNSELOR: Oh, yeah.

CLIENT: I'm not meticulous, and he is.

COUNSELOR: All right.

CLIENT: And... (crosstalk)

COUNSELOR: Oh, yeah.

CLIENT: ... you know he said something about must have something to do with his first wife. She was, uh... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... intellectually on his level, and, ah, shared a lot of things with him and... (crosstalk)

COUNSELOR: I see.

CLIENT: ... ah, was a good cook... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... and a good seamstress and probably an, ah, excellent...

COUNSELOR: Yeah.

CLIENT: ... he said housekeeper but, ah... (crosstalk)

COUNSELOR: Right. (inaudible 00:26:09). (crosstalk)

CLIENT: Basically, I think maybe she didn't, ah, care for him. It was enough... (crosstalk)

COUNSELOR: Well...

CLIENT: ... of a business deal and put the money on the table and, ah... (crosstalk)

COUNSELOR: Oh, I see.

CLIENT: And... (crosstalk)

COUNSELOR: Whose money, I mean, he... (crosstalk)

CLIENT: His money, the money that he was making.

COUNSELOR: She married her-him for his money.(inaudible 00:26:30)

CLIENT: It's-well, what I hear about it, it sounds that way. She ah... (crosstalk)

COUNSELOR: Yeah. You know, why it only last four months if they had, you know, these things in common and all that.

CLIENT: Well, from what he says, they just didn't love each other.

COUNSELOR: (inaudible 00:26:45).

CLIENT: Where it's, whereas, you know, mine is, ah...(crosstalk)

COUNSELOR: You have a job and know him so long either now, right? How long it been?

CLIENT: Well, if she know him well as, you know, if I should admit it.

COUNSELOR: (inaudible 00:26:58). Uh huh. Yeah. Uh huh.

CLIENT: But from... (crosstalk)

COUNSELOR: But he's only known her... (crosstalk)

CLIENT: ... my knowing him... (crosstalk)

COUNSELOR: ... ah, short time.

CLIENT: Yeah, but mine is all, ah, basically feelings... (crosstalk)

COUNSELOR: Oh, yeah. Uh huh.

CLIENT: ... and, ah, sharing there that... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I really do care for him and... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... probably he feels it. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And, uh, he cares for me.

COUNSELOR: All right. That's right.

CLIENT: So whether-you know, when I... (crosstalk)

COUNSELOR: Yeah, Uh hmm.

CLIENT: You know, I just, ah... (crosstalk)

COUNSELOR: Yeah. So, you've known him how long now totally?

CLIENT: A month.

COUNSELOR: Month.

CLIENT: Told me (inaudible 00:27:37) she will marry him when I met him that I wouldn't be... (crosstalk)

COUNSELOR: (inaudible 00:27:38)

CLIENT: Then I won't have this problem. (crosstalk)

COUNSELOR: (inaudible 00:27:41) Yeah. Well, I don't know. Yeah. It might be a, a divorce. I'm sure of it. Uh, what's the deadline on this now? Or is there a hurry? I-you know, ah, does he want you to decide to marry him before he goes to take his residency... (crosstalk)

CLIENT: (inaudible 00:28:00)

COUNSELOR: ... you know, finish his residency or as (inaudible 00:28:00).

CLIENT: He did times, times that I have heard... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... you know, and that's, that's going to (beeping sound) in September and... (crosstalk)

COUNSELOR: Yes.

CLIENT: ... October is a good time to go Vienna(ph). (crosstalk)

COUNSELOR: Oh.

CLIENT: And that's where he wants to go on our honeymoon. (crosstalk)

COUNSELOR: All right.

CLIENT: This is where I wanted to go. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: And I could care less and, ah, he said, Vienna... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... and he, that October was the good time to be there which was... (crosstalk)

COUNSELOR: (inaudible 00:28:29) so.

CLIENT: I don't know if it is or not... (crosstalk)

COUNSELOR: (inaudible 00:28:32).

CLIENT: ... which just let me know that I guess he wanted to be married in September. But if he's in residency, then, he's not taking any church on October.

COUNSELOR: Oh, yeah. That's fine. And surely, you were in a hurry, didn't do that. That sounds all strange, yeah?

CLIENT: Then he's not, you know, so sure... (crosstalk)

COUNSELOR: (inaudible 00:28:49)

CLIENT: ... he's going to Maryland anyway.

COUNSELOR: Yeah. Well. (crosstalk)

CLIENT: But he sells insurance too... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... for money.

COUNSELOR: Yeah. But regarding the, recently we talked a few times and you are not usually the gal who you know, stalls and puts things off that much. You haven't really investigated him as much as... (crosstalk)

CLIENT: I haven't figured it out... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... how to do it. I sort of, ah, ah, calling (beeping sound) for, you know, somebody... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... to check it out who knows how to do it. I don't know how to do it. (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... But then I thought, ah... (crosstalk)

COUNSELOR: Yes, if you got to call, that'll be bad.

CLIENT: Then he'll (inaudible 00:29:33) well, it's not that.

COUNSELOR: Uh huh.

CLIENT: But, ah, you know, as far as (beeping sound) is concerned... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... I don't care what he says about it. It's for my own... (crosstalk)

COUNSELOR: Yes.

CLIENT: ... ah, protection. (crosstalk)

COUNSELOR: Protection, right.

CLIENT: And he should, ah... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... understand it... (crosstalk)

COUNSELOR: Right.

CLIENT: ... after what I've been going through and what I'm trying to prove ... (crosstalk)

COUNSELOR: That's right. You know, I'm saying which is untrue with different men, right?

CLIENT: ...and that, uh... (crosstalk)

COUNSELOR: Right.

CLIENT: ... being set on so confused, that's why I did it. So I don't... (crosstalk)

COUNSELOR: That's why you did what? You mean, you have started uh... (crosstalk)

CLIENT: That's why if I did it, that's why I did it.

COUNSELOR: Oh, oh, you mean if he found you had an investigator on him... (crosstalk)

CLIENT: Right.

COUNSELOR: ... and he found out... (crosstalk)

CLIENT: Right.

COUNSELOR: ... and you will explain him that way. Yeah. (crosstalk)

CLIENT: It's even if they all turned out right, I would probably tell him. I would... (crosstalk)

COUNSELOR: You would?

CLIENT: ... tell him that it's... (crosstalk)

COUNSELOR: Uh. Yeah. Well.

CLIENT: ... you know, "and I investigated you and, uh... (crosstalk)

COUNSELOR: Okay. Yeah. All right.

CLIENT: But I didn't want (beeping sound) to, uh, know my business. (beeping sound) (beeping sound)

COUNSELOR: Finding the investigator.

CLIENT: Yeah.

COUNSELOR: Uh huh.

CLIENT: Or to, ah... (crosstalk)

COUNSELOR: What do you mean know your business? What's he up to now?

CLIENT: Why do I want this investigation?

COUNSELOR: Uh huh. Well, it's-with you, no big romance with (beeping sound), right?

CLIENT: No.

COUNSELOR: You'll pay him for his services?

CLIENT: No, whoever it gets-yeah, I was. (crosstalk)

COUNSELOR: Yeah.

CLIENT: I guess that's no way to excuse it with.

COUNSELOR: Well, I don't think so.

CLIENT: If I could tell (beeping sound) that I had it done, why couldn't I... (crosstalk)

COUNSELOR: Okay, let's just... (crosstalk)

CLIENT: ... stand up to the rest of the world then...

COUNSELOR: ... and, you know, your job and, you know, you're paying us, he is not a (beeping sound) stranger exactly is true. I mean, you know, that's the only thing... (crosstalk)

CLIENT: I guess... (crosstalk)

COUNSELOR: But you trust him, but you know all of this.

CLIENT: Well, it's not that I trust him. I remember the (beeping sound) detective. He was a scatterbrain from the... (crosstalk)

COUNSELOR: Yeah. Oh, yeah.

CLIENT: ... way back.

COUNSELOR: That's right.

CLIENT: ... and that's all I would, you know, I don't wanna... (crosstalk)

COUNSELOR: Yeah, you don't want that. Yeah.

CLIENT: ... date somebody like that.

COUNSELOR: But this is guy is (inaudible 00:31:19).

CLIENT: So, I thought if I ask (beeping sound)... (crosstalk).

COUNSELOR: (inaudible 00:31:23)

CLIENT: ...(inaudible 00:31:23)

COUNSELOR: ... I see (beeping sound) can recommend somebody.

CLIENT: All right.

COUNSELOR: Oh, was he even better then? But he doesn't have to know. Sure as (beeping sound) has recommended somebody who's really confident and have him check it out, could be done in a short time, seems to me.

CLIENT: Yeah. But somebody knows how to do it.

COUNSELOR: Yeah. Ah, letting you have your own emotional problem and that would be all. That's all, yeah. There won't be this doubt, you know, is this guy legitimate or is there something shady or... (crosstalk)

CLIENT: If (beeping sound) hadn't said anything, I wouldn't have doubted it.

COUNSELOR: Uh huh. Yeah.

CLIENT: But first, she's the one who introduced me to him and she... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... doubts.

COUNSELOR: She doubts that he's a... (crosstalk)

CLIENT: Yeah.

COUNSELOR: ... brain surgeon, right?

CLIENT: Ah, she doubts his, uh, medical career.

COUNSELOR: Oh, I see.

CLIENT: But he explained that to me, you know... (crosstalk)

COUNSELOR: Yeah.

CLIENT: ... a little bit in a raised voice.

COUNSELOR: (laughs)

CLIENT: She never saw him... (crosstalk)

COUNSELOR: Oh, I see.

CLIENT: ... that kind of work.

COUNSELOR: All right. Okay. Well, I knew what they were. Supposed he were an insurance man, it turned out, you know, and he's, uh, in order to impress you, he had stretched the thing. How would you feel then?

CLIENT: Ah, it would depend on why... (crosstalk)

COUNSELOR: Why he stretched it.

CLIENT: Right.

COUNSELOR: Oh, I see. Supposed he stretched it because he felt that's the only way he was worthy of you. Maybe he's got feelings of unworthiness, you know?

CLIENT: Hmm. Then we'd get along good together, wouldn't we?

COUNSELOR: (laughs) Well, how would you feel about it?

CLIENT: I don't know. It hasn't happened. I guess, I, I wouldn't... (crosstalk)

COUNSELOR: Doesn't happen yet. That's right. Okay. (crosstalk)

CLIENT: I know I wouldn't condemn... (crosstalk)

COUNSELOR: All right. Oh, okay. We got time that anyway. Apparently the-you know, ah, ah, we got, ah, at least a month or two before you really have to make some decisions-final. Is that right?

CLIENT: Yeah. (crosstalk)

COUNSELOR: All right.

CLIENT: He's smart. And I know he's smart. But it's... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... it's possible.

COUNSELOR: Uh huh. Yeah.

CLIENT: He complimented me on being intelligent. (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: So...

COUNSELOR: Oh, yeah.

CLIENT: I began to wonder where I used my intelligence, but... (crosstalk)

COUNSELOR: Well, uh... (crosstalk)

CLIENT: Apparently, I have used it, uh... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... in a direction that, ah... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... satisfy him.

COUNSELOR: Yeah, okay.

CLIENT: I know a little bit about everything... (crosstalk)

COUNSELOR: Right.

CLIENT: ... and not much about myself.

COUNSELOR: Oh, well.

CLIENT: But I do from reading this. You know, when he walked into my apartment and, and he looked around I think... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... he realized I was very much aware of... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... what was going on in the world, and I was interested in it and, ah... (crosstalk)

COUNSELOR: Yeah. Sure.

CLIENT: ... like to know... (crosstalk)

COUNSELOR: Right.

CLIENT: ... what was going on, and I'd put my hand in, my hand in a, hand in the (inaudible 00:34:33)... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... avoid(ph) what's going on around me.

COUNSELOR: Yeah.

CLIENT: And I want what's best for (beeping sound)

COUNSELOR: Hmm. Yeah. Okay.

CLIENT: That must be, you know, what he sees, you know what I mean? (crosstalk)

COUNSELOR: Uh huh. Ah, as I recall, we were discussing the scene (beeping sound) going well.

CLIENT: Uh hmm.

COUNSELOR: Yeah. Okay.

CLIENT: Very well. He accepts quite a bit when he's around.

COUNSELOR: (laughs) What do you mean accept, meaning?

CLIENT: He doesn't listen to me.

COUNSELOR: But he doesn't... (crosstalk)

CLIENT: More than the, ah, usual.

COUNSELOR: Oh. Yeah, right as far as with, ah, but... (crosstalk)

CLIENT: More uncontrollable. (crosstalk)

COUNSELOR: Right.

CLIENT: Oh, yeah. When he walks in, he says, "When you're gonna marry my mom?"

COUNSELOR: Uh huh. It's all right.

CLIENT: He's a karate expert. And, ah... (crosstalk)

COUNSELOR: Who's a karate expert (beeping sound)? (crosstalk)

CLIENT: (beeping sound). (crosstalk)

COUNSELOR: Oh I'm sorry, yeah.

CLIENT: (beeping sound) He likes that.

COUNSELOR: I see.

CLIENT: And I know what, you know, with respects his voice when he, you know, tells him to go to bed or put his shoes in there (inaudible 00:35:46).

COUNSELOR: Yeah. All right. (inaudible 00:35:46) that's all what we got.

CLIENT: That's why I (inaudible 00:35:50). He fits along so well with (beeping sound) and that's why that... (crosstalk)

COUNSELOR: Uh huh.

CLIENT: ... scares me. Always... (crosstalk)

COUNSELOR: Scares you?

CLIENT: He told me once and, uh... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... I could tell him six times to do something and... (crosstalk)

COUNSELOR: Uh hmm.

CLIENT: ... he wouldn't do it. (crosstalk)

COUNSELOR: Uh huh.

CLIENT: And I don't like to hit him because I'm afraid of hurting him.

COUNSELOR: Yeah. He doesn't have to.

CLIENT: He doesn't have to, no.

COUNSELOR: Okay.

CLIENT: And I do, still hasn't been doing well.

COUNSELOR: Uh huh. All right.

CLIENT: And I that, that I'm afraid of, uh, hurting him.

COUNSELOR: Hmm. Right. Okay. Well, I guess we have a little time to work on this again, uhm, for more information again, huh, before we start making any final decisions, right?

CLIENT: Yeah, I think logically as you (beeping sound).

COUNSELOR: Uh hmm. Okay. If you wanted to...

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

The recording of this session begins already in progress. The therapist is a Dr. Bocchini. No other information is available about the therapist.

BEGIN TRANSCRIPT:

EDWARD: — and then, I said "Oh, the hell with it" and I said it and the whole roof came down when I did that. But right now, they're convinced that old (bleep) is worthless and he has to go, and nothing but trouble. And actually, my whole family is really screwed up and I'm getting angrier and angrier. I get the feeling that — I still love my mother, but I also hate her now too because she's selfish and conceited and maybe human, but — and everything about, certainly my home life, is — it's tragic. You know, here I have a mother who's 45 and what does she want to do? She wants to get married, and she wants to get married to a rich guy and she's using all sorts of cosmetics to try and take out the wrinkles and to fight the double chin, and that's like selling yourself for money — like being a whore. (0:01:26.4)

And the same thing with my sister — a conversation between my brother and my sister. My sister said, "Well don't you have any eligible boyfriends?" and right now she's searching — she's looking for a guy with cash. And then my brother said "Well, you know, nobody wants a girl that has a kid" and that's — and you know how I think my brother is screwed up. And besides that, in other ways, the fact that he has — he still has temper tantrums and he's always hammering in my ear, you know, "You do one thing wrong and I'll beat the shit out of you" and, you know, always beating me up. And so, now it is unanimously agreed upon by all that I'm going to leave at the end of the summer and I'll put all my stuff at a friend's house and after — and when the summer's over, I can do two things. I can either try and get back to (bleep) or go in the Army. I have a lot of things in my way. The fact that, you know, the money will be hard to get and I'm worried about whether I really have what it takes, because I always wanted to be intelligent, you know, and — well, maybe I just don't have enough intelligence to get As and Bs in my school work. It's, you know, a feeling of inadequacy and since this has been one of my major things is drive and motivation, as long as I can remember, either (bleep) is intelligent or (bleep) is the scholar and now the idea that I just might not be is very hard to take. And in that way it would be nice to know my IQ, except it might be low. (0:03:41.5)

THERAPIST: So, this frightening too.

EDWARD: Yeah.

THERAPIST: Because —

EDWARD: And I don't know where I stand. And, as result, I don't know what I'm going to do when I get out of college. You know, what am I — what am I fit for? At first, you know, I thought, well, if I was really intelligent, well, then, I could very conceivably take — you know, either become a teacher or go into law — some practice that takes intelligence. But if I'm not and — you know, what can I do? But these are pragmatic problems that I have. But —

THERAPIST: It seems to me part of what you're saying, though, is that all of these may be pragmatic, now that everything else seems to be resolved, this is coming to the — (0:04:47.9)

EDWARD: Mm—hmm. Well, before, what I went over last time, that was what? An obsessive—compulsive trait, but — for that time, it was uppermost. But, I think I can remember that it was only a recent development, maybe starting right before I came here, or even during the time that I came here. And now I feel myself at that state that I was right before this started —

THERAPIST: Mm—hmm.

EDWARD: — and took up all of my time. The fact that I'm mixed up — and, of course, now other things come to the surface which might have been more in my thinking before, in the beginning, or are just coming new to the surface. But, of course, I still have a lousy sex life and what happened yesterday is, there's a pretty girl that sits in the library and, you know, I say hello to her and she says hello to me, so I'm going out and ask to — going to over and ask her to go out with me and, you know, I was sitting there — you know, "should I do it?" (0:06:06.2)

THERAPIST: Mm—hmm.

EDWARD: "Shouldn't I do it?" and I had all sorts of anxiety reactions. You know, my — I could feel the blood, you know, pulsing through my heart and the acid swirling around in my stomach acting up. And so, finally, I got up and went around and she wasn't there. She had left and I felt so happy, you know, because then I could put it off until the day to do it. But what seems impossible is that I'm afraid of that maybe the girls that I choose, that I like, are ones that I know before hand that couldn't possibly like me, or that my chances of getting to know are almost nil. Because that way it would work as, you know, a safety and I wouldn't have to worry about, you know, getting involved. And I would be safe.

THERAPIST: I'm not quite sure how I understand how you could choose these before you really know them, though. I mean, how do you — (0:07:11.9)

EDWARD: Well just by the kinds that come into my mind. For one thing, as I said, I hardly know her. I — she's pretty, which means, you know, what does she need with me and who am I? And I don't know anybody else that knows her. In other words, it seems to me, before you can get to know the girl — well, it's always easier if you're in the same crowd — you know, you go around with the same clique. And I don't — and just the odds and the impossibility of coming up right out of the blue, so to speak, and say "Look, how would you like to go downstairs and get a cup of coffee with me and talk?", it — it's just inconceivable that, you know, she would say yes.

THERAPIST: It seems to me like you might be saying it's not so much that it's inconceivable that she would be saying yes, but because of what she is — she's pretty, she looks good, what does she want with me — might you not be self—structuring the situation that it's almost bound to fail before you even — (0:08:34.3)

EDWARD: Yeah. That's what I mean. In fact, I would have these thoughts so much before that I would go up and I would fumble, you know, my words and what I would say, and at the first sign of backing off, I would break off and just about run away. In this process I've been shot down by some of the prettiest girls in the school. I've tried them all.

THERAPIST: But, isn't the real question, have you been shot down by them, or have you really been shot down by yourself?

EDWARD: I've thought of that, but I don't want to say I'm shooting down myself, because then, that again brings up, you know, the idea that I'm neurotic depressive, so I'd much rather put it on their shoulders. But, it's — it's partly my fault that I worry so much, but — I wish was much handsomer. You know, I don't want somebody else's face, but, you know, I'd just like mine to look better because I couldn't picture myself behind a mask of somebody else. What did you say — that boys like that have it so easy. (0:09:48.9)

THERAPIST: Initially. I'm not quite sure I can see a relation.

EDWARD: Well, between — a good like guy initially comes up and says "How would you like to go out and get a coffee — a cup of coffee with me?" to a girl? I think that the chances are better that she would say yes, just because he's handsome.

THERAPIST: Mm—hmm. But, what happens then. I mean, he's still, within himself, something other than —

EDWARD: Yeah, I know but — and that's what seems to be unfair about the world, that you aren't — well, obviously, you just aren't always judged by what's inside of yourself. You're judged by other things.

THERAPIST: Initially. (0:10:31.9)

EDWARD: And maybe even after that. What would kill me was when the girl I met down the shore said, you know — I was sure that she liked John, you know, much more — simply because he was much handsomer than I was. And though you might say, initially, if this was the only thing, it lasted through three months, and maybe three more and I heard that they'd finally broken up. But, she thought he was wonderful and I think he was a rat, you know, the lowest forms of reptiles that God ever so put to the face of the earth. And not only that, it's the problem of the type of relation that you're entering into. For instance, perhaps a relationship between a boy and girl is superficial to a great extent. For one, each would be afraid to let the other know what they were really feeling, and the boy is always, you know, trying to act cool and say the right things, as is the girl. So, I think we can go along for a very long time — it's superficial. Because, there are girls that like (inaudible at 0:11:53.7). In fact, one girl said to me the other day "You know, (bleep), the more I get to know you, the more I like you." And she doesn't know me at all. Just — it's just that, you know, we walk to classes together and she doesn't know me at all.

THERAPIST: So what you're saying — if she did know you, she'd find out that she really didn't like you.

EDWARD: Well, only because — I don't — I've certainly had no experience in this. I — I just don't know what — what sort of interpersonal relations are with other boys or with girls or with anybody. It seems — it seems very strange. Maybe it's because I was always alone and it's just a problem with experience, but it's not very — many relations just aren't satisfying. For instance I could — I can be very — I can be relatively pleased with my position at (bleep) now — the fact that I would always wish to have a lot of friends, you know, and smiled at everybody and have everybody smile at me. But, now I only have a couple, you know — a kid by the name Jim and Bob. But, as I said, they like each other better than they like me. And certainly their relationship with each other is much better than either of them have with me. And they are virtually my closest friends here at (bleep) and the only other person outside of that is Carl (sp?), who I see very rarely. And, although I could exist without talking too much with anybody else, I would find it very hard without them. And, yet — and yet, I'm using them, perhaps for the same reason that I used Betty, the other girl, as an ego incorporated, tension reduction system. Although, I found that now I'm much less self-conscious around them. I can join in on the conversation and, you know, taken up with part of the group. But, right now, I'm just not satisfied with the things were going. I want to form a relationship with somebody, and also, I want to find something within myself that I can say is of value.

(Long pause at 0:14:46.2)

EDWARD: Because it seems to me that (long pause) — that a person just has to have something to live for. I mean, up to now, I can't say that (long pause) — why — I can't say my life has been anything. I haven't done anything with it, and I haven't found anything in it. It's just been a matter of existing.

(Long pause at 0:16:06.8)

EDWARD: And up to one point in my life, it was the fact that — well (bleep), you know, is the most intelligent member of the family.

(Long pause at 0:16:56.1)

EDWARD: And, well, now that that's gone, or, at least I feel it slipping away, what else is there?

(Long pause at 0:17:48.7)

THERAPIST: "In spite of the situation with my family, I had some status. But, now that I'm going to make the break, even that's gone", is that what you're feeling? And that's kind of frightening.

(Long pause at 0:18:32.7)

EDWARD: I never expected to get this upset this time.

THERAPIST: And you thought you had it all out of your system.

(Long pause at 0:19:33.1)

EDWARD: Well, maybe it was because last time — it was just something that I was deathly afraid of, and — and —

(Long pause at 0:20:15.4)

EDWARD: — and — well, this time, maybe it's just more closely associated with — (pause) — my value of myself.

(Long pause at 0:20:55.2)

EDWARD: My value was — of myself as a person.

(Long pause at 0:21:28.4)

EDWARD: And, well —

(Long pause at 0:22:25.4)

EDWARD: And I don't think I'm upset about just the fact that I might not be intelligent, but simply that I, myself, at this point have nothing. Plus the fact that I feel that my family situation, with or without myself, is tragic. And, also —

THERAPIST: "I'm kind of tragic too".

EDWARD: Well, that, and — but, the fact that, since I am this way, what does the future have to offer me. It's very frightening.

THERAPIST: So, it's that old feeling — "Who am I? Where am I going? What am I going to do?", and I guess, partly too "Can I do it alone?"

EDWARD: But, not so much who am I, because I, you know, I feel that — well here I am, poor, screwed—up, tragic human being. You know — and I'd almost rather stay in the present situation than try to break out.

THERAPIST: Present situation?

EDWARD: You know, you know — being (inaudible at 0:25:30.6) to my family and having no friends outside of that, and staying here in (bleep) and, you know, making excuses and trying to figure out why I'm not getting the marks or — to be protected against the outside world, whether I feel now that maybe this is what life is in my own environ — in the situation that I find myself. That, well, maybe this is what life really is. Maybe my milieu is what real life is. And, maybe, outside of it, beyond the barrier, that there's a different world. Or, that — beyond the — there's a different world and a better world and a more enjoyable world. And, what I'm afraid of is that, instead of staying here, that situations will force me to leave and further will force me to join the Army and that, again, I'll be forced to finally do something after that — either do nothing for a few years, or finally start as some clerk or something in a department store. And, the fact that if I — if I don't get out now, my whole life will be just like walking down a corridor — a rather dark and dingy corridor with walls on both sides. And keep on walking and being unhappy until you finally get to the end and die. And I don't want this enclosed (inaudible at 0:29:42.1). What I want is to be able to range and widen far. Like on — maybe an open field on a sunny day. But, certainly, I wouldn't want to continue, in different situations, my life as it is now. But, I'd want to change. But, whether change is possible, I don't know. Perhaps this is the way life really is. Perhaps I can change — I'd always be me. Or, perhaps for external reasons, the change is impossible. But —

(Long pause at 0:31:02.6)

EDWARD: Except that I — I feel very depressed and everything I would touch or would be — a very depressing subject now — when a family — perhaps we started out as a (inaudible 0:32:10.2) class family when my sister was alive, and now we hardly have anything, which means I wouldn't have enough money to join any of the fraternities if I wanted to, or meet any of the girls that I wanted to. And the fact that, here I am, 19 years old and I've never been out of (bleep), I've never been to see New York, I'll probably never get to see Europe or Asia or — I'm just so limited, so enclosed, and every summer I go down to the shore, and I work for my father and I can't break out. It's just a matter of existing. It's horrible. The fact that even if I move out from my family, maybe I really haven't moved out at all. Maybe they'll stay with me. But, I'm not quite sure exactly what it is I'm trying to say, but, these are some of my feelings on the subject. In fact, I would like to take a vocational test to see what I was — Isn't it great? They have tests that tell you how smart you are, what you can do —

THERAPIST: Do you really believe a test can do that?

EDWARD: Well, if I took an IQ test and it said I had an IQ of 145 or 150, I would believe.

THERAPIST: Mm—hmm. But if it showed less than that? (0:34:16.8)

EDWARD: Well, I'd say a test can't read — how can you measure a person with a bunch of numbers. What I'm really fishing around for is somebody to say "You're a great guy, (bleep), don't let it bug you. And even that won't be enough, because the doubt is still here. And, no — and now, like, what I'm going to do at the end of this semester? Wonder — well, the summers never bothering me much because that's always a very nice fantasy world that I can lose myself. All the bartenders are my friends, and we're all, you know, the type of — and there's nothing wrong with that. I like it. And this is the type of friendship that I seek up here to a certain extent. With these men, I can — we can like each other and we can pal around, and most of our talk can be trivial and sometimes we can get serious. And we can get serious about different subjects. And this is what I would like up here, to a certain extent. And, so — so, that's during summer. But, next year, what do I do if I don't go back to (bleep)? And all of — all these things I — you know, I'm so afraid that — you know, I just want to stay in my bed and listen to the radio, or do something like that, because — I haven't even signed up for the draft board. And if I'm going to go in the Army next year, it would be nice to do. But somehow I'm afraid to do that, and also afraid of the fact that most of the time I let a year go by and since I haven't done it — you know, I don't know what the laws of the government are. They might be (inaudible at 0:37:18.0), but — I'm afraid of that, and I'm also afraid for the other reason, I'm afraid to do things. And afraid that when I do something, people might think that I did it for a reason other than that which I did it for.

THERAPIST: Sounds rather involved.

EDWARD: Well, it's just doing something that — you know, or asking — if I ask a girl for a match, I would have the idea that, well, she would be thinking that "He's only asking for that match because he wants to make me."

THERAPIST: Is that what you're thinking.

EDWARD: Yeah. And in a sense, they might be right. So probably (inaudible at 0:38:21.8). That's what I think they're thinking, and to a certain extent that is what I'm thinking. But, I'm afraid they know it. I guess, to a certain extent this makes me, you know, stand off from talking to girls and other people because, well, when I do something, they might think I had, you know, another reason — a bad reason for doing it. For asking them a question, or doing this or that.

THERAPIST: A bad reason.

EDWARD: Mm—hmm. Mainly because I probably still believe that trying to make a girl is bad. I should do it. And, certainly, if I find a girl, I want it to be sex, but I think I really need also something more, you know — maybe somebody to have faith in me, you know? But, then again, maybe that's not right because I'd maybe never really be satisfied with it, because if I couldn't think by myself that I was a worthwhile individual, nobody telling me that I am is going to make it so. And the fact that the — that I can, at times, think back on a situation in that way, saying well, what you're really doing is that, you know, you're just trying to have somebody, you know, say that you're a great guy, (bleep). It — just the inter-relationship between, you know, the drive for sex and dependency and that secondary process — you know, thinking back

on — that's what really screws up the whole thing and, you know, any relationship with people. It just makes it almost so sickening and complicated that — and depressing. It's (inaudible at 0:41:18.2) and just, you know, shove it and say goodbye to the girl and forget about it and just stay by yourself. It's not the best thing — well, you know, at least you won't have that problem (bleep).

And another thing that I'm afraid of is that — the fact that the things that I want, and I would like to have, are very unrealistic. So the striving for them is unrealistic. The fact that a dependency need is unrealistic — of course, I'm just never going to get it and if there was just some way I could wipe it out and want something that possible to be obtainable, but —

THERAPIST: I'm not quite sure what you mean by saying a dependency need is unrealistic.

EDWARD: Well, the fact that I'm looking for a mother, for the same kind of protective and, you know, love and secure love that a mother would give in boyfriends and girlfriends. This is unrealistic. It's a fantasy and I'd never be able to have it satisfied and, therefore, I wish there were some way that I could forget about it — repress it and have in my value system a need that could be fulfilled realistically. And the fact that maybe this feeling that I have that I don't like to be constricted and that I said I like to range far and wide, like a sunny day in an open field, maybe is just fantasies of a little child that could never be fulfilled. It sounds — it sounds too like — too much like "Well, I want to be the captain of a battleship", or "I want to be a fireman". (0:44:18.6)

THERAPIST: So it's this feeling of going from one extreme dependency — an unrealistic dependency relationship to the other extreme of no dependency relationship.

EDWARD: Yeah, you know, to be the leader and the head — and this is what I need to be, maybe. And, as I said, it feels like the imaginations of, well, say, a 10 year old child who happens to be playing with his toy soldiers at the time. And the fact that, maybe the wish to get out and see the whole world and, you know, travel up and down the United States and Canada, and to do exotic things, rather than, you know, be stuck in an office from 9 to 5 and taking (bleep) home. I don't really want that, but maybe — maybe that's the only thing there can be since — since the other just does sound realistic. But, that I would ever be able to buy a motorcycle and be able to bum around the United States and meet people and be very satisfied, because I would be afraid was that — alright, I could possibly get a motorcycle and maybe save up enough money to cycle around the United States, but I wouldn't have any — meet the interesting people or have any, say, exciting sorts of adventures, or even interesting adventures, or happiness, or adventures, because I'd just be — (0:46:06.1)

THERAPIST: Afraid.

EDWARD: I'd be — I'd still be myself as I am now — afraid and I'd — as I said, it would just be like walking along with a hallway. You know, with a wall on either side — with — over your head. And so, you're right. On the one hand, I have a fear of being stuck right — you know, a little box. I mean — and having a dependency, and yet, on the other hand — just as unrealistic to have a whole range of things and not be unlimited to anything I wanted to do — and things that are impractical — fanciful — impossible. Although, in reality, you can say that, you know, well, if I really wanted to, I could become a ship captain and join the Merchant Marines. What it might be is that anything outside of my present situation seems unrealistic. I could conceive of myself of doing something else and being someplace else, but only in a very fanciful way. It was just a fantasy. Maybe this has become too real. Maybe I really could break out and do (inaudible at 0:47:47.2). And it would be a real thing. But at the moment I can't conceive realistically of life being any other way than what it is now.

THERAPIST: Might that be because you never really tried to see it any other way than you can see it right now?

EDWARD: I know — I know I have never seen it any other way. My family's done the same thing. It's been down the shore every year for the past 10 years, we stay in (bleep), we stay as (bleep), we go to 2nd Street Beach, we come home, every once in a while we go over to (bleep), we do that. During the winter, (bleep) goes to school, he comes back, he does his homework in the late afternoon, he watches television, he goes to bed, he gets up and he goes to school. And once in a while he goes to the movies. You know, he always takes the same bus, always sits in about the same seat. And — and now, even since I changed when I — I guess

about 17 and I moved out of the house with my family and I moved upstairs. Even this, for the past — I guess it's been 2 years or three years now — even this becomes like a cycle of doing the same thing over again, and being constricted, and not seeing anything else. Although, it's very much — it's bigger and outside of the bar down there in (bleep), there isn't very much else to see. But, still, it's the same thing over again. It's — it just repeats itself. (0:49:41.5)

And maybe that's fine once in a while — repetition in life — the next day seems like the first. Or, the next day seems like the one before it. The fact that, when I got up today, I knew that it would, you know, the same as it was yesterday. I'd get up, I'd go to school, I'd see a few people that I knew, I'd say hello to some of them, others I would talk with for a couple minutes. You know, I would go to classes and then — well, for dinner I'd go out with Bob and we'd eat. And then I'd go to the (bleep) and I'd practice. But, I wouldn't be happy there either. You know, I want more excitement. That's why if there was a war, at least I could be sure that each day would probably be different from the next — or interesting. Maybe I could get task—involved or something, which might carry through with my — that could pay off, to be become task—involved in my work that I chose to do. That could pay off. I'd make each new day different and maybe even, you know, my — the whole conception of what it is to be happy is unrealistic. These — you know, it's hard to decide exactly what reality is. What it seems to be and what it is. Whether it is anything but what it seems to be. (0:51:59.1)

(Audio becomes very distorted)

I mean, maybe that's why I decided to go into philosophy, because I knew there was a lot that I didn't know and I wanted to find some answers. And (inaudible at 0:51:59.1), but I find there are (inaudible at 0:52:27.8) questions involved in philosophy. You know, the (inaudible at 0:52:32.5). And that's another thing, when — which is very disconcerting now. Right when I thought I was so intelligent, now I have now no knowledge of art and no knowledge of current affairs. My vocabulary is lacking and I'm ignorant in so many fields, and yet I seem to be too lazy to (inaudible at 0:53:09.7), or even that interested in art. Although, if there was some way that I could have knowledge fed into me by (inaudible at 0:53:21.1), I would take every (inaudible at 0:53:22.6) they ever put out.

THERAPIST: I guess part of what you "re saying is not so much because I really want to know, but because of how other people then be able to — would think of me if I (inaudible at 0:53:41.4).

EDWARD: Yeah. But maybe with a grain of truth that I'd like to (inaudible at 0:53:50.6)

But, I went to the Museum. The Museum of (inaudible at 0:53:57.7) with my little brother (inaudible at 0:53:59.7). And, he — at times like this, I can almost feel like Holden Caulfield and his (inaudible at 0:54:11.2). He went through the Museum of Art and we had a lot of fun together. And so finally when he runs out, he ran up to my mother and out of all the Museum of Art, he said we saw a soldier and a spear — or something like that — or an airplane and I know he was — no, there was a big knight. He said, we saw the knight and we saw something else, but I forget what it was. But, I (inaudible at 0:54:53.2) he said, you know, "He's so cool". And I remember when I said — I cursed in the car — he got very angry at me and started to hit me and so I apologized to him. And then, you know, he said it was alright.

THERAPIST: We have to stop —

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy.

BEGIN TRANSCRIPT:

THERAPIST: I'm Miriam E. Berger, psychiatric social worker, marriage counselor and psychotherapist in private practice in New York City. This tape is a demonstration of Option Method. A new, humanistic, here and now therapy that has a broad, eclectic base.

In Option Method we talk a lot about happiness and unhappiness. And use them as shorthand words. For instance, by happy we mean the range from feeling okay, content, at peace, relaxed to feeling at times joyous and occasionally ecstatic. Unhappiness includes the whole range of negative emotions.

Option Method's unique contribution is the awareness that we use unhappiness to help ourselves to become happier. Such as berating myself to motivate myself to do better. Why do I want to do better? So that I'll be happier. Option Method explores the myths and the various uses of unhappiness and opens up more alternatives for the client than he or she was aware existed. [0:01:22.8]

This particular tape is a therapy session with Don, a man in his late 20's. A social worker who had previous therapy with a male therapist and has been in therapy with me for several years. His name has been changed and there are several erasures of identifying data in the tape that are very brief. At the end of the therapy session there is a bit of supervisory discussion as Don is also having supervision in the broad sense of the word. That is the best way to learn Option Method is to experience it personally.

During the last year and a half Don has been in individual therapy every other week. Prior to that he had a combination of individual and group therapy. Don has been separated from his wife, Rosalie, for several months. The people he mentions on the tape are his brother, Frank, Frank's wife Angela, and Anna, his current lover. Some of the themes that Don deals with in the tape are sexual fantasies, selfishness versus taking care of oneself and trusting oneself. [0:02:44.6]

For more information about Option Method you may want to read my article entitled, "Getting to the Unchangeable Core by Option Method" in Voices, spring 1975.

After this introduction the voice you will hear most will be Don's as he is a very insightful person. And therefore able almost to do self therapy. Having incorporated option values, he requires only a little support, direction and feedback from me.

One of the basic concepts of Option Therapy is that the therapist serves as a model parent in order to replace the harsh, driving superego or toxic parent who in childhood used unhappy ways of helping the child to grow. Most clients are their own worst enemy rather than their own best friend. Option Method zeroes in on increasing self esteem so that they can become their own best friend. And now to the therapy session. [0:03:57.9]

BEGIN SESSION:

CLIENT: You're busy? Still seeing Anna. Have done just about every one of my sexual fantasies. Yeah just about every one. I was telling her the other day, "I have to come in and tell Miriam. She'll be happy." But yeah, we've just about exhausted all of my major fantasies. I don't think there are any left.

And it's not so frightening anymore. It was frightening for little while. I think just about a couple weeks ago, shortly after I left here, I had started acting out some more of the violent ones. And that was a bit scary. Because I didn't know how far I was going to let myself go. And whether I was really a mean, ugly person inside. And all of that. [0:05:05.0]

And I guess at this point I'm still in a bit of limbo about that. That okay, I found somebody who has the same fantasies that I do. Who enjoys acting them out to the point of not getting hurt certainly. The violence is willing on both parts. Nobody is getting hurt. Nobody is getting any black or blue marks.

THERAPIST: You mean it's a fantasy violence?

CLIENT: Well it's actually rape or whatever it is but it's not where I have to hurt her. Or she fights back to the point where she hurts me. It's not an uncontrollable thing. It's not like we're both out of control. It's deliberately planned. [0:05:51.9]

THERAPIST: Yeah.

CLIENT: So nobody gets hurts. And it's a pleasurable experience. It's an enjoyable one. But nonetheless, it's still for me, raping someone. Which had made me feel a number of things. One was that I was terrible. And I guess I've been feeling similar in between that I'm either a very creative person sexually or that I'm a very sick person. Just happens to have found someone as sick as he is. I think it's going to stay there for awhile until I can get a little bit more used to me.

THERAPIST: All right. Instead of judging it as sick, how about exploring what does it mean? What can you learn about yourself from this? Does the rape symbolize something? Or does the wish to inflict violence, can that tell you something about yourself? Where you're still at? Or where you've come from? I think that would be more useful than just worrying about your diagnosis as to whether you're sick or not. [0:06:58.0]

CLIENT: Yeah I haven't sat down and explored it but I'm very much aware of what it means. Because half of the sex that I've had with Anna is either rape or just the opposite. And by just the opposite I always mean me being raped. I mean it's either me raping her or me being a little child. And being taken care of and mothered and all of that.

I'm pretty sure that where I'm at is historically that I didn't quite get the mothering that I wanted. Or that I needed. And really want that on one hand.

THERAPIST: Which is true of most of us, right?

CLIENT: I'm sure. So that in a sense I would do anything to get the mothering. But on the other hand I'm angry that I never got it. It's like half of me wants to beg to get mothered and half of me would like to—you know, you have some nerve not mothering me. And take it. So I'm pretty sure that's where I'm coming from. There are very mixed feelings. [0:08:15.8]

I know that a part of me is very, very angry at women. But that's nice to be able to express that with somebody that I love. It's just a much different feeling because it doesn't make me feel ugly at all. Later on I become a little nervous that maybe I'm letting too much of myself go and someday my mind is just going to snap in the middle of one of these things. But that won't happen. It just won't happen.

But I'm just very cautious at times. I'm not really afraid that I'm going to snap. I'm afraid that I'm going to do something and finally Anna is going to say, "Geez. You're crazy. You really are crazy." And then what will I feel? Will I feel that here I've met this woman with the same fantasies as me and all of that and she's liberal and all of this, and even she thinks now I'm crazy? I even went beyond her. And I could do that. I find that sometimes there is no limit to the things I can conjure up. [0:09:26.5]

THERAPIST: It could mean though that she just has more of a limit than you or a different limit than you.

CLIENT: Yeah.

THERAPIST: Or she had a different emotional background and so certain things are okay for her and other things aren't.

CLIENT: Well yeah I know she's coming from the same place as me. In that she's sometimes afraid to do things with me because she's afraid I won't like them. I guess I've been taking more of a chance in that sense. But lately I've been telling her that I can't conceive of anything I wouldn't like with the exception of getting hurt. I said, "I don't want you to ever hurt me. Don't you ever pull out a knife even in a joke. Or anything. That, no. That is completely absent from the beginning and it will be until the end." Anything else I would probably find enjoyable. If I saw that there was a threat to my body or my life that would take the enjoyment out of it. But anything else I really believe I would enjoy. [0:10:26.2]

And I'm surprised at myself. I'm surprised that I am so creative in sex. Some of it's creative. Some of it's learned. I've read a lot of books. It's funny that I've put down my book reading and I feel guilty about that. For years reading any kind of pornography. Some of my best ideas come from that now. Some of the things she enjoys the most come from the books I've been reading. And I said, "Geez. Why couldn't I have thought of it all those years as an education?"

THERAPIST: Yeah.

CLIENT: Instead of as me being perverted and sick. So a lot of new thoughts are coming into my head. I guess a lot of new ways of looking at this. At this whole thing called sex. I'm still really not sure what it is. I'm finding out that one of the things it does for me is allows me to express all of my feelings. My loving feelings and my angry feelings with someone that I love in a nice way. In an acceptable way. Feelings that are related to sex and feelings that aren't. It's like all feelings can come out in sex. [0:11:50.3]

THERAPIST: Sounds like a very therapeutic medium.

CLIENT: Yeah. Yeah it is. I realized it before. These feelings were never able to come out with other people I had been in bed with. I think that was a lot of holding back on my part. It's also a strange freedom to be able to do anything that I think of when I think of it. That's a strange feeling to have that freedom. But I guess where I'm still at is torn between am I just out of my mind or have I just been exposed to more? I was telling her the other day maybe one of the reasons why I am the way I am is because I've always had restrictions put on me.

Because she had wondered where I got all of my fantasies from. And I said, "Well the only way I could explain it is if somebody told you for 20 years that you weren't allowed to look in this drawer, for those 20 years you'd have constantly thought of what different things could be in the drawer. And that's what I've done. My mind has just gone crazy in terms of sex and sex and sex and all kinds of fantasies. If they had let me see it a week after puberty, I probably wouldn't have all those ideas. Sex would probably be a very enjoyable thing but very uneventful." [0:13:25.5]

THERAPIST: Natural.

CLIENT: If I can use the words. Yeah natural. And for me it's not. It's an exciting thing. It's especially exciting now because I can do all the bad things I've always wanted to do. And not only do them but actually see that somebody enjoys me doing them. That just clicks for me sometimes.

THERAPIST: Yeah she allows it and she allows you to allow it in your thoughts.

CLIENT: Yeah.

THERAPIST: And I guess it's kind of rare in life that we have that opportunity. And you're really lucky to have (inaudible at 0:14:02.5).

CLIENT: That's what I've thought. Yeah because it's not just the sex it's so many things. It's the so many freedoms that I'm beginning to feel. I heard a couple of people, friends of ours—Vince and Lucille who are in the band—and they're in love. And it's just funny to watch their relationship sometimes. We were practicing at the table and she burped. Or she burped at one point. And she cursed at another. And Vince got upset at both of them. Cursing was unladylike and the burping was ill-mannered. [0:14:43.2]

And I didn't say anything but it just struck me as so funny. The restrictions that they put on themselves and on each other. And like at this point that's inconceivable to me. The idea of what's ladylike and what's not ladylike. I mean if I'm a crowd, I'll excuse myself and all of that.

But in my own ways now, with certain people—especially people that I love, those things are of course permitted. There is no need to excuse myself. There is no need to hold back cursing. There are just so many thousands of little things, ways that I don't restrict myself anymore. And sometimes when I watch people, and I watch what they do and watch how they act, I'm aware of how different I am. And of how many more freedoms that I have that I've given myself. Sometimes that's frightening.

THERAPIST: What's frightening about it? [0:15:46.9]

CLIENT: That I'm so different. That I can be so unusual. That I can have something that most people don't have. So maybe I'm crazy. Maybe I really don't have it. Or maybe there's something wrong with having it. My parents popped into my mind when I was thinking about this whole thing. And that I don't know if I could ever be involved with someone again sexually or just a woman that I loved who put these restrictions on me.

Who demanded of me these things that I now consider inappropriate demands. Like how long my hair should be and how short my pants should be. Whether my clothes should match. Whether I should eat with my fingers or with a knife and fork.

And I was just thinking about all of this. My parents came into my head. And it was my father, more so than my mother, but both of them saying "But you have to compromise somewhere. You have to put up with the bad in order to get the good. You can't have everything you want. Life isn't a bed of roses." [0:16:55.7]

And just all of these things started popping into my head. And then I was saying to myself, "Maybe I'm asking too much." Then I thought of Rosalie. And I said, "Well maybe I should go back with her and put up with all of those other things." Because I do love her. So maybe loving her means that I should put up with this. And I said, "No I can't. I couldn't put up with living with her. Just for the sex alone. I couldn't do that."

Am I very selfish? I don't know. But I could not do it. I could not put up at this point with a woman who is relatively frigid in bed. And from where I've been going lately, you can be active and relatively frigid with me. And I said, "Maybe that's too selfish. Maybe I'm asking too much. And maybe I'll be sorry for that." I don't know.

THERAPIST: It depends on which is most important to you. If the freedom to allow yourself to be yourself is the most important thing then it isn't worth probably sacrificing it and giving it up in order to have somebody you love. If loving her is the most important thing and it isn't that great a sacrifice, isn't perceived as such a great sacrifice to give up certain things, then it would be worth it to you. At this stage, apparently your freedom is more important. [0:18:11.3]

CLIENT: But I guess where I feel wrong is that for many years my freedom has always been the most important. And I have been told by a lot of people that I step on them and that I hurt them when I want to be so free. But who am I? Who do you think you are? You're always thinking of yourself. When are you going to stop thinking of yourself? And lately I've been noticing that I think of myself an awful lot.

Now the more I'm doing it, it's like a learning curve. When they told me that when I began therapy—okay I dealt with it. And I came back down and I leveled off and I was considerate. And now six years later I seem to be up there again. And my freedoms are just building rapidly at this point. Once more. And so it's like I'm reaching another peak. And maybe I'll level off. Maybe I won't. I don't know. But I'm beginning to hear those voices that tell me, "All you ever do is think of yourself." [0:19:18.0]

THERAPIST: All right. But maybe there is somebody else you can relate to for whom thinking of yourself and taking care of yourself will not be incompatible with their needs. They'll be busy taking care of themselves. And sometimes that can work out well for those people. Sometimes there is the occasional conflict that can be negotiated. Sometimes it can't be. But I've seen it work out okay when each person takes care of themselves in a relationship. And respects the right of the other person to do that. And believes that it's good for them both to do that.

CLIENT: I believe it's good. I've become a bit afraid when somebody tells me that I've ignored them or hurt them or something like that. Then I say to myself, "Maybe I shouldn't be so free. Maybe I shouldn't do all these things that I want. Maybe I need to sacrifice." [0:20:15.4]

But I guess I really haven't been. It's funny because lately I've been very considerate of other people. You know it's like I've been in touch with my family. I've called them to find out how they're doing. Because my mother's arm is still not healing properly. But I've been calling to find out about that. Yeah I guess I have been pretty much free but caring.

Frankie and Angela were a bit upset with me because they felt like I wasn't paying enough attention to Daniel. I'm the godfather. And that they had just been feeling distant from me. And I felt pretty terrible about that for a couple of days. And then realized that I hadn't done it deliberately. And that they hadn't called me. [0:21:09.7]

And so I spoke to Frankie yesterday and I just told him, "Look I felt bad for a couple of days but I'm angry. Because you're telling me you're feeling distant from me. You haven't phoned. You can call me. I know my

life is very busy but you can call me. Angela can call me if she's not feeling comfortable with me. And she can talk to me rather than waiting three months.

As for the baby, I love the baby very much. But the only times I've seen the baby, the baby has either been sick or it's been at a big party where there have been 25 people competing to hold the baby. I do not enjoy playing with children under those conditions. I don't want to pick up kids just for the sake of holding them. So what I'm asking you is, if you want me to be the godfather, you let me be my kind of godfather with Daniel.

Because I could love him very much if I have the room. But you're having problems with me not being around much you have to come around me. Or you have to call me and tell me you want me to come around you. You haven't done either."

And I felt better after that. I felt like for a couple of minutes I let myself get guilty because I was expecting that I would be hurting someone sooner or later by being selfish. But then I really wasn't hurting anybody. So I caught that in time before it got to me. [0:22:29.1]

THERAPIST: (inaudible) he was able to accept that?

CLIENT: Yeah he was. He was. I don't know if Angela is. But it almost doesn't matter because I haven't done anything that I would consider inconsiderate. I haven't felt distant from her. It appears that she's been feeling distant from me for a couple of months. But she hasn't told me. So how am I to know? I can't. So she has to deal with that. Not me. So I feel comfortable with it. Again I feel like I've been okay.

THERAPIST: I guess I want to say something about flexibility too since you've often been at one extreme or the other. Like you're afraid that if you're taking care of yourself that you will become extremely inconsiderate or if you can be the old considerate person that you can't take care of yourself. [0:23:26.6]

And I see it as being flexible. Like taking care of yourself and occasionally if you find that inadvertently you've been inconsiderate or people are experiencing it that way, yes they can get in touch with you. Or you can modify your behavior. And do a little something to show consideration for them. Without turning back to being the old way or being considerate at the expense of taking care of yourself.

CLIENT: Uh-huh. I feel like I've been able to do that pretty much. Well I guess that this time around one of the things that I've been aware of? I've been more aware of my process. And that I can be selfish and that a part of that always winds up that I feel like I've hurt somebody and all of that. Then I feel guilty. And this time around I've been more aware of that.

And have been trying to make messages clearer to people that I care about. That I do care about you. That true, a few months ago I was falling apart and was begging for help from everybody, but now I don't feel that weak anymore. So don't think that my being stronger is me not needing you or caring about you.

See I'm aware that these things can happen. But I don't intend to be weak so that people can still enjoy mothering me. I'm not going to do that. I will let them know that I love them. [0:24:50.6]

THERAPIST: I think that helps. Because sometimes people interpret you're not contacting them as not being interested and not caring. So if they get that reassurance that you do love them it makes a difference.

CLIENT: Yeah. With Anna I've pretty much been able to tell her when I need my time. And see her when I want to. So that's no problem. I've even seen Rosalie a couple of times and enjoyed her company. Overall I'm just panicking because I don't know what I want to do with my life. Whether I want music or social work or (inaudible at 0:25:28.3). Or both.

THERAPIST: And why are you panicking about that?

CLIENT: I have a feeling that making a wrong decision could just destroy me. That going into music could make me lose everything I have. It could make me lose Anna. It could make me lose Rosalie. It could make me lose my job. My friends. But not going into music I might be missing out on the opportunity of a lifetime.

I don't have time for anything else. Or much of anything else. In the near future maybe I'd be able to do that part time so I'd have more time for other things. Just this sort of juggling in my mind as to consequences and what can happen. And weighing things. Whether it's worth it or not. [0:26:31.0]

THERAPIST: Okay. It's important to weigh all these things. But do you have use fear in order to do it? Couldn't you do it without being afraid?

CLIENT: Mmm. I don't know.

THERAPIST: We talked about this last week too. And I remember identifying with that that when I have important decisions to make or have to change a track I've been on that I've used unhappiness to do that. And when I became aware of it I realized I didn't have to. I didn't have to get upset and unhappy in order to reevaluate or to make a decision.

CLIENT: Mm-hmm.

THERAPIST: It's important to make a decision. It's important to reevaluate. Okay?

CLIENT: Mmm. Yeah I don't know if I'm ready to make a decision with all that much happiness. Maybe I can begin to chop off some of the unhappiness. [0:27:36.3]

THERAPIST: Yeah. Okay.

CLIENT: Very, very slowly.

THERAPIST: It sounds like part of the problem is you're afraid that if you make a decision in one direction it may be a disaster. This is what I heard. Disaster. Is that the word you used?

CLIENT: Mmm.

THERAPIST: Is that so? That it could be a disaster? If you went to music—you mean if it didn't work out or if you decided you didn't like you couldn't get back into social work?

CLIENT: No it couldn't be a disaster like that. The disaster could be going into music and saying goodbye to other things. Whether I really want to do that. How torn I'd be. How totally destroyed I'd be.

THERAPIST: Going into music means traveling around the world? Is that why it would mean saying goodbye? [0:28:35.8]

CLIENT: Maybe. Well it would mean traveling certainly.

THERAPIST: A lot?

CLIENT: Yeah. Yeah. It's a very frightening thought for me.

THERAPIST: What's frightening about it?

CLIENT: Being away from all my security. I mean I went away for a week to Boy Scout Camp. I couldn't handle the second week. Just I had to come home crying. And I'm still very much like that. The thought of leaving all of the things that I am attached to or a part of is just a frightening to death thought. It's a horrifying thought. That nobody would be here when I come back.

On the other hand the thought of not going into music could have the same disastrous feeling. Sitting home knowing that I've been too afraid to take this chance and that I'm really unhappy with what I'm doing. I've kind of been hating myself for all of that. And then saying that I've let the band down. All of that business. I feel like either way I've? [0:29:59.9]

THERAPIST: You're going to lose either way.

CLIENT: Yeah. I've got something heavy coming up in the near future one way or the other. But then there's the maybe not. Maybe there is the that I'll flow into one decision or the other. I think about that. That's how I usually wind up doing things anyway. But I usually wind up flowing into them. And I realized that being so God damn nervous was a waste of time. Because I never had to make the big decision to begin with.

Yeah like the business with Anna and Rosalie. That if I loved Anna, I couldn't love Rosalie. And all that would do. And so far that hasn't caused me any problems. The only problem it's caused me is worrying about it. That I've enjoyed Anna. And lately I've enjoyed Rosalie. It's a shame I had to waste so much time a month ago. Being upset about that. [0:31:11.4]

So usually I don't wind up with these life/death decisions. The only life/death decisions I have are played out in fantasy. And that's before any real decision has to be taking place. I wish I could believe that more. See I wish I could trust myself or have faith in I don't know what. But just to let things go day by day. I do fine when I work that way.

THERAPIST: Okay I wonder if some of the fears that get in the way like if you did decide on music and you had to travel, the fear of being away from home and leaving your security behind?

CLIENT: Yeah.

THERAPIST:—if that's one of the things that?

CLIENT: It's very frightening.

THERAPIST: Yeah. So if we could resolve that fear that might help.

CLIENT: I don't know how to resolve it. I really don't know how to resolve it.

THERAPIST: Well let's explore the fear more. What was the fear when you went to the Boy Scout Camp? How old were you then? [0:32:11.7]

CLIENT: About eleven. Twelve.

THERAPIST: Were you afraid nobody would be there when you came back?

CLIENT: I just remember missing my family tremendously. Wanting to go home desperately. Not being able to make it with the people that I was with. Feeling under pressure. Yeah that I wouldn't be able to cope in the new situation. Like starting a new class or starting a new school. Or a new job.

THERAPIST: And the fear that you wouldn't be able to cope with a new situation probably handicapped you from coping with it. And at that time you may have had more problems with interpersonal relationships than you have now. [0:33:01.3]

CLIENT: Yeah. I may have had more problems. (Chuckling) Understatement of the year.

THERAPIST: More problems of all kinds. (inaudible at 0:33:08.3)

CLIENT: Yeah because I can go into any situation now. Do at least in the eighties. Eighties to nineties. I know that. And I know I don't have any problems with that. But I know I'm still afraid of it.

THERAPIST: Okay. So what's left to be afraid of now?

CLIENT: The chance that it might not work out.

THERAPIST: In what sense?

CLIENT: What I was thinking of was me being away. On contract. For six months. And at the end of three or two or one deciding I don't want to be here anymore. I can't just run away. I just can't do that.

THERAPIST: So if you don't have the freedom to take care of yourself and to do your own thing in that kind of setting where you're bound by a contract. [0:34:05.3]

CLIENT: Yeah.

THERAPIST: (break in audio) And you've lived with that?

CLIENT: Yeah it's been no problem. See my fear is not a rational one. I know I wasn't thinking about it. It reminded me of an old dream I used to have. It's completely irrational but it's just me going around and around and around on this spiral. And never being able to get off. And always screaming for help. And not being able to get off and knowing it's going to happen—not the rest of my life—but for eternity I'm going to be trapped on this thing. That's the fear. Because I can get out of any situation I want to get out of. And not to brag. That's the reality. I can. [0:35:02.6]

It may mean paying back money. It may mean this or that. But I know I can. I know I have the smarts to do that. And I know I have the motivation to do that when things get tough enough. It's not that. It's a magical fear of some kind. I have a dream like fear that the whole world is just going to crush in on me. Or that there is going to be a war and there are going to be bombs dropping. And there would be no way to communicate with my family. Those are the kinds of fears that they are. Like very in my gut. Not in my head at all.

It's always been a horrible fear for me. Even a fantasy of putting myself in World War II. And like so many people were unable to communicate with members of their families for years. Just being taken away from my family and the people that I know and being put in a strange place. That I could kill myself. That I might kill myself. That I might do even worse than that. That I might stay alive and keep longing for these people that I love rather than set up a life of my own. [0:36:12.0]

At what point do I say, "Okay stop looking for them. And start building on your own." Because you can only do one or the other. You can't do both. These have always been terrible fears for me. Never any realities. But terrible fears. I'm afraid of it happening.

THERAPIST: But I'm thinking of a real situation where that could've happened. When Rosalie left. You could've hung around and moped for years. And you haven't. After what, three months? You picked yourself up and you found a new relationship.

CLIENT: See I know I do that. If I look at myself I know that I'm able to function. That I usually wind up doing good things for myself. And it just doesn't make sense to me then when I look at these other things that I'm so afraid. [0:37:07.8]

THERAPIST: Is it that in the past you didn't take good care of yourself? And it's new to you to be doing that? So you don't really trust and have confidence in yourself that under stressful circumstances that you would be able to do that?

CLIENT: Okay. Yeah I guess that's where it is. Because I am always afraid that I won't take care of myself. And lately in 99 of 100 cases I do take care of myself. Before it gets out of hand.

THERAPIST: Pretty good record.

CLIENT: Yeah. I'm afraid of the idea of my—. (Audio break) I was trapped and I couldn't get out and it was so painful. I'm afraid of getting caught in those things. And that's not too long ago. I'm afraid of getting trapped in a painful situation. Not knowing how to get out. And maybe not being so sure that I could get out all of the time. [0:38:20.1]

THERAPIST: Well in a way you were in that with Rosalie. That was a painful situation. You were kind of caught and trapped in it. And you didn't know whether to get out or not. And finally she was the one who left. If she hadn't left you might still be in that situation.

CLIENT: Mm-hmm.

THERAPIST: So I can see you're having that concern that you allow something to go on maybe too long.

CLIENT: Yeah.

THERAPIST: Maybe that in retrospect wasn't taking good enough care of yourself. But you couldn't know at the time that that was (inaudible at 0:38:49.4). Because you thought maybe that was the way you wanted to take care of yourself by hanging in there and continuing to work on the relationship.

CLIENT: Yes. Uh-huh. Yeah I know. I know. But I have more of a tendency to hold on than to let go. At times. But other times with a lot of women I have more of a tendency to let go. Yes so I guess I am. I'm afraid that I may not be able to take care of myself in that situation. And that I'm not quite sure yet. I don't quite have all that confidence in myself that I'd like to have. [0:39:33.8]

THERAPIST: Well knowing this about yourself, would it help to be aware and alert in situations where it's a matter of taking care of yourself? And each time you do, reminding yourself, "Ah, there. I did take care of myself."

CLIENT: Mmm.

THERAPIST: To build up your confidence and your trust in yourself.

CLIENT: It's funny because it's just that I either feel too guilty that I'm taking too much care of myself or I'm afraid that I'm not taking enough care of myself. And I feel these things simultaneously just about. At the beginning of this session I'm talking about one thing. Talking about feeling too selfish. That all I do is take care of myself. And I'm really not all that sure that I take as good of care of myself as I'd like to. [0:40:29.0]

THERAPIST: And one of the reasons is, I suppose, because you feel guilty doing it.

CLIENT: Yeah maybe I would.

THERAPIST: Like maybe one of the reasons for staying with Rosalie as long as you did was that you would've felt guilty leaving her. That you were sort of taking care of her by staying. Among other things.

CLIENT: Yeah. Well I know that was one of the reasons. Yeah.

THERAPIST: As we talk it sounds like if we didn't have all these guilt feelings that have been inculcated in us by our family and culture and so on, it would be the natural thing for us to take care of ourselves. The instinct of self preservation would make it natural for us to take care of ourselves the best we could in all situations. [0:41:28.9]

CLIENT: Mm-hmm.

THERAPIST: And what stops us is society's expectations. (inaudible at 0:41:35.2)

CLIENT: I know I believe that now. Almost firmly. I don't know if I'll ever believe anything firmly. But I do believe that. I've been using it a lot in doing my own therapy. I'm finding that it has some very interesting, very nice results. I was just telling someone the other day—they were very worried about something. And we just got into talking about if you're with people, especially people that you love and they're down or depressed, generally we all have the feeling that we have to be the same way as them.

And she had said, "At least why not be miserable as long as you're there." And we talked about that and she understood what I was saying. And we got into a more heavy situation where there is almost the possibility that she can get killed if she makes a certain move. Literally. She's leaving her husband and he tends to be very violent. And I found myself saying, "Well you know you're going to do this. We've decided that that's what you're going to do. What's the point in you being upset about that now?" [0:42:43.5]

And I'm saying to myself, "Are you kidding? I'd be a nervous wreck. Where do I get off telling her what's the point in you being upset about that?" But I realized it was true. What is the point? Because she has looked at every conceivable alternative. And she's going to move maybe in another three weeks. What's the point in being upset for the next three weeks?

THERAPIST: It's not going to help her but she does have a sense that it's going to.

CLIENT: And what I said to was—she couldn't understand my asking her that. And I said, "You knew you had to get a tooth pulled. To me it's just a matter of whether you want to do it with Novocain or whether you want to do it without. The same thing is going to happen in three weeks whether you're upset now or whether you're not. If I get a tooth pulled I like it to be as cushioned as possible. If they can put me to sleep, fine."

And there are some people that want the pain I guess. And want to feel every (inaudible at 0:43:29.6) of it. That's not me. But I'm really believing that more. What's the sense in feeling uncomfortable for a minute if you don't have to? Unless of course you want to feel that. Unless I want to feel uncomfortable.

THERAPIST: I think people really want to. It's that they believe it's going to help them. It's going to help them to keep alert. Like with her for instance. She may have a belief that it will help her be more on top of the situation.

CLIENT: Yeah. (Audio ends at 0:43:56.9)

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

INTRODUCTION:

The following transcript was provided by The American Academy of Psychotherapists. AAP was founded in 1954 as a multidisciplinary group of committed therapists who promote the art and science of psychotherapy. AAP is dedicated to fostering the development of the therapist at all levels, from graduate students to seasoned veterans. Over the years, AAP developed a series of recorded sessions, where well-known therapists provided examples of his or her particular brand of therapy. The following transcript is from a session with Dr. Carl Whitaker and a patient. It is preceded by a brief discussion with another therapist who provides a brief history. (That initial discussion begins here already in progress.) At the conclusion of the session with the patient and Dr. Whitaker is a discussion among several therapists and a follow-up interview with Dr. Whitaker.

Carl Whitaker, MD (1912–1995) was a pioneer in the field of family therapy. He viewed the family as an integrated whole and not simply a group of separate individuals. He believed family togetherness could bring personal growth and stressed the importance of including extended family members, especially children, in treatment. He also was an early champion of the concept of "co-therapy," where therapists work together in pairs, and of live supervision, in which a master therapist watches a student at work with a family and teaches by intervening in the session. Dr. Whitaker's innovations have become standard procedures among family therapists.

In the late 1940's, Dr. Whitaker was Chairman of the Department of Psychiatry at Emory University, where he primarily worked with schizophrenics and their families. In 1955, Dr. Whitaker went into private practice as co-founder of the Atlanta Psychiatric Clinic. He became a professor of Psychiatry at the University of Wisconsin in 1965 and remained there until his retirement in 1982. He continued to teach and lecture frequently after his retirement.

BEGIN TRANSCRIPT:

MALE SPEAKER: Excuse me.

DR. MEAD: following episode of acute excitement, which he could not explain the reason for, except to say that he had become concerned over approaching final exam...

And he gave a history of mental hospitalization running back to 1955, when he was in the service in Japan, when he was hospitalized at the naval hospital there. He could not describe exactly what had happened, but papers received from the V.A. hospital diagnosed him as having had a catatonic schizophrenic reaction, where it should have been manifested by a confusion in thinking, bizarre ideation, withdrawal, mutism.

And he was transferred from Japan to the Oakland Naval Hospital, where in 1956 he appeared to be convalescing, when he jumped out of a first floor window from the ward room and fractured several cervical vertebrae and had to have a laminectomy; essentially (ph) that he was in a Striker frame, and during this time he again went into a catatonic stupor. But prior to this he had not had any EST and he appeared to have been recovering spontaneously with the tranquilizers. [0:01:25.3]

He was kept on a Striker frame, tube fed, and remained in this state of withdrawal for about six months and was transferred in that condition to the Tomah V.A. Hospital, here in Wisconsin. And during that time his cast was removed and they decided to go ahead with EST and insulin coma therapy. And following this he made a social recovery and then was able to be discharged about six months after coming back to Wisconsin, which is his home. [0:02:01.9]

History seen from his brother indicates that he was one of three children. He had an older brother and sister, now married, and he was the smallest, the least accomplished of the children. He always felt that he was trying to prove himself to his family, and particularly to his father, who was a very domineering and authoritarian man, whereas his mother was a very passive sort of woman who the brother describes as having had the patient in a perfect double bind, continuously exhorting him to go off and do things and accomplish things and be somebody, but keeping him in his childish dependence, tied to her. He did not do well in school, but got passing grades in high school, graduated, went to work in New York until he was 19, and then joined the service. And he was hospitalized from about age 22 to 24, discharged in 56 and — no, age 23. [0:03:19.3]

Since the discharge from Tomah in 1956, he has been readmitted there on two occasions. They were usually associated with failure in school. He was trying on nine different occasions to make it in school. He has passed somewhere along the line and accumulated credits, you know, so that he got back into the university here in sophomore level courses.

He has also attended to go into a nursing course in Racine, Wisconsin as a male nurse and he compensated toward the end of one semester there and had to be hospitalized on their psychiatric ward. So this is an over-determined thing with him to, again, prove that he can get ahead, get an education, go off, and accomplish as has his older brother who has finished college and married and successful in an office position.

DR. CARL WHITAKER: Can you stay with us?

DR. MEAD: Yes.

DR. WHITAKER: Swell. (inaudible at 0:04:18.5).

DR. MEAD: Want me to go get him? [0:04:17.9]

DR. WHITAKER: You know, oh, it would be very nice, but let him sit beside the patient. Leave him over here, huh. Yes

(inaudible at 0:04:51.2)

DR. MEAD: Why don't you sit here, Bob? This is Dr. Whitaker.

(inaudible at 0:05:18.8)

DR. WHITAKER: Dr. Mead (sp?) has just been telling us something about all the hell you have been going through. I want you to know also we have a recorder going. Anything you say we will (ph) use against you I am sure. You have been sitting (ph) enough of this, so I suspect you know of something or what we are up to.

PATIENT: Not exactly. I am not entirely sure. I do not know anything.

DR. WHITAKER: Well, I figure we will probably have about half an hour and I would like to see if somehow it can be useful to you. I would like to figure out some way that we can add one more ounce to the struggle you are in so that you can have a little more strength, cut your throat a little more effectively, one or the other. [0:06:08.3]

PATIENT: I do not know that I have accused anyone of that ever.

DR. WHITAKER: What doctor told us, you find a way to fuck things up easy and often and thoroughly.

PATIENT: Not intentionally.

DR. WHITAKER: Oh, well, I am not accusing you of doing it on purpose. God knows nobody wants to suffer that way just deliberately, but apparently you do not even have to decide to; you do it automatically, sort of, efficiently.

PATIENT: Well, if this is any desire to be — to give me added strength, it would — for my benefit, I am curious myself; then I will just put a — as to what my role in this is to be I mean just here what I have If you are interested in what my goals are or — I am a little overwhelmed by the

DR. WHITAKER: I do not blame you for being scared. I am scared too, because we are both on the spot. But I learned a long time ago that being on the spot sometimes helps to get you something, as well as scaring the hell out of you. [0:07:31.7]

PATIENT: I won't be scared. I am a little nervous is all I am. I feel as — ridiculous (inaudible at 0:07:42.8) or something. I feel that I apparently achieved that, hadn't I?

DR. WHITAKER: How do you mean?

PATIENT: I am not being sarcastic I hope. It is just that this is — I do not see that — this is nothing reasonable for someone to lay on (ph). It is a rather grandiose something, I mean what it is gravitating towards. But I was told once that my writing was grandiose grandiloquence gravitating towards gobbledegook, and I hope it is still

DR. WHITAKER: This looks like the gobbledegook part, huh? Well, you ought know, or I guess maybe I should tell you. We have motives of our own. I am trying to see if I can show them what I think of as my method or my hope of being useful to you. And I am in hopes that the whole group of us will have an experience in how to help people that will be worth something to us. So I am not just (crosstalk).

PATIENT: I feel well.

DR. WHITAKER: (Crosstalk) me and I am interested in these guys.

PATIENT: I feel well. I do not feel ill. I just feel rather locked up and under supervision, under a strong (inaudible at 0:08:52.6).

DR. WHITAKER: As far as I am concerned, from the story we heard and as far as we heard about you in the four or five minutes that the doctor talked about it, you have proven your capacity to cut your throat often enough. So you ought to be thoroughly convinced by now that you are not to be trusted.

PATIENT: Do you believe that? I am not to be trusted? [0:09:12.1]

DR. WHITAKER: Do you trust yourself?

PATIENT: I am gaining this ability, much more.

DR. WHITAKER: Good Lord.

PATIENT: Good Lord.

DR. WHITAKER: You failed, what, 15 times? Is nine times an effort to get an education, suicide attempts, one hospitalization?

PATIENT: If I actually intend to, I think I would have succeeded in (inaudible at 0:09:33.7) attempted suicide.

DR. WHITAKER: Almost succeeded without attempting; how about that?

PATIENT: Well, I have been (inaudible at 0:09:39.3), yes, I believe that.

DR. WHITAKER: Do you still feel suicidal?

PATIENT: No, I am good.

DR. WHITAKER: Had it ever occurred to you to not trust yourself?

PATIENT: Yes. That period of my life has been where I felt that I was not capable of thinking clearly in a given situation, quite often, so there was no solution for me to (inaudible at 0:10:15.5).

DR. WHITAKER: I guess I was suggesting the same thing may be true of your overall living process.

PATIENT: No, I would not think that I was that ignorant of the rules and regulations of society. I think that I have not — I have no (crosstalk).

DR. WHITAKER: Well, I do not know about society; I am talking about you.

PATIENT: Me.

DR. WHITAKER: I am less interested in the rules and regulations of society. It seems to me that you are the one who has beaten yourself down in so many ways. How can we help you with that?

PATIENT: Well, I am attempting to help myself already, I think. [0:11:07.2]

DR. WHITAKER: Do you think maybe that is one of your problems?

PATIENT: I do not know that my problems are [so real] (ph) and now perhaps I am being more of a problem to you than I realize that I was being because of this meeting.

DR. WHITAKER: Well, it can make you more of a problem to me. You won't become a problem to me if I think I can help you.

PATIENT: What would you suggest them doing, anyway (ph). I do not know just exactly what I could I still have hopes of one day getting through college and then having a stable job that I am enjoying doing and that I would be qualified to perform. I do not know just what that is yet.

DR. WHITAKER: Well, I saw nothing in what doctor told us that would indicate that you did not have what it took. Just you cannot use what you have.

PATIENT: You make it sound easy. The question of why, I mean I do not even want to know why actually but

DR. WHITAKER: Well, I do not care why either, as long as you can stop it. [0:12:19.5]

PATIENT: Stop what?

DR. WHITAKER: Cutting your throat.

PATIENT: Well, I have not been, I do not believe, in the last few weeks that I have all. In fact, since the school started I have not been doing any of my own throat cutting I do not think. I do not think my throat has been cut actually, except that I have cutting — nervous and I have required a hospitalization for a temporary. But that does not mean that I — from hospitalization, that this is a suicide attempt or a complete withdrawal from the problems of society. I still would like to become more into the point where I was able to study and get through it with what was required, the curriculum. [0:13:05.4]

DR. WHITAKER: I have a feeling you are pulling my leg.

PATIENT: No.

DR. WHITAKER: But you knew I was talking about symbolically cutting your throat. I was not talking about actually cutting your throat. I was talking about the way you screw yourself up. How can we help you with it? And it sounds from what you have been saying that the way we could help you would be to help you get more desperate about it. It sounds like you are sort of making believe it does not happen.

PATIENT: Well, I think I am able to distinguish reality when I see it.

DR. WHITAKER: To me, you cut yourself when you cut yourself in the hospital.

PATIENT: Well, I had that feeling too, because nothing is being resolved apparently by my being here.

DR. WHITAKER: Well, at least we got that much together; that you cut your throat and cut yourself in the hospital, now.

PATIENT: But the fact is that I was somehow unable to control it by myself. Why this was, I do not know.

DR. WHITAKER: Well, maybe this is what you said a few minutes ago, when you said you were trying to help yourself. Do you think that may be a mistake? [0:14:07.7]

PATIENT: Well, that depends on just what it is going to lead to. I hope it has not been a mistake so far.

DR. WHITAKER: What I heard you mean when you said you were trying to help yourself was that you were trying to help yourself and keep everybody else out of the helping process, like you are trying to keep me out now. You want to know how much you are keeping me out?

PATIENT: I do not know that I am, but if I am (inaudible at 0:14:39.0).

DR. WHITAKER: Feel my palm.

PATIENT: Warm?

DR. WHITAKER: Try the other one.

RESPDENT: They are both warm.

DR. WHITAKER: They are wet.

PATIENT: They are wet.

DR. WHITAKER: You feel the wet?

PATIENT: Define (ph) it that way in some cases. I do not know exactly what that is, why.

DR. WHITAKER: Well, I know why.

PATIENT: But I see emotional problems that bring on sweat. I have never been able to define this exactly so that I could distinguish when one is in fear or what the emotion (inaudible at 0:15:00.5).

DR. WHITAKER: Well, I know what it is to me.

PATIENT: I recognize anger when I am confronted with it. I recognize discipline. I recognize authority.

DR. WHITAKER: You want to know what it is to me, why I am sweating? [0:15:11.1]

PATIENT: I can guess, but I would not want to be so gullible as to think that it is true that I was I am appreciative if (inaudible at 0:15:28.3), this is one of them, but I would not know just exactly how to do

DR. WHITAKER: I told you that was not true.

PATIENT: Oh, that was not? (Crosstalk)

DR. WHITAKER: (Crosstalk) ourselves. I am the most important person in the world to me.

PATIENT: I have that feeling.

DR. WHITAKER: My basic interest is in me, but I am also here to help you. But that is not why I am sweating.

PATIENT: Well, I would guess — you want me to guess what I might think that you are sweating?

DR. WHITAKER: Yes.

PATIENT: The men that are right now in Tomah, the V.A. hospital that there is a possibility that I may become, being and realizing that these men are there in the condition they are in I think would be enough to make any intelligent man sweat as far as the problems of society, the fact that this place is in existence. I do not know. Maybe this is just one [0:16:14.1]

DR. WHITAKER: I do not give a shit about (inaudible at 0:16:14.7) people in the hospital.

PATIENT: No, no?

DR. WHITAKER: The problems I got right here.

PATIENT: Um—hmm, your own position.

DR. WHITAKER: I think I am sweating because I would like to make some sort of contact with you here [me out] (ph).

PATIENT: With what type of handshake are With a handshake or what type of relationship are you struggling for with me for your own benefit? [0:17:10.2]

DR. WHITAKER: I will tell you. A some sort of warmth between us, some sort of contact, some sort of feeling that we are together.

PATIENT: [Quite convince] (ph) me, huh?

DR. WHITAKER: Oh, I am sure enough.

PATIENT: Yes.

DR. WHITAKER: I still believe you are sticking with that statement you made, that you are trying to help yourself.

PATIENT: True. I very much almost to get out of this situation, so it is a little

DR. WHITAKER: Okay. But all I hear is the other half of that: I am trying to help myself and I do not give a damn who else tries; I am not letting them have any part of it. That leaves me out.

PATIENT: I wish I was capable of saying that, but I am not in a position right now so

DR. WHITAKER: Oh, I think you say it very well. You do not put it in words, but that is what I hear.

PATIENT: But this does not mean that I am merely a clutching and grasping individual. It would mean that I would want these — initially we all want points of control so that we govern what little world we do find ourselves in. [0:18:05.8]

DR. WHITAKER: That is what I am talking about.

PATIENT: (inaudible at 0:18:10.6).

DR. WHITAKER: You can never get to be a clutching, grasping individual you may get to know. As long as you are trying to be this self—sacrificial

PATIENT: No, I do not think so.

DR. WHITAKER: Unselfish character, you are going to fail time after time.

PATIENT: I am not sure I understand then.

DR. WHITAKER: Well, let me tell you real clear. You have tried to live your own life and you have fucked it up time after time after time, and you are still trying to keep everybody else out of it.

I just had a fantasy. Do you know what a fantasy is? The fantasy I had was wouldn't it be wonderful if you and I could cry together before the end of this half hour? [0:19:05.5]

PATIENT: I do not if you know the tricks of emotions enough to be able to bring this about.

DR. WHITAKER: Oh, I cannot do it alone; I am damn sure of that.

PATIENT: Well, I can be made to cry, I am sure, very easily.

DR. WHITAKER: There you go again. Did you hear what you said? You have cut me completely out of it. Now we are talking about our time together and you flip it so that you are (crosstalk).

PATIENT: No. I would rather if it was possible be able to laugh together at this (ph) — I wish if I had the choice of two emotions, I would choose laughter before I would choose tears.

DR. WHITAKER: Well, to me any laughter in this place would be just plain (inaudible at 0:19:46.7).

PATIENT: It would not.

DR. WHITAKER: I do not see anything funny about anything you are presenting.

PATIENT: I do not want to be funny. As I say, [sublimination is the finer ridiculousness can reach] (ph). And I am sorry, but I do not know how (inaudible at 0:20:00.7) any more. I was brought — I came here in good faith I think and I came to school in good faith, but I was having difficulty acquiring the right to be — perhaps I did not study as hard as I should. Perhaps I studied as hard as I was able. I think I did — I had other problems that I thought I could also help myself with so that I would be a stronger, more independent individual. [0:20:22.7]

DR. WHITAKER: Do you think there is any of those other problems that we could be any help?

PATIENT: I think I have succeeded to a certain extent.

DR. WHITAKER: In keeping everybody out.

PATIENT: There are some problems that I feel could be left in the background if possible.

DR. WHITAKER: So they will help you fail again.

PATIENT: No, not suicide; [I won] (ph).

DR. WHITAKER: I mean you think keeping something in the background is a way of solving it?

PATIENT: I honestly do not know. There is something that is not satisfactory and I have a feeling it is me. But what I should do, to what extent I should act or — and what is the word, emulate or emote or — what I should be feeling other than I am being watched right by a variety of people who are all I am sure very intelligent and qualified people and yet I

DR. WHITAKER: Well, I suspect

PATIENT: True, I may be defending myself, but I am not sure what I am defending myself from or for other than my own self, actually, but why I am under this stress other than — but it would be helpful. I do not know.

DR. WHITAKER: Want me to tell you?

PATIENT: Yes.

DR. WHITAKER: Because you think you are not worth shit.

PATIENT: I do not know. I feel a little more like Li'l Abner than anyone else this morning. I feel like I am in the Rocky Mountains of Tennessee somehow and that this is a fantasy suddenly, but I do not even know what . [0:22:25.1]

DR. WHITAKER: Do you carry any burden?

PATIENT: Nope. I do not know. I do not know. I am trying

DR. WHITAKER: Where are you?

PATIENT: I am trying to reach what you are thinking and I do not know.

DR. WHITAKER: Are you — top of a mountain, or down at the bottom?

PATIENT: Preferably [Deena Valley] (ph) looking up over the horizons, yes.

DR. WHITAKER: Is there snow on top of the mountains?

PATIENT: No. This it is the Tennessee Mountains. Perhaps I have been living in Tennessee for so long that when I get in reality it is a little hard — I do not know what the immediate problem is, what actions I should be taking here. [0:23:01.4]

DR. WHITAKER: What is the surrounding?

PATIENT: (inaudible at 0:23:04.9) exactly like this before. Huh?

DR. WHITAKER: Where is this territory where you are standing in? Trees around you, or lake?

PATIENT: Sorry. Early in the morning and I am looking over these Smoky Mountains in (inaudible at 0:23:15.0) and Tennessee.

DR. WHITAKER: Is there anybody with you?

PATIENT: There was not (inaudible at 0:23:22.1) moment of fantasy I would wish there were.

DR. WHITAKER: Can you bring the fantasy back again and look around?

PATIENT: I can bring it back around. It is a picture of (inaudible at 0:23:30.5).

DR. WHITAKER: Can you see all around? Dick (ph), can you see me there?

PATIENT: Are we there? I can see you there. I see

DR. WHITAKER: Can you see me there now?

PATIENT: I can.

DR. WHITAKER: In your mind's eye?

PATIENT: In my mind's eye.

DR. WHITAKER: How am I dressed?

PATIENT: Similarly to the way you are dressed right now. In fact, you are sitting on this rock halfway down (ph). I am guessing maybe about either [a mile or three feet away] (ph).

DR. WHITAKER: (inaudible at 0:23:55.8). Can you get me down where you are?

PATIENT: I do not know. It is almost amusing, watching you sit there, actually. And this is not meant as sarcasm. In the fantasy, that is the way it is.

DR. WHITAKER: I am right (ph) with you. Can you holler to me and call me down or get a hold of my foot and pull me down? [0:24:10.3]

PATIENT: I would just as soon get on my horse and go out of the valley and remember it as (crosstalk).

DR. WHITAKER: Shit. I am not satisfied with that.

PATIENT: No?

DR. WHITAKER: How about getting me down off that damn rock?

PATIENT: (inaudible at 0:24:24.3)?

DR. WHITAKER: I would like to, but it is your fantasy and I cannot get in. I can only hope you will do something about me.

PATIENT: And I wave hello before I ride off.

DR. WHITAKER: Oh, do not do that. Call me and see if you cannot get me out, down. I would like to. (inaudible at 0:24:48.6) mountain.

PATIENT: This is fantasy, this is not real situations.

DR. WHITAKER: It is fantasy, go ahead. [0:25:01.3]

PATIENT: I am not a fantastic [vision of health] (ph).

DR. WHITAKER: I like fantasy.

PATIENT: I enjoy it.

DR. WHITAKER: I enjoy being with somebody

PATIENT: Sometimes it is difficult just to distinguish just what is fantasy and what is real (inaudible at 0:25:12.8).

DR. WHITAKER: Am I still on the rock?

PATIENT: No, you are down, wandering around in different (inaudible at 0:25:18.5), flipping cigarettes and not giving a damn about anything. You are just sort of walking in circles.

DR. WHITAKER: What are you doing?

PATIENT: I am sitting here just watching you.

DR. WHITAKER: Why don't you take a hold of my hand and let us see if we cannot get together? What do you want to do in the fantasy? Do you have some

PATIENT: Doctor (inaudible at 0:25:46.8), what I should do and what would be the wisest action — and I have been living in myself is all.

DR. WHITAKER: Shit. Do I have a horse?

PATIENT: I did not picture you on (ph) one. You may have one if you wish.

DR. WHITAKER: All right, no, you said you had one and you are going to ride off on it.

PATIENT: It does not matter because they are horses, they are not men (ph). A car or whatever means of transportation (inaudible at 0:26:05.4).

DR. WHITAKER: (Crosstalk).

PATIENT: I have visions of these Rocky Mountains in Tennessee now that I seem to be staying with.

DR. WHITAKER: Can you see the horse that you are going to ride off on, or is it just fear (ph)?

PATIENT: I can bring it back as orderly as well.

DR. WHITAKER: Or no? Can you and I get on horses and various — ride along with that?

PATIENT: Sure.

DR. WHITAKER: Are we any closer together, or am I still wandering around in different

PATIENT: No, you were getting somewhere. I do not know just exactly what our destination is, but we are definitely on the same road and in some direction.

DR. WHITAKER: Going up the side of the mountain or

PATIENT: Well, we are going down the valley or up the side; we can change the direction at any time we will it.

DR. WHITAKER: Well, why don't you take charge of where we go and let me know how it is coming?

PATIENT: I am not sure how to (inaudible at 0:26:54.9).

DR. WHITAKER: I think you are.

PATIENT: Well, I do not feel it.

DR. WHITAKER: Your past (ph).

PATIENT: My fantasy.

DR. WHITAKER: Okay.

PATIENT: We have gone to your house, and I go into mine. [0:27:03.4]

DR. WHITAKER: You will do it every time when we are together, and I do not like that. I am glad to go to your house or I am glad to have you and I go to my house. I want us to go together.

PATIENT: I feel as though I am being annoyed, persecuted

DR. WHITAKER: No, you are not.

PATIENT: Just a little bit.

DR. WHITAKER: Well, I am persecuting you on purpose.

PATIENT: Well, you know, I am — I just do not want it to get so ridiculous that (inaudible at 0:27:34.6).

DR. WHITAKER: I do want you to go out of here feeling like a dope. I mean if it helps you feel better, you can feel as horrible as you want to.

PATIENT: I feel well. I feel very well.

DR. WHITAKER: I think you are lying.

PATIENT: My difficulty — my difficulty — I do feel well.

DR. WHITAKER: I think you are lying.

PATIENT: No, I am not lying. I do not lie.

DR. WHITAKER: I think you are.

PATIENT: I feel well except that I have these social problems that are dealing with some grades and they are dealing with what I have to do and to meet requirements and my inability to make these requirements and the question of my own life, what to do with it. [0:28:03.1]

DR. WHITAKER: They are a lie. They are a lie. You believe that, it is just a goddamn lie.

PATIENT: Just a lie, huh?

DR. WHITAKER: It is time you quit feeding yourself that kind of gobbledegook.

PATIENT: You would suggest (inaudible at 0:28:20.0) and perhaps you will be (inaudible at 0:28:21.5).

DR. WHITAKER: Yes, I am very concerned. What are we going to do on these two horses? Where are we going?

PATIENT: Well, we are just enjoying the fresh air.

DR. WHITAKER: Wonderful, sounds marvelous. How about lunch? Have we got some food with us?

PATIENT: Some.

DR. WHITAKER: Can we stop and have lunch?

PATIENT: Sure.

DR. WHITAKER: You have corn (ph) with me in your saddlebag?

PATIENT: No, I left it at home.

DR. WHITAKER: (inaudible at 0:28:53.7). I think we can look through my saddlebag; there might be some in there. Hmm. I have a fantasy that I looked through my saddlebag and I found a whole box of cigars. Do you like cigars? [0:29:18.8]

PATIENT: I do not particularly (inaudible at 0:29:20.5).

DR. WHITAKER: (inaudible at 0:29:21.9) expensive cigar.

PATIENT: Well, it feels like I am being observed. I do not know if this is really what I should do at this I would like to apologize and beat out the door quietly if this would be permissible, go back to the room (ph) now.

DR. WHITAKER: Well, I think you ought to be proud as hell of yourself.

PATIENT: Yes.

DR. WHITAKER: Let us talk about defense (ph), can we?

PATIENT: The Tennessee Mountains?

DR. WHITAKER: Because I have the feeling your fantasy tells you something about yourself that is very important to know. You know how hard I had to fight to get down off that rock and how much you wanted to ride away on that horse and leave me there and just keep me a memory? Remember that? [0:30:34.4]

PATIENT: Yes.

DR. WHITAKER: Now, I think that is the way your entire life works. I think fantasies are a secret way of finding out what kind of a guy you are.

PATIENT: On a self-contained individual, biologically as well as perhaps psychologically .

DR. WHITAKER: Geez. Goddamn this mistake that you ever made. Just because you got screwed up in your initial effort to grasp, when your mother or father or whoever it was, there is no reason you will always fail when you try to be grasping. Sometime if you find somebody worthwhile you can grasp and get what you want. [0:31:17.6]

PATIENT: Well, I did not have these folks (ph) so I do not (inaudible at 0:31:19.2)..

DR. WHITAKER: Well, I enjoyed this fantasy. I am sweating with my palms, the coldness and the chilliness that I had feeling inside of me has gone away. I did not like being on the rock; it was lonesome up there.

PATIENT: Yes, perhaps (ph).

DR. WHITAKER: I want you to take another feel (ph). You want to know about it? [0:32:24.0]

PATIENT: What? I have noticed that (inaudible at 0:32:28.9).

DR. WHITAKER: (inaudible at 0:32:29.7)

PATIENT: (inaudible at 0:32:36.7)

DR. WHITAKER: Oh, I sure am, and I enjoy it. See, this time you were on the rock. I asked you if you wanted to know what my feelings were, and you said, Go to hell.

PATIENT: I do not recall using those words.

DR. WHITAKER: Well, you did use those words. You said it so much last year. You said, If I wish.

PATIENT: I am not pretending to be in control of myself in society. I am not — I do not — I do not believe there are too many of the laws of society that I [0:33:19.2]

DR. WHITAKER: Yes. I am saying you cut me off again you see, you kicked me out.

PATIENT: I am not entirely indifferent to environmental conditions versus

DR. WHITAKER: But if I say I have a feeling about you, do you want to know about it?

PATIENT: I think it might be helpful, yes. I assume that I know of

DR. WHITAKER: I like that. I am satisfied with that. Now, the feeling was one of sudden regret that I would not be able to go on seeing you again and again; that I would like to continue this battle and I just feel that you are worth something. [0:34:00.1]

PATIENT: Was it so evident that I am not obviously or something or another

DR. WHITAKER: Well, I enjoy it. Not only that you want [but apply] (ph). You are just scared to death to be selfish. I think if I could get you day after day, maybe you could learn after a while to be grasping of me and I think that would be exciting.

I just had another feel (ph). Because I wondered around the campus during the day I had looked forward to the hour when I was going to come over and see you. [0:35:13.5]

PATIENT: Is this true? This is true?

DR. WHITAKER: I do not know if it is true or not. It depends. I suspect I would get mad as hell at you. You turn me down all the time. Why would you turn me on today?

PATIENT: Because it is — I am turning anyone down that I am aware of. I have one thing in the back of my mind and that is — although it is not that strong, but I am not particularly desire to return to this veteran's hospital in Tomah. In fact, I would very much like not to go there.

DR. WHITAKER: All right. So I do not doubt (inaudible at 0:36:01.7).

PATIENT: I certainly do myself. If no one has to (inaudible at 0:36:04.4).

DR. WHITAKER: I tell you what it is going to take. You are going to have to take all the guts you have and be grasping or you are going to be back in that goddamn hospital every so often for the rest of your life. This is life and death stuff you are fooling around with. This is not just studying or talking to somebody. [0:36:27.1]

PATIENT: I believe I am aware of that, I think.

DR. WHITAKER: If you ride off on that damn horse all by yourself you are going to be back in the hospital.

PATIENT: What should I say? I will try not to do it any more, or what? I feel totally incapable of

DR. WHITAKER: Only for another minute. Want me to tell you something about yourself? You want to know something about how people work in their guts? I said a half an hour. When you turned to him, adding (ph) almost within the second of a half an hour.

PATIENT: I do (inaudible at 0:37:22.4). I hope that I am (inaudible at 0:37:26.1).

DR. WHITAKER: I hope you felt it (ph).

PATIENT: [I will gladly] (ph).

DR. WHITAKER: Bye. [0:37:33.2]

END OF SESSION

BEGIN DISCUSSION

MALE SPEAKER: Want to record our discussion, too? (inaudible at 0:37:56.2). Hard work.

MALE SPEAKER: I guess more than one person has sweaty palms.

(Chuckling)

DR. WHITAKER: Did he have tears in his eyes when he left?

MALE SPEAKER: No, that was [Donald H] (ph). [0:38:12.3]

DR. WHITAKER: I was aware of Tuesday night.

MALE SPEAKER: His got red.

DR. WHITAKER: That poor bastard. Jesus Christ, is he suffering. But the way he is reaching out, isn't that something, that fantasy? That took some real guts to tear that out of the gambling (ph) side. Could you see yourself in the fantasy? I could see the tree. I had a stream The one right along, while we were riding on the

side of this stream. Difficult (inaudible at 0:39:17.8) valley. The valley was all covered with grass in spite of all the trees. This probably is not true in reality. His horse was brown, (crosstalk) brown [0:39:33.6].

MALE SPEAKER: It was white.

DR. WHITAKER: It was white. Good for you. I think did it for me being on a rock, three foot up. Or what was the other — quarter mile?

MALE SPEAKER: Quarter mile.

MALE SPEAKER: (inaudible at 0:39:44.8)

DR. WHITAKER: I think that probably did more to bring me in.

MALE SPEAKER: (inaudible at 0:39:59.1)

DR. WHITAKER: No, I thought he was calling me on my partial relationship to him and partial relationship to the group and to my own professional assumptions. And him calling me was saying, in effect, that you have what it takes to get off your goddamn isolation and get down where other people are. [0:40:29.6]

And one impulse I did not express; when he said Rocky Mountains of Tennessee, but at that (inaudible at 0:40:56.6) I was close to comment in a hurry on that one. The Rocky Mountains are not in Tennessee, you know. I was tempted, and I think if it would have been other than the first interview I would probably have called that crazy. I would say, Jesus Christ, man, that is crazy as hell. Make up your mind. Are you in the Rocky Mountains or are you in Tennessee Mountains? [0:41:20.1]

The other impulse was to take off my shoes. In Tennessee (inaudible at 0:41:27.7). And had we been (inaudible at 0:41:34.5) I would have done it I guess (ph).

MALE SPEAKER: Could you give us some terms that you would use to describing (inaudible at 0:41:47.8)?

DR. WHITAKER: In the beginning?

MALE SPEAKER: Well, actually probably the middle.

DR. WHITAKER: You mean the fantasy part?

MALE SPEAKER: Yes, when you are trying to be what his fantasy is.

DR. WHITAKER: Oh, yes.

MALE SPEAKER: There were a lot of times it seemed (inaudible at 0:42:01.7).

DR. WHITAKER: Well, now, in the fantasy thing I was so very deliberate. The question of how I was dressed, and frequently I pushed that a lot. If I had some fantasy along with it, I may even argue with him; of a fantasy, not overall. And high boots. I gave him my fantasy; not deny his, but tell him that I had a fantasy that I was dressed in it and that . Or push the fantasy did I have a pack on my bag, did he have a pack on his back? [0:42:40.9]

MALE SPEAKER: Yes. I guess what I am

DR. WHITAKER: I am helping reality into the fantasy so that he knows that I respect it; that I do not think of him as having a crazier experience than me, looking at it, me up on the rock.

MALE SPEAKER: Why did you pick the cigars?

DR. WHITAKER: This is my fantasy. See, he was (inaudible at 0:43:07.2) and I (inaudible at 0:43:07.3). And he did not apparently do it. And all of a sudden I had this fantasy with a box of cigars. And I do not have a box of cigars; it is not a reality thing. I like cigars, but I do not go ahead and buy them. If we had more time I might have pushed for reality in the lunch. [0:43:36.3]

FEMALE SPEAKER: It is not clear to me what you mean by pushed for reality in the lunch.

DR. WHITAKER: When you start a fantasy like this they think of it as something that no one else can participate in. Nobody can participate in any of the things [a lot] (ph) according to him. You know, he just takes a glance at it and rides off. And I forced myself into the fantasy. Now, sometimes you cannot get in, and then I spend five, ten minutes saying, Will you look behind the tree? Maybe I am hiding behind the tree. Or, If you turn around maybe I am behind you. Or, If you will call to me maybe I will come from wherever it is I am hiding or wherever it is I am away. [0:44:35.4]

MALE SPEAKER: It just does not seem as (inaudible at 0:44:39.1).

DR. WHITAKER: Well, he went in and out of it, you see, in the beginning. He started the fantasy and then he said, Oh—oh, he will think I am crazy. So he stopped it. Then I pushed him back into it and forced him to bring me in as a way of showing him that I respect his fantasy. I think of it as just like a dream. You can let it go, or you can work at it for weeks. And when it is conjoint this way, to me, my temptation is to want to be with it; I like it. [0:45:28.1]

MALE SPEAKER: Well, it seemed as far as that part goes, it is probably — the first part is picking up on it. It is going to (inaudible at 0:45:34.6) and then thereby encouraging him to feel it more to bring it out. That is what it seemed. But it seemed that many times you were trying to inject elements of your own into it. You push them too forcefully without being with him.

DR. WHITAKER: Um—hmm.

MALE SPEAKER: (inaudible at 0:45:51.3) bringing him in.

MALE SPEAKER: But they did ride off together. Do you think that he did not really feel that and riding off together is just a PATIENT (ph) then trying to discredit and, let's say, Okay, you pushed me, now get off my back now, or We are going down a trail together ?

MALE SPEAKER: They could not (inaudible at 0:46:13.9)

MALE SPEAKER: This is what you are kind of hinting at I feel, but I do not know, whether how he really felt. [0:46:21.2]

DR. WHITAKER: I do not know either. My own feeling is that if he had just been trying to get me out of the way by this, he would not have agreed to stop for lunch. He would have bypassed the question of the cigars instead of hearing it.

MALE SPEAKER: I had a feeling that he was riding back on the road (inaudible at 0:46:52.7).

DR. WHITAKER: I felt that — interestingly, I could not see my own horse in terms of color or anything else.

MALE SPEAKER: (inaudible at 0:47:02.0) the same horse. I have wondered why you are riding two horses.

DR. WHITAKER: I attempted to say that and then somehow or another felt it was incongruous, homosexual panicking. For some reason, I took it out; I thought of it. And it may have been what I was saying when I said I could not see my horse. My initial fantasy and my continued fantasy was that there was not another horse; that that was my fantasy and I just did not force it. [0:47:31.9]

MALE SPEAKER: I felt there was a moment of truth or reality around midway through the fantasy, when he had moved out of the fantasy and you were asking him about it and he says about the mountains or — as though he really had accepted your interest in his fantasy and admitted it. And then I think the latter half he was — you were quite involved in his fantasy and you — it touched you on more of a reality level. [0:48:01.8]

DR. WHITAKER: It would be interesting to know whether the fantasy disappeared for him. Sometimes patients all of a sudden lose it; it is just completely gone, I cannot see it any more. With him I had the feeling that he was suddenly aware of the group, which may have been the same thing; I did not question him to find out.

Now, the words and the experiences of the fantasy I would now use as part of our secret communication from now on out; the riding off on his horse and just remembering me on the rock I would haunt him with. Boy, I doubt if there would be an interview for some time that I did not call him on trying this again. There you go off on your damn horse again. Because I think of this as something that is now — he is stuck with. This is his and mine. And this kind of maneuver he can handle a lot better than he can the maneuver of, say, I will be glad to hear your feeling about me if you want to tell me. That is the same thing, but that is in a reality framework that I would assume would be where we would get six months from now if we met once a week. [0:49:33.7]

FEMALE SPEAKER: I have a strong wish and we are going to be here, too.

(Chuckling)

DR. WHITAKER: He is a real challenge. There is plenty (ph) you have to work with.

MALE SPEAKER: When you called him on the meaning of throat cutting, were you sure that he was interpreting it correctly or were you just

DR. WHITAKER: Oh, shit, yes. Oh, no, hell, that is — bells (ph). He was just (inaudible at 0:50:00.8) all hell. [0:50:07.3]

MALE SPEAKER: But what if fantasy came up? You shared a fantasy with him. Can you use this I forgot which one it was, but I remember you sharing the fantasy with him before he ever started having fantasies. Wonder what — is this something you use or whether it just happened or you used

DR. WHITAKER: No, I think of that as the content. Hey, we kind of left you in a corner.

MALE SPEAKER: (inaudible at 0:50:36.7) the [open ward will just have to do] (ph).

DR. WHITAKER: Well, I think though this has the — as maybe one of the real things that I would do. I would push this guy to face his horrible sense of fatalism. He used the word once and I apparently was scared (ph) to pick it up. [0:51:10.4]

I was just telling, if I went on, I would use the words of the fantasy and the pictures of the fantasy every time I found anything in reality that seemed like a (inaudible at 0:51:23.6). And I take this word — there were three words he used: Grasping, clutching There was another one that I really locked and lost right off.

MALE SPEAKER: Was it snitch (ph)?

DR. WHITAKER: Might have been. Something happened to me at that point so I did not recall it. And the grasping was the one that I heard, because I immediately conceived of a baby hanging onto the breast, because that was not a fantasy, that was a conception of grasping to me. Yes, I try to share any fantasy I can. [0:52:14.7]

Now, back up a bit. With a psychotic, where it is clinically appropriate where the neurotic — that is given an ordinary neurotic, if I had a fantasy of going to bed with her in the first interview, I am not going to bring it up. I am going to have to use some sort of glitch. And many times with fantasies which are unacceptable socially, like this, you can allude to them in a socially acceptable manner. You know, I like the way you are dressed today. You seem prettier than your hairdo means I am sexually interested, but means in the social framework cannot be quoted, and you can really develop trouble. [0:53:21.5]

One day many years ago it was kind of a little more open then. And that afternoon the patient who was an old frock (ph) showed up with her brother who is a policeman. She had told him about this and he was hell—bent to do something about her right off. So one learns with these kind of experiences how to be adroit.

MALE SPEAKER: I had an experience during the fantasy that you were sharing. And I do not know where I was, but I was looking at all this and I was feeling this tension and the nerves, trying to get off and get closer to him. But pretty soon, I had to pull out. First I could not discover where, so I do not know where I was

looking (inaudible at 0:54:29.1), but I had to pull out of it so I could get a dispassionate view. And I am wondering, although we will try to deliver it, how involved can you get? [0:54:43.7]

DR. WHITAKER: There is a point, and I think you have to trust just what you did. You have to trust the fact that there comes a point where you have to pull out. I think my point a lot farther along now than it was 15, 20 years ago. And I think part of that had to do with multiple therapy, free (ph) by the fact that there was someone else there who would function as a reality anchor for him and for me. [0:55:18.4]

But I think when you do pull out, you ought to tell him that, because if you can tell him that you failed, you can admit your impotence, then you at least have a common ground in that, because he is struggling with his impotence all the time. I mean give him the chance to accept the fact that you are not — he was endlessly being apologetic about the fact that all of us are super—duper people. I started to say at one point we have all suffered, too and somehow stopped it; I do not know why. Maybe I did not feel I knew him that well or maybe I was not willing to admit it to him. I do not know. [0:56:21.5]

MALE SPEAKER: A few minutes of your prefatory remarks about yourself being selfish and uninterested in myself (ph); personally, is this a routine, opening (inaudible at 0:56:34.2)?

DR. WHITAKER: Well, if I get any feeling that he is either making believe that I am just as interested in him or is calling me on the fact that I am not really interested in him, in either case.

MALE SPEAKER: It is pretty often the case.

DR. WHITAKER: It is true. It is a biological fact. I am in a complete world of my own and I am interested in me more than I am in anybody else or everybody else. And it is one of the facts of life that he needs to face it by himself.

MALE SPEAKER: Yes, especially true.

DR. WHITAKER: It is part of his grasping. I told him I was grasping, too. [0:57:15.0]

MALE SPEAKER: So I think that would be a good thing to start out with.

DR. WHITAKER: I, years ago, set up 14 things to accomplish in the first interview and lost the list, thank God, but I am entirely careful. My deliberate formulation of this is that I want never to say the same thing the same way twice. Now, it is a wonderful fantasy, you know; I am sure it is not true. But I think of anything that becomes stereotyped would be losing feeling. In fact, the patient says, Will you say that again? I would never say it again, or almost never. I never would, or with a long—term patient I have been seeing for a long time can I accept it as a reality.

But ordinarily I think of this as a way of deperfected (ph) what has been said. Because if I have to say it the second time, I am not in it. Then they firm their suspicions or their fear, their fear that this is real feeling. So they want me to help them deperfect (ph) it or their suspicion that it is not real feeling. So when I say it again, they say, Hey, [this is what it is all about]. [0:58:50.6]

MALE SPEAKER: If you see a patient on an outpatient basis, it then comes to the same thing.

DR. WHITAKER: No. I used to — now I start out with as much more reality—organized [discover your] (ph) situation. First interview is with a member of the family, never alone, or like (inaudible at 0:59:29.8). And if you are taking — first usually I start out with a history from the family member, saying that we do not know it as well as he does. This is how we see it from the outside; why don't you tell us what gives, what you are here for, and what — tell us what this is all about, what is he up to, where have you been, and I take notes. And then the second interview — and then I give the patient a chance to confirm, deny, amplify, et cetera. [1:00:04.7]

And then the second interview is with a colleague (inaudible at 1:00:08.1) first. Then when the colleague comes in, I do pretty much what you did; I review it. I had it with a family member and you (ph), plus some of my impressions. I felt mother was more interested; she wanted him to have some help, but she was scared

and she was guilty and she was afraid to be honest about it and she does not trust doctors. This kind of summary.

Then the second — the colleague then takes up the question and I take notes for the rest of the period. And then assuming we have gotten enough admission to do, we are going to — all detail (ph), we, the two of us, staff it then.

One of the really fascinating things about this is that over the years — and we have been doing this now routinely for five, six years anyway — the initial therapist, initial person who the patient was referred, will sit through this staff meeting and not say a damn thing. And it is amazing. I will sit there and write what the other guy says time after time after time and will have the feeling that I just cannot disagree; it is almost outside of me and almost repeating what I — I cannot even think, really. And if I go to his office — just for the second, maybe it would be sad (ph) actually if the same thing happened to him. He takes notes and I formulate them. [1:02:02.5]

END DISCUSSION

FOLLOW—UP INTERVIEW WITH THERAPIST

ANNOUNCER: This ends the recorded portion of the original interview and discussion. What follows is a discussion of the interview by Dr. Whitaker recorded in Atlanta sometime after the interview took place.

DR. WHITAKER: In our reviewing the tape, we decided that there were two possible titles for it. One would be rather academic, but might be, quote, what sort of relationship are you struggling for? Or, are you out for your own benefit? And the second, title would be more dynamic and more significant of what went on with the relationship and might be, quote, if it were possible for us to laugh together... It seems that this interview in review contains much more teaching than is usual in our interviews, but that essentially I was offering to get together with the patient on the basis of crying with him and he was suggesting that we could get together on the basis of laughing together. This I was not able to accept. Probably he picked this up very nicely when he talked about gobbledegook. He was indicating his perception of my grandiosity; that I was not able to be facetious, light, and casual in relating to him, and he may be right that that would have been more effective. [1:04:45.5]

Another point in the interview, the patient said that my sweaty palms were due to my anger, and I missed the chance to get together with him by accepting this since it was probably true. And he made another try, saying that I was sweating about the problems of society, thus contacting my grandiosity again. [1:05:27.8]

In an overview of the interview it is probably wise to realize that the interview began through a double—door entrance and we left the interview in the same kind of two—stage move. I miss the end of the first interview and went on for a kind of second interview until we were forced into an administrative type of ending, this again having to do with my own emotional involvement with the patient so that when he was ready to leave the first time I was not ready to let him go. [1:06:21.1]

In the final administrative ending, it was based on time. The previous one was at the time when the patient turned to face the resident, as though indicating that he was ready to go back to his real life.

We are convinced that the early stage of the interview is a process of setting things for the continuing relationship; in this case, the therapist charged the patient with responsibility for himself. [1:07:02.0]

And simultaneously, the therapist assumed responsibility for his own failure in the interview, setting the situation so that the patient would not be responsible for the interview in its entirety. This enabled the patient to feel somewhat more free to move into the interview since he was not fully responsible for it.

I would not like to make a comprehensive review of the interview but merely point out some of the details that seemed significant. One of the most obvious is that the therapist was able to contact the patient mainly in reference to the paranoid part of his sickness, utilizing the homosexual relationship between them as a way to get at this. [1:08:40.0]

For example, the therapist invited the patient to, quote, get him down off the rock, a pretty homosexual invitation, and indicated at another point that he, quote, was not satisfied. Simultaneously, the therapist missed an opportunity for a further homosexual togetherness, probably because of some panic in himself, when he denied an impulse within himself to ride on the same horse with the patient. It is also possible that he was reflecting the homosexual panic of the group as a hole. That is H—O—L—E in case you missed it. [1:09:50.2]

The catatonic contact with the patient was activated by way of the pursing. This is probably not the best way, but it is the one which is available to this therapist. The obscene or off—the—scene words in the doctor—patient relationship are related to that in each of them which is not available in the social relating that is possible on the outside. There was also an effort on the part of the therapist to relate to the catatonic part in his return to the patient's use of a secret meaning in the word grasping. [1:10:59.6]

As the relationship moved past the sexual area and into a more significant layer, the second long silence is probably related to the patient's sense of the therapist as a lonesome person. It was at this point that the therapist accepted the fact that he was more interested in himself and more important to himself than anyone else was to him. And this made it possible for the patient to acknowledge that he had some things that he himself felt he could do about himself. [1:12:19.1]

It is probable that this acknowledgment on the part of the therapist, of his being a separate person more important to himself than the patient was to him, that made the patient feel that he had gotten something from the interview and led the therapist to acknowledge the possibility that he would like to go on seeing this patient if it were feasible. [1:13:15.4]

They then returned to talk about the social structure, indicating the end of the interview. The therapist then was free also to acknowledge that the repeated interviews would have been for his own benefit, not just for the patient's.

END TRANSCRIPT