

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: One-eight, January 22, 1971, session number 1.

PATIENT: Are you just sitting there waiting for me to say something?

COUNSELOR: Yeah, right.

PATIENT: I can't what I don't even know what I'm supposed to talk about.

COUNSELOR: Well, it doesn't really matter, like, you know, whether you start with what's on your mind, what made you want to come for therapy, what you're feeling like, what you're trying to do.

PATIENT: I told my roommate, she just tells me to go (inaudible at 0:00:42.3) thing to say. I think basically, the reason I want considered therapy is because I've been considering possibly going to a psychiatrist or a psychologist or something for about three years because I never really I was always unhappy but I never really knew why.

COUNSELOR: Yeah.

0:01:05.3

PATIENT: And giving it a lot of thought and I've decided basically what's the matter is I just don't like myself. And I'm not sure why I don't like myself. But I've noticed a weird kind of unconscious reaction, like, all my life I've gotten compliments on my smile. And so I hate my smile. I stand in front of the mirror, check out these different smiles and then I don't like it. I just don't like it at all. And I thought this was really weird. I mean, you know, I used to say to myself people would say that and I'd think to myself, oh, wow, all of a sudden I realize that I was actually really disliking anything anybody complimented me on and that's weird.

And I don't know why, but also a sense in the fact that, I mean, I've also felt very alone now with my life.

COUNSELOR: Yeah.

PATIENT: I've adapted and my brother's (inaudible at 0:02:03.6), we're not blood relatives (inaudible at 0:02:04.8). And I've know that I was adopted ever since I was a little kid. And I've always had friends and I've always been loved, I mean, you know, probably more than some people that are just born to their parents. But I've always felt alone, I've always felt like, you know, I should maybe have more or I should be included in more things or something.

COUNSELOR: Yeah, not enough a part of things.

PATIENT: Right, yeah, and I've often wondered if I'd hate (inaudible at 0:02:29.4) to find out that it was because I was adopted because I really (inaudible at 0:02:31.8) my mom, you know. But I think maybe some of it could stem from that. I don't know, not a rejection of it or not feeling bad about it, but just something and I don't really know what it is.

COUNSELOR: And like you're saying, but, you don't really understand?

PATIENT: Yeah, I don't know why. I thought maybe if I could understand why I don't like myself or get an idea somewhere, that maybe I, you know, could (inaudible at 0:03:01.7).

COUNSELOR: Yeah, right. I don't think I really know what you mean when you say you don't like yourself.

PATIENT: Let's see, I don't like myself, I just basically do not like myself or anything about me. The only one thing I do like about myself is my hair. I like my hair, I think it's nice hair, the right color and just the right length and everything else. But I guess maybe I don't think there's anything attractive about me.

COUNSELOR: Uh-huh.

0:03:32.6

PATIENT: I think that's part of it, physically or just personality wise either one.

COUNSELOR: Yeah.

PATIENT: And...

COUNSELOR: You look in the mirror and except for the hair.

PATIENT: Yeah, right, yeah, I really got a shock last night. I'm in a ski club and we've gone on a couple of ski trips. And one of the guys was taking movies, you know. And I've always taken bad pictures. And I just (inaudible at 0:03:58.6) it was the pictures, you know, I just, you know, always had crummy pictures, you know. The only picture I ever liked of me was (inaudible at 0:04:06.1) like me.

And then movies and that someone had taken a movie of me when we were sitting down in the bar one night, on Saturday night (inaudible at 0:04:15.3). And I really it was like the realization that all these things that I'd been saying were true. I really am ugly.

COUNSELOR: Yeah, it's not just you think you're ugly, you are?

PATIENT: Right, yeah.

COUNSELOR: There's the picture. Yeah.

PATIENT: And I don't know, I (inaudible at 0:04:32.5) ugly (inaudible at 0:04:36.3). And I really think that's part of it. I don't know [ph]. That's basically what's bothering me, this feeling of probably being alone and I guess I associate the feeling of aloneness because I'm not either socially accepted, physically or personality wise or something.

COUNSELOR: Uh-huh, uh-huh, you mean, like, other people who aren't your friends don't take you in either?

PATIENT: Right, yeah.

COUNSELOR: So it's like it's almost like there's a photograph and you look ugly. And there well, you don't have friends, so, like, that's, like, another kind of almost objective evidence.

PATIENT: Right, yeah, right. And I know this goes for I think it goes with two things, it's either, like, not having boyfriends, well, that didn't bother me so much. It's a hassle, but it doesn't bother me so much as not having female friends. I mean, it's not that I don't have any, it's just that I always well, it bothered me more when I was in high school than it did when I was in college. Well, it bothered me (inaudible at 0:05:54.6) high school and college (inaudible at 0:05:55.7) since I'm back now because I do have a couple of friends that I do do things with, you know.

0:05:58.9

COUNSELOR: Um-hmm.

PATIENT: And, but in high school I had all kinds of friends when I had a car because in my sophomore year and my senior year, is the only person who had access to a car. And I had all kinds of friends, but the minute the other people would start getting cars, you know, I never got called. You know, we've got a car now, would you like to come with us? No (inaudible at 0:06:22.1).

COUNSELOR: Yeah.

PATIENT: And this made me mad because all these people I felt were my friends, you know, and I thought we just enjoyed being together and, you know.

COUNSELOR: You figured they're really after your car?

PATIENT: Right, yeah (inaudible at 0:06:30.8). And it was just that I'm making an honest attempt trying to get somewhere in the range of being attempt but not being pushy, to make friends, you know. And I'll go out with some friends, like, in college and we'll have a pretty good time, you know. And they're going someplace and I say, "Would you mind if I come with you?" "No, fine, come with us," you know.

COUNSELOR: Um-hmm.

PATIENT: And go out and you have a good time with them. Okay, you do this several times, and as long as, you know, they say okay and they don't hesitate before they say it, you know, like, they really they don't care. If you have a good time you think, well, now they know I'm interested, they will...

COUNSELOR: Yeah.

PATIENT: Start every once in a while you know, we're going to the Hub, well, call (inaudible at 0:07:14.8) and see if she wants to go, no way. And I always felt, you know, this has always bugged me.

COUNSELOR: Um-hmm.

PATIENT: And I and probably made it worse is that fact that all the way through high school my brother was very introverted. He had buddies calling him up all the time.

COUNSELOR: Um-hmm.

PATIENT: "Do you want to go do this? Come on, Benny, let's go do this, let's go do that." "No, I don't want to." You know, and I would think after a while, you know, after a certain amount of time they know he wasn't going to go and they quit calling him. No way, you know, all the way through high school they did this.

(Crosstalk)

COUNSELOR: It's something about see, now they kept calling him and he never accepted.

PATIENT: He never went, yeah.

COUNSELOR: But did they call you?

0:07:52.5

PATIENT: No, the only time I ever get a call is from one of my girlfriends, you know, that couldn't get their father's car. "Hey, (unintelligible at 0:07:57.7), you want to go out?" "Great, where are we going?" "Well, we thought we'd go up to Joe's" or some place like that, local places that kids hang out when they're not at school. "And by the way, can you drive?" Yeah, I thought, here it comes, but I went ahead and went.

COUNSELOR: Yeah.

PATIENT: Because it's I had fun with them. Once we all got together I did have a good time, I didn't feel like I was being left out.

COUNSELOR: Yeah.

PATIENT: Like, it was I was there but I wasn't there, you know.

COUNSELOR: Yeah, yeah.

PATIENT: And I had a good time and it was better than sitting at home.

COUNSELOR: Right.

PATIENT: But (inaudible at 0:08:32.4) didn't aggravate me as much as it did my dad, you know, by somebody who'd call me up, I'm going out, can I borrow the car? You know, I knew my father would always say, "What's a matter, can't they get their own car?"

COUNSELOR: Yeah, right.

PATIENT: (Inaudible at 0:08:50.1).

COUNSELOR: Almost like, it wouldn't have been so bad if, like, he wasn't saying if he wasn't making a fuss about it too.

PATIENT: Right, right, well, it brought it up more to me.

COUNSELOR: Yeah, yeah.

PATIENT: I would have just accepted it and put it in the back of my mind.

COUNSELOR: Yeah, right, right.

PATIENT: I do that, I have a convenient memory. Things that I don't enjoy, that I was unhappy about or hurt about or something, I just file under forget and forget it. But I also forget things I should remember. I don't know. But I think, like I say, it's this feeling of being alone.

COUNSELOR: Yeah.

0:09:28.2

PATIENT: And I (inaudible at 0:09:28.8). And if I sit and logically think about it, I've got friends and they do call me and we do do things again. And I'm busy, I made sure this year. Last year I lived by myself and I was really (inaudible at 0:09:42.9). But this year I live with somebody else. I am in a ski club and I'm on a bowling team. I make sure that I'm out of the house three nights a week. I don't even have time to do any you know, sit at home.

COUNSELOR: Yeah.

PATIENT: And I still have that feeling.

COUNSELOR: Yeah, but it's not that you don't have people around you, it's that you don't feel valued by them.

PATIENT: Right, yeah, right. You know, like if I you know, if I didn't show up it would be misery, you know.

COUNSELOR: Yeah, yeah.

PATIENT: And I know that the people appreciate me because say they appreciate me, and, I mean, just make signs that are very obvious to anybody, you know, to me that I'm appreciated and they enjoy my company, and yet, still inside, I could be right in the middle of a whole entire room of all my friends and know be able something else that bugs me is to be in a room with people and not be able to talk to them because I don't know them.

COUNSELOR: Yeah.

PATIENT: I could be in a room with people that I knew and I still feel like if I go up and talk to somebody (inaudible at 0:10:38.8), and I still feel kind of, like, you know, sitting in the corner, hiding or something. And this is sort of things that bother me being alone, this feeling of (inaudible at 0:10:53.3). I was very more verbose about this whole thing. The other night I was really depressed. I don't know, I'm not really sure why. First of all, I'm fed up with my dad.

COUNSELOR: Yeah.

0:11:05.1

PATIENT: And but I'm scared to go get another one [ph].

COUNSELOR: Yeah, which is hard to...

PATIENT: And I don't know, just a bunch of different things, I was really depressed. My roommate, she's done a lot to help me, really, for me to figure out some of the problems. Like, I get I don't know how to go about solving anything or any steps. But I have a better realization of some of the things that really are bugging me, basic things that are bugging me, not just the superficial immediate things.

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:11:42.3) or anything. But I started really she told me that if I ever feel depressed, go ahead and get depressed because that's something else, all my life through no duress by my mom or anybody else, I never my mom said she noticed it when I was a kid. And when I was a teenager, you know, when you're subject to real highs and lows?

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:12:02.1), I never did that. I never get really, really happy about anything, very rarely, and at the same time, I never get really depressed about anything. I just don't let myself, you know. And I was consciously sitting there trying to get I mean, after I started getting depressed I decided to relax and get just as depressed as I could get because Meg says that often helps.

COUNSELOR: Um-hmm.

PATIENT: It really does. And I got kind of like a check and balance system. I was trying I'm sitting there trying to get depressed and I still couldn't...

COUNSELOR: Um-hmm, couldn't cry cry (ph).

PATIENT: Which is weird too, I can cry at movies, fill a bucket but...

COUNSELOR: But you can't cry for yourself.

PATIENT: Not until recently. Something I met a guy and it seems like every time every other time I'm with him I feel like I'm going to start to cry. That's weird too, that I don't understand either.

0:12:58.3

COUNSELOR: Yeah.

PATIENT: But...

COUNSELOR: Yeah, something about when you're with him I don't know.

PATIENT: I don't know and it and one thing is I don't really have time to (inaudible at 0:13:17.0) special. I can talk to girls chit-chatty stuff but (inaudible at 0:13:21.5) talk to men at all. I just run out of conversation, you know.

COUNSELOR: Yeah.

PATIENT: And I don't know, I have something I want to say and I don't know how to say it. I know how to bring it up. I get mad at myself and or he does something that you know, I'm sitting there you know, like it's like, I don't know what I expect out of him but I'm expecting something different than what he does, a little more or something. That's, like, I think probably another thing is that I don't really know what I'm expecting people to do for me, you know.

COUNSELOR: Uh-huh.

PATIENT: How they're supposed to, you know, show their affection for me or show their appreciation of me, but they're not doing it.

COUNSELOR: Yeah.

PATIENT: It's the same thing with Jay, you know, I wish he'd do something else but I'm not real sure I mean, if I even to myself say, I wish he'd do this.

COUNSELOR: Yeah, you just want something without knowing what it is.

PATIENT: Yeah, it's a I think it's some kind of an affection, it's a wanting of affection, which I got lots of when I was a kid. I mean, I wasn't deprived, my parents didn't beat me or anything. We did stuff together all the time. (Inaudible at 0:14:27.6) taking a psychology course the biology course, heal myself. But I really don't know how to go about combating this feeling. I don't know where to start.

COUNSELOR: Yeah, yeah.

0:14:44.5

PATIENT: That's the reason I came here. I don't know (inaudible at 0:14:46.4) again. And that's all I think of right now (inaudible at 0:14:54.0) really what bothers me.

COUNSELOR: And, like, even now right now, you laid it out and, like, you don't know where to start on it in your life. And also, like, where do you start on it here?

PATIENT: Right, yeah. And just ran out of things to say.

COUNSELOR: Yeah.

PATIENT: Do you mind if I smoke?

COUNSELOR: No.

PATIENT: No.

COUNSELOR: That funny look on my face was envy because I quit last September.

PATIENT: Yeah, so that I'd like to you know, to do (inaudible at 0:15:35.8), something else I'd like to do is go on a diet. I started so many diets, I just can't stick with them. Again, and this, I figure part of this too, my mother thinks I'm crazy. She thinks I'm just I've just thought of an excuse not to go on a diet. But I would like to lose weight.

COUNSELOR: Yeah.

PATIENT: But in the back of my mind I've you know, people have said, you know, well, (inaudible at 0:16:00.5) you lose weight, fine, you know. But I have this my mom thinks I'm crazy but I really think it's true. It's not just an excuse, that in the back of my mind I'm saying to myself, well, fine, you could lose, you know, so much weight that you could turn sideways and disappear you'd be so skinny and look really nice. And then what would you do if people still didn't recognize you?

COUNSELOR: And, like, you wouldn't even have anything you could pin it to.

0:16:24.5

PATIENT: Right, yeah, you know, I've always got the excuse, well, it's because of my weight, you know, especially the excuse for why I don't get along with men, you know. I don't have zillions of boyfriends like I should have or something. I don't know. But it's, like, you know, well, then wait a minute, what if I go ahead and lose all this weight and then that wasn't the problem in the first place?

COUNSELOR: Uh-huh.

PATIENT: Then what do I do, you know? So now I...

COUNSELOR: And then you feel really lost.

PATIENT: Yeah, and so now I've still got an excuse, you know. And I don't know. And (inaudible at 0:17:03.4), you know, I mean, and then this problem I have of being anxious as far as men are concerned. I really my brother I'm going with this guy, I met him in November or December, November end of November. And we went out New Year's Eve and he came over the house New Year's Day and so, met all my family and everything. And my brother said to mom the other day on the phone, he says, "I know what Susan's problem is, she's just too anxious." And, like, I know that and I really like (inaudible at 0:17:40.0).

And so I decided, you know, that I'm going to be a little more reserved (inaudible at 0:17:45.0). Except, you know, in not trying to make the same mistakes that I've made with other boyfriends that I've had, you know, is exactly what do I do and what do I not do, you know?

COUNSELOR: Yeah.

PATIENT: When are you being pushing and when are you just being you know, showing that you care?

COUNSELOR: Yeah.

PATIENT: When, you know, (inaudible at 0:18:04.8) I mean, being pushy and when you're being considerate. I don't know. If I really could ever if I ever really knew what I had done wrong with other men I could probably help a little more. But it's really so hard because I'm just the way I am. You know, if I'm anxious, I'm anxious.

COUNSELOR: Yeah.

PATIENT: If I'm excited about it, I'm excited about it and I'm going to be anxious. And I have to sit there and think if I want to go over and talk to him, you know, I have to say, no, you stay here and let him come to you because that's the way it's done, I'm going to be miserable. And there's no way I could be happy in a relationship with a guy unless I can just be me, you know.

And my mom say, "Well, try to find a happy medium." So I've been trying, but I still I feel uncomfortable.

COUNSELOR: Yeah, yeah.

PATIENT: Because I just want to, you know...

COUNSELOR: It isn't natural to you?

PATIENT: Right, yeah, because I'm pushy I guess. And yet, at the same time I don't want a man that I can just push around. I don't want a guy like that either. I want a guy you know, I don't want a guy that I can push, which is kind of difficult to find a guy that you can push but will push back I suppose or something.

0:19:09.8

COUNSELOR: Um-hmm. But the way that you are naturally, like sort of spontaneous and sort of like real direct doesn't seem to be what's called for, for being with guys.

PATIENT: Right. I never was very good at being a girl, never have been. Got to be more devious, I can't do that, that's so phony. I never could do that. Not that I'm that real but I just can't be that phony on purpose.

COUNSELOR: Yeah.

PATIENT: Do you think I have a problem or do you think it's all in my head? I mean...

(Crosstalk)

PATIENT: Well, no, but I mean, I know I haven't got a huge problem, that (inaudible at 0:20:03.9) commit to anything, you know. But I mean, do you think it's something that's just that can be helped in any way or is it something that I have to live with? Is it I can't...

(Crosstalk)

COUNSELOR: That kind of question is, like, you know, I don't know. It's not the kind of thing that I can answer for you.

PATIENT: Right.

COUNSELOR: I mean...

0:20:36.5

PATIENT: But I (inaudible at 0:20:37.9) different things that I could do, you know, like just sitting back and obviously saying, now, look, you're wrong, you are appreciated.

COUNSELOR: Yeah, yeah.

PATIENT: You can tell, you can just see.

COUNSELOR: Yeah.

PATIENT: Even though you can't feel it in your mind or whatever, you can tell just by people's reactions. But it doesn't help, I still feel so I think I don't know, it's just feeling alone all the time.

COUNSELOR: Yeah.

PATIENT: And everything else stems from that. I don't know how to combat it in my mind or where to go how to start.

COUNSELOR: Well, you're feeling alone all the time. That's basic (inaudible at 0:21:26.1). What am I asking you about? What's that like?

PATIENT: Well, what's it like to be alone all the time?

COUNSELOR: Yeah, yeah.

PATIENT: Miserable, it really is. I found to keep from being alone, basically to keep from being depressed I have when I lived by myself especially, I spent 99 and nine-tenths percent of my time when I wasn't at work in a fantasy world. You know, just daydreaming (inaudible at 0:21:59.1) fantasized of dreams and stories and plots, you know, I wasn't even in, just and I watch television a lot and just nothing constructive or useful. I go on binges every once in a while where I go out and buy something creative to do, different, you know, something to paint or something and I'd get maybe started. Some of these things I didn't get started I just spent the money for, and I still got them in the closet somewhere.

COUNSELOR: You keep moving, you keep yourself occupied.

PATIENT: I always revert back to my safe little fantasy world because there I know nothing could go wrong.

COUNSELOR: Yeah.

0:22:37.5

PATIENT: And, you know, I can't I will never fail in my fantasy world and it's a lot easier. Still, sometimes I don't know, I just I don't know I just I like to be around people. And I like to be around people lots, you know.

COUNSELOR: Yeah.

PATIENT: And I'd like to be I don't know, not really a social life but I like to go to places like Joe's and be able to sit and talk to people and know people in there, just be able to walk in and know people. But of course, going to Joe's, you have to, like, go to school here or go in there an awful lot to meet the people in there. But down at school, you know, I could walk in and I knew most of the people, and most of the people knew me, but I really couldn't go in and just talk to them.

COUNSELOR: Yeah.

PATIENT: You know, it was, like, 90 percent of the time I know that I could if I'd walk up and say, "May I talk to you?" They'd say fine, they wouldn't be bothered, and I could sit down and talk to them, but I can't do it.

COUNSELOR: Uh-huh, uh-huh.

PATIENT: I always feel like, well, you know, they might say yes but then I'd really be interfering, you know, or something.

COUNSELOR: Yeah.

PATIENT: Is that an avocado?

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:23:48.4) I was trying to remember what it was and I just couldn't remember. Do you start it from a seed?

COUNSELOR: Somebody else did.

PATIENT: (Inaudible at 0:23:56.6) back in Maine my mom had it growing all over the house.

COUNSELOR: Yeah.

PATIENT: She's (inaudible at 0:24:01.0) anyway.

COUNSELOR: You were talking about, like, not wanting to be interfering?

PATIENT: Right, yeah, I don't want to inflict myself upon anybody that doesn't, you know...

COUNSELOR: Yeah.

PATIENT: I don't want to push my I don't know, I guess I just have the feeling that people should come to me, but you got to meet people halfway. And so I then what happens is I completely (ph) once in a while just I'll keep going meeting people, you know, further than half way. Then every once in a while I just stick my head out too far and I just kind of pull it back and stay in my shell for three or four months, because I realize that, you know, I'm doing all the going out and nobody's coming in.

COUNSELOR: Yeah.

0:24:46.9

PATIENT: I mean, you know, I'm going all the way out to meet somebody, and I just have no reciprocation at all.

COUNSELOR: Yeah, and, like, hey, wait a minute, what's happening, you know?

PATIENT: Yeah. Because I don't you know, it's like, if I want to go someplace, you know, like, I still get the feeling sometimes, you know, if I want to go someplace, to a bar or something like that, you know this girlfriend where the ski club is, is a bar. And (inaudible at 0:25:18.3) it was formed, we formed it because all the people there's about 140 of those people who go to this one bar who are interested in skiing, you know.

COUNSELOR: Yeah.

PATIENT: We've been talking about it, you know. So we just got together and formed a ski club and it's most of the people who go to this bar and their friends who'd got in. And, you know, still, if I want to go to the bar and call her up and say, "Are you going tonight?" And she says fine, you know, "I'll meet you there, fine," you know. And yet, there are some times where she's going when I'm there and she's there, we both have a good time. I don't bother the least bit [ph] and get along well. And I'll call her up and I'll saying, "Are you going?" And she says, "Yes, I'm going." And I said, "Well, you know, I'll meet you there, all right?" She says fine, we have a good time. But I just wonder why doesn't every once in a while when she knows she's going, and she knows that I like to go, why doesn't she call me up and ask me if I'm going and if I'd meet her there, you know?

COUNSELOR: Yeah, and since she doesn't, what does that mean and, like...

PATIENT: Right, why not, you know, why wouldn't she? We have a good time together, we enjoy each other's company, she respects me as a person I know.

COUNSELOR: Yeah.

PATIENT: So then why if I go out all the time, why doesn't somebody come in? And that's the other thing that bothers kind of all my life. And this is this is it's aggravated by the fact that my brother everybody used to call him and he never would go. You know, he'd never do anything with his friends.

COUNSELOR: What would it mean to you if someone called you?

0:27:11.3

PATIENT: If somebody called me?

COUNSELOR: Yeah, like, has this girlfriend said, "Hey, you know, let's go?"

PATIENT: It (inaudible at 0:27:16.6) fantastic, it really would.

COUNSELOR: Yeah, yeah.

PATIENT: I mean, you know, I just even if I didn't want to go, I'd go, you know.

COUNSELOR: Yeah.

PATIENT: If I was tired and just couldn't even walk or talk or see straight, you know, I'd make it.

COUNSELOR: Yeah, it's almost, like, it would bring tears to your eyes almost.

PATIENT: Well, yeah, if I cried it would probably. It would really make me happy because, you know, it's, like, somebody knows I exist.

COUNSELOR: Yeah, and you're not sure anybody does.

PATIENT: Right, yeah. The same thing with Jay, you know, Jay and I have a fantastic time together. We're slowly getting closer. I really I don't know how to go about finding out that's another thing, you know, about who Jay really is, you know, I mean, to know him just as a person.

COUNSELOR: Yeah.

PATIENT: One thing I think is part of growing up or getting older or what, is the fact that I never really cared before, I never even thought about it, you know, but now I worry about it, that I don't know how to go about finding out who he really is, you know. What kind of questions to ask or just play it be ear, you know. It's something you have to play be ear, you can't plan an attack, well, on Tuesday night I'm going to find out this.

COUNSELOR: Yeah, right.

0:28:23.9

PATIENT: I really don't, you know, read situations that well with people, that you know, that one subject following something else that I'd really be interested in knowing or what. But Jay is the same way, and I'm doing the pushing. But it's just like I go ahead and do it because first of all, I know he doesn't mind. If he doesn't want if I suggest something he doesn't want to do, he won't.

COUNSELOR: Yeah.

PATIENT: You know, but I get tired of suggesting it but I don't have if I wanted to stay home alone, I wouldn't have to suggest it. Like, we always like pinochle and I was out to my parents' house last night. And my father says, "Listen, why don't you and Jay come over Saturday night and play pinochle with us?" Because he knows we're both broke. And we have a lot of fun sitting around my parents' house playing pinochle with them or cribbage or something.

COUNSELOR: Yeah.

PATIENT: And it's a cheap date and we'd still be together and have a good time, you know. And I thought to myself, "Well, I really shouldn't do it." You know, I really shouldn't keep inviting him over and let him invite me somewhere sometime first, you know, every once in a while. And but after I saw that film I was really depressed. And I couldn't decide whether to, you know, to free him from his the horror that he knew or just to...

COUNSELOR: I didn't understand that.

PATIENT: Well, I really I thought...

(Crosstalk)

PATIENT: Yeah, after I saw the film last night, the pictures of the ski trip, the two pictures of me, I'm thinking....

COUNSELOR: Oh, I see.

PATIENT: I started to wonder, I think, I wonder if Jay is nearsighted, you know, if he doesn't care. Then I got to thinking, well, no, Jay is a nice looking guy and he's got fairly good taste because I saw I know a couple of the girls he used to go out with and I like them. And so I decided that probably I'm just not as ugly as I looked in the picture.

COUNSELOR: Um-hmm.

PATIENT: You know, this helped a lot and what I was trying to decide, I couldn't decide I knew first of all that I shouldn't push him. He wants to go out Saturday night he would have asked me by now. But that's not always true with Jay.

COUNSELOR: Um-hmm.

PATIENT: You know, I mean, like, I don't know what he would do because I've never given him enough chance. I've never just sat home and waited for him to decide to call at five o'clock on Saturday night and say, "Hey, you want to go bowling?" You know, I can't wait that long. I want...

COUNSELOR: You want to know, you want to know.

PATIENT: You know what, Thursday night is soon enough to ask, you know. But right now in the situation that we're in, like, all of us are both of us and all the kids in the club are saving our pennies and our nickels and dimes for these ski trips, you know. And we don't have any extra money. I got rent to pay, Jay has got car payments to pay. And he lives at home. And so I decided he really hasn't got enough money to ask me to go out.

COUNSELOR: Um-hmm.

0:31:19.0

PATIENT: And we get along well enough that well, he took me out for a sandwich, like, after the club meeting last night. And so I figure, you know, if he wanted to go out he would because he didn't even have to ask me out or anything, you know. I didn't even wait for him to leave, I just said, "Listen, I'm going to go, I'll see you, bye-bye," you know. And kind of followed me out the door, I didn't ask him to, you know, which helped a lot. He knew I was complaining to Josie about this picture, my girlfriend, Josie because I'm sitting there getting more and more upset, you know. And she saw me out of the corner of her eye, she said, "What's the matter?" "There's nothing the matter, I'm fine", you know.

COUNSELOR: Yeah.

PATIENT: She said, "You're upset about something, what is it?" And this is the kind of thing also, you know, somebody sees me upset and walks over and says, "Why are you upset?" This is another obvious thing that I realize, that people do care if I'm upset or not. I do have friends. And yeah, I still feel the same way.

COUNSELOR: Yeah, like, last night, like, Josie walked over to you and Jay did follow you, but somehow, it's almost as if it's getting so far but it didn't sink in all the way.

PATIENT: Right, right. And I was and he asked Josie what I was upset about and Josie told him. And so when we were eating dinner we were having a sandwich after the meeting (ph), he said he said something about it and I said, "Oh, well, I've already decided, you know, that the picture just wasn't a good picture of me." He said film just can't capture my innate beauty, you know. And then I said, "Right, Jay." He said, "Now, listen," he says, "I can knock you all I want to but you can't knock you," you know.

0:32:51.3

COUNSELOR: Uh-huh, uh-huh.

PATIENT: And this made me feel good. But, I don't know. So last night was a good night and a bad night.

COUNSELOR: Yeah.

PATIENT: But I don't know, like so I asked Jay anyway, back to (inaudible at 0:33:06.4). I finally decided to go ahead and ask him if he'd come over Saturday night after he asked me out to have a sandwich, because I decided he didn't have any money. I knew he was broke, and he could always say no, you know, he doesn't have to say yes doesn't want to come.

And so he's coming, I don't know what time. He has to call me and find out. I didn't know what time so I didn't tell him. (Inaudible at 0:33:41.0) I remember it was an example (inaudible at 0:33:45.2).

COUNSELOR: I forget too.

PATIENT: (Inaudible at 0:33:55.5).

COUNSELOR: What was it about was an example of (inaudible at 0:34:04.4)?

PATIENT: I think it was I started out something about, oh, being pushy with Jay I think.

COUNSELOR: Yeah.

PATIENT: Or something like that, is the fact that I knew that I shouldn't ask him, you know. I mean, I knew that I should just wait but I couldn't do it because I wanted to see him. And he has the option to say no. Because I just say, listen talking to my dad, he said, he wanted me to ask if you'd like to come over and play cards Saturday night, you know, and he could say yes or no. I'd ask him only once and I wouldn't have asked him again.

COUNSELOR: Yeah.

0:34:41.0

PATIENT: I probably still shouldn't have done it, it's not proper etiquette, not the way to trap a man. (Inaudible at 0:34:49.3).

COUNSELOR: Yeah, yeah, (inaudible at 0:34:51.8), no, really, you don't like proper etiquette, and so...

PATIENT: Well...

COUNSELOR: (Inaudible at 0:34:58.7).

PATIENT: Well, it's not proper etiquette, it's devious etiquette. It's not proper etiquette.

COUNSELOR: Yeah, yeah.

PATIENT: There are socially acceptable ways to trap a man, but they're all devious. And, you know, as far as proper things, you know, that you do say or don't say to somebody's grandmother or something like that, I go along with all that. I'm nice to grandmothers and dogs and stuff like this.

COUNSELOR: Yeah.

PATIENT: But this conniving, you know.

COUNSELOR: It doesn't fit you.

PATIENT: I don't know if it doesn't fit me because I can't do it, or if I can't do it because I don't enjoy it or what, you know.

COUNSELOR: Yeah.

PATIENT: I like to think that I can't I just you know, I just wouldn't do it even if I could. But that's not true, probably would try it a couple of times if I had the art. So funny, I (inaudible at 0:35:53.4) this girlfriend with him (ph), she's basically a nice kid, I liked there have been times when I wouldn't want to talk to her (inaudible at 0:36:04.7) in. But I like her basically as a person. But she can do some of the rattiest things to the guy she's going with, and they take it. She doesn't even have to be going with the guy, she could just have him as a friend, he'll come over to visit her the guys are always dropping by her house all the time just to visit, not because they're going with her, they don't date her. You know, they just enjoy, you know, doing things with her.

And still jump (ph) over to her house and she'll before they're through, she will have talked them in to helping her clean her house, wash her dogs and wash dishes, you know. And they keep coming back.

0:36:41.3

COUNSELOR: Uh-huh.

PATIENT: And she can talk a guy with just asking him once and then doing anything in the world. And I just think, you know, gee, if I could get a guy to do half the things she can get a guy to do.

COUNSELOR: Yeah.

PATIENT: And I don't know what it is that she's got. She's she's...

COUNSELOR: How does she do that?

PATIENT: Right, I don't know. And it's not something she works at. I mean, it's just something and Josie is very aggravating. These guys are always aggravated at her, always mad but they do it anyway.

COUNSELOR: Uh-huh.

PATIENT: You know, they'll do nothing they'll go over there and end up helping her do something, you know, and the next time you see them they'll do you didn't even know they were there, the next time you see them

they do nothing. They gripe about what they had to do when they went over to Josie's house, you know, instead of not going back, they just keep going back. That's what I don't understand.

COUNSELOR: Yeah.

0:37:31.9

PATIENT: And these are guys that she's not dating, these are just friends of hers. And the things she can get the guy she's dating to do is fantastic, you know. It's really weird and this is something, you know it's the same thing, I don't know how she does it.

COUNSELOR: What has she got?

PATIENT: Right, yeah, what does she got?

COUNSELOR: Like, she must have something built in that you haven't got.

PATIENT: Right, right, it's just aggravating (ph). I figure I ought to be able to come up with something on my own that's just as good as hers, but I don't know where to start. If I could think of a really good asset that I had personality wise or something, but I can't. About the only asset I have is I can sit and talk for hours and not say a thing, and that's not always an asset, but I can do that.

COUNSELOR: Yeah, and what's serious about that is, like, you're not sure that that you don't feel like you do have anything that will draw people to you.

PATIENT: Right, yeah. I used to something I've slowly gotten away from that I used to do badly before, that I'm not really sure how I got myself away from it, I guess just consciously or something, unconsciously, consciously...

COUNSELOR: Yeah.

PATIENT: Is I used to talk really loud because that was something this is again the feeling of being on the outside looking in. And when I was a little kid I had friends and we always did stuff together, you know. But I'd start to say something and, you know, I'd be with three or four people, and all my life this has happened I'll start to say something and somebody else will start to say something.

COUNSELOR: Um-hmm.

PATIENT: Right in the middle of what I'm saying and (inaudible at 0:39:12.5) right, you know.

COUNSELOR: Um-hmm.

PATIENT: In the middle maybe what I have to say is only two sentences long, interrupt me right in the middle of it and just start talking and everybody listens to them as if I wasn't even there.

COUNSELOR: Yeah, yeah, I was just thinking of that.

PATIENT: You know, and this has happened all of my life, it's like I'm not there. Unless I'm with one person by myself, you know. I mean, a group of people with my friends, I'm like, you know, low man on the totem pole, the least necessary person there. And so consequently, I used to talk very, very loud because I would just continue after a while this happened enough, I was just continue talking, you know, and just get louder and louder and louder. And I got to the point where I was just practically shouting all the time. My mother would say, "Don't talk so loud, we can hear you, you know, we're not on the moon" or something like that.

0:40:03.2

COUNSELOR: But it was, like, you had to talk so loud to get them to hear you.

PATIENT: Right, yeah, because they wouldn't listen (inaudible at 0:40:10.4) because I had to talk over who else had interrupted me. But I mean, and it is something that's obvious. Now whether this is caused by the

fact that maybe I talk too much. And so when somebody else finally got a word in edgewise, or maybe, you know, they would listen to them, or maybe it's because, like I say, I can talk chitter-chatter but don't really have anything important to say. And so if somebody else had something to say they would switch their field of interest, you know, to listen to what they had to say because they knew that maybe I'd gone on for hours and not say anything.

I don't know if it was something like that, if it was just you know, that's a nice logical explanation that makes you feel better. But I don't know what it is. I know I can I mean, looking back and retrospect, I really can't say.

COUNSELOR: But the feeling it gave you was that they really didn't care whether you were there or not?

PATIENT: Right, yeah. And they didn't you know, as long as they listened to me as long as nobody else was talking.

COUNSELOR: Yeah.

PATIENT: The minute they had a chance to listen to somebody else, they would. Out of things to say again.

COUNSELOR: I must be funny to talk to because I'm kind of quiet and sort of waiting for you.

PATIENT: Yeah, you sit there waiting for me to say something and I can't think of anything else to say.

COUNSELOR: Yeah, yeah.

PATIENT: I'm talking (inaudible at 0:42:12.9). Just a second, I can think of words words to start out, I'm not very good with words. I was talking to my roommate the other night about something I wanted to talk to Jay about. And I really can't get started in talking about it. I don't know, I just lost my train of thought.

COUNSELOR: It's like some kind of hump to get over.

PATIENT: Right, and I can't I have trouble talking to men in the first place anyway, you know, except just to you know, if I could carry on a conversation, if I could think of something to ask (inaudible at 0:42:57.7) walking in my local tavern, my favorite bar and see people that I know, you know, and I can walk up and I say, hi, how are you? Fine, how are you, you know?

COUNSELOR: And that's it, I can't think of anything else to unless I know that they specifically have some project going, you know, that I know about that they've talked about, you know.

PATIENT: Yeah.

COUNSELOR: I can walk in and ask Josie how her dogs are, and Alicia, how work's going because she's been having trouble at work, or I could ask and talk ask Jay lots of things because I know more about Jay than I do about anybody else, you know. But I really, you know after I say, hi, you know, how are you, then I really have nothing else to say, you know, and then I guess (inaudible at 0:43:33.2), hi, how are you? Fine, how are you? And then I kind of fade off into nothing, and then they'll walk away because I really have nothing, you know, interesting to say, and which I could understand.

0:43:42.3

But I really talking to people is an art, you know, it comes the more you know about somebody the more you can nothing more than the more questions you can throw at them when you first see them, you know, hi, how is your mother, your father, you know, your dog? But that kind of stuff is not that interesting, you know, unless one you know, like, if you have somebody, somebody has a big project going. You know, like this one friend of mine has a boat that he's been working and building. Well, you know, that's something he enjoys talking about, you know. So you can ask him questions if it's something he enjoys talking about or she enjoys talking about. (Inaudible at 0:44:35.3).

COUNSELOR: Yeah, right. That was the same person and didn't realize that it wasn't six yet.

PATIENT: Oh, know what (ph) (inaudible at 0:44:46.3) with people is difficult, you know.

COUNSELOR: Yeah.

PATIENT: I never I could talk about myself for hours, that's no problem at all. But talking about something else, unless I specifically know something they're interested in.

COUNSELOR: Yeah.

PATIENT: The only thing I know to do is there's two things you can do, walk in and start talking, boy, did I have a rough day today, you know, tell them a sob story or something.

COUNSELOR: Uh-huh.

PATIENT: Or something interesting that happened to you.

COUNSELOR: Yeah.

0:45:13.0

PATIENT: But I realized listening to Alicia-Alicia's brother had an accident Christmas Day in his car, Eve in his car. And we were in the Three, which is a place we go. The next night and I heard the same story so many times. Every time somebody came in I heard this story from Alicia. I was getting really bored with it, you know, and I realized, you know, things like that, tell them once or twice, you know. But sob stories or even happy stories get boring.

COUNSELOR: Yeah.

PATIENT: And so I didn't really know what to talk about unless I can ask them specifically they have interested (ph) or for something you know, one or two people have something they're really some real big gripe. One thing is a little more to talk about, extends the conversation about two and a half minutes beyond, hi, how are you, is the club.

COUNSELOR: Yeah.

PATIENT: People who have gone on the ski trips, you know. This week I walked in, my conversation was can't thin of anything else to say, you know. I should be able to think of something, but how are you? Fine, how are you? How was your week, you know, how long did it take you to recover from the ski trip, you know?

COUNSELOR: Um-hmm.

PATIENT: Did you get your pictures developed yet, things like this, you know? That's that draws about two and a half minutes as I said and then...

COUNSELOR: And then?

PATIENT: And then I have nothing...

COUNSELOR: What next?

PATIENT: Right, and this because I really have nothing to contribute until somebody else starts a conversation, then the chances of me having something to contribute to the conversation are increased.

COUNSELOR: Um-hmm, once somebody starts a subject of conversation.

PATIENT: Right, you know, it's like a and then then, this is when the kid (ph) gets going, the subject of conversation I have something to say on, forget it, the floor is taken, it's mine until I'm finished.

COUNSELOR: Yeah, right, yeah. Once you get started, you know, you're doing fine but it's getting into something that starts you.

PATIENT: Right, and it's all I don't know. (Inaudible at 0:47:13.4) how did I get on that one?

COUNSELOR: It's kind of like it sounds like part of the trouble is not wanting to make a mistake, not wanting to tell the same story twice, not want to rattle on too long about something they're not interested in.

PATIENT: Um-hmm. Well, I'm really worried about these kind of mistakes. Not wanting to make mistakes is right because (inaudible at 0:47:44.5) of them just accidentally without doing it on purpose. But these kind of mistakes I'm more worried about is because these are the things that I have caught myself doing.

COUNSELOR: Yeah.

0:47:57.6

PATIENT: These are things that I know that I do, given half a chance I will do them. I do not feel that I do them as bad as I did when I was, like, in high school.

COUNSELOR: Yeah.

PATIENT: Even further back to grade school. But all of this rattling on once I get the floor, once I get the, you know, the center of attention, you know, talking loud and everything, all of it stems from this feeling of being not accepted, being alone. And...

COUNSELOR: It's kind of like you're demanding to be accepted or something.

PATIENT: Right, it's what you can't do in working with people, you just have to you know, I went through a period where I thought, well, going to let them come to me for a while and they didn't and I knew they wouldn't. You know, going to be myself and let them accept them from me, except me for me. You know, there's got to be people in the world who are going to accept me for me, you know.

COUNSELOR: Yeah.

0:48:45.4

PATIENT: Like, they're all phonies and I'm not or something, you know. And that didn't happen either. There are a few people, you know, I do have friends. I am not completely alone in the world. But...

COUNSELOR: You don't want me to think of you as sort of this friendless little...

(Crosstalk)

PATIENT: I don't want you to think of me in the way an island in a sea of people or anything. But I don't know, I just I have a feeling maybe there should be more people or something. I don't get the satisfaction of, you know I want my phone to ring, you know, 17 times at night or something like that, I mean, that would (inaudible at 0:49:25.5).

(Crosstalk)

PATIENT: Probably get upset if they did, you know. Don't call me anymore.

COUNSELOR: You'd like to feel appreciated and special.

PATIENT: I just like to know that people know that I exist.

COUNSELOR: Yeah.

PATIENT: But this is something still, this being alone, this feeling of aloneness which is really what it is goes back as far as I can remember. All the way back I can remember I can't remember much of what happened,

like, in the first grade or the second grade. But I do remember this feeling of being alone.

COUNSELOR: Yeah.

PATIENT: I don't remember it when I was in kindergarten, but I remember it back that far. I don't think I remember about being I mean, I don't remember specific instances in the first grade or the second grade or anything.

COUNSELOR: Yeah.

PATIENT: My brother remembers he swears he (inaudible at 0:50:19.8) before he was born, he remembers far back when he was a little kid, incidences. I don't have that good of a memory. But I do remember the feeling, the feeling goes back. As far as I can feel back to the first grade. And I don't trace it back and my feelings (inaudible at 0:50:37.6). And I don't know nothing really strange, you know, happened at that time.

COUNSELOR: Yeah.

0:50:48.7

PATIENT: But it could be...

COUNSELOR: Been with you so long.

PATIENT: This is one of the reasons probably like I say, I've been I have known that I was adopted. This is something, and I wonder if this could be it. I have known that I was adopted ever since I was I can remember knowing anything. I've always known that I was adopted. But I think...

COUNSELOR: You didn't belong to your family naturally.

PATIENT: Yeah. But I've never I've always felt kind of, you know, I mean most people when they're adopted, they wanted children. Children who are adopted are wanted because parents especially when my parents adopted me, it was almost 21 years ago. Well, they would have started the process more than 21 years ago. It was not that easy to adopt children just to adopt them, besides the social pressures. My parents' friends, you know, you don't know who, you know you get an illegitimate kid whose father was a gangster and whose mother was a slut or something, you don't know what you're getting, you know, don't adopt children, you know, just...

COUNSELOR: Um-hmm, um-hmm.

PATIENT: And since they had a lot of pressures on them, so I really know they really wanted kids.

COUNSELOR: Yeah, yeah.

PATIENT: And besides that, there were so many extra kids more than parents at the time.

COUNSELOR: Yeah,

PATIENT: You know, you didn't walk in and you know, we have a baby for you that was just born that we can give you if you want it, you know. She had a choice of my mother had a choice of three they wanted a girl so she had a choice of three girls at one time, you know.

COUNSELOR: Uh-huh.

PATIENT: Which make even more special because she picked me.

COUNSELOR: She picked you.

PATIENT: Right, and they have a choice of three, you know, after waiting all that time. So and like I said, we've always done things together. We've always had a good time. The only time that I don't really feel alone except, like, on Saturday nights when everybody's out and I'm home, I might wish that I could go out or

something. But I'm always retreating. My parents (inaudible at 0:52:41.9) whenever I get lonely or anything, I just go out to my parents' house. And I might get depressed, but I don't feel lonely anymore.

But and my mother is never like, it's not that I'm tired to her apron strings or anything. I say (ph), the feelings go back before anything like that would happen. And as a matter of fact, I was perfectly willing after I graduated from college to live at home. My mother said no, uh-uh, too many parents who have problems with their kids living at home. And too many kids have problems living at home. She said, "Why don't you just go get yourself an apartment?"

COUNSELOR: Yeah, yeah.

PATIENT: Which is (ph) my mom's cool in thinking about things like that.

COUNSELOR: Yeah, right.

PATIENT: Most mothers won't do that.

COUNSELOR: Wouldn't think that, yeah.

PATIENT: Right, and so she's pretty cool that way. And my dad, he agreed until it came time for me to leave. He said, "I think that's an excellent idea," you know. And then I told him, "Dad, I'm going to get an apartment." "Why don't you wait?"

COUNSELOR: Uh-huh.

PATIENT: My mother said, "No, do not wait."

COUNSELOR: Did that make you feel appreciated?

PATIENT: Yeah, it did, I mean, I didn't feel like I was being thrown out. My mother appreciated that I'm it's time for me to be on my own now, you know. I'm supposedly nearing adulthood and should be making my own way. Of course, then if I, you know if I you know, I'll go out one weekend and wait two weekends to go back out again (inaudible at 0:54:00.5) on Sunday afternoons (inaudible at 0:54:01.2), it's been so long since I've seen you. This has slowly gotten worse since I'm slowly getting older, you know.

When I first moved away, you know, I came out, you know, one week and come back three weeks later, the first thing she says, "You back already?"

COUNSELOR: Um-hmm, um-hmm.

PATIENT: Now if I don't come on every other weekend, "It's been so long since we've seen you." But I think maybe this feeling I went to kindergarten, but it didn't like I said, I don't feel the feeling of being alone so much then. I always but in the first grade something could have happened, the realization that I've always been quick, you know, to say I'm adopted because this has been a pride point for me. I mean, I don't say, I'm Susan Miller, I'm adopted.

COUNSELOR: Right.

PATIENT: But I mean, I've always been fast to say it, I haven't been slow to say it.

COUNSELOR: Yeah, it isn't like a secret you don't tell people.

0:55:02.6

PATIENT: I had this one girlfriend that I grew up with (inaudible at 0:55:05.3) that she and I were fairly close, we went to a lot of places together. We went to the ski lessons together and stuff. We weren't best friends or anything, we knew each other. We were in the same classes and everything all the way through grade school. And it wasn't until I was 14 years old that I found out she was adopted too. And she's never told me.

COUNSELOR: Yeah.

PATIENT: And she knew that I was adopted.

COUNSELOR: Yeah.

PATIENT: But I don't know, I must have been fast to say I was adopted or something and when I was, like, in the first grade meeting these new kids, and realized that everybody nobody else was or something.

COUNSELOR: Yeah, you were different.

PATIENT: Right, and I don't know. Because I went to I really wasn't that out of place because I went to a Catholic school my first year and there was the only one Catholic school in the whole entire town. It was a large town. So people were sending their kids to Catholic schools. The kids weren't going to school with the kids that lived next door to them when they'd been playing with for three or four years while they were, you know or they became of school age. They were all in a new situation, you know. And I still was out of place.

COUNSELOR: Yeah.

PATIENT: And I remember eating lunches by myself. And I didn't like the school in the first place. And I liked my teachers. I don't remember I really don't remember I remember having my mom deliver me to church. You had to go to church before you went to school. I remember my mom delivering me to church in the morning before classes started. And I'd sit in the pew by myself for church, didn't really have any friends that I played with at all.

COUNSELOR: Yeah.

PATIENT: You know, I'd go home and play with my friends from the neighborhood after school.

COUNSELOR: But you were a stranger in the school?

PATIENT: Right, and all the other kids were too but I just didn't form any friends.

COUNSELOR: Yeah.

PATIENT: I'd grown up with one other girl who was a year older than I was. And we'd always played together, I'd never had to make adjustments, you know.

COUNSELOR: Yeah.

0:57:09.5

PATIENT: She was (inaudible at 0:57:10.3), she was there, we always played together because we were the only two girls in the neighborhood. And I never had to adjust to meeting new people, and I guess I didn't know how or something. And then to make matters worse, right in the middle of my freshman of my first year in school when I was, you know, a first grader, we moved out of my old neighborhood into a new neighborhood. So not only did I not know anybody at school...

COUNSELOR: You didn't know anyone at home either.

PATIENT: Right. And but when I went to second grade, I went to a public school which is in the area. And ever since then I knew I had friends I played with. We played in school and I always was with a group of people. But I always felt like I was, like, on the fringes and ever since then I've felt that way.

COUNSELOR: Uh-huh.

PATIENT: And I don't you know I'm tired of it.

COUNSELOR: Tired of being on the fringes?

PATIENT: Right and I think it shouldn't I think I am still there, you know. Like, with Josie, Josie and I are good friends and we enjoy each other's company, Alicia are good friends and we enjoy each other's company. But buying (ph) something special, they just are not going to call me and say let's go to the Hub, let's go to the Quatro, let's go do this, let's go do that, they just won't do it.

What I want to do what I want to try to do is just get my mind adjusted to the fact that, you know, enjoy it while I'm with him and don't worry about it.

COUNSELOR: Um-hmm, um-hmm.

PATIENT: Because it doesn't make that much difference.

COUNSELOR: Um-hmm, um-hmm.

PATIENT: But I can't do that, I can even tell myself and I'll listen, you know. This won't do at all. Just...

COUNSELOR: Yeah.

PATIENT: Making yourself unhappy for nothing.

COUNSELOR: Yeah, but it still bothers you even though you try not to let it.

PATIENT: Yeah, yeah. Meg has helped a little bit. If Meg were probably home more she gets home late and she goes to bed. She goes to work about 6:30 in the morning. She works out in Albany selling you know, in the Albany area up there. And then when she's through at five o'clock she's got to drive all the way back in, you know. So I feed her something and she drags herself to bed.

COUNSELOR: Yeah.

PATIENT: Gets up the next morning and does it all over again. And once in a while she'll have a extra burst of energy and we'll sit around and talk for a while, and go to Joe's for a beer or something.

0:59:31.5

COUNSELOR: Yeah.

PATIENT: And just the little time that I do spend with her has helped. Because well, first of all, I've never another thing is, I've always had, all my life, people coming to me to solve their problems, you know, (inaudible at 0:59:48.6). They always felt that I was more level headed.

COUNSELOR: Yeah.

PATIENT: And things like this, you know, more common sense or something. I would say people come to me with their problems, you know, and I'd solve them for them, you know. And try to get a reciprocal training group [ph] and listen, I'm upset about this, you know, get two words into the sentence, lost them. They're gone, you know, they're not listening.

COUNSELOR: Hmm.

PATIENT: But, you know, I mean, I have...

COUNSELOR: That's another one, like, you don't exist again.

PATIENT: Yeah, when they need help from me, you know, they know I exist, you know. This is something else I was this was one of my pride points in high school, the only but one of the biggest ones that I had was the fact that, fine, maybe they'd only call me, you know, when they needed my car or something like that, you know. Maybe they didn't include me in other stuff, but I know that they'll come to me when they need help.

COUNSELOR: Yeah.

PATIENT: I don't have to go to them they'll come to me when they need help.

COUNSELOR: Yeah.

PATIENT: When they need something, and not, like, money or a car when they, you know...

(Crosstalk)

COUNSELOR: When they got a problem.

PATIENT: When they got a problem and they want somebody to talk to, and they want somebody to help them solve it, you know. I used to be pretty good at doing that except my own problems, of course, I never was very good at that. But and so consequently, I got to the point I never would tell anybody my problems because I knew nobody would ever listen.

COUNSELOR: Uh-huh.

PATIENT: And I had this one girlfriend who use one time got real mad at me because she's always telling me her problems, you know. And then one night she said, "You know, you never tell me your problems," then I'd always come back with, "I don't have any problems." You know, I'm perfect or something. So one night I was really depressed and I was out at her apartment. And so I decided I'm going to tell her my problem, you know.

1:01:29.8

I must have gotten three sentences into my problem and she and she's sitting there like she's listening, I thought, "Well, she may get upset with me after a while, she's going to listen, right?" I got about three sentences into it and she looked at me and she opened her mouth, I thought she was going to make a comment. And she asked me a question about something that was totally unrelated. She asked me if I believed in infinity or something weird like that.

COUNSELOR: Uh-huh.

PATIENT: When I was talking about a problem that had you know, didn't have any abstracts to go along with it or anything, you know. And so then I thought, "Well, that's it." And Meg is the first person I've been able to talk you know, sit down and tell my problems to and she'll make comments.

COUNSELOR: Yeah.

PATIENT: She didn't have any solutions but she'll make comments and I and put her two cents worth of ideas and stuff like that, you know. So it's helped, somebody, you know, I can...

COUNSELOR: Yeah, like, at least Meg will listen.

PATIENT: Yeah, she'll listen (inaudible at 1:02:24.0). And she'll listen and make, you know, constructive criticism or, you know.

COUNSELOR: Yeah.

PATIENT: Her idea of what to do may not be my idea of what to do, or I may not feel like it will help but she's, you know she sat and she listened.

COUNSELOR: At least she's trying.

PATIENT: Yeah, right, she's trying and she cares.

COUNSELOR: Yeah, that other girl, like, it must have when she said that about infinity.

PATIENT: It blew my mind completely. I I've been...

COUNSELOR: How could you not care at all?

PATIENT: Right, and the thing that...

COUNSELOR: How could you be that indifferent?

PATIENT: Right, and the thing that was so funny is because she had been I even introduced it. You know, she's always saying, "How come you never tell me any of your problems? I'm always telling you mine, I want to hear some of yours, I want to be able to help you, you helped me," you know? So when I introduced it I said, "All right," I said, "You've been wanting hear my problems, I've got a problem."

COUNSELOR: Yeah.

PATIENT: "That's really bothering me. I want to talk about it." She said fine, you know, she said fine and I started talking and she started thinking to herself about what she was going to talk about next, wasn't even listening to the topic. And so she asked me the question, I looked at her and I started to yell at her. And I thought, "No, won't do any good." Won't do any good at all, you know, to really give it to her. And so I answered her question, you know.

COUNSELOR: Yeah, you got off talking about infinity.

PATIENT: Something like that, infinity or stars or space or something, it was something like that, something in that area.

COUNSELOR: So you gave it up.

PATIENT: It was really funny, though, because the next time she said that to me, I said, "Mandy, I tried that once."

COUNSELOR: Um-hmm.

PATIENT: And I told her the situation and she felt kind of bad.

COUNSELOR: Yeah.

PATIENT: And I still don't tell her any of my problems.

COUNSELOR: I guess you don't want to have that happen again?

PATIENT: Well, the kind of problems that she has that I try to help her with, I don't think she could help me with mine anyway.

COUNSELOR: Uh-huh, I see [ph].

PATIENT: But I just thought I'd throw them out, you know, get her opinion of (inaudible at 1:04:20.7).

COUNSELOR: Yeah.

PATIENT: And she's got some hang-ups that she really needs help above and beyond mine.

COUNSELOR: Yeah, we should be quitting for today.

PATIENT: Okay.

COUNSELOR: My understanding is that we're to see each other twice a week.

PATIENT: Twice a week?

COUNSELOR: Yeah.

PATIENT: I didn't know that.

COUNSELOR: I think they need that for their research project.

PATIENT: Oh.

COUNSELOR: Is that going to be possible for you?

PATIENT: Yeah, what times would it be?

COUNSELOR: Well, you have to make it late in the afternoon, right?

PATIENT: I can make it in the daytime sometimes.

COUNSELOR: Oh, wonderful.

PATIENT: Like, early in the morning.

COUNSELOR: Oh, wonderful.

PATIENT: Like, from nine to ten?

COUNSELOR: Oh, yeah, that's okay I thought you were going to say, well, from eight to nine.

(Crosstalk)

PATIENT: I don't get up before 8:30.

COUNSELOR: Okay.

PATIENT: I talked it over with my boss and he said nine to ten would be fine.

COUNSELOR: Oh, well, that's great because, like, it gets kind of late in the evenings.

PATIENT: Yeah.

COUNSELOR: Maybe next Tuesday?

PATIENT: Next Tuesday, okay, from eight from nine to ten?

COUNSELOR: Yeah.

PATIENT: Okay.

COUNSELOR: Good.

PATIENT: Now if we have to see each other twice a week, I can only take one you know, like, one day off in the morning.

COUNSELOR: Yeah, and the other time would have to be...

PATIENT: Right.

COUNSELOR: Late, okay.

PATIENT: He said he didn't mind one hour a week, you know.

COUNSELOR: Yeah, but, like, you don't want to push him for more than that.

PATIENT: Right, yeah.

COUNSELOR: Yeah, okay, and then we can do one, like, at 4:30 or four or whenever (inaudible at 1:05:52.3).

PATIENT: Right, yeah. Okay, all right. And should I when I get here should I just come on up?

COUNSELOR: Well, take a look and if the receptionist down there...

PATIENT: Right.

COUNSELOR: Get her to give a call but if she isn't, come on up.

PATIENT: Okay.

COUNSELOR: Do you know what to do with these?

PATIENT: No, uh-uh.

COUNSELOR: They have this box downstairs there's these two glass windows by the waiting room.

PATIENT: Um-hmm.

COUNSELOR: And in the one that's nearer the stairs there's this box behind the glass, and you have to stick this slip into the box if the window is open or just into the glass so the receptionist can write down your next appointment, so she knows when you're coming.

PATIENT: Okay, all right. Now okay, I'll find it.

COUNSELOR: Good.

PATIENT: Is it just a box with a hole in it, right?

COUNSELOR: Yeah, it's got this little slot, it's like a shoebox or something.

PATIENT: Right, okay.

COUNSELOR: Yeah, yeah.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is client 1923, client 1923-018, session number 2, session number 2, January 26, 1971. Client 1923-018, session number 2, January 23rd.

PATIENT: And she goes right to bed, and she gets up, next day the same thing. I don't see how someone can stand that. Well, she was a student for a while, she just couldn't take it anymore. And she was pharmacology, (inaudible at 0:00:38.3) she was supposed to work at. And so she and see, she could have had a couple of different (inaudible at 0:00:46.7). So she just took this one, was just selling chemicals to the drugstores type things.

COUNSELOR: Yeah.

PATIENT: And she's doing pretty well. She had never (inaudible at 0:00:57.7), she was slowing becoming really good at selling, you know.

COUNSELOR: Uh-huh.

PATIENT: And she's taking more time off, she's not knocking herself out like she was in the beginning. But they didn't give her hardly any training or anything.

COUNSELOR: It was sort of (inaudible at 0:01:12.2)?

(Crosstalk)

PATIENT: Well, yeah, (inaudible at 0:01:14.3) sink or swim. Do you have the Kleenex?

COUNSELOR: I spent the last ones mopping up the (inaudible at 0:01:18.9).

PATIENT: I'll just you know...0:01:25.1

COUNSELOR: If you're going to need some I could get something next door maybe.

PATIENT: No, that's all right. (Inaudible at 0:01:33.0) quietly.

COUNSELOR: Okay.

PATIENT: Something weird happened this weekend. Discussing my I was talking to my father. And my father and I often times have discussions. And I'll say something he'll be listening and I'll say something. And he takes what I've said out of context. And he'll start on his own little train of thought. And we're talking about two, just different things. Like, he can't understand that he switched subjects on me.

COUNSELOR: Uh-huh.

PATIENT: And we were talking about the fact that boy boyfriend my boyfriend, the guy I'm dating right now. It's very frustrating because you knock yourself out to do something for him, or look, you know, especially nice some night or something. And even if he's around and you get compliments from other people (inaudible at 0:02:29.6), you know, he just doesn't give compliments. Some people are like that, you know.

COUNSELOR: No matter how much time you spend standing in front of the mirror adjusting yourself, and here everything looks just perfect. (Inaudible at 0:02:40.5) [bold slap from him] (ph).

PATIENT: Yeah, it's you don't know whether he just doesn't notice or whether he just doesn't say anything, you know. But and I was discussing this, how frustrating this is for my parents. 0:02:54.2

COUNSELOR: Yeah.

PATIENT: And my father got off on this other tangent about how it doesn't matter how you look, it's your personality that counts.

COUNSELOR: Uh-huh.

PATIENT: Which is true, basically, but that's not what I was talking (inaudible at 0:03:06.8). It's that's true true though it may be, it was not in the line of thought that I was using. (Inaudible at 0:03:13.7) is how frustrating it is.

COUNSELOR: Yeah, and he missed the point.

PATIENT: Yeah.

COUNSELOR: Your point.

PATIENT: But what was frustrating to me was the fact that I think I (inaudible at 0:03:24.9) cry. I know this has been something very frustrating me, I've had several times in my life when I really wanted to (inaudible at 0:03:30.7). Recently, I started crying for no reason, which is a complete about face. Usually if my dad and I are going down these separate paths, and I can't get him to come to my side, and I (inaudible at 0:03:44.5) to see that, you know, I agree with him but that's not what I'm talking about. I'll just shut up or get mad, one or the other. But I never get upset.

COUNSELOR: Uh-huh.

PATIENT: And I'm standing there and all of a sudden I felt these tears coming out my eyes. (Inaudible at 0:03:59.5) I'm going to cry. No, can't do that. But the same thing happened not too long ago at work. So, I've done something stupid. My boss was very understanding. I think I'd probably have been better if he's yelled at me. It was something really dumb, a stupid mistake. 0:04:19.7

I wasn't thinking when I did it. Did he yell at me? No, he says, "Well, you know, we can all make mistakes," and very nice, you know, and oh, I almost cried there.

COUNSELOR: It was something about his being so kind to you?

PATIENT: Right, yeah. It was kind of like, you know, if I'd had to defend myself, I could have, you know?

COUNSELOR: Yeah.

PATIENT: But I felt bad, you know, and so he didn't want to make me feel any worse because he knew I felt bad, you know, so he was going to be on my side. And that really made me feel like, you know...

COUNSELOR: Uh-huh.

PATIENT: Like crying. But and it all started when I met Jay, basically.

COUNSELOR: Uh-huh.

PATIENT: I've also never realized (inaudible at 0:04:56.0) I've never cried in front of a guy. I've been with him three times I've been with him, I started crying. And one time I just I wasn't even realizing I was going to cry. I was talking to him and all of a sudden he says, "Are you going to cry?" I said, "I think so." I hadn't realized it.

COUNSELOR: Yeah, but it was that much of a like, you didn't know.

PATIENT: Right, I had no idea (inaudible at 0:05:22.9).

COUNSELOR: Didn't know what started it. You weren't feeling sad.

PATIENT: I wasn't, well, I was feel I wasn't super happy with the situation. I was trying I was going to tell Jay I was trying to think of how to tell him. But it wasn't a situation that would really upset one in (inaudible at 0:05:40.9).

COUNSELOR: It wasn't that big a deal?

PATIENT: No, uh-uh, it wasn't that big a deal. But I don't know (inaudible at 0:05:51.6). So, you know, I think I'm going through a second adolescence (inaudible at 0:05:54.4).

(Crosstalk)

PATIENT: Which I don't usually have. But I don't know, it's not like the only time I've ever really cried in my life for no reason been able to cry about myself and then I didn't (inaudible at 0:06:12.2) why, was, like, during my periods.

COUNSELOR: Uh-huh.

PATIENT: Then I'm more emotionally unstable, you know. Like, not that time. None of these times that I've been upset have been during my period, though. So that's something that's really I'm trying why is this that I'm doing (inaudible at 0:06:35.6)?

COUNSELOR: Yeah, like, it doesn't fit and it doesn't make sense.

PATIENT: No, and there's nothing I thought it was just when I was around Jay I thought maybe I was growing up or something.

COUNSELOR: Uh-huh.

PATIENT: But it's happened when I wasn't in that (inaudible at 0:06:53.2). One time I was discussing him, but I had the feeling that what was upsetting me was my father and not Jay.

COUNSELOR: Uh-huh. Do you remember what part of the discussion upset you? 0:07:08.0

PATIENT: It was frustration. I'm trying to get him to understand that that's not what I was talking about. Not going to say, yes, daddy, you're very right but I'm not talking about personality, I'm talking about I don't know.

COUNSELOR: Yeah, like, you were talking about how frustrated you feel, and he was off on another track. And you just couldn't make him see.

PATIENT: Yeah, I was talking well, it was, you know I was talking about how frustrated one feels when you knock yourself out to look nice or to do something for somebody, and they don't acknowledge it, you know. I don't want it sky written, you know, thank you very much barber shop for doing this. I just want, you know, a nod or thank you.

COUNSELOR: Uh-huh.

PATIENT: You know, we appreciate it or something.

COUNSELOR: To show that you exist.

PATIENT: Something that shows that they are aware that, you know, something has been done for them.

COUNSELOR: Yeah.

PATIENT: And they appreciate it, you know. And daddy kept saying that, "You don't really have it doesn't matter how you know, how you look as long as you look clean" or something like that. "It doesn't matter if you're ugly or beautiful, you know, as long as you got that bubble and that sparkling personality." You know, just bubble. And I was saying, "Yeah, dad, you're right." You know, so he says, "Don't worry that much about how you look," you know, if what he's trying to tell me, you know. And he was trying to be helpful. 0:08:40.3

COUNSELOR: Yeah.

PATIENT: You know, this is what it's so hard not get you mad at him because he's trying to be helpful, you know, he's trying to help you. He's not criticizing, you know. I notice when I about the third or fourth time I explained it to him, then all of a sudden I feel my the face is kind of puckering up. So I made a hasty exit to my bedroom, excuse me please. I didn't cry but I thought I was going to.

COUNSELOR: Yeah. Had to take off so you...

PATIENT: Yeah. Like, this is something strange. This is something, like I said, this bothered me all my life that I didn't cry very much. I wasn't subject highs and lows.

COUNSELOR: Yeah.

PATIENT: Then all of a sudden, I'm subject (inaudible at 0:09:27.0) lows every once in a while. Not really lows, I mean, I've never felt that depressed when I started to cry, just snuck up on me.

COUNSELOR: As though your mind was somewhere else and you were just going along, and then all of a sudden...

PATIENT: Yeah, right.

COUNSELOR: From somewhere else the tears come?

PATIENT: Yeah, very strange. (Inaudible at 0:10:00.5). But Jay and I played my mom and dad cards this weekend. I always use the cards. My mom always wins. My mom and I were partners and we slaughtered them. 0:10:23.4

COUNSELOR: Very satisfying.

PATIENT: Yes, very satisfying. I really enjoyed it tremendously. I'm afraid I wasn't I didn't flaunt our victories or anything, but I'm afraid I wasn't a very good winner. I didn't just sit there and well, I'm glad we won, smiling. You know, I was, yay. But I didn't bother my mom and my dad. I don't know whether it bothered Jay or not. I don't think so because Jay and I have played cards on several occasions. He's always just slaughtered me.

So I really don't think, you know, doesn't even bother him that much. He is really frustrating, though. I don't know. I've never been I've never had that many boyfriends, and I've never been very good at handling men. And I really like Jay and I was going to try. If I really knew the mistakes [where I've made] (ph) with other men, I would try not to make them with him, I think I told you last time that I'm anxious. My brother told me that I was too anxious.

COUNSELOR: Um-hmm.

PATIENT: But so I was very calm and cool Saturday night. Well, I wasn't very calm when we were playing cards, I was having a good time.

COUNSELOR: Right. And you had a really (inaudible at 0:11:42.0).

PATIENT: Right, part of the fun was the fact that I'm not very good at playing cards, and I did I did a couple of really good moves when I was playing, you know. And I was hmmm almost broke my arm. But I don't know, he's very frustrating because he just I'm supposed I'm going to see him tonight because I'm going to help him sell raffle tickets.

COUNSELOR: Um-hmm.

PATIENT: And I'm seeing him tomorrow night because we've got a date tomorrow night. And he left Saturday night and he said, "Well, bye." Didn't say he had a nice time, didn't say, "I'll see you Tuesday or I'll see you Wednesday." He knows I'm going to see him both days. Didn't say, "Well, listen, I'll call you," didn't say anything. Just said, "Well, goodbye," this is the way he always leaves.

And it's so frustrating because I know I'm (audio gap). He says, "Well, bye," (inaudible at 0:12:55.7) there.

COUNSELOR: Wondering if he's ever planning to come around again?

PATIENT: Right, yeah, right. It's so funny because most of the other guys I've gone with, I can tell. I mean, it's kind of a feeling, a sixth sense when, you know, I'm not going to see him anymore. I kind of have that feeling. I haven't had that feeling about Jay. And yet, at the same time, you know, it's just if I called him up, you know, and ask him if he wanted to come over, he'd either say yes if he wanted to or no, he wouldn't or didn't, you know.

COUNSELOR: Um-hmm. 0:13:28.8

PATIENT: He wouldn't come over if he didn't want to. But I just you know, I really like for him to, like, call me. But it just you know, I wait about a week. If I don't hear from him after a week, I I give in, you know. I'm strong for about a week (inaudible at 0:13:52.4) so frustrating. I've never known a guy that, you know, that that most guys, you know, are more than anxious to get out conflicts, you know. And he you know, I give a pretty good backrub because I my grandmother taught me when I was a little kid. And I used to do it during finals when I was in college. Kids would come and knock at my door and want a backrub three o'clock in the morning the night before a final, you know. So I'd charge them a dollar and give them a backrub. 0:14:22.1

I often made my train fare home from college that way. And I give pretty good backrubs, you know. And (inaudible at 0:14:31.0) was giving Jay a backrub one night, you know. And, oh, about a week later we were up skiing and his back was hurting him after skiing, you know. And so I was giving him a backrub and his roommate was sitting there, you know. He was laying on the bed, now (inaudible at 0:14:50.7), said, "What are you doing?" I said, "I'm giving him a backrub." I said, "I give pretty good backrubs, don't I, Jay?" And he said, "Well, they're not bad."

COUNSELOR: Um-hmm.

PATIENT: He's like this, you know.

COUNSELOR: Um-hmm.

PATIENT: It's something I've done well, you know, he'll say, "Well, she's not bad" or "It wasn't bad," you know.

COUNSELOR: Um-hmm.

PATIENT: He just will not give a compliment. He won't even go so far as to say, "It was nice, wasn't it?" He would even go so far as to say, "Yes," you know, "It wasn't bad." And I don't know how to I don't know if I'm looking for compliments or anymore than most people do. More than just knowing that what I especially if I've knocked myself out, was appreciated or even noticed.

COUNSELOR: Yeah.

PATIENT: You know, (inaudible at 0:15:37.0) this is something I don't know how to cope with because I (inaudible at 0:15:39.7) before.

COUNSELOR: Yeah.

PATIENT: It's very frustrating.

COUNSELOR: So he just won't give up with it?

PATIENT: Yeah, I don't know, but if he's he's shy in some respects, you know.

COUNSELOR: Yeah.

PATIENT: And this could be part of it. I mean, like, if you don't know him, he won't say much of anything, you know, he doesn't talk very much or anything.

COUNSELOR: Uh-huh.

PATIENT: Unless you know him. And I and I wanted I don't know. Ever since I met him, he told me he was shy, you know. But the first day I met him we were at dinner and we were talking, we just sat there and talked, you know. We were talking back and forth. We were talking to some of the other kids around (inaudible at 0:16:22.8), a, dinner with the ski crowd. And ever since then I've had, you know I never he keeps telling me he's shy and he's quiet. And I don't see it, I mean, as far as when I think someone who's shy, I think of someone who's shy and quiet, sits there in a corner and doesn't say anything. And Jay doesn't do that. 0:16:43.1

COUNSELOR: Yeah, yeah.

PATIENT: He's never done that around me, you know. And but other tell me he is shy and quiet, you know. But I think this is probably where the shyness and the quietness does come in, you know, is it's not....

COUNSELOR: Yeah.

(Crosstalk)

PATIENT: Anywhere of himself, you know, he's just...

COUNSELOR: Yeah.

PATIENT: Stay behind this I think part of it is two different approaches, I guess, to about the same problem because his personality and mine are a lot alike, you know.

COUNSELOR: Um-hmm.

PATIENT: We're kind of loners without wanting to be loners, but kind of liking it sometimes but not really. Does that make any sense? But and I think his answer to it has been his reaction to it, you know, coping with it. But he gets really depressed.

COUNSELOR: Yeah.

PATIENT: Just like I do. We have a lot of similar problems. But and I think that's partly just, you know, not wanting to give any of himself out, you know. I don't know if it's for fear of getting hurt, from shyness or, you know, if you extend yourself out very far (inaudible at 0:18:02.4), put your hand out to help somebody, they'll step on it or something like that.

COUNSELOR: Yeah, and maybe that's what's happening with him.

PATIENT: Yeah.

COUNSELOR: But it still leaves you I'm not quite sure but missing something or...

PATIENT: And frustrated, you know.

COUNSELOR: Yeah.

PATIENT: Because you get to the point you want to ask him, "Did you notice that I did this?" "Yes, I did." "Did you appreciate it?" "Yes, I did." "Well, thank you," you know, or "No, I didn't" or something, just to pin him down and ask him if he noticed, you know. But I don't do that. I just...

COUNSELOR: That's what's frustrating, not to know that whether or not it even registered.

PATIENT: Yeah, that's part of it, you know. I don't know if it's just I want someone to pat me on the back or blow some horns or something, you know. I don't think so, though. I think it's just that I just well, everybody wants to be appreciated I think. 0:19:11.5

COUNSELOR: Yeah.

PATIENT: It just that I want to be appreciated.

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:19:16.2) [sleeping again] (ph). Excuse me, I...

COUNSELOR: Sure.

PATIENT: (Inaudible at 0:19:42.3) are frustrating [all the way] (ph). I think I'm (inaudible at 0:19:50.3) bully. I'm (inaudible at 0:19:52.8) idea because Jay is what is known as bowling net. He's in four leagues a week. He bowls three hours on Monday night, three hours on Thursday night, and he's on two leagues on Friday night, one of them is early and one of them is late. It's a bowling night.

COUNSELOR: Um-hmm.

PATIENT: But it just so happens that I started in my campaign to get me to get me out of the house that I started at the beginning of this year. I decided I wasn't going to sit around anymore. My boss is in a bowling league. He wanted to know if I wanted to join a bowling league, and I said, "Well, sure," you know, as long as you don't have to be good because I'm certainly not good. 0:20:42.7

And so this has been a kind of a close (inaudible at 0:20:47.6) between Jay and I. You know, he wants to go bowling and practice bowling, but doesn't really want to go by himself. He knows he can always I'll always go, you know, because I like to bowl. And I do like to bowl, it's just that I get so frustrated when I bowl. I get up there and I'll concentrate. And I really care, I'll concentrate. And for a while I was getting slowly better.

COUNSELOR: Yeah.

PATIENT: And then when Jay has helped me on a couple of really good games, you know. But lately I just cannot a goal aspect. We go with Monday after a whole weekend of skiing, and I couldn't have lifted that ball (inaudible at 0:21:21.1) so I didn't go. Before that I went. And I get up there and I do exactly what I think I'm supposed to do, and it doesn't work. It's the same thing that a week before when I was bowling with Jay worked beautifully.

COUNSELOR: Uh-huh.

PATIENT: Little things, you know, and I keep doing it wrong and I don't know what it is.

COUNSELOR: Uh-huh, right.

PATIENT: And I get so frustrated, you know, when I see sitting there, is this game ever going to end? I want to go home I'm bored with this game.

COUNSELOR: But it's something that, you're doing it exactly right and it's going wrong and you can't find out why, and there's nothing you can do that will change it. You just want to get out of there.

PATIENT: Yeah. And it's so frustrating, you know. And because, like...

COUNSELOR: Make sure that (inaudible at 0:22:11.2).

PATIENT: Yeah. You know, it's just like, I feel so stupid. I mean, these little kids can bowl. It's like when you go out you're out on the slopes and you're doing your snow plow down the hill trying not to kill yourself, and trying to go slow. And there's these little kids, you know, starting from three and four all the way up who are just whipping down the slopes like pros, you know. Like, Jean Claude Killy looked like an amateur or something like that and you're sitting there. 0:22:32.5

No, not there, but bowling my average is 110. I've been bowling for since December and it's now almost February. And I started my average was 90. Now, I should have and it just makes me so mad. You know, if I was bowling if I had an average of maybe 120, 130, something around there or 140 and I bowled my average one night, I wouldn't feel bad about that. Bowling 140 is a good game. When you're bowling your average, and your average is 110 and you're trying, you know, it's about the time you want to give up the whole thing. And I'd give up the whole thing, then I'd think I'm a quitter. Going gets too rough and you quit. So I don't know what to do, I've been thinking about quitting. But then I don't really want to because that's the chicken's way out.

COUNSELOR: Yeah.

PATIENT: But I just it's just so embarrassing. Nobody else on the team really minds, and nobody said anything to me. It's so embarrassing for me personally to get up there and really be trying hard.

COUNSELOR: Uh-huh.

PATIENT: Not like I was goofing off. It's not like I didn't care. It's not like I wasn't concentrating. I'm standing up there and I'm thinking about all these things I have to do. But I have so many things that I do wrong, that I have to think of about five things at once, you know. And all I got to do is forget one of them.

COUNSELOR: Right.

PATIENT: Then the ball just, you know...

COUNSELOR: Goes down the gutter.

PATIENT: And it seems like the thing that really is frustrating every week I develop something new that I have to correct, you know.

COUNSELOR: Uh-huh.

PATIENT: It's not that I've gotten rid of some of the things from the other week. I'm just adding on, you know, replacing it. I'm adding it on. Like, last night something I've never done before. I forgot to let go of the ball about three times, you know, and the ball is up here before it finally go it just goes flying down the alley, you know. And everybody...

COUNSELOR: Every week you discover a new mistake you've got to worry about not doing.

PATIENT: Yeah, right, and it's frustrating. If I was curing you know, if I, like (inaudible at 0:24:52.4) new and next week and two weeks later I've cured it, and go on to bigger and better mistakes, you know.

COUNSELOR: Yeah.

PATIENT: It's improving, you know, but...

COUNSELOR: But you can't get anywhere.

PATIENT: Right, quote that because it's, like what, the other girl on the team was saying something about, it's like being in Alice in Wonderland, hurry up and run she going nowhere, you know, run as fast as you can and going nowhere.

COUNSELOR: Yeah. 0:25:16.0

PATIENT: So I think she feels the same way I do because she's a better bowler, but she averages about 125 or something like that. She hasn't been doing that hot either. She isn't (inaudible at 0:25:30.9). She's going on vacation. She and her husband (inaudible at 0:25:41.3) going to Hawaii. I told her to bring back some sunshine (inaudible at 0:25:48.3).

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:25:51.4). I don't really have to go out tonight (inaudible at 0:26:12.7) to help him. And I was talking to Meg (inaudible at 0:26:20.2). And she said that I shouldn't go and see if he says anything.

COUNSELOR: Um-hmm.

PATIENT: And I'm trying to decide whether or not to go or not. I really should stay home and wash my hair. And I really should stay home and wash the kitchen floor. And I don't know, it's just I want to see him. I know I'm going to see him tomorrow. But he hates people who say they're going to do something and don't do it. He's always mad at this other girlfriend of ours who's in the club and everything. She's always late and it makes him mad.

Now, I didn't I just ask him if he needs any help, and (inaudible at 0:27:10.9) any help he could get would be appreciated. And if nobody comes in tonight, there's going to be too many people there. There's a lot of people coming tonight from the club. He's going to need some help.

COUNSELOR: Uh-huh.

PATIENT: (Inaudible at 0:27:29.8) kind of like to see him, so I'll probably get him and go. Come home early and mop the floor or something (inaudible at 0:27:35.1) awake. You wouldn't want to buy a ticket for a free ski trip, would you?

COUNSELOR: (Inaudible at 0:27:41.6).

PATIENT: Don't you ski?

COUNSELOR: I do a little.

PATIENT: It's a free entire weekend free for a dollar. (Inaudible at 0:27:53.5).

COUNSELOR: (Inaudible at 0:27:59.8) attempt to try and see what will it have any effect on him if I don't go? You know, will you know, then will he notice? If he doesn't notice when I do things, will he notice when I don't do things?

PATIENT: Hmm.

COUNSELOR: And what the hell do I have to do to have an effect on him anyway?

PATIENT: Yeah. It's so funny because my mom mentioned something to me. Sunday afternoon she says, "Don't hang any hopes on Jay." And I said, "Why?" She said first of all she said she didn't think that Jay was my type, you know. And I found out later she was just covering up because Jay is a nice guy, but he's not that emotional, you know. And she just didn't think that he really liked me that much, you know. And I said, "Well, first of all, I haven't got, you know, any long term future hopes." I just am enjoying and being frustrated, but enjoying having the male companionship for a while because I haven't had any for a while. I just enjoy it, you know.

COUNSELOR: Yeah. 0:29:06.8

PATIENT: It's fun to, you know, go to a show or go bowling or something with someone other than the girls. And she said, you know, he just doesn't show much, you know, outward enthusiasm. But I really in something like this you really don't know because it's because he isn't going to say anything. I don't think he's say anything if I didn't show up.

COUNSELOR: Yeah.

PATIENT: Unless I was supposed to, unless I was absolutely supposed to show up there. He might say, "Where were you?"

COUNSELOR: Uh-huh.

PATIENT: But since I just offered, he might not say anything at all, which again is frustrating. I don't know.

COUNSELOR: Yeah.

PATIENT: But he might think something. He may have thoughts on all of this. It you know, I don't think that he's so impersonal that just all of it goes around him. I'm pretty sure it isn't because he doesn't miss much, actually. But he just...

COUNSELOR: You aren't going to hear about it.

PATIENT: Right. I'm not used to that, I'm really not. Always been around people, you know, that have something to say be it good or bad, but they say something.

COUNSELOR: Yeah, not this sort of blank wall.

PATIENT: Especially because with me, you know, because I need some reinforcement all the time, you know. Not fanfares but just a little, you know...

COUNSELOR: Yeah, a little compliment.

PATIENT: Right, yeah, a little reinforcement from whoever I, you know, working for. Like, you know, if I was just going out somewhere and look nice, I don't expect anybody to tell me, you know, but unless Jay the only thing is that, like, as far as looking nice, you know, mom said, well, maybe he just you know, if you looked bad he'd tell you about it. Maybe he just expects his women to look nice or something, and he wouldn't say any you know, it's just something his women do. (Inaudible at 0:31:40.4) or something, I don't know. 0:31:41.2

The only compliment he ever gave me was the fact that he finds that I'm so easy to talk to. He's never known anybody that was so easy as easy to talk to as I am. He finds himself telling me things that he wouldn't tell (inaudible at 0:32:07.3).

COUNSELOR: Um-hmm.

PATIENT: Talking basically, talking about things. He, like, opens up about things that he wants to talk about that he's never been able to open up to anybody else before.

COUNSELOR: Um-hmm.

PATIENT: He did say that once, that made me feel good.

COUNSELOR: Yeah.

PATIENT: You know, but this is you know, something's on his mind and he wants to talk about it. So if he was ever really mad at me, and cared enough about me to tell me that he was mad, I think I'd hear about it because he says he can't talk. And any problems he has anywhere else, problems that were (inaudible at 0:32:50.9) I hear about.

COUNSELOR: Yeah.

PATIENT: Frustrations at work and stuff like that. I probably know a lot more about him than most people do because he does talk about himself, you know. Still won't commit himself on anything.

COUNSELOR: And it's like, as a person, like, he is very open to (inaudible at 0:33:16.2), maybe it's as a woman he isn't so open?

PATIENT: (Inaudible at 0:33:21.1). I don't know. I don't think this is something he's just started recently. I think it's probably the way he's done it, you know. But I can't help but wondering if part of it because I'm sure he'd have to be awful well trained to sit there and say want to say to himself, "Gee, you look nice tonight" and not say it.

COUNSELOR: Yeah.

PATIENT: So it's something it's not something he's just doing recently. It's something he's always done, but he just he was going with a girl who had a young daughter. She's been married, like, [two sixty or something like that] (ph). I think she was a year older than he was. And (inaudible at 0:34:08.3) he was supposed to get married in December. And he really liked the little kid, but they didn't get along well at all.

You know, I mean, like, he all she wanted to do was sit at home. He doesn't like to sit at home, he likes to go out, you know. If he wants to sit home, he can stay home with his parents, you know. And but he liked he didn't she just wanted to sit at home. She wouldn't go dancing. He doesn't even ask me to go dancing. I could go dancing (inaudible at 0:34:36.9).

But she wouldn't go dancing with him. And she I don't know, she wouldn't, you know she wouldn't go skiing, you know. She got on skis once and almost fell down, said, "No, that's it," got off of them, you know. Jay took the little girl skiing all the time. And I guess he laid down some laws to her, you know, like, "The kid and I are going skiing, if you want to come and watch, you can. If you want to come and ski, you can," you know, but, "Don't cry when we're gone because we're going," you know, "And you could have come if you wanted to." (Inaudible at 0:35:14.4).

She went out and ran up a bunch of bills and (inaudible at 0:35:18.7) the bank had a lien on all of her checks or something because she had a bunch of bills. And so he called it off, which is, you know I would think if they'd already had the date set and everything, he will he would know things like that or something, or she must have been really rotten or something. (Inaudible at 0:35:41.4) sort of had the feeling, you know, that she I don't know why he did it. You can't really push Jay into that much I don't think.

Like, I said I could call him, you know, and take the initiative to call him and ask if he wants to do things, you know.

COUNSELOR: Um-hmm.

PATIENT: But if he doesn't want to do them, he won't do them.

COUNSELOR: Uh-huh.

PATIENT: And if he does, he will, you know. It's like, he doesn't mind a lot of guys don't want girls to call them I've heard, but Jay, like, doesn't mind, you know. And but I don't know if you could push him into anything he really didn't want to do.

COUNSELOR: Yeah.

PATIENT: You know, but I don't know he ever got I always wanted to ask him that, but I didn't think I'd better. But they had the date set and everything. It was so funny, the first time the first time I was really with him at any time by ourselves, we were he picked me up off the slopes. I was skiing, the first date we went on I ski first day of our first ski trip. And I had fallen, which was not uncommon for me. And I was getting up. And he stopped and he said, "Can I help you?" And I said, "Well, I'm having a little trouble with this maneuver here." And he said, "Well, listen, let me help you," you know, I said, "Great," you know. 0:36:58.0

And he just kind of took me in tow and we went up and down the hill a couple of times, and I was I had spent probably the whole entire week before the ski trip thinking, now, what kind of a devious and I got together with a couple of my girlfriends who real good at laying these plots. And I said, "Now, how are we going to trap this Jay?" And they we thought they come up with ideas, "No, I don't like that one." "No, I don't like that one," you know.

COUNSELOR: Uh-huh.

PATIENT: I thought I'm just going to give up, you know, and just just this lost cause. And it just happened accidentally.

COUNSELOR: Yeah.

PATIENT: You know, and he took me to lunch, you know, and he just said [what he raised] (ph). You know, he kept saying, "Well, are you ready, you know, to go back now?" "Are you ready to (inaudible at 0:37:43.2)?" "Do you want to ride back on my bus with me?" Things like that.

COUNSELOR: Um-hmm.

PATIENT: It was just, you know...

COUNSELOR: It just happened that was so nice.

PATIENT: You know, it's so funny, the more I know the Jay, the more I like him, and the less he turns me on physically. That's weird.

COUNSELOR: Yeah. 0:38:06.1

PATIENT: That's really weird because it should go, you know, the more you like him, the more he turns you on, right? No, it doesn't happen that way.

COUNSELOR: For some reason he doesn't.

PATIENT: I think it's like, I have all kinds of weird defense mechanisms, and I think that's one of them.

COUNSELOR: It's something you do too?

PATIENT: It's a defense mechanism against getting in trouble. It's, the more I like a guy, you know, I just kind of mentally, the less he turns me on. This is the other thing that I figured out that could be right or wrong because I don't know for sure. But this is you know, I really think it's like a defense mechanism against doing anything that I would regret or getting pregnant or something, you know. But...

COUNSELOR: Something in you that sort of damps down on sexual feelings.

PATIENT: Right, yeah, and it really is.

COUNSELOR: You get in over your head.

PATIENT: Right, yes. It's the same thing if I'm I'm making out with a guy in a car. I can't get really turned on, you know, if I was sitting on somebody's couch or something. You know, with all my clothes on I can get really turned on. But in bed I am a total bust. I cannot can't do anything. I can't even get excited.

COUNSELOR: Uh-huh, uh-huh.

PATIENT: And it's a mental thing, you know.

COUNSELOR: Yeah.

PATIENT: I think my mind is what got this little thing, you know, as long as you don't climax, you haven't done anything and you're still a virgin, and you haven't done anything wrong.

COUNSELOR: Uh-huh.

PATIENT: Which is, you know, this is stupid. As long as you're going to do it you might as well enjoy it.
0:39:59.0

COUNSELOR: Like, when you have all your clothes on and stuff.

PATIENT: (Inaudible at 0:40:02.1).

COUNSELOR: Just yeah, no.

PATIENT: Say, you know, I don't have to worry about anything.

COUNSELOR: Yeah. So it can be exciting and stuff?

PATIENT: Yeah.

COUNSELOR: You kind of get a little stiffer when (inaudible at 0:40:13.3).

PATIENT: And it's really (inaudible at 0:40:18.6), you know, sit there and talking to myself (inaudible at 0:40:25.0), calm down, relax and no. This is something else that's frustrating too, you know, because this it's like a I don't know, I think it's a hangover from the fact that I'm a Catholic. You know, and it's just something you don't do and all this stuff. And it's very frustrating. But I really think, like, my mind is mentally locked.

COUNSELOR: Uh-huh.

PATIENT: I was reading I read (inaudible at 0:41:01.6) an except in a woman's magazine, like, Dr. Rubin and, you know, things 101 or a thousand questions, or all the questions you always wanted to know about sex but were afraid to ask your doctor. (Inaudible at 0:41:15.2) about frigidity in there, you know. And he said most women frigidity as they, like not just told (inaudible at 0:41:26.7), but, like, just don't touch me. But which well, I thought frigid women were, you know.

COUNSELOR: Yeah.

PATIENT: But it's not that, it's just people who can't climax, who can't and he said a lot of it is a sub-conscious mental thing. He says it's very common in Catholics.

COUNSELOR: Uh-huh, uh-huh. So you saw that and thought, "Well, that sounds like me."

PATIENT: So that sounded like a good idea. But it was an idea excuse me, it was a hunch that I'd had before that.

COUNSELOR: Yeah.

PATIENT: It just, you know, I just all these hang-ups that I've got, mental hang-ups. (Inaudible at 0:42:13.5). Things that I (inaudible at 0:42:25.3).

COUNSELOR: Under the sex thing?

PATIENT: Yeah, before that, I was talking about...

COUNSELOR: Talking about Jay and, like, the more you know him, the more you like him.

PATIENT: Oh, yeah, yeah, my built in defense mechanism. It's like crying (inaudible at 0:43:01.7) an ability to cry is a built in defense mechanism (inaudible at 0:43:06.2).

COUNSELOR: Um-hmm, um-hmm. 0:43:06.5

PATIENT: But it's disintegrating now. That's something else that's frustrating, not being able to do it is not being able to cry is, like, I just it's a defense mechanism that I built up. And it's not that I mean, it's not that un-understandable, you know. It's like, the reason why you don't cry is just won't let yourself, you know. On the other hand, the more frustrating idea is, I'm crying, now why am I crying?

COUNSELOR: Uh-huh, uh-huh.

PATIENT: Which is what I recently got. Oh, I was telling you last week that nobody ever calls me. And somebody called me this weekend. And now, I'm figuring out I'm trying to figure out why. My girlfriend, Alicia called on Saturday night when (inaudible at 0:43:55.4), but which, like, Jay was coming over so I (inaudible at 0:43:59.9). But I hadn't heard from her in about I've seen her once in about three weeks. And I know she goes up there all the time.

COUNSELOR: Yeah.

PATIENT: And she doesn't she doesn't mind going up there by herself because she knows, you know, ninety percent of the people that go the regular customers. So she can go up there and she'll always have somebody to talk to. Whereas, if I go up there, you know, I'm supposed to meet her there at ten o'clock, you know, so I won't get until 10:30 because I know she won't be there.

COUNSELOR: Yeah.

PATIENT: And hoping she's early, and she won't get there until 11:30. I just kind of sit there knowing maybe half the guys than are more people in the bar. But not really wanting to you know, once I say hello, how are you, I have nothing to say, you know. And if they're together, two or three of them in a conversation, I could probably join them. I've done this before, but I just, you know I don't really feel like I've got anything to contribute, or if I do have anything to contribute, I'm always afraid I'll get big-mouthed about it like I have a tendency to do. And so I just kind of sit there (inaudible at 0:45:06.8).

COUNSELOR: Yeah.

PATIENT: (Inaudible at 0:45:10.2) I don't know, (inaudible at 0:45:13.1).

COUNSELOR: It's safer.

PATIENT: But, so she's got all these people she can talk to, you know. And why she called, you know, I don't know, unless she was I don't know. She wanted to talk to me I guess.

COUNSELOR: Huh, yeah. She called, she didn't need you or she can do it by herself. But she did call.

PATIENT: And I'm wondering if she wanted to maybe talk about something, (inaudible at 0:45:46.0) the club or she could be having trouble with her boyfriend or something.

COUNSELOR: Uh-huh.

PATIENT: To talk about it. I guess (inaudible at 0:45:55.1), you know, we used to have a good time.

COUNSELOR: Did it make you feel good that she...

PATIENT: Yeah, good and then I started wondering, you know, I wonder what she wanted.

COUNSELOR: Uh-huh.

PATIENT: Because she could have you know, wanted to talk about something. She didn't sound upset, though. I'll find out (inaudible at 0:46:25.3). I still don't know whether to go up there tonight. I'm tempted not to.

COUNSELOR: (Inaudible at 0:46:38.9).

PATIENT: Yeah, I'm tempted not to.

COUNSELOR: Kind of a mischief in that.

PATIENT: Yeah, it's kind of like, you know, I'm tempted not to, but if I don't go, am I going to make him mad.

COUNSELOR: Yeah.

PATIENT: And then do I want to make him mad?

COUNSELOR: Yeah.

PATIENT: And it's so funny, he doesn't, you know, plan future dates, you know, like, "Listen, let's go do something next Saturday night," you know, ahead of time. He doesn't do that at all, you know. Like, we probably wouldn't have been together Saturday night if I hadn't asked him, "Do you want to play cards?" But he plans every once in a while he'll make future he'll make statements that you know, like, he's not going to drop me and (inaudible at 0:47:34.7) future, like we play cribbage. My dad's got this little cribbage board you can take on travels with you. And he gave it to me, you know, so I'd have a cribbage board in my apartment if Jay came over. And Jay saw it and says, "That's great," he says, "We can take that on all of our future trips." You know, future trips we won't have to do without a cribbage board again, and will I forget one, you know. Things like little things like this, you know, like you know, and he said something about, you know, like, water skiing in the summer and stuff like that, you know. He makes reference to future events. 0:48:15.1

COUNSELOR: Yeah, he's thinking about staying around.

PATIENT: Yeah, you know, but and I don't want any I don't want any commitments, though, you know, I don't want any because I'm not ready for anything like that, you know. But, and yet, I don't know if I'm going to be if I had you know, it's like if I hadn't said something, I wouldn't have gone out there. I wouldn't have been with him Saturday night.

COUNSELOR: Um-hmm.

PATIENT: Spend the night playing cards with my parents or something, by myself. Oh, as things stood, the other calls I probably would have been up there. But I don't know, it just I don't know if it's because he has really he's got he's saving money for several different things. He bowls well and he (inaudible at 0:49:09.1) games with the money games when he's bowling. And saves the money from the money games and that's what pays for his ski trips.

And then he's going to go in the tournament in April or May in Portland where he wants to (inaudible at 0:49:32.5) some time with (inaudible at 0:49:33.4). And he wants to practice bowling, you know.

COUNSELOR: Um-hmm.

PATIENT: And he's practice on the bowling (inaudible at 0:49:38.6) and he knows I like to bowl, you know. Why he doesn't ask me to go bowling, I don't know. I've got you know, I've got my own equipment (inaudible at 0:49:46.2) renting bowling equipment isn't as expensive as, like, renting ski equipment. But I just from what I've heard about other things that he's done on dates, you know, he does ask girls to go on regular dates.

COUNSELOR: Um-hmm.

PATIENT: You know, like, to go to the movies or something like that. And he does he's made a couple of comments to real nice places he's gone to eat and stuff like that. He's never asked me to go (inaudible at 0:50:18.2). Now I don't know if it's because he's broke. He's saving his money for the tournament and for skiing. And, you know, I know not too many people have too much money anyway.

COUNSELOR: Yeah. 0:50:31.7

PATIENT: Christmas bills and insurance is coming due right now, and everybody's saving their pay in case they have to pay more on their income tax and stuff. So well, like, he also said that some weekend he told me that as soon as he can save enough weekend, some weekend the two of us just were going to go skiing.

COUNSELOR: Um-hmm.

PATIENT: And I thought, "That would be great." But he hasn't said anything about it since then. It's been about a month since he came up with the idea, and he hasn't said anything since. Now, I a couple of times wanted to bring it up, but I haven't because there's two reasons, either he's forgotten, if he's forgotten I don't want to remind him. (Inaudible at 0:51:11.6), but I think he meant it when he said it. He probably remembers or two, he just hasn't got the money right now.

(Crosstalk)

PATIENT: And I know he hasn't got very much money. I don't want to bring it up, you know, because I don't want to push it.

COUNSELOR: Yeah, (inaudible at 0:51:24.1) and, like, if it was just that he didn't have money that would be all right.

PATIENT: Um-hmm.

COUNSELOR: But I guess you're partly you're asking, like, is it something else that he doesn't want to take me out to a nice place for dinner?

PATIENT: Right, yeah. This is nothing (inaudible at 0:51:47.5). That's another thing, I've decided I want to lose some weight, you know. I always thought, you know, if I had a good reason, like, Jay is a very good reason. I can con (inaudible at 0:51:56.1), even if I didn't think he was a good reason, I'd be conning myself into thinking he was a good reason, you know. But I just cannot get started on a diet. I am the world's greatest procrastinator in the first place.

And (inaudible at 0:52:12.1) get on the scale and very (inaudible at 0:52:14.0) why I don't lose weight, but I haven't really started and it's so hard to get into it, you know.

COUNSELOR: Um-hmm.

PATIENT: And again, I think this is another one of my defense mechanisms. I always telling you before that I thought, you know, that in the back of my mind, if I do lose weight and it doesn't do any good, you know, then what am I going to be, you know?

COUNSELOR: Yeah. Am I going to essentially unworthy instead of, you know, just I'm worthy for this little thing.

PATIENT: Right, yeah.

COUNSELOR: External.

PATIENT: And I don't know if I've got this idea in my mind, and this is the reason I just can't get going on a diet or what. This is something else, I really would like to lose weight. I think it would be a lot more comfortable and everything else.

COUNSELOR: For some reason you just there's sort of an inertia or a hump or you just don't...

PATIENT: Inertia I guess, yeah. I just don't, you know. I have all these books and I plan. And I'll periodically go out about every three weeks and buy all the food that I need, you know, the right type of food. You know, I went out about two weeks ago and bought the right kind of vegetables, you know, fresh vegetables instead of canned vegetables and some fresh fruit. And because, you know, so I'd get balanced diet, you know, all the things you need, so I didn't buy any potatoes or anything like that. 0:53:42.1

And I don't I've never had a potato in my house. I don't ever buy potato chips or Fritos or cookies or cakes or candy or pie or anything like that. I've never had any of that stuff in my house. The only thing that I do buy that's got starch in it is bread, you know. And I don't eat that much food. I'll have one sandwich for lunch. I'll have a piece of toast for breakfast with some coffee or something. And for dinner, I'll have some meat or something like that, you know. I really don't eat that much.

I bet in one day I don't even consume that many calories, you know. And I don't lose weight. And part of it is what I eat, the way I eat, not getting the proper vegetables and stuff like that, you know. But I'm not unhealthy. It just gets frustrating, you know.

COUNSELOR: Yeah.

PATIENT: And I don't know, it's, like, I never have time to cook anymore. I used to be a good cook. I don't eat that large a quantities of food either. It's just very frustrating. I've got to try to get it straight in my mind, you know, why I want to lose the weight and everything, you know, just to make me feel better. That's difficult (inaudible at 0:55:04.1). But all these ingrained hang-ups, you know, that I've got well planted in my subconscious.

COUNSELOR: These ingrained hang-ups like not wanting to lose the weight do you mean?

PATIENT: Well, yeah you know, that was oh yeah, there are two others that I told you about that I you know, if I lose the weight it won't do any good, so I might as well, you know, not lose the weight or something like that. Or at least if I keep the weight on, then I've got an excuse that I can a tangible excuse. The other you know, things about, you know, the more I like somebody, the less they turn me on.

COUNSELOR: Yeah.

PATIENT: That's the best (inaudible at 0:55:56.7). I think there are defense mechanisms, I don't know. I mean, this is what I have decided that they are, ingrained defense mechanisms.

COUNSELOR: Um-hmm.

PATIENT: I have made several decisions as to this is this, and this is this.

COUNSELOR: Yeah, right, yeah.

(Crosstalk)

COUNSELOR: Yeah. The way you describe the various things, like the weight and the more you like guys, it's not like there's these little blocks in your life or something, and blockages or something.

PATIENT: Um-hmm.

COUNSELOR: I should lose weight, but, you know, it doesn't happen.

PATIENT: Yeah, not only I should lose weight, I'd like to. I really you know, I really want to.

COUNSELOR: Uh-huh.

PATIENT: And if you want to bad enough, you ought to be able to do it. That's the theory, you know.

COUNSELOR: Um-hmm. But hearing you want to and it doesn't carry over into doing it.

PATIENT: Um-hmm. I think if it wasn't so expensive, I'd do something like go on Metrical for two weeks or something like that. (Inaudible at 0:57:22.2), you know, but this is so expensive. (Inaudible at 0:57:29.4) when you figure the price of whatever you eat for a full day, it's not that much more expensive. I might try that for a week to get me started (inaudible at 0:57:40.5). They've got more Metrical than just the soup (inaudible at 0:57:46.3), you know, just the stuff they had five years ago.

COUNSELOR: Yeah.

PATIENT: But every time I started on a diet, like, there's this one diet where you just eat meat, you know.

COUNSELOR: Yeah, yeah.

PATIENT: And I am basically a meat eater. I'd much rather eat meat than anything else. And so I thought this is the greatest diet in the world for me.

COUNSELOR: Right.

PATIENT: You know, this is no problem at all, you know. And I like cottage cheese, you know. (Inaudible at 0:58:14.0) meat and cottage cheese and fish, a protein diet. Well, this ought to be the easiest diet in the world for me, you know. No problem at all, right? Well, I stuck to the diet religiously. And about the fifth or sixth day I get these horrible pains in my stomach.

COUNSELOR: Um-hmm. 0:58:31.4

PATIENT: And so I went off the diet for about two days, and I had some vegetables and some salad, you know, with my meat. And then I went back on the diet again, you know. And then I got the pains about the second or third day, you know. And I kind of decided, these are psychological pains too, you know, because the diet started working, you know. So they could be psychological pains that I couldn't stay on the diet. You know, so I wouldn't stay on the diet, I don't know, it's weird.

And I don't know if it was some of the physiological or psychological. I don't really know because I've heard of people staying on that diet and having no problems at all. But I really like the idea of it because I would much rather eat meat than anything else.

COUNSELOR: Yeah, yeah.

PATIENT: And the idea of just eating straight meat, you know, no protein, meat, fish, eggs, cottage cheese. It was a good idea.

COUNSELOR: I should quit for now.

PATIENT: Okay. [Trying to find my purse] (ph).

COUNSELOR: You want to come in at five, right?

PATIENT: Yeah.

COUNSELOR: If we're going to do it this week, it has to be tomorrow or else something like eight o'clock Thursday morning. But I can't come in at five on Thursday or Friday.

PATIENT: Uh-huh.

COUNSELOR: And then I'm going to be gone for a week.

PATIENT: Yeah. Well, Wednesday is fine.

COUNSELOR: Okay.

PATIENT: I got a date Wednesday night, but it won't be until eight o'clock.

COUNSELOR: Right.

PATIENT: So I'll be gone at six, that's no problem.

COUNSELOR: Okay. (Inaudible at 1:00:49.1) 4:45 maybe?

PATIENT: Sure, that's fine. (Inaudible at 1:00:57.5).

COUNSELOR: Okay. Good.

PATIENT: (Inaudible at 1:01:00.2), you know, I would almost even say 4:30, you know. But that's when I because usually I'm like, last night, yesterday I was through at 4:30.

COUNSELOR: Yeah. 1:01:11.2

PATIENT: But usually I'm through earlier than that.

COUNSELOR: Yeah.

PATIENT: But I really can't say.

COUNSELOR: Ahead of time, yeah, right.

PATIENT: (Inaudible at 1:01:24.7) cold outside.

COUNSELOR: How cold was it?

PATIENT: Well, it wasn't so much cold as the wind really got to me. You know, I'm walking out with no socks on, no shoes.

COUNSELOR: Oh, yeah, right.

(Crosstalk)

COUNSELOR: Oh, yeah, your ankles must have been freezing.

PATIENT: Not my ankles so much as the bottoms of my feet.

COUNSELOR: Yeah.

PATIENT: My ankles don't have any nerves in them I don't think. I don't have any muscles in them, I know that. I got the weakest ankles in the world.

COUNSELOR: When you're ice skating?

PATIENT: I can't ice skate, I really can't. That's another problem (inaudible at 1:02:16.0) problem with skis, in fact, you're supposed to set your inside edges when you're snow plowing or something. And my ankles, you know, I turn my feet and my ankles just kind of...

(Crosstalk)

PATIENT: My legs will be going right and my ankles will bend. And I have my feet out where they're supposed to be, you know, and my legs in and my ankles are out, skiing flat. Tomorrow at 4:45?

COUNSELOR: Yeah.

PATIENT: Okay.

COUNSELOR: You know the (inaudible at 1:02:50.1)?

PATIENT: Right, yeah.

COUNSELOR: Okay, bye-bye.

PATIENT: See you tomorrow.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: Dash 018, session number 3, session number 3. This is January 27, 1971, client 1923-018, session number 3, January 27, 1971.

PATIENT: (Inaudible at 0:00:30.6) still searching (inaudible at 0:00:34.3) with my roommate. I came to a decision last night not to go see Jay. And I settled down for a nice long night of thinking about other things. And the phone rang, it was a person of the ski club, and he wanted me to pick something up at the lodge, and I had to go anyway.

COUNSELOR: Oh, after you decided and everything.

PATIENT: After I gone through three hours of should I or shouldn't I? You know, makes Jay mad when people say they're going to do something they don't. He doesn't really need me. I never really committed myself. Back and forth, you know.

COUNSELOR: Yeah, so and all that effort was for nothing. 0:01:06.8

PATIENT: Yes, I finally decided I'm not going to go, you know. See what kind of a reaction I get out of him. If he'll get mad or do anything. He gave me kind of a funny look when I walked I didn't get there until nine o'clock and I was supposed to be there at eight. But he gave me kind of a funny look but didn't say anything much [almost every night] (ph). Going to play we're going to either play cards or paint posters (inaudible at 0:01:41.2). That's the reason I had to go because I had to paint a bunch of posters. I was so aggravated, I was so proud of myself because I was being strong. I wasn't going, you know.

COUNSELOR: Instead of weakly chasing after him and then look attempt (ph) you made all that effort to be strong.

PATIENT: Yes, really was. I wanted to tell him, you know. I wanted to tell him I almost wasn't going to come tonight. And I made up my mind that I wasn't, how do you feel about that? But I had to and I thought, that kind of loses something.

COUNSELOR: It's a waste of time.

PATIENT: Did I tell you the other day that I've been thinking about quitting my job?

COUNSELOR: Yeah, yeah, you mentioned it.

PATIENT: I get frustrated (inaudible at 0:02:35.4). Well, I and I talked the other day to my boss about my (inaudible at 0:02:42.4). And he said he didn't know, he had to look into it. He didn't think there was any money in the university and everything and whether I'd get it or not. And he came in today and I almost said, listen, I need the money. And I almost said you know, if I can't get it here I'm going to have to look some place else, you know.

I didn't have the guts to say that because my job frustrates me and it bothers me. And the place where (inaudible at 0:03:19.2) I really like my boss. And I hate to, you know unless I just couldn't see any other way around it to quit. And (inaudible at 0:03:28.8) today and he said he doesn't know if he's going to get any money or not. And then if I have any you know, any offers for any good jobs or find anything out, you know, I might just casually there's no rush yet. He's got money until May. But I might just start casually looking around (inaudible at 0:03:46.5). So that was one burden off of my mind.

COUNSELOR: Oh, like that he doesn't he isn't trying to keep you, he doesn't need for you to stay?

PATIENT: Right, he said, well he if he gets money and I quit, he's going to have to retrain. So, like, what I do isn't hard but there's so many different things that I do. You know, because I've been with him so long and different things that I do, every once in a while I have to do. 0:04:12.0

He'd have to train somebody else. But I don't know, it's just like he said you know, he said that he didn't want to you know, he wanted to tell me that if I to go ahead and start looking because he didn't know what the situation was. And he thought he owed it to me to tell me so I could start looking.

COUNSELOR: Yeah.

PATIENT: And so then now, if I find a job I can say, "Well, I took your advice and I was looking around, and I have found something that I'd really like to do." And it took the burden off of me of saying, (inaudible at 0:05:00.4), "I really like working for you, but I hate the work I'm doing."

COUNSELOR: Yeah, yes.

PATIENT: Not exactly like that but I mean, you know, and that was helpful.

COUNSELOR: You don't have to let him down.

PATIENT: Right, yeah, it makes me feel good because I still don't know when I'm going to get another job. I've got a problem, though, there's several different things I can do. I'm trying to find to decide, you know, like, what I'd be happy at. I could get probably down in the hospitals doing blood work or something, some kind of a technician. But they don't pay as well as they pay about the same thing I'm making now. And that would help because I need, you know, I need more money. And I could get a job. I have two for three summers I worked in the accounting department of this small company. It was my summer job while I was in college, and so I've got accounting experience.

And I was looking through the newspaper Sunday, and they got all kinds of jobs for people with accounting, some experience, you know.

COUNSELOR: Yeah.

PATIENT: And accounting pays pretty well. And I always enjoyed accounting when I did it. But I always had the feeling, you know, for three months I enjoyed it then I got bored with it.

COUNSELOR: Right.

PATIENT: I always had the feeling that I wouldn't be able to do it very well. You know, like, maybe if I could take it for three years or something like that. There will be money in science again, I could come back. But I don't know. It's a big step, you know. I don't know what to do, and I'm a procrastinator anyway. 0:06:31.6

COUNSELOR: Yeah.

PATIENT: One of the great procrastinators of our time. But that's one thing that's been bothering me is how was I going to tell him. How was I going to tell him? And I don't have to worry about it anymore now.

COUNSELOR: Right.

PATIENT: I don't really have anything to talk about. Do you have any questions or anything that I you would like (inaudible at 0:07:08.1)?

COUNSELOR: And, you know, I don't usually ask people questions (inaudible at 0:07:14.0), let them talk about what's on their minds.

PATIENT: I know.

COUNSELOR: Like, take off from there.

PATIENT: Um-hmm. Because I really have nothing on my mind (inaudible at 0:07:26.5). I'm wondering what's going to happen with Jay tonight. I don't think much of anything. I mean, anyway at all. I told you he had sort of a funny reaction last night when I walked in, kind of a funny look on his face. But I don't know because he had a headache and he had a cold at the same time or what, I don't know. But I was telling him that Jimmy wanted me to do these posters tonight. Jimmy's (inaudible at 0:07:53.9). And he said and I said I can't and I told him that I told Jay that I had told Jimmy that I couldn't do it tonight.

And Jay looked at me with his eyes (inaudible at 0:08:03.6) and he says, "You certainly cannot." And I thought, "Wow, he really cares whether I do something like that or not," you know. And I thought, "Oh, that's a good reaction."

COUNSELOR: Yeah, yeah, he made a fuss.

PATIENT: Yeah, and later on I'm trying hard to decide whether it's see, I told you he wants his boyfriend, Kyle, to start going out with nicer girls. Now, I don't know what he says, (inaudible at 0:08:28.9) nice girl and whatever is. But he doesn't particularly like the brand of women that his boyfriend goes out with. And this is last week they were supposed to go out on Wednesday night. And Meg's car broke down out in the suburbs so she couldn't go. The two times before that she couldn't make it, you know, two times before that we tried to set up dates, you know.

And so I don't know if he's so anxious about tonight going off because, you know, he wants to see me or not and he's counting on it, or he's just doesn't want tonight to fall through because so many other nights have fallen through, you know. So I was thinking about that afterwards because again, it's I read I might be reading too much into it or I should just accept it like it is, you know, without worrying about it. Because he said when we said goodbye last night, he just said he said, "Well, I'll see you tomorrow night." No enthusiasm, nothing, you know. And I thought but he doesn't usually say have any enthusiasm. 0:09:29.8

COUNSELOR: Yeah.

PATIENT: You know, it's just like I guess I'd [like to see him enthusiasm] (ph). And so then, I know so many uncertainties, you know, because he won't you know, did he make that comment last night because just didn't want it to fall through with Kyle again, or because he was really counting on Wednesday night, you know. I wish I could quit worrying about such things and just accept it.

COUNSELOR: Yeah.

PATIENT: I'm like my mother, I haven't got things to worry about, I make up things to worry about. As long as I've got something to worry about I'm happy.

COUNSELOR: Yeah. I'm sorry if I don't seem quite with it, something happened just before that was is preoccupying me and, you know, I'm not...

PATIENT: I'm sorry (inaudible at 0:10:18.1). I had a question about this psychotherapy.

COUNSELOR: Uh-huh.

PATIENT: Now I just you know, I just like coming and I talk to you, and tell you, like, what's on my mind and what I think about things so you kind of an idea who I am.

COUNSELOR: Yeah, or like, I try and help you work on whatever seems important.

PATIENT: Um-hmm.

COUNSELOR: To you.

PATIENT: Yeah, because I was just wondering because I just sit here and talk, and I don't get anywhere. Well, I well, with my not liking myself, which is the only what I know how to put it. It may not be very clear to you, but I understand, but I can't put it into words somebody else can understand. But I was telling you this, I think the first time that I'm not sure why I don't like myself and with what happened.

COUNSELOR: Uh-huh.

PATIENT: But it does trace back, as far as I can remember, and I think probably the reason I don't like myself is the is, like, I always felt like I was on the outside. And I think maybe the reason I don't like myself because I've always had the feeling other people didn't like me, so why should I like me either?

COUNSELOR: Uh-huh.

PATIENT: I was thinking about that the other night. And so that's probably the reason I don't like myself. And then now, if somebody likes something about me, I don't know why I don't like it, except it's just I'm so used to not liking myself that I figure they're lying to me or something, I don't know.

COUNSELOR: Yeah, like now, when someone says something, like, you're so much in the habit of it just doesn't fit with everything else.

PATIENT: Right, yeah. And but I still don't know how to what I'm really searching for...

COUNSELOR: Yeah.

PATIENT: Is some way to combat this, to, you know, like, be able to take pride in one or two things about myself, you know. And I told you I like my hair.

COUNSELOR: Yeah, yeah.

PATIENT: I've got my it doesn't look too good right now. That's something I know I have healthy hair, and it's nice (inaudible at 0:12:39.6) the right color. And I just cut a little bit of it off, but it's a good length and everything. But it never looks just right when I want it to, you know, which is frustrating. 0:12:47.7

COUNSELOR: Um-hmm.

PATIENT: I'm probably expecting too much of it. But I really can't take that much pride in it because it never looks the way I want it to. I think it would you know, I just I don't know how I'm going to go about finding something, you know, or combating this dislike of (inaudible at 0:13:07.8). I just I can't take really any pride in anything. And I don't even well, like, I made pretty good grades in college. I made pretty good grades in high school, but I they're not that good. But I graduated from college with a I think a 33 overall, and, like, a 36 in chemistry in my major field (ph).

COUNSELOR: Yeah.

PATIENT: And I'm not even that proud of that because, you know, most of the people that I knew did better, you know, because I ran around because all the people that I knew were, like, I was in a biology honor society. And so, you know, half the people in the honor society, they were doing better than I was, you know, because they were making four points and stuff.

COUNSELOR: Right, so there was nothing special about you there.

PATIENT: No, now my...

COUNSELOR: (Inaudible at 0:13:51.1) mediocre in the group you...

PATIENT: Yeah, I'm just average in the group I run with. Now, on the overall, I'm above average, way above average, but I always tended to, like, be in honorary groups like that with people who were where I was a medium.

COUNSELOR: Yeah.

PATIENT: And so I never really got that excited about my grades. And I've always had people, you know, think that my brother got went through most of his life thinking that I was a genius or something. And he thought I graduated from college with a four point, something like that. He thinks I'm just the brain. And I

had to shoot him down the other day, I told him what kind of grade point, and he (inaudible at 0:14:31.9), "I thought you had a greater point than that."

My mom's always talked about my grades. And she's always been very proud of my grades. And people well, getting grades is always easy for me in college. It was always very easy for me. The knowledge didn't go along with it, though. I mean, I can't memorize anything, you know. The only way I can remember something, like, you know, "Pledge Allegiance to the Flag," which we used to sing and I've forgotten by now, just repeatedly doing it and doing it and doing it over a long period of time, and then I still forget parts of it.

COUNSELOR: Like the stuff you learned doesn't stay with you?

PATIENT: Right, but I don't memorize the stuff that I know. I go in to take a test, I'll sit down and I'll read the text. And then go over the high points again, and walk in, know the premise, the thesis I mean, the premise of what I'm working with, know the basic functions. I know the material but I don't retain it, you know. So I could go in and somebody could study about three my roommate and I used to be in the same major, and she'd study for hours and hours and hours. And I would study, you know, about maybe one-third of the time she's studying, I'd go in and I'd get an A and she'd get a B or a C. Now, she probably remembers most of the stuff she learned. But I don't remember any of it, you know. But people go on the fact that I made good grades.

COUNSELOR: Yeah. 0:15:49.8

PATIENT: You know, so I should know all this stuff but I don't.

COUNSELOR: Yeah, and, like, when you don't remember, it's like, well, it doesn't your good grade doesn't have anything to do with you because you're not the same person who got the good grade. You don't know what you got the good grade for now.

PATIENT: Right, it's not like the only thing that I fall back on is the fact that I did when I took the test, it wasn't memorized, I knew it. I have just since forgotten it. I can learn it again, you know. But it doesn't do me any good now.

COUNSELOR: Yeah.

PATIENT: And so, I can't even take what I was leading to is I can't really take any pleasure in my grades or anything like that because I never considered them anything special. Because a) I was in the group that had the higher grades, and b) I know that I don't retain any of it so it doesn't mean anything.

COUNSELOR: Yeah.

PATIENT: I retain some of it. This job bothers me too because things that I know I used to know how to do, I've forgotten because I'm just using everything. And my boss is such a wiz with calculations, and I'm just totally intimidated.

COUNSELOR: And so that sort of brings you down a little in your own estimation too?

PATIENT: Right, and I've done some searching to try to find something I can really be proud of.

COUNSELOR: Yeah.

PATIENT: And so, like, I have never really I can't really count anything, you know. And I used to think, you know, all I got to do is, like, have somebody, like, have a man, you know, that will really, really like me and just though I was great, you know. And I thought, "Wow, if he thinks I'm great, you know, I must be great." And I get my confidence from him.

COUNSELOR: Yeah. 0:17:32.0

PATIENT: But that doesn't work either because, well, the cliché that my roommate uses is nobody's going to like somebody that doesn't like themselves. And nobody's going to have confidence in somebody that doesn't have confidence in themselves.

COUNSELOR: Yeah.

PATIENT: And (inaudible at 0:17:46.7), I can't wait for somebody else to really like me and then decide that they like me. I like me because they do or something like that, that doesn't work. Because I find myself, you know like, I told you about the movies that they took of the ski trip and how horrible I looked in the movies. And instead of thinking that's just a bad movie, you know, I started thinking, "Now why does Jay like me?" Because if I was that ugly in the movies, I must be that ugly all the time, and so that just blew my theory now that I stop to think about. Because I was thinking I wasn't thinking those must be wrong because Jay likes me. I was thinking, "Now why does Jay like me because those pictures have to be right."

COUNSELOR: Uh-huh. So, like...

(Crosstalk)

COUNSELOR: It can come from somebody else?

PATIENT: No, it can't, it's got to come from me. And when this is, you know this is basically where I came to the counseling services for some counseling and guidance. Because I've, like, taken it as far as I can by myself.

COUNSELOR: Yeah.

PATIENT: And I don't know where to go from here. Because I don't if there's any answer. I mean, you can't just walk up and say, "Well, this is nice about you and this is nice about you. " Believe me and accept it because that won't work either.

COUNSELOR: This is the big thing you've been working on. And you've really tried, now you know, now what?

PATIENT: Now where do I go from here?

COUNSELOR: Yeah.

PATIENT: And I don't know. Where will I go from here?

COUNSELOR: Oh my, well, I really can't tell you, you know, like anything specific, like your idea about, well, look into yourself and find the things that you can take pride in. I can't really tell you something like that. 0:19:47.0

PATIENT: Yeah. Well, I I'm probably putting you on the spot.

COUNSELOR: Yeah.

PATIENT: But I mean, like, I just I don't want specific, you know, like I say, I'm not asking you to sit here and tell me, "Well, you know, you have this and this and this, be proud of it."

COUNSELOR: Yeah.

PATIENT: But, like, maybe a different approach that I could take.

COUNSELOR: Yeah, yeah.

PATIENT: When I'm thinking by myself or something.

COUNSELOR: Yeah.

PATIENT: Knowing of the lady one of the girls I work with, she's 38 years old but she doesn't look like she's any older than 27. I just can't think of her, you know, sitting with one of the girls. But she was saying that, you know, she never really had this feeling I have of being alone or anything like that. She had, like she was

just, you know, enjoyed doing whatever she was doing, you know, the joy of being alive or something, which I've never had. That I've known except maybe when I was little.

COUNSELOR: Yeah.

PATIENT: Were little. And she said to me, if I really find something I really enjoy doing, it might help. But I don't know, I can't think of anything I really enjoy doing at a long term.

COUNSELOR: Yeah.

PATIENT: You know, except I really enjoy sitting around feeling sorry for myself I think. Sometimes I wonder. I don't really do that much feeling sorry for myself, though. Well, I just I'm mad at myself in thinking, you know.

COUNSELOR: Kind of an impatience?

PATIENT: Yeah, well, I've always had the feeling, you know, that I'm basically intelligent human being, I ought to be able to work this out, you know.

COUNSELOR: Yeah.

PATIENT: But I like I said, I...

COUNSELOR: Yeah, like, how come you're still stuck in it?

PATIENT: Yeah, right.

COUNSELOR: You ought to have gotten out of it by this time.

PATIENT: Yeah, I figured if I'm not out of it by this time I need some help.

COUNSELOR: Yeah.

PATIENT: That I'm not going to make it on my own.

COUNSELOR: Yeah, yeah. Maybe one thing we could do here is, like, there's a kind of exercise people do sometimes. Like, pretend that there are two parts of you, one that sort of represents the way you don't like yourself, sort of standing off looking at you. And, like, pretend that this part is a person looking at the rest of you, and sort of talking as if you were the part of you that doesn't like you, sort of, like, acting it out like almost like in a play or something. 0:22:34.9

PATIENT: Yeah, you lost me. Separate myself, like, the things that I don't like about myself I push off into another body over here on the side?

COUNSELOR: No, the...

PATIENT: In my mind?

COUNSELOR: Yeah, yeah, you're right about pushing off into another body in your mind.

PATIENT: Yeah.

COUNSELOR: What I was suggesting was the things that not the things that you don't like about yourself, but the part of you that doesn't like you, like, pushing that off and trying to become pretend you're speaking for that part looking at you, looking at all of you, looking at all the rest of you except the part that looks at you.

PATIENT: The part of me that doesn't like me...

COUNSELOR: Yeah.

PATIENT: Is separated?

COUNSELOR: Yeah, yeah.

PATIENT: And it's voicing its thoughts?

COUNSELOR: Yeah, yeah, the way it feels about you and...

PATIENT: Think about that one. As far as I know, the part of me that doesn't like me is in my mind.

COUNSELOR: Oh, sure.

PATIENT: And...

COUNSELOR: I'm not saying it is separate from you.

PATIENT: Oh, no...

COUNSELOR: I'm saying...

(Crosstalk)

PATIENT: I know, in my mind, I mean, like...

COUNSELOR: Yeah.

PATIENT: I got it.

COUNSELOR: Yeah.

PATIENT: This is all...

COUNSELOR: Oh, I see, like you're replacing it just now as you...

PATIENT: Yeah, I was replacing it.

COUNSELOR: Yeah, right.

(Crosstalk)

PATIENT: You know, the part of me that doesn't like me is all in my mind.

COUNSELOR: Uh-huh, uh-huh.

PATIENT: The part of me that doesn't like me is all in my mind. But I think the reason again, I think I've said this before, I know I have. The reason that I don't like myself I mean, the reason I get really upset is because of the impressions that I get from other people.

COUNSELOR: Yeah.

PATIENT: You know, these are sensa census coming in, you know.

COUNSELOR: Yeah.

PATIENT: And I guess I'm more sensitive to them, that I might even see them when they don't exist.

COUNSELOR: Yeah.

PATIENT: Because all of my life I've gotten more and more sensitive to them.

COUNSELOR: Thinking, like, maybe you really sort of blow up out of proportion the ways other people don't like you.

PATIENT: Yeah, but, like, again, I said it could be because it always happens when I'm with a group of people, you know. And remember, larger than just me and somebody else, you know, two people besides myself or more. I don't know if it's because, like I say, I don't have anything important to say or maybe I'm unconsciously interrupting somebody else, and they don't want to be interrupted or I don't know.

Like I say, you know, it's just this feeling of a fifth wheel and I've had people tell me that I just don't bubble, you know. Well, I can't bubble. You know, my mother says, "Just relax and have a good time." Well, I think I'm relaxing I just you know, just let yourself go, be yourself, can't do that either.

COUNSELOR: Um-hmm.

PATIENT: When I try, I know I'm failing because I know it's just not (inaudible at 0:26:34.0). But...

COUNSELOR: But you can it's like you can see in other people's reactions to you that it's not working, or do you mean they're like, you can see that you're not relaxing?

PATIENT: Right, I can tell that it's just not working. I'm it's like maybe I'm thinking about making an attempt, but I'm not really making it, you know, like, maybe I just don't know where to start or how to.

COUNSELOR: Yeah.

PATIENT: You know, how to just relax and loosen up, you know. One time Alicia was telling me, "Just relax and loosen up," you know, so I thought well, I tried it for a while and it didn't work. So I thought, "Well, I know of one good way to relax and loosen up." So I got bombed and I don't do that very often. And I was still uptight, you know. I knew I was bombed, and I knew I was talking extra loud and being silly, and laughing and stuff like that. But I still was my always uptight. I wasn't it didn't help, should have known it wouldn't. But I was willing to try anything at that time. I was really depressed. 0:27:38.7

But it's I think the thing that bothers me is the fact that I feel like I'm transparent. I feel like, you know, can be two people in a room and I was one of them, the other person wouldn't know I was there. It's the same thing as being alone in a crowd.

COUNSELOR: Yeah.

PATIENT: You know, like, well, I go up to the three and be waiting for Alicia who's always late. I'd be sitting there and there would be people around me, you know, and I don't know if it's because an emanations I mean, you know, waves that I give off or a sense somebody has about looking at me, if I look said, if I look depressed or I look dull or what I look, they won't even talk to me. People won't talk to me and it's really you know, except maybe somebody will walk by who knows me and say hi, and then keep walking or something like that, you know.

And it's, like, you know, I sit there now, everybody's talking to everybody else. And there'd be some really ugly girls in there just having guys just flock around them. Maybe I'm more guy oriented than I should be. But I don't know, I just I sit there, I sit there for an hour waiting for Alicia, nobody ever talks to me. I don't know, like, if I look I sit there and I think to myself, this is when I do a lot of thinking I think, (inaudible at 0:29:11.9) talking to you. Well, you're probably sitting here looking like a real sad sack, and nobody wants to hear somebody else's problems, you know. They don't need to talk to somebody sad. They're in here to have a good time, not to be sad, you know.

So I try to (inaudible at 0:29:23.8) so I do (inaudible at 0:29:25.0) things, like, I sit there and I smile at myself, you know, the dumb smile face. And I thought, "So that's going to look really dumb."

(Crosstalk)

PATIENT: I don't know how to bubble myself.

COUNSELOR: Yeah.

PATIENT: I don't know how to enjoy myself, you know. If I was just enjoying sitting there all by myself, somebody would say, "Well, she's having a good time just sitting there all by herself, join her and see why she's having such a good time about," you know.

COUNSELOR: Um-hmm.

PATIENT: But I don't know how to enjoy my own company.

COUNSELOR: Yeah.

PATIENT: And I think that's a I don't know, that's not I don't know how I don't think anybody can tell you how to enjoy your own company. I wouldn't know how to go about developing something like that. But I really think that would solve a lot of my problems.

COUNSELOR: If you could enjoy yourself...

PATIENT: If I could just enjoy myself...

COUNSELOR: And be happy by yourself that people would be attracted to you because you felt kind of happy?

PATIENT: Yeah, sort of.

COUNSELOR: Right, yeah.

PATIENT: That's kind of (inaudible at 0:30:20.5), you know. Or it's kind of like you know, as it is now I'm just, like, trying too hard and people can tell or something like that. The idea that I've decided if I liked myself, if I could just enjoy my own company, had a good time by myself, I wouldn't care whether, you know, I was with anybody else or not. I could have a good time by myself, just enjoying my own company wherever I was, you know. 0:31:04.8

And, excuse me, you know, like, (inaudible at 0:31:11.3) if I enjoy my own company, other people will enjoy my company too, you know.

COUNSELOR: Yeah.

PATIENT: Instead of, just like, you know, I still (inaudible at 0:31:20.4) all the time I ever hear from my friends is, like, when they need help, you know. When they want someone to talk to, they need help, you know. That's why I said, when Alicia called me last Saturday night, I figured she probably wanted to talk about something.

COUNSELOR: Yeah. 0:31:32.3

PATIENT: She wanted to talk about a problem or something like that.

COUNSELOR: They're only interested if you can do something for them. They're not interested in you.

PATIENT: Well, no, they're I (inaudible at 0:31:46.7) that feeling. I have the feeling that they it's not that I can they're interested in me when I can do something for them. That's not the feeling I have. It's not that kind of a negative attitude. I can do something for them, I can help them. But they're interested in me they come to me because they have faith in the fact that I can help them.

COUNSELOR: Uh-huh, so that's part of you?

PATIENT: Yeah, so I it's not like they, you know, they only want me around when I can help them. And they don't care they don't mind if I'm around at other times. And they know they can count on me, and they trust my judgment. So I don't feel like I'm being used. I think it's like, you know, it's like an honor instead of an abuse.

COUNSELOR: Yeah.

PATIENT: I've never when people come to me with their problems, I've never felt bad about it.

COUNSELOR: Yeah.

PATIENT: Because I a pride point, you know. Something else Jay said once. It's a pride point that people trust my judgment and all kinds of different you know, they just ask my advice for different things. I've always enjoyed this. But I've always had people tell me I was a little (inaudible at 0:32:53.5), you know, and all this horse sense, common sense, you know. Sometimes that bothered me, you know. But I think one thing that Jay said really made me you know, I don't know how he said, "You're," he called me was it a ding-a-ling or a dizzy dame or something like that.

Oh, I know, I said something about oh, I coughed and I coughed real hard and it made me a little bit dizzy, you know, and he said, "What's the matter?" I said, "I'm just a little bit dizzy." And he said, "You're always dizzy." And I thought I (inaudible at 0:33:27.5), I said, "Thank you." And he thought maybe I don't know whether he looked at me kind of that (inaudible at 0:33:32.2), like, you know, he thought I was giving him a smart aleck answer back, you know, but I really appreciated that. The first time anybody ever told me I was dizzy in my life, you know. 0:33:39.8

COUNSELOR: I guess dizzy sounded like bubbling or something.

PATIENT: No, dizzy sounded like to me, someone says you're dizzy, a dizzy dame is one with not too much horse sense, common sense or any other kind of sense, you know. Bubbling goes with it, but it's like completely out of the character of being, you know well, common sense and calm at all times and things like this, you know. Dizzy all the time, you know, wow. I am a little dizzier when I'm around him than I usually am.

COUNSELOR: Um-hmm.

PATIENT: Sometimes, when I first met him I was. I was really oh, I didn't believe.

COUNSELOR: It's like you don't want to be sober and level headed and nonsensical all the time.

PATIENT: Not all the time, no, you know, I just just what you know, just relax, enjoy life, you know, don't have to worry about it or anything. But I don't sit there and tell myself, now, relax, just forget about it, think about something pleasant, you know. But that's not really enjoying myself, sitting by (inaudible at 0:34:49.1) pleasant...

COUNSELOR: Sitting there trying to enjoy yourself, you know.

PATIENT: Sitting there thinking about something pleasant isn't enjoying myself. And I don't know how to go about enjoying myself.

COUNSELOR: Uh-huh.

PATIENT: You know, what I try to do is sort of sit there, you know, I'm by myself. But I (inaudible at 0:35:03.7) sit there and think about something pleasant, so I might have a pleasant expression on my face and nothing else. And sort of sitting there and telling...

COUNSELOR: Yeah.

PATIENT: Smile or something. Again, I have decided that this is what I need to do, but have no idea about how to go about doing it.

COUNSELOR: And what you need to do is to be able to enjoy yourself?

PATIENT: Yeah, I think that would help (inaudible at 0:35:33.4) immensely. It's all tied together, if I enjoyed myself I'd like myself.

COUNSELOR: Yeah. 0:35:38.3

PATIENT: You know.

COUNSELOR: Yeah, yeah. You need to change your attitude toward yourself, but, like, that's easy to say and you don't know how like, you've got lots of energy, but so how do you do that?

PATIENT: Right, yeah. And what you suggested about separating yourself, I'm not really sure that I could do that. I don't know, I'd have to think about it some more.

COUNSELOR: I didn't mean that you should I don't think you understood me. I didn't mean that you should separate yourself, you know, as what you do in life is you make this separation, see, and you just often...

PATIENT: No, you were saying that I should, like, take analyzing myself from the point of view of the person that the part of me that doesn't like me. Isn't that what you were saying? Try to analyze myself and look myself from the part of me that doesn't like me?

COUNSELOR: Sort of. I wasn't, you know I was suggesting that that was like a thing we could do here, and it's not a matter of analyzing yourself so much as getting into that frame of mind, and those kind of feelings about yourself. And, like, expressing them separately, like not not like so much like you'd find out anything new.

PATIENT: Yeah.

COUNSELOR: I don't think I made it all...

PATIENT: No, I'm not misunderstanding because the idea I got was that, the part of me that doesn't like me...

COUNSELOR: Yeah.

PATIENT: You, like the idea is just like it's like a game.

COUNSELOR: Yeah.

PATIENT: To separate, you know, like, in your mind.

COUNSELOR: Yeah.

PATIENT: Yourself into two people.

COUNSELOR: Yeah.

PATIENT: You got in one person you got an (inaudible at 0:37:28.6). I don't know if it's just a speech or a dialogue going on, but...

COUNSELOR: Yeah, yeah, like a dialogue.

PATIENT: A dialogue going on between the part of you that doesn't like you and the rest of you.

COUNSELOR: Yeah. 0:37:40.5

PATIENT: But I'm not sure I understand how it would help because I have the feeling that, you know like, first of all, the part of me that doesn't like me is in my mind because that's where everything is. But, like, I'm looking at myself all the time from this aspect.

COUNSELOR: Uh-huh.

PATIENT: I have that feeling from what you said that...

COUNSELOR: Yeah, I (inaudible at 0:38:06.5).

PATIENT: But I don't know.

COUNSELOR: Sometimes it helps to bring it out even more, and sometimes it helps to, like, carry on the other half of a dialogue.

PATIENT: You mean, defend myself?

COUNSELOR: Well, or whatever happens.

PATIENT: You mean like I don't know, I'm still not sure what it is. Example would be sort of defending myself, you know, for everything that I can think of that I don't like about myself, to try to think of something that counteractive that's good?

COUNSELOR: No, no, no.

PATIENT: Or a defense against the way (inaudible at 0:39:00.8)?

COUNSELOR: Yeah, I'm not even saying defend yourself. I don't think I can explain it to you. I think I just have to let you to try it and sort of...

PATIENT: Um-hmm. I don't know.

COUNSELOR: Try just starting out from the part of you that doesn't like yourself and, you know, start to talk like you are looking at yourself and judging yourself.

PATIENT: You mean just sit here and express feelings of the part of me that doesn't like about me has?

COUNSELOR: Yeah, yeah.

PATIENT: And the feelings that the part of me has that doesn't like me?

COUNSELOR: Yeah.

PATIENT: The part of me that doesn't like me thinks that I'm definitely overweight.

COUNSELOR: Yeah, try, like, you know she's definitely overweight.

PATIENT: Oh, she's overweight.

COUNSELOR: Or maybe better you know, you're really overweight like you were talking to yourself.

PATIENT: Oh, all right. You're overweight I know there's things (inaudible at 0:40:33.1) myself besides sometimes I think I've got an ugly face and sometimes I think it's not bad. The part of me that doesn't like me thinks I'm ugly. You're overweight, you're ugly, a tendency to be loud.

COUNSELOR: A real loud mouth.

PATIENT: Right, I have a real loud mouth. An awful lot you don't say very much (inaudible at 0:41:21.3) at one time. I have a tendency to be pushy.

COUNSELOR: You have a tendency to be pushy.

PATIENT: All right, you have a tendency to be pushy. I have a tendency to be chicken and chicken is not a good word. You have a tendency to be intimidated by things that are difficult. And a fear of failing, therefore, you won't try.

COUNSELOR: You just sort of fade away.

PATIENT: Yeah, this is one of the problems you have with your diets. You have a tendency to be (inaudible at 0:42:29.3). I have a tendency to interrupt people when they're talking. You have a very gross tendency towards impatience, very impatient, messy, (inaudible at 0:43:22.8) messy, messy, messy.

COUNSELOR: A real slob.

PATIENT: Yeah. Actually, it's not so much messy as the fact that you're very lazy. One of the world's great procrastinators, procrastination, your procrastination could stem from the fact that you're partly lazy, partly again, afraid of failing. (Inaudible at 0:44:37.1), surely can think of lots of other things to say about myself. 0:44:42.8

COUNSELOR: Do you have any feelings towards the girl you're talking about?

PATIENT: Do I have any feelings toward...

COUNSELOR: Yeah, yeah, talking to her.

PATIENT: No, not really, nothing right now, I'm not feeling I'm just not no no strong feelings one way or the other.

COUNSELOR: Yeah, kind of neutral and sort of (inaudible at 0:45:26.8) looking and trying to see clearly after laying it all out.

PATIENT: Right. I you know, sort of telling truths.

COUNSELOR: Yeah.

PATIENT: But I really ought to be able to think of something more concrete (inaudible at 0:45:48.1). I feel like I ought to be able to.

COUNSELOR: If you're stuck, maybe instead you might want to switch roles and, like, now that she just said all that about (inaudible at 0:46:11.8) you, how do you feel carrying that?

PATIENT: Well, all the things I could think of I said, were things that I had developed, traits that I developed over the years as defense mechanisms.

COUNSELOR: Uh-huh.

PATIENT: I'm not sure I'm not the loud and boisterous part and talking a lot have all been things I've developed not necessarily have over developed. I was born with the gift of gab. But they are semi defense mechanisms for trying to keep (inaudible at 0:47:05.4) attention. Once I get it, trying to sound off loud and clear so people know I'm around, part of them are.

COUNSELOR: Yeah.

PATIENT: And I try just sitting around with my mouth shut at different times because I realize that I do these things. I guess I'd have to sit around a lot longer than I have to get results. But I'd be too impatient to do that. And (inaudible at 0:47:38.6) again, all right, I got the feeling when I was saying all these things about myself that I really wasn't that bad. I mean, nothing extraordinary bad, of course, that's just defending my honor, myself.

COUNSELOR: So just you're not that boisterous, you know, it's not that extreme.

PATIENT: Yeah, I'm not that bad. I'm not half as bad as I used to be. I used to be really bad (inaudible at 0:48:18.2). I'm also not as sensitive as I used to be anymore I don't think. I felt sensitive last night, but I'm sensitive to a lot of things that I didn't used to be sensitive to or getting (inaudible at 0:48:32.1). But I told you this the other day.

COUNSELOR: Yeah, starting to cry.

PATIENT: Yeah, being very sensitive to things that never would have bothered me before or would have aroused only anger. I was thinking that as I was thinking of all these things about me that I don't like or things about her that I don't like, not really that bad. Like, I feel like I ought to be able to think of something more concrete than that. Something more something really horrible (inaudible at 0:49:16.4). Something that's really

bothered me or something, all these little things, you know, the things that I have decided that bother people about me. 0:49:30.2

COUNSELOR: Yeah.

PATIENT: It goes back to this acceptance thing.

COUNSELOR: Yeah.

PATIENT: Except for being lazy. And then (inaudible at 0:49:46.0) nothing to do with it.

COUNSELOR: Yeah, that's something you don't like when you're around other people.

PATIENT: Um-hmm. Because I never procrastinate when it has something to do with anybody else, like work or something like that. Just I procrastinate on things that I myself wanted to do for myself. I just you know, (inaudible at 0:50:12.0) why (inaudible at 0:50:13.6) going to do. (Inaudible at 0:50:18.5). These are kind of the excuses I feed myself. But it's not anybody else oriented, just myself oriented. But those things that I mentioned aren't really that bad.

COUNSELOR: Um-hmm.

PATIENT: (Inaudible at 0:50:42.4) of something a little more concrete. Except well, they aren't that bad, but like I said, they are what I have decided is the stumbling block between me and other people. Other people and me, myself and other people. 0:51:04.2

COUNSELOR: Is it like when you put your finger on or they don't add up to as bad as you feel about yourself or something, or as bad as you think other people feel about yourself?

PATIENT: Right, it doesn't add up to the feeling that I'm getting from other people. Like (inaudible at 0:51:25.5) missing.

COUNSELOR: Yeah, it seems like they're always turning their backs to you.

PATIENT: And I can't see, you know there are some people who are bothered by people who are really loud, I'm not that loud. There are other traits that I have that everybody in the world isn't going to like, but I should have a larger majority of people that do. So there's something I'm missing.

COUNSELOR: Yeah.

PATIENT: Something I just don't see.

COUNSELOR: This is something you're doing or not doing?

PATIENT: Um-hmm.

COUNSELOR: That makes you not get a response from other people?

PATIENT: I don't show that much emotion. I don't really get that excited about anything, you know. Someone tells me their problems, oh, you know someone brings exciting news, you know, and I'll smile and that's nice and I think it's nice, but, you know, I can't just (inaudible at 0:52:22.8), you know. If I would do something like that, they'd know it was fake, at least I have the feeling they'd know it was fake.

COUNSELOR: Um-hmm.

PATIENT: You know, because it's you know, what I they could be something because maybe the reason I don't get any satisfaction other people because they just don't get any satisfaction out of me.

COUNSELOR: Like, if you were more emotional. If you had more or...

(Crosstalk)

PATIENT: If I either had more feelings or more reactions, more feelings or if I displayed more, you know. But there are people who are don't convey that much emotion who are perfectly accepted. So that again, that could be part of it, but I doubt it's all of it. But there could be something I'm missing and I just but I don't have emotions like that. What I could try trying to get a little more excited about something, you know. But again, that's relaxing, you know, just relax and enjoy it. That could be another thing. (Inaudible at 0:53:37.9), you know, the part of me that doesn't like me could see. 0:53:41.0

COUNSELOR: That you're not relaxed?

PATIENT: This you're kind of a dud emotion wise or excitement wise, just a party pooper type dud, type, you know, don't really get excited about other things that people get excited about, can't really get with the program.

COUNSELOR: Things happen and you don't respond?

PATIENT: I respond. I have my own responses. Well, there are things that some people would respond to that I don't respond to, you know. That I just some people enjoy that I just don't enjoy. Some things that people really think are great that I don't think are that great, you know. And I probably not so much verbally as any other way, you know.

COUNSELOR: Yeah.

PATIENT: Make no bones about imparting to these people that I don't agree with them at all. I may not say something, but they can tell, you know, like, the look on my face. My (inaudible at 0:55:01.2) I let out a big sigh or, you know, this could be part of it. They one thing someone told me who doesn't have as much education as I have, told me that people are intimidated by the fact that I went to college.

COUNSELOR: Um-hmm.

PATIENT: Which is not which may be true with this one set of people, that they don't want to get into a discussion with me because they think I'm going to be smarter than they are. Just most of the time not true, but this doesn't apply in a college situation, which is what I was in, which I was also frustrated in. So I don't put that much stock in it. 0:55:51.9

I do know if I ever would ask some of the people that I do not probably because I don't bubble, I don't show that much enthusiasm, I don't have that many emotions or a combination of all these things. I don't make any kind of a permanent, lasting impression on anybody.

COUNSELOR: Um-hmm.

PATIENT: I never have. This is the reason I'm going to be alone in a crowd. This is the reason why I as long as everybody else is talking to people listen to me when somebody else is talking. This could be part of it. The other part of it I think is the fact that maybe I talk and don't say anything just so I can have attention or something. But if I ask somebody what they think about me, you know, a lot of people know who I am. But I do not arouse in anybody any kind of a strong emotion one way or the other.

COUNSELOR: Um-hmm.

PATIENT: I don't. I mean, this is my personality or anything, I do not arouse any strong emotions in most in people in general. I don't have any (inaudible at 0:57:21.2). I don't think there's probably anybody who really hates me because I had done anything really mean to anybody in my life on purpose. 0:57:27.6

And if you ask somebody, you know what, if someone were to ask you, do you know Susan Miller or what do you think of her? I've asked a couple of people this just and I've had a couple of my friends ask (inaudible at 0:57:40.1) this, just testing, Susan Miller, she's a nice kid.

COUNSELOR: Uh-huh, uh-huh.

PATIENT: Do you have any strong emotions about her one way or the other? She's a nice kid, you know, what can I say? What more can I say, she's a nice kid.

COUNSELOR: Yeah.

PATIENT: She's a good sport.

COUNSELOR: But no one feels like you know, there's really something about Susan.

PATIENT: Yeah.

COUNSELOR: You know, wow, I don't quite know what (inaudible at 0:58:03.6).

PATIENT: You know, it's just I you know, I don't even arouse hate in anybody, which (inaudible at 0:58:13.1) bad, you know, I mean, I don't arouse any strong feelings in anybody, you know.

COUNSELOR: Yeah.

PATIENT: Except my mother and my mother's (inaudible at 0:58:18.6).

COUNSELOR: Yeah.

PATIENT: But I mean...

COUNSELOR: So that must be part of, like, why you feel like they don't think you're there or something.

PATIENT: Why? Again, I don't know why. It's an attitude or a personality or something like that. But and it's something people can tell about people just by looking.

COUNSELOR: Um-hmm.

PATIENT: I can't tell these things. I have to get to know somebody before I decide whether I like them or I don't. But Alicia kind of bubbles, and she doesn't even have to do anything and people, you know what do you think about Alicia? "Wow, Alicia's really neat," you know.

COUNSELOR: Yeah.

PATIENT: That might...

(Crosstalk)

COUNSELOR: "Alicia's really neat."

PATIENT: Right, they might not have any other comment, you know, about her. You know, they wouldn't say she's a really deep person, she's really intelligent, but they'll say, "She's really neat," you know, "She's fun."

COUNSELOR: Um-hmm.

PATIENT: Whereas, their comment (inaudible at 0:59:19.9) be, "Susan, do you like Susan Miller?" "Yeah, I like her, she's a real nice kid."

COUNSELOR: Um-hmm.

PATIENT: You know.

(Crosstalk)

PATIENT: You know, you know "Would you invite her to a party?" "Sure, I'd invite her to a party." And I'm thinking to myself thinking to themselves if I thought of it.

COUNSELOR: Uh-huh.

PATIENT: You know, it's like, nobody minds having me around. I don't bother anybody. I don't arouse any strong emotions in anybody.

COUNSELOR: But nobody really wants you around either and that hurts or frustrates or...

PATIENT: I don't know if they don't you know, I prefer to look at it as not the fact that they don't want me around, as if they just don't care one way or the other.

COUNSELOR: Yeah. No one sort of actively cares whether you're around.

PATIENT: Right.

COUNSELOR: Yeah.

PATIENT: It's like, if I'm there, fine, if I'm not there, fine, you know, it's no loss one way or the other.

COUNSELOR: Yeah.

PATIENT: Not a detriment to the part if I'm missing or if I'm there.

COUNSELOR: They wouldn't miss you if you were gone?

PATIENT: Yeah. Like, (inaudible at 1:00:19.9) "Do you like Susan Miller?" "Yeah, she's a nice kid."
(Inaudible at 1:00:24.4).

COUNSELOR: It would be nice to be a big deal.

PATIENT: Yeah, right. All this goes back to maybe a lifestyle approach to life, which is again, you know, if I enjoyed myself, other people could enjoy me more. See that I'm basically underneath really cool or something like that, you know.

COUNSELOR: Um-hmm.

PATIENT: But again, I'm back to the problem what we just did that day. I said to her, "Well, it's not really that bad, you know." I can't really see anything if somebody, you know, kept their mouth you know, if I met somebody like that, as long as she kept her mouth under control, I could get along with her.

COUNSELOR: Yeah.

PATIENT: You know, me personally.

COUNSELOR: Um-hmm.

PATIENT: Myself, just meeting somebody else like that, I wouldn't be particularly offended by it unless she's got, like, too big a mouth or something or was untrustworthy or something like that. But again, I get along with just about everybody.

COUNSELOR: Yeah.

PATIENT: So I'd like...

(Crosstalk)

COUNSELOR: You get along with yourself all right.

PATIENT: I get along with me all right. I don't know, if I could get along with me looking at it that way, I would be able to get along with me by myself. But a good theory, proof is in the pudding. I don't know if that helped or not, except maybe, you know, not really that bad. But I don't know don't know how to go about letting the rest of the world know that they've all been wrong, and I'm really not just a nice kid, I'm a lot of fun. I'm not just a nice kid, I'm neat. 1:02:20.5

COUNSELOR: Yeah, you're not.

PATIENT: Would be to their benefit to get to know me.

COUNSELOR: I have something to offer.

PATIENT: Right, yeah. Not that they'll benefit monetarily wise or advice wise, but just character building person wise, yeah.

(Crosstalk)

COUNSELOR: Guess I should (inaudible at 1:02:52.6). I'm going to be back in town Monday sorry, Tuesday the 9th.

PATIENT: Tuesday the 9th, yeah, in the morning all right?

COUNSELOR: Yeah, is that good, the 9th?

(Crosstalk)

COUNSELOR: Okay.

PATIENT: (Inaudible at 1:03:21.1).

COUNSELOR: Certainly isn't working.

PATIENT: Could you take it apart?

COUNSELOR: Yeah, (inaudible at 1:03:30.0). And again, like (inaudible at 1:04:06.3) secretary hasn't come (inaudible at 1:04:07.2).

PATIENT: Okay.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is client number 1923-018, client 1923-018. February 9, 1971, February 9, 1971, session number four.

PATIENT: It's cold in here.

COUNSELOR: I was lucky I got a ride this morning.

PATIENT: Pardon me?

COUNSELOR: I was lucky I got a ride this morning.

PATIENT: Well if I had gotten up and got going faster I could have had one to because my roommate usually leave about 7:00 o'clock in the morning but she didn't leave until about 8:30 this morning. I didn't get up until about 8:15 so. I can't sleep at night. Like my body's backwards you know I mean people shouldn't be sleeping in the day time, people should be sleeping at night. I do my best sleeping in the morning. And I, I used to stay up until 2:00 or 3:00 o'clock in the morning it doesn't bother me a bit. Until the next morning when I have to get up, then that's when I drag myself out of bed. Do you know anything about dreams?

COUNSELOR: I like dreams.

PATIENT: No do you know anything about them? How to interpret them?

COUNSELOR: Some. Did you have a dream or something?

PATIENT: I had a weird a dream. It was like a week ago, anyway, I had a dream about Jay.

COUNSELOR: Um hmm.

PATIENT: I think it was about two days after I saw you last. It was really weird and I don't understand it all. I dreamed that Jay and I and this girl that we both know Tracy Witkower. Neither one of us know her very well but we both know her. And this guy whose name his face just eludes me. We're taking the children on a camping weekend, and we're taking now I don't remember whether they were her brothers and sisters, or were there a couple of them were her brothers and sisters or the rest of them were friends or something but we had about 15 little boys and girls ages six to ten. And every one of them had their very own dog or cat. So we had quite a few people and then the four, four of us. We went we took them to this little old the thing is so vivid my dreams I never even remember them it just we took them to this little old cottage. Back I I assumed it was like up in the Catskills or in Upstate or something like that. It was back in the woods it was deep woods. And it was this little cottage. And like it had, two, it stuck out like in the front and the door, the front door was set back in. And there was (inaudible at 0:02:49.7) growing all around everything it was kind of tumbled down leaning to one side and stuff.

COUNSELOR: The front door was set in? 0:02:52.7

PATIENT: Yeah the front door was set in. It was like almost like houses are kind of like "H"s. It was just set in a little bit. And, it was all tumbled down I remember getting the feeling thinking "Boy I hope that the wind doesn't pull, or the place would fall down." And we get up there about noon, and we were playing around with the kids and about dinner time, Tracy and this other guy said they had to go into town and they'd be gone all night. They had something they had to take care of. And I don't remember what it was. I understood when I was dreaming but I don't remember what it was. And they left and so we were outside, 15 kids and Jay and I and all the dogs and cats playing flashlight tag and things like that with the kids. And I remember getting an eerie feeling. I'm not, I kind of like, I (inaudible at 0:02:56.9) the woods and stuff like that like I was chicken or something. Being, I was afraid like I was afraid.

PATIENT: Very scary yeah.

COUNSELOR: And so finally persuaded the kids to come in probably about 9:00 or 10:00 o'clock to go to bed. We had them all down in bed and I remember there was two dogs and a cat missing. And, when we came in like they had run off when we were outside playing or something and I, I assured the children as I tucked them in that their animals would return that they knew where we were, and I'd let them in when they came. It was the summer time. You know how doors like have like two panels? It'll have a top panel and a bottom panel.

COUNSELOR: Yeah yeah.

PATIENT: And they usually have glass in the top and wood in the bottom?

COUNSELOR: Yeah.

PATIENT: Well the front door had glass panels in both. Got all the kids bedded down, in sleeping bags they were just sleeping on the floor. Jay, Jay and I were sleeping we weren't sleeping together but we were sleeping next to each other, on sleeping bags. And I got by the door, so I was, I could lay there and I could open my eyes and see out the panel and see when the dogs and cats came. I closed the door and lock it and I remember when I in my dream I remember when I lock the door that I just kind of grabbed the door and locked it fast like I was scared. And I went to sleep. And I remember waking up and I opened my eyes and there were two dogs and I even remember, one of them was of those little Scotties and one of them was a Dotson. And I don't remember what the and the cat was out there and they were all pacing back and front by the door, looking very nervous. Again there's this nervous thing. And I was thinking to myself well I better get up and let them in. And just as I was about to move there was this wolf howl, very close, very loud, very real and I remember thinking, the animals jumped that I was watching I didn't even I don't know how it happened in the inside. And I remember thinking I'll bet he can walk right through these walls. And then I woke up. I scared myself so much that I woke up.

COUNSELOR: Wow.

PATIENT: And I was really awake then.

COUNSELOR: Yeah. 0:06:01.9

PATIENT: And then I tried to go back to sleep thinking, "No there are no wolves around. You can go back to sleep they won't get you." But I can't interpret that I have no way, I thought at first when I just woke up I thought, got to thinking I live right behind close behind the fire house that, "Oh it was just an alarm."

COUNSELOR: Yeah.

PATIENT: But the more I think about it I don't think it was. Because after I woke up I don't remember hearing any more alarms and all through the dream before I heard the alarm I opened my eyes and the cats and dogs and cat were pacing like they were scared of something out there. And all I had this (inaudible at 0:06:02.8) and I don't understand it. It's weird.

COUNSELOR: Yeah weird. The, the thing that comes through the most clearly is the weirdness and scariness and that it's eerie out in the dark.

PATIENT: Yeah. And I'm not afraid of dark normally.

COUNSELOR: Yeah yeah.

PATIENT: But...

COUNSELOR: One thing one thing people will do sometimes is tell it over again from a different point of view. Maybe you'd like to tell it over again from the point of view of the wolf.

PATIENT: I don't know. From the point of the wolf?

COUNSELOR: Yeah.

PATIENT: Like what was my wolf thinking? I don't even I don't even know why I put the wolf, at first I thought I was just dreaming about Jay. Having a dream about Jay and the kids being around were like, when I wondered, me wondering if I'd like to have kids, if I'd like to married with Jay and have kids. And yet I wasn't married yet we were just together with a bunch of kids. And I was satisfied with that. But then I keep remembering this wolf and and I don't, I think there's a lot more to it than that.

COUNSELOR: A lot more to the wolf?

PATIENT: No a lot more to my dream than just a dream about Jay and me.

COUNSELOR: Yeah oh I see yeah.

PATIENT: And and the connection with kids because there's that wolf.

COUNSELOR: Yeah what's the wolf doing in there?

PATIENT: Yeah. I don't know. It's something I'm afraid of. And it happened it was like something I was afraid of would happen but it happened. Like I was afraid of it, I had an eerie feeling I was afraid and something did happen and I was afraid. I don't know. Do you understand what I'm saying?

COUNSELOR: No not quite no.

PATIENT: It's like the wolf is something that I am afraid of, something that I'm afraid will happen.

COUNSELOR: Yeah but it's a familiar thing or something like it already happened. Is that what you saying?

PATIENT: No I'm saying that the wolf symbolizes something that I have been afraid of and I was afraid of it. I didn't really know what it was but I was afraid of it. 0:09:09.3

COUNSELOR: Yeah.

PATIENT: And that which I was afraid of happened as in the appearance of the wolf.

COUNSELOR: I see like in the dream.

PATIENT: Yeah. That's the only thing I can think of but I can't figure what I would be afraid of. What I would be afraid of that that symbolizes.

COUNSELOR: Yeah yeah.

PATIENT: I don't know maybe being alone.

(silence from 0:09:34.3 to 0:09:47.0)

COUNSELOR: (inaudible)

COUNSELOR: You were just going to say something about it.

PATIENT: I was just going to say something about that. I really don't know.

COUNSELOR: How would you start to tell the dream from the side of the wolf?

PATIENT: I mean like through his eyes?

COUNSELOR: Yeah yeah.

PATIENT: (inaudible at 0:10:14.4) to that. I wouldn't even know where to start. I really wouldn't. Well it's just...the only thing the only thing that really happens through his eyes, providing he is just a wolf and not a great spirit or something, is his instincts. What he sees. Like or what he senses. Like he may not have seen the dogs or the cat but he probably knew they were around. And he probably knew everybody else was around. Like all the children and everything. And probably from his standpoint he wasn't going to hurt anybody. Wolves don't you know really go around scaring people. I mean like, unless he was hungry and he was thinking about going after one of the two dogs or cat which is doubtful. He probably wouldn't have come, we had a car up there a station wagon. I often wondered from that dream how we got all those kids and all those dogs in that station wagon too. But, I mean like this wolf is not going to come near a house if it was inhabited with like cars sitting out in front of it. Unless he's like starving to death. 0:11:56.4

COUNSELOR: Why don't you try telling it like just like it was the dream and only, like like you really did dream it as if you were the wolf in the in the, what am I saying? Try saying it like, like it was the dream and in the dream you were the wolf. And like it doesn't have to be like realistically like wolves behave just like whatever it's almost almost like making up the dream on the spot.

PATIENT: Yeah but you mean but would, should the wolf have the same role as he did in my dream?

COUNSELOR: It doesn't have to be exactly.

PATIENT: (inaudible at 0:12:56.2)

COUNSELOR: I see.

PATIENT: The only thing I can think of it's going to come out something like a Walt Disney movie. Hard to...um the dream no that's alright just leave it there the dream from the side of the wolf, could have been...the wolf, was walking around his territory.

COUNSELOR: Yeah start at the go like, "I'm walking around my territory." 0:14:07.1

PATIENT: Alright alright. I'm walking around my terrain, which I am king, back in the let's make it northern Maine in northern Maine and unrealistically I have never seen people before. And I have seen this house because it's been sitting there for years. And all of the sudden today a strange thing happened. This thing with

wheels, bunches of little animals on two feet inside of it came out. And, they had dogs and cats with them, some kind of relatives of mine and some kind of relatives of cat that lives next door. So I watched them, running around, not really doing anything, just playing. And, I watched them all day and most of the night. And, after it got dark I decided to go down and get a real close look.

COUNSELOR: What did you think of them when you were watching them? 0:15:57.4

PATIENT: I thought they were kind of weird and very strange. They weren't really doing anything. They weren't hunting for food, and they weren't being watchful and careful as I would be with my cubs. They were just being silly. Not being careful at all as one must be in the woods from his point of view or her point of view. And, they were very curious beings, animals. Which is the reason that I'd go ahead and get a better look. Didn't really trust them. I didn't really trust them because I didn't know them. But I didn't distrust them. He didn't distrust them because, she'd never seen people before and didn't know that they were very dangerous. He was just he was curious about them, wanted to know more about them.

COUNSELOR: I'm I'm curious about them. 0:17:31.0

PATIENT: I'm curious I'm curious...I'm curious about them, wanted to know more about them. So after dark I snuck down went down (inaudible at 0:17:43.3), to get a closer look. As on my way down I met some of their some of their animals some of the animals that were with them. I don't know (inaudible) anyway I met these two dogs and this cat outside. And they ran away so I followed them. I was just, I wanted to make friends, because I wanted to find out from them what those other animals were (inaudible). And, but they ran away so I followed them. I thought I'd make another friendly gesture. And, they ran up to the house which the other animals (inaudible) and so I thought I'd say hello instead of just, instead of just, thought I'd say hello instead of just walking up to them. Give them the (inaudible) that I was coming so they would know. So maybe maybe I scared because they didn't hear me coming. So I said hello, the only way I know how to say hello. And, things really started popping then. Fires were burning on the inside of the house. People were running around, the other animals were running around screaming and yelling. And, making all kinds of noises, coming outside, bigger ones were coming outside looking around. And making all kinds of noise and racket and yelling and stuff and I decided to just forget the whole thing I didn't really want to know that much about them.

COUNSELOR: Um hmm. Um hmm.

PATIENT: And I left. Which is what probably might happen.

COUNSELOR: Which is what probably might happen? 0:20:32.9

PATIENT: Yeah. In the dream I left. Wolves are I don't know that much about wolves but basically wolves are, are not that much afraid of anything but they don't, like they say unless they're hungry or or really scared or like you got them backed up against the wall and they think they are going to have to fight to get away, they're just like any other animal. They don't really want to fight.

COUNSELOR: Yeah.

PATIENT: And unless you're endangering them somehow or threatening them or they're hungry they'll just...

COUNSELOR: They'll just go on their way.

PATIENT: Yeah they'll just, just like a dog might just stand around watching you and you say, "Shoo or go away."

COUNSELOR: Yeah.

PATIENT: And unless he's a mean dog or, you scare him or something he's just going to toddle on his way, depending on how big or small he is.

COUNSELOR: When I listen you to tell that version of the dream I, I don't know I was thinking about the wolf and I was thinking about, like to being on the outside looking in and it's there are all these people doing

these peculiar things and you're not quite of the same species and you don't quite understand.

PATIENT: Yeah.

COUNSELOR: You try to make overtures and they don't, (inaudible at 0:22:04.8).

PATIENT: Yeah. (inaudible). I supposed maybe the wolf in my dream, can accept it like that. But, it could be that feeling of being alone coming back. Even though I'm with all these people I still have that feeling of being alone. I'm still afraid of being alone. And, maybe I really am even though I'm with all those people I'm still in the same boat. Even though I have like, you can't really be alone when there's kids around. 0:22:59.8

COUNSELOR: Yeah.

PATIENT: You can be alone with a group of grown-ups or a group of adults or older people. But you can't really be alone when there's kids around. I mean when you're playing with kids you can't be alone.

COUNSELOR: Um hmm. That's reminds me when you were telling me I was thinking also like if there's something childlike about it too. About...I don't know about the part of you that's the wolf or something it was kind of childlike.

PATIENT: Yeah, that might be. Well, I think animals are sort of, I don't know in their basic approach to other animals in their environment they have all the instincts and skills and everything but they're still like inquisitive.

COUNSELOR: Yeah.

PATIENT: And they're like, cats no matter how old they get will still play with things. And bat things around. Like a cat plays with a mouse or something.

COUNSELOR: yeah.

PATIENT: And, they're all they have these instincts and basic fears, you know tell them instincts tells them these are good and bad. They're still curious which was which was what I would assume to be an animal's approach to people who hadn't seen them before would be no fear. It would just be amused (inaudible at 0:24:38.3) until he finds out that people can be very dangerous.

COUNSELOR: Yeah yeah.

PATIENT: Not into, not in themselves so much as in their things that they bring with them like guns and stuff like that, and pollution and other things. I don't really know. I really got depressed last week. It was a whole bunch of [zing gobs] (ph) of self-pity, was what it was. But, I don't know if, I guess in my mind Alicia called me up, one night wanted to know if I wanted to go out.

COUNSELOR: Yeah. 0:25:27.0

PATIENT: And we went out and we had just the two of us, (inaudible at 0:25:30.9) and just talking together. Most of the time it was just the two of us talking. And we weren't in the place that we usually go to which is so loud you can't talk to anybody but you, it's just a jukebox but the man who owns it you tell him, "You can turn the jukebox down about four decibels. Everybody can still hear the music fine. People can still dance to the music fine and they can hear each other talk to." But the minute like on a busy night say a Friday night, it's nice and quite and comfortable in there till about 10:00 o'clock which is when what time people start coming in. At 10:00 o'clock he turns that jukebox up so you can't hear yourself think. But this...

COUNSELOR: Went to a different place?

PATIENT: Yeah, we to Bubba Jone's in Albany. And, it was a very pleasant atmosphere. And we I had a very enjoyable evening just talking to her. And, as far as everything else is going things are going pretty well as far as my friends are going and everything like that. We're doing, doing pretty good. But, I think more than having girlfriends that call me up, which I really enjoy having them around.

COUNSELOR: Yeah well that was the next thing that she called you.

PATIENT: Right yeah she called you and me want to go out. Great. And, so, I think basically when my, having even friends I can have 10 (inaudible) girlfriends who call me up and we did stuff all together all the time and I still would get this feeling of insecurity in me because I think my mind I have got security per se associated with men.

COUNSELOR: Yeah.

PATIENT: And, Jay is being peculiar again. I never know really where I stand with him. You know I really don't know. Discussing, he just won't give you any kind of indications or signs or signals or anything. And, I don't know it's just like I decided that, he was over playing cards one night and after he left I said, "I better give up on Jay."

COUNSELOR: Yeah.

PATIENT: I mean like, quit as my mother says don't hang my hopes on him. As for as for forever like getting married so that I wasn't hanging on him but I was hanging my hopes on him for having him around for awhile. learning to know him, just the practice of getting to know somebody. 0:28:33.1

COUNSELOR: Yeah.

PATIENT: And for the companionship he would offer as far as male companionship. And, just learning I, to help me learn how to talk to men how to converse with them and be comfortable around them. Which I'm not. And, I thought he liked me and I, I thought we had we had we have a good time together. But, I just decided that this was folly. That I should like quit being so forward. Like instead of what he would do before when he came in I'd get up and walk all the way across the room to go say hello to him. I decided what I'd do is, I would make an effort to say hello to him. If he walked in and walked past me I'd say hello. And I'd talk to him I mean I'm not going to sit there and not talk to him or something like that. Start conversations and stuff like that but I'm not going to go out of my way to do these things anymore. I mean I'm not going to like the minute he gets up come say walk up and jump walk all the way across the room and say hello to him make a point of it.

COUNSELOR: Not look so eager.

PATIENT: Right. And, I'm trying to (inaudible at 0:29:47.1) and not snobbish. It's about just when he walked in and we had a meeting, last Tuesday, and when he walked in and I didn't and I didn't get up and go say hello to him, I couldn't the minute he walked in because I was busy. I was I was doing something else. But after he walked in, not going over to say hello to him I felt kind of snobbish. I felt like, "Well this looks really kind of snooty."

COUNSELOR: Yes.

PATIENT: But at the same time I decided to go ahead and do that because I wasn't being snooty I mean I wasn't being snobbish and I wasn't being, you know? It's like...

COUNSELOR: It's like, "Dammit well why can't he do it sometimes?"

PATIENT: Right why can't I mean if he care anything about me he can make a point to come over and say hello to me when he's not busy. Or say hello when he walks in. And, we kind of walked around circles each other all evening and I'd say hello to him. Every time we'd like pass doing something we were both of us fairly busy we didn't really have time to sit down and talk I'd say hello. And I'd get a hello. And that's it. Just as if he were saying hello to someone he hardly even knew, knew their name and that's it. And, I wanted him to be like...

COUNSELOR: It feels like, it seemed kind of cold or something. 0:31:08.5

PATIENT: Right well he's got money problems right now that he says he's worrying about but I saw him talking to these two other girls that we both know. And he was talking to them and laughing and stuff but he

could have come over and talked to me. Old jealousy there. But I had dual purpose for wanting him to talk to me. One of the reasons I wanted to talk to him I just wanted to talk to him and the second reason was he helped me with my bowling and my bowling is frustrating me greatly, because I'm not doing very well. And I wanted him to, I didn't want him to take me bowling I just wanted him to come over some time when I go up to my parent's house on the weekends and I go and play bowl and I wanted him to come over and watch me bowl. And tell me what I'm doing wrong because he's an excellent bowler and he can, he sees things that you're doing wrong. Some bowlers are good bowlers and they can bowl themselves but they couldn't help anybody else but Jay is a fairly good teacher. And not that he could, he may not be able to tell me what I'm doing wrong, I mean how to correct it but he can tell me what I'm doing wrong.

COUNSELOR: yeah.

PATIENT: My problem is not the, it's usually I don't know what I'm doing wrong. So I wanted to ask him if he could come but I can't just walk up and ask him if he could come. I thought, I did it anyway because he had not talked to me all evening. And this one guy I used to know, he was in the club before and dropped out for a little while and came back into the club. And we dated a couple of times and that's it. Basically we just talked to each other when we were free (ph). You know we were friends, that's about it. But I hadn't seen him around for a little while and he came in that night and spent the whole evening standing behind me wherever I was talking to me. And I thought, "Well I couldn't have worked this better if I'd planned it. Jay is going to get all kinds of jealous and everything." Well he noticed because it was I saw him looking but I don't think it had any kind of effect on him at all. Not only am I afraid it didn't have an effect I'm afraid it had an adverse effect. Like he'd think, "Well she's got somebody else I'll just go (inaudible at 0:33:16.5)". And, if he's willing to give up that easy I really don't want him in the first place, theoretically.

COUNSELOR: Uh huh.

PATIENT: Theoretically. But, I don't know he's just...

COUNSELOR: Like you ought to feel you deserve better than that dammit.

PATIENT: Right yeah.

COUNSELOR: Gut you just kind of want him anyway. 0:33:48.1

PATIENT: Right yeah. But no I like Jay see this is my problem. I'm not in love with him or anything like that. But I like him and, I think he'd make a great friend. Someone I could, someone I could really talk to because if I had problems and I needed like a man to talk to you about my problems somebody you know a male angle on it, I really would trust his judgment and his ideas. And, I don't know I just don't know how to go about like establishing this kind of a friendship but nothing else. I supposed, unless he really gets mad which I doubt because I don't think Jay ever gets mad. He's got too stable reactions to things. I think we'll always be fairly good friends. I can always talk to him and stuff like that, and see him at club meetings and talk to him and stuff like that. But I would like to develop it into something a little more than just a friendship.

COUNSELOR: Yeah. Something more close.

PATIENT: Right yeah something more closeness. And I can't, I can't make him jealous, and I can't make him mad. If he was mad at me because he thought I was being you know, if he thought I was being cold or whatever which is I'm afraid I'm afraid if I do anything that's not normal he's going to think I'm mad. Not realizing that I'm that I'm just wanting him to come to me for a change. He's going to think, "Oh she's upset," or "Oh she's mad. I'm just going to stay away from her tonight." You know?

COUNSELOR: Yeah.

PATIENT: And then I feeded the whole thing. And then I don't know whether he just doesn't care or whether he's decided that I'm mad and should stay away. So that's the risk that I run if I do anything out of the ordinary for me.

COUNSELOR: Yeah. Like you can't do, you haven't got any room to maneuver. 0:35:49.3

PATIENT: Right. It's like he's going to think, "Oh she's mad I'm just going to stay away from her." And, I don't know, I suppose I've probably brought a lot of this on myself because of the way I am. I mean like, I just do things like that I just like go out of my way. I'm always, I enjoy doing things like that but I decided I was going to be, just be cool is what I thought I was going to be. And, I don't know it just didn't work. Because I like I like to do things. I mean it's really hard for me to stop like from getting up and going to talk to him and stuff like that. Or, last Sunday we were at a meeting, last Sunday we had a meeting at Lynn's house it was kind of a workshop for all the officers to do different things we had to do and got a bunch of letters sent out for the club and stuff like that.

COUNSELOR: (inaudible at 0:36:52.4).

PATIENT: And, we, and so I got there and Jay everybody said hello and I said hello to everybody and I was just hanging out and everything. Jay didn't hear a peep out of him. Got a little, listing for his voice no "Hi Barb" you know just kind of ignoring me. And then I was painting posters and Josie wanted me to paint one more and Jay had finished his work and didn't have anything to do right then and he does good, he's kind of an inspiring artist and he does real good work so I thought, "Well, I don't really want to do a whole other poster. Jay is sitting there without anything to do, why don't I ask Jay if he'll do it for me." And I said, "Jay..." fine he'd do it and we were talking while he was doing the poster. We were having a pleasant conversation and everything and it's just like but why won't he say hello to me. It's like all I could do was walk over and say hello to him and start the whole thing. We're good friends and we'll have a pleasant conversation and everything else.

COUNSELOR: It's so frustrating that no matter what you do you can't get that out of him. 0:38:01.0

PATIENT: Um hmm. And, so, I don't know it's just it was just like we were, and the whole thing I mean like I, it was a workshop right so we're not supposed to sit around and make-out or anything we were supposed to be working and stuff like that. But I kind of felt like, if there were two people that were going together and everybody assumes that we're going together if they were doing something even like at a workshop or something like that they'd be like, this is my idea but they'd probably be sitting together and helping each other and talking to each other occasionally while they're working or something like that. But like part of the time I was typing and he was doing something else so I really couldn't be, we couldn't be together all the time. But I thought there should have been some more feeling then just like we were just people who knew each other and were just barely friends or something like that from the club. Which is what it was like.

COUNSELOR: Just like almost like you were two people who happened to be in the same club and that was all.

PATIENT: Right.

COUNSELOR: Like there was no connection between you.

PATIENT: Right that's the way it was. That's the way I felt about it. And, I was going to be cool again this time. I was going to be just, I caught myself doing things like, well I was going for coffee and I can carry the kind of cups that Lynn has I can carry three or four at a time and so I was, I asked Jay, "You want some coffee?" He said, "Yes" and I, couple of other people. And so I gave these other people their coffees, but Jay likes cream in his so I went over and I put cream in it just the way he likes it and then I gave it to him. Instead of just giving it to him and letting him get his own cream. Well that's not too bad though there's nothing really wrong with that. Later on that day, something that, something, he had he got some coffee I was going in for coffee I was getting some for a couple other people and he was going in and was getting some for a couple other people and, Josie has a bunch of Great Dane puppies. And the kitchen is here and the living room is here and there's a sliding in between, a real small door. And they've got a board sitting the door and you got to step over the door. Jay has got one bad leg he can't bend his knee, very much more than maybe like that. And so he's got two cups two cups of coffee in his hand trying to step over this thing, so I delivered my coffee and I went over and I took one of them from him so he could get over. And I gave it to Alicia and he set his coffee down on this table and about five minutes later I noticed it was still sitting there and it didn't have any cream in it. And just before I could catch myself, I went I looked creamer was empty so I went to the kitchen, I got some cream put in the creamer thing, put the cream in his coffee and looked around for spoon to stir it up. And, and just went to back to what I was doing and all of the sudden I realized, "Well that was kind of

dumb." But it really wasn't dumb, I mean there's nothing wrong with it. I did get to feeling bad, that you're not when you do somebody a favor something like that you just do it you know?

COUNSELOR: Yeah. 0:41:05.7

PATIENT: I just do things like that, and you're supposed to just do them. But I'm always doing things like that for Jay and I just all of the sudden realized you don't do it so somebody will say thank you, you just do it. But, I get to thinking he never says thank you when I do something like that. Like he doesn't even notice, or he just expects people to do things like that and woman to do things like that his women or something like that I don't know. And I got to feeling kind of bad about it. Like, like he never says thank you. and I don't do it for thanks so much but, every once in a while it's nice to know that a quiet thank you or thanks or something like that or even a smile, you just feel you're being appreciated for your efforts. Even though...

COUNSELOR: You get so mad at yourself for keeping on making the effort even though you know you're not going to get any appreciation.

PATIENT: Right and you know, the idea of doing something like that is not is to do it to be nice and not really for the appreciation but still, every once in a while...

COUNSELOR: Well it makes you feel bad not to get it.

PATIENT: Right. You shouldn't be looking for it but every once, you shouldn't be doing it all the time just for that but every once in a while, an acknowledgement that, you know?

COUNSELOR: Yes.

PATIENT: That even that you've done something for them whether it's because a relationship like us or just a relationship like if I did something like, if I did something like that for Alicia or anybody else just to do it, if I like went and got a whole bunch of people coffee and fixed all of them for them I'd get a thank you. But not from Jay. And, this is the kind of thing that frustrates me and I think I'm being stupid because he doesn't really care. And I get the feeling maybe the reason he is ignoring me is this is the since we are thrown together so much because we're in so many things, maybe this is the way he has of telling me, "Leave me alone."

COUNSELOR: Yeah. Maybe it's not just his habit or something but it is really expressing, that he really doesn't care about you or doesn't want you. 0:43:14.1

PATIENT: Right. And, like maybe when I don't talk to him at the three he's just taking advantage of the situation and he's not going to start something that unless I start it he's just going to leave me alone. And, on the other hand it could just be his personality. And I really don't know. Like, what to do short of just walking up and asking him, "Jay do you hate me?" But this is one of the reasons I was depressed, when I was, the other night. When was it? Thursday (inaudible) I was really depressed.

COUNSELOR: Feeling that you might as well give it up?

PATIENT: Yeah well I was depressed because again I was in a situation of not having any male companionship and I'm getting tired of not having any male companionship. I'm I really feel like a like a, a dud. Because I'm, especially in the female world, especially in most female worlds. You're your, I don't know, I'm one of the measures of how much of a person you are and how (inaudible at 0:44:29.4). It's just not how many men you have many men you have or if you have one in fact, that you can call your own. But...

COUNSELOR: So it makes, it leaves you without any status even with woman.

PATIENT: Right yeah, no status with women at all. Because when women, especially the girls that I know when we get together, we talk about men. And if you have no one to talk about, I've got one to talk about though I can at least, if nothing else I can complain about my problems with Jay. It's gives me some status. Got a relationship that I'm having problems with, but I got one. But, I don't know it just, it's very frustrating, it really is. And, I think part of the reason I was so depressed I was really super depressed, but part of the reason was probably the fact that I didn't I had miscounted, thought I had another week but my period started

last Friday. And last Thursday was the night I was the night I was really depressed. So I think that had a lot to do with it too. I was feeling sorry for myself and tendency to become more deponent when I'm...

COUNSELOR: Yeah. Well I guess a lot of what you're depressed about was that he probably doesn't really care for you (inaudible at 0:46:02.2).

PATIENT: Probably really doesn't, except maybe as a friend.

COUNSELOR: Not as a woman. 0:46:10.5

PATIENT: Right. That seems to be my problem all of my life. I can have all kinds of friends, and then, I used to have more buddies than anybody I knew. Buddies that would even call me up on the phone. Guys would call me on the phone and we'd talk, about their problems with their girlfriends. But they were buddies, we did stuff together. And I had some buddies that, they never really went with any one girl. They'd have a date and they'd go out when something was big. Mostly they just liked to go to parties and stuff like that with the boys, and I was one of the boys, for three years. The first year, one of the nice thing about it was like I only, in my life I've had one friend who would make a point to make sure that I knew about all the things that were going on and if I didn't have a ride he'd come and get me. And this was a guy it wasn't a girl who would invite me to everything that was going on and tell me about it if I didn't know make sure I knew about all the things that were happening. And make sure I went. And if I didn't, couldn't go by myself he'd come and get me. And his name was Ashby Thompson. And we were just friends. I had gone with his older brother for a while, but we were we were really good friends. And I used to go out with these four guys and we used to go out to all the parties and all everything we went to it was the four five of us. And the first year I was just like one of the boys. My second, the summer between my freshman and sophomore year at college things changed a little bit. They'd come and get me and instead of pulling up and honking I'd have all four of them to come to the door and get me, which was nice. And they'd come in and chat with my father and, part of it (inaudible) was the fact that they had met my parents and most of my friends like my parents. They enjoy talking to them and everything. And, and they'd and then when I, we'd go someplace I didn't take my own coat off. Somebody helped me with my coat, somebody would like my cigarette somebody would pull chairs out for me, one of four guys. And I got to kiss them all goodnight when I went home. This was a ritual between us. And I really enjoyed that because although I was still one of the guys which is something I really enjoy yet I was a girl and I was being treated like a girl. 0:48:39.2

COUNSELOR: Yeah.

PATIENT: And, so I had a lot of fun with that. But that's the only friend I had. But I've always had lots of buddies, who I would know them through classes. Because I had, I took like Physics and I was the only girl in the class and I was good friends with all these guys. We'd, they'd we'd talk about like stuff to do with the school and stuff like that and if they were having a particularly bad problem with one of their girlfriends they didn't understand why she was doing this, they'd come to me, which was nice. And, I usually part of it I usually was on their side because I knew them.

COUNSELOR: Yeah they were your friends.

PATIENT: Girls can be so nasty and mean and everything and maybe these girls had never been particularly nice to me but the guys had. I had nothing in common with the girls like I did with the guys so I usually, I usually was on their side. And yet I had the feminine attitude. I could look at it from their point of view so I could, I could usually give them a pretty good idea about what was happening and what to do about it. Or some advice anyway, so they wouldn't be so confused. But I've always had friends with guys but I've never really, for so long I was a, always was a buddy. I was a buddy to all the guys I knew. And now I miss that. I think probably that's a lot one thing that really depresses me is the fact that I haven't got any buddies anymore either. Because now the way I treated my buddies, I'd call these guys up and if somebody didn't know how I felt about the guys they'd think I was chasing these guys. But I knew how I felt about the guys and the guys knew how I felt about them. But now that, my problem became later on if I found a guy that I just wanted to be friends with, that's it just friends and just have a friendship relationship with them...

COUNSELOR: Yeah.

PATIENT: If I do things like make advances to talk to them and to call them on the phone and plan different things something like that with them and other people they'd think I was chasing them. They get to that point when they get older that they just, they know they think every woman who make, makes ovations toward them in any kind of way is after them. And, I don't know they'd get marriage fever or they'd get very, they have these great ideas about themselves or what I don't really know what it is, but you can't really do that anymore.

COUNSELOR: And so that leaves you not able to have buddies because you, the kinds of things that you used to do. 0:51:21.6

PATIENT: Yeah, but, I don't know I think I could be friends with Jay but I don't know I was just depressed because I, I don't have, I just, I don't know I feel so...dumb.

COUNSELOR: Yeah nothing yeah.

PATIENT: Yeah. I don't have a word for it either but that's how I feel. And I was, I don't know. Meg is moving out on me, this weekend. She finally found an apartment and someone to help her share expenses out where she's works. Which is going to be something I'm going to miss because I used to always call her up on the phone. But she's been a big help and just someone I can talk to.

COUNSELOR: Yeah I know.

PATIENT: Because she's the first person I could talk to that would listen. And, the lady that's moving in I'm going, the lady that's moving in with me is a lady from work, whose house just burned down and she needs some place to live for a while. Meg is moving out and, she's going to move in with me a little after the 15 and live until my lease is up May 1st. That gives her some time to get her feet on the ground. And she'll be close to work and everything she works at the University. But, she is going to be a real chore I think. She still, her house flooded in March and she's, I saw her yesterday for a couple of minutes and she's sick. She's got bronchitis and a bunch of other things. This just completely took every thing out she lost everything she owned, first of all. She had lots of keepsake and mementos from, her husband is dead, so from her husband and when her son was young, from her mother and her grandmother and her great aunt. Things that were really precious to her and, she lost all of these. She lost everything she owned. The only thing that they, that she retrieved is she went looking through the mess and there was this metal can, inside the metal can there was a bunch of junk, jewelry she had and her mother's her grandmother's watch. Her grandmother's watch was like it was one of the first watches made in America or something it was made in like 1860 or something like that. And it's the only thing she has left. And, she took a lot of pride in her mementos. Not that she lived for them but I mean she took a lot of pride in them.

COUNSELOR: She really...yeah. 0:54:17.3

PATIENT: And she's left with nothing. The only thing she had left is the clothes she had on her back when she was, when she left the house that day, and her car, which was, wasn't effected by the fire. And, she going to be going, she's probably going to get really depressed and I don't think I'm going to have a good (inaudible) on my hands but she really needs some place to stay and I, and I needed a roommate and I really didn't know anybody else who was looking for an apartment. I didn't want to have to go through the problem of putting around notices and having people come and, because I mean like for two for two months it really doesn't matter that much who you live with. But I mean I don't know I don't know how to tell somebody how somebody comes to be your, see about being your roommate and everything I wouldn't know how to tell them, "Well gee I just don't think we'd get along.

COUNSELOR: Yeah.

PATIENT: For, I'd be afraid of hurting somebody's feelings. Again I don't want to live with somebody I don't want to live with. So this works out great. Because it's going to be like having my mother around. I'm going around thinking, take it that I leave the apartment, like the bathroom floor could use it's not that dirty it's not really in bad shape but it wouldn't hurt it if it was washed so I'm thinking, "Well now when am I going to get around to doing that?" With Meg I didn't worry about it. It's like having my mother I'm going to have to make my bed everyday. Not that not that she would really care I don't think.

COUNSELOR: But you're going to still feel like maybe she would.

PATIENT: Yeah I'm going to have to start washing dishes every day, instead of every other night. I'm going to have to start cooking well balanced meals and things like this. One of the nice things about it maybe I can get her to cook.

COUNSELOR: That's you're going to loose Meg you're going to loose the way she listened to you and the way she was a help.

PATIENT: Right. Because I don't think Rory will be that much help. Rory is a real nice lady and everything, she'd be up for like, I mean like we could like go over to Pat's and have a beer. She likes to do things like that. That's one of the great things about my mom. My mom is willing to do things like that too. But she's going to be depressed. And, I'm not going to be that much help so much because I'm gone a lot. Like on the weekends I go out to the suburbs and, Monday nights I bowl and usually Tuesdays night and Thursday nights I visit with the club. I'm going to start be taking scuba lessons soon. I'm so excited about that. I figure one of the things I'm trying to do is get myself so involved, that I really haven't got time to sit at home.

COUNSELOR: Yeah sit and home and be depressed. 0:57:17.7

PATIENT: Right yeah. Like I'm taking this I mean this ski thing I'm on the membership committee and I've got things I have to do for this. I've got to take start taking scuba lessons. As soon as the ski season is over, then I'm going to have scuba things to do. And go on scuba things, scuba dives and things. And I'm going to be teaching swimming this summer to well if they if they come up with it for the anybody in the club who wants to learn how to swim. I'm teaching I'm teaching swimming and scuba diving I mean and water skiing, for people who want to learn how to do that. So that will keep my busy this summer. I want to loose some weight so I can get in my swimming suit and look halfway decent. I just can't get started on a diet yet. But I was thinking about this weekend about how about how I can work myself out of being so inside myself and not being able to relax and just enjoy myself with that. And I still haven't come up with anything. I think this might help but I really, I've been thinking about what I can do, I mean like what kind of mental attitude I can take. Just force it on myself some kind of a mental attitude, to get outside of myself. And I can't even come up with anything.

COUNSELOR: Do you mean to get out of feeling depressed and like you're a dud?

PATIENT: Yeah but to just to quit thinking about me altogether.

COUNSELOR: Yeah.

PATIENT: Just to...

COUNSELOR: Think about the things you're doing and the people that you're seeing and stuff.

PATIENT: Right and just try to enjoy myself for me. And not worry about...

COUNSELOR: Not sort of be watching yourself and thinking about like, "Am I doing alright? Am I good enough?"

PATIENT: Yeah. I don't know I've been thinking maybe that might help. Just enjoy myself the way I am. And not worry about it. I, just relax. And, I tell myself now just relax, enjoy yourself have a good time.

COUNSELOR: You carry yourself in a good strong voice but it doesn't work.

PATIENT: Yeah. I mean I thought maybe I could, I'm always conscious, well not always but most of the time conscious of what I'm doing. And once in a while I'll get, slip into the habit of like I'm talking and I'll start just rattling on talking not saying much. I catch myself doing that and then I'll shut up and get away from myself sometimes. But I'm always watching to make sure that I'm not doing anything that I that I object to, that I do. And, I just can't relax and have a good time and enjoy myself. Or enjoy what I'm doing. 1:00:25.2

COUNSELOR: Sort of like you have to keep checking up on yourself to make sure to make sure you don't talk to much, to make sure you're not overbearing.

PATIENT: Because if I don't, if I don't check on these things...

COUNSELOR: You'll just sort of...

PATIENT: I just go...

COUNSELOR: ...go on and on and on. But in a sense you need to be self-conscious.

PATIENT: Oh yes right. But I mean I need to be I'm too self-conscious about other things. I sit there, I don't know I'm just...

COUNSELOR: I think I see what you mean. Like it's one thing to watch your behavior and it's another thing to be sort of worrying about how people are reacting to you and sort of worrying about things you can't help.

PATIENT: Right. Wondering what I can do, worrying about how people are reacting to me wondering why it is people react to me what things they do, I watch people reacting at me. trying to figure out, "Now why is it all these people all react to me the same way and I don't want them to react that way to me." I want them to find something interesting in me. What are they looking for? Can I give them, give them anything they'd be interested in having? Any kind of anything. And I really can't and I know this. I think I know that I really don't have that much anything special I know this because the fact that this is the idea that I get from other people that I talk to. The emanation the vibrations or whatever that I get from other people because their reaction to me. I really have nothing special to offer them that's going to enhance or increase their white (ph) lives in any way or their personalities or anything else. And I figure, "Nah I've got to have something I just haven't found it yet." I don't know where to start. And I've been thinking about it more and more. But objectively not dejectively, you know?

COUNSELOR: Yeah. 1:02:38.0

PATIENT: I've been trying to be real objective about it. And watching myself in situations like listening to what I say and what kind of conversations I get into. And, I don't really offer anything special but I don't know, Alicia makes impressions about people pretty fast, they really like her fast. Now as far as her conversation Alicia doesn't leave any lasting impressions on anybody either. I mean, she has some intelligent things to say but most of the conversations that she gets into with other people that I listen to...

COUNSELOR: But she doesn't say that.

PATIENT: No she just they just don't come up. It's just talk just chit-chat stuff. And, she, I don't know what it is, I maybe it's because she bubbles. Sort of she just kind of happy and everything. And even though I'm happy and I, I smile a lot I guess maybe my eyes don't smile or something or I just doing bubble about or something.

COUNSELOR: There's some kind of spark that she has that you don't.

PATIENT: Yes. Yeah.

COUNSELOR: Actually I have to quit.

PATIENT: Oh okay.

COUNSELOR: We're going to do the second one in the afternoon next.

PATIENT: Right.

COUNSELOR: Is 4:30 on Friday alright?

PATIENT: Right. Not always though.

COUNSELOR: Yeah.

PATIENT: Because the weekends I go on my ski trip I can't.

COUNSELOR: Right.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is Client Number 1923-018, Client 1923-018, Session Number 5.

PATIENT: I went out and spent a whole bunch of money (chuckles).

COUNSELOR: For a coat?

PATIENT: No, I have a coat. But I got one-two pantsuits-one's got a grey pair of slacks and one's got a red pair of slacks. I was getting very bored with them. The only thing I had to wear, except my Levi's. So I went out and I bought a dress which I needed badly because I was thinking about going looking for jobs and looked in my closet and realized I really didn't have anything to wear. I bought three pantsuits and a new dress.

COUNSELOR: Wow.

PATIENT: It really wasn't too bad because I got three pantsuits and a dress and all together cost me eighty dollars.

COUNSELOR: It sounds like it was a really a pleasure to spend money on yourself and buy clothes.

PATIENT: Well, it is because I usually don't do that. I wouldn't have been able to do it all except I've got a Sears charge card. But I've been saying I'm going to go out and get something new, I'm going to go out and get something new. But then I get so depressed when I go shopping because the things that I like don't look good on me or I just can't find anything I like. Things I like don't look good on me or they're too tight or something and I get real depressed.

COUNSELOR: Yeah, yeah.

PATIENT: But, I didn't run into that problem this time for some reason. I'm not sure why. I found four things that I liked right off the bat-around five things-and they all looked good on me. One of them was a little tight and I thought I wasn't going to spend the money. One dress-I did buy-the one dress that I-I only found two dresses that I liked and one of them was a little tight in the hips so I didn't get it. The other one was really not worth the money I paid for it, but I liked it. I have to do some alterations on it and everything. I've wanted something almost like it. It was really not worth twenty-four dollars at all-not even here. I got it for twelve and that wasn't marked down. That was the price of it. I like it. I think it looks nice and I like it a lot and I only paid twelve dollars. I was really surprised.

COUNSELOR: It makes you feel good to wear it because it looks good on you...

PATIENT: And that's another thing I was really surprised. I can usually tell if something looks good on me or not. I'm a pretty good judge of what looks good and what doesn't. I think they all looked fairly well, too. They may not make me look like I'm a size twelve or a size ten, but nothing can do that. But they look nice on the size and it felt like it wasn't designed for a small person and they just made it larger. It was designed for a larger person. So, I was really happy about that. And the eighty dollars didn't bother me. It hasn't bothered me yet-that's what worries me. I'm usually more conservative. Because I haven't gone shopping-I have to make myself go shopping and-which saves me a lot of money, but...

COUNSELOR: That's right...

PATIENT: Usually when I-but when I go out shopping, I go out and a buy a lot of stuff and I guess (inaudible 3:28) and I went job-hunting today and...

COUNSELOR: Didn't have much luck?

PATIENT: No, no, no. I didn't really like to hunting for interviews.

COUNSELOR: Yeah.

PATIENT: I went to Illinois State Civil Service-I went to the Federal Civil Service Commission, I went to the State, the City and the County. The County couldn't do a thing for me. The State, I was-probably could have done something, but I had to take a test and it took three hours so I didn't have time to do it today.

COUNSELOR: Yeah.

PATIENT: But I'll do it-I'm going to go back probably next Friday to take the test. I had the hardest time getting out of the house this morning. It was like one of those bad dreams that I keep having where I can never get anyplace that I have to-you know, I'll-like I'm-I used to have them when I was in high school. I wanted to go to school, you know, I'd get up in the morning and I'd rush around and do this or that and I'd get out the door and realize that I didn't have my clothes on, I couldn't go out yet. So I had to go back and put my clothes on. And then I'd walk out the door and realize I forgot my books and go back and walk-go out and be halfway down the street and have to come back because I forgot something else.

Well, this morning I got up-first of all I got up late. And then I had to hem up these pants because I'm short and I had to buy them too long. I didn't get a chance to do that last night because I had to do something else. And it just seems like it took forever to do that. I was hurrying up and I was hurrying up getting dressed and I finally go on my way and I was going to take the train. I was stop at the co-op and catch a train-I was going to drive my car down to the train and then drive it back down because it was going to be cold tonight and I didn't want to walk all that way. And I got down to the co-op and I had my checkbook but I was out of checks. I had to go all the way back to my apartment and get new checks. So then I decided I'd drive down because it would waste less time. And so then I went to (ph 5:21 Mr. G's) to cash a check and I had to stand in line and wait to cash the check. This was like-by the time I got there and got anything done it was eleven-thirty and I was so afraid somebody was going to, you know-that they like you to be there early for jobs. I was so afraid somebody was going to say "Where have you been? Why are you so late?" So I was going to lie and tell them I had to work this morning.

COUNSELOR: (chuckles)

PATIENT: But the Federal Government gave me this book thing to fill out and send them. I really don't know what I'm looking for so I'm not too much help. I mean, I have ideas of what I'd kind of like to go into, but I really don't know if I'm qualified for it or what is available or anything else.

COUNSELOR: Yes.

PATIENT: But I was looking through the newspaper because I kind of want to stay in research but I don't know-I've got experience in accounting.

COUNSELOR: (inaudible 6:23)

PATIENT: And so I can be an accountant if I wanted to. I was walking around downtown because I thought maybe it would be kind of neat to work down there.

COUNSELOR: Downtown in one of those buildings?

PATIENT: I thought that would be kind of neat. I don't know. If I get a job with maybe if I get a job like with the FBI.

COUNSELOR: Hm.

PATIENT: I might be able to get transferred to some other town or something, which has good points and bad points. It would be a chance to get out of New York. I'm not sure though, that moving to some other town-I'm pretty much sure that moving to some other town is not going to change-is not going to make that much of a change...

COUNSELOR: Um Hm.

PATIENT: ...in me.

COUNSELOR: Um Hm.

PATIENT: It-just having a chance to start all over again. My personality will probably be the same. And at least here...

COUNSELOR: It's more your personality than the place.

PATIENT: ...right, yeah, that's what it is. And at least here I've got a lot of people that I know and in Idaho I don't know anybody-unless I could talk somebody into moving there with me.

COUNSELOR: So you'd have to start to make friends from scratch if you moved.

PATIENT: Yeah, and I don't do that very well. So I've thought about that. But going to a new town would also be kind of interesting. I was raised in a little town. The only other place I've ever been is here, where I went to college.

COUNSELOR: Exciting to see a new place.

PATIENT: Yeah-not that I'd want to go to California. It's not safe out there. Earthquakes and everything. It's just not safe. I don't think I'd like to be near an earthquake. I'm really in a good mood today, though, because Alicia-my girlfriend Alicia and I are going down to (Rush Street ph 8:16) tonight.

COUNSELOR: Oh (inaudible 8:17).

PATIENT: All kinds of unattached males running around down there.

COUNSELOR: Clubbing?

PATIENT: Yeah. That's where the "swingers" go. The ones who think they're swingers anyway. Alicia's getting tired of the 123 which is where we used to go which I like the people there and everything, but I get tired of only going there and I want to go other places. But I can't go by myself and I don't have anybody else to go with because the only other person I can go with is my best friend Meg. Except I can't go with her because she's married and her husband frowns on such things (chuckles).

COUNSELOR: Yeah.

PATIENT: And she feels-not really-he doesn't really care. If he's working on a (inaudible 8:58) he wouldn't care if she went down to Rush Street with me but it puts her in a bad position and she's uncomfortable about it and everything else, you know.

But Alicia's decided she's tired of hanging around the 123, so get out and meet some different people. I'm trying to really psych myself into being relaxed, but I'm excited about it because I haven't been down there in a long time.

COUNSELOR: Yeah, you're going to a new place and you've just got some new clothes.

PATIENT: Right. And I wasn't (inaudible 9:32) my hair last time-it's all curly and everything. And I really feel good, you know. But I know I'm going to start to clutch later on and I...

COUNSELOR: When you actually get there, you'll walk into the bar and start to get a little nervous and think "Well..."

PATIENT: I don't start to get nervous right at first. I walk in and if I think I really look good and I'm in a good mood I'll walk in there and I feel fine-I feel good-I feel like I look all right and everything. And then you sit there for awhile and that's when I start being depressed.

COUNSELOR: Um Hm. You sit there and wait and no one comes over and you...

PATIENT: And you start to think "Well, here we go again." And it's just-it's not so bad when I'm with Alicia because I can talk to her. We usually have a fairly good time together. But then what happens is as long as she and I are together and we're talking and I can keep myself up and quit thinking well we're just sitting her talking and we've been here for a half an hour and there's ten jillion guys around here and nobody's asked us to dance. I can keep my mind from thinking about things like that. If I can just say I don't really care. We were out last Saturday night and I didn't really care. And we had a good time and finally just telling myself I don't really care, that we're having a good time and everything. That I'll be all right-until somebody asked Alicia to dance.

COUNSELOR: Um Hm.

PATIENT: And there I sit. She won't even-she won't...

COUNSELOR: Tapping your fingers on the table...

PATIENT: Yeah. Shifting uncomfortably and not really knowing what to look at, you know.

COUNSELOR: Um Hm. Um Hm.

PATIENT: If I just-I feel kind of funny if I just kind of look around at the people. But there's really nothing wrong with that, but I feel funny. I feel like I'm looking for something and everybody knows I'm looking for something.

COUNSELOR: Yeah. [11:43]

PATIENT: And if I sit there and stare at the table, that even looks dumber.

COUNSELOR: As though everyone can see that you aren't dancing with anyone.

PATIENT: And everybody notices it. Of course, nobody is noticing and they could care less if they notice. But it-I feel obvious and it's so funny-I hate to feel obvious. At the same time, I hate to feel unnoticed completely. But I think it's a-it's part of it. It's the same feeling. It really is. I'm obviously unnoticed or something.

COUNSELOR: Yeah, right, because...

PATIENT: But Alicia's pretty good about that because she won't dance more than maybe two dances before coming back to the table and talking with me for a little while. Unless I'm dancing, in which case, she'll go ahead and dance. But I keep talking like I'm going to talk myself out of giving up before I get there. I don't think I will, because I like my new outfit.

COUNSELOR: Yeah.

PATIENT: But I haven't-nobody's seen it except me. I came and (inaudible 12:53) last night. I think it looks sexy because it's shiny.

COUNSELOR: Yeah.

PATIENT: The stripes are going the wrong way for someone my size, but they're little bitty ones. I really like it. And it's worth twelve dollars. It's not worth much more than that if you start looking around at the sleeves and stuff like that, but I think it's a great deal.

COUNSELOR: The shopping coup (laughs).

PATIENT: (laughs) I don't make shopping coups very often, you know, if I like it I'll pay for it. I never get a discount or anything. But I really like it. I don't know, I should-I was trying to decide whether to wear a dress or pants to go out for an interview. I think if I go for an interview of a job for, say, to a person-a possible employer, I will wear a dress. But these clothes are presentable and they are accepted downtown working

apparel now. So, for just going down and taking tests and filling out applications, I don't think it really makes that much difference.

COUNSELOR: I hate dresses. I really do. I hate them.

PATIENT: I have this one dress that-I like this dress and I wear it all the time. I've had it for four years and it's beginning to look kind of rough. It's not real short, but it's above the knee a good couple inches. I wear my dresses real short. But I wore it to church the other day and my legs got cold.

COUNSELOR: Yeah.

PATIENT: And I'm thinking-because I wear pants every day to work. Usually grubby Levi's, you see, because the lab is dirty. It's got a cement floor and the air is-dirt falls out of the blower-the heater thing and it's ridiculous to wear-and then I wear a lab coat and the stuff I'm working with and everything it's ridiculous to wear anything good because it's just going to get smelly or ruined or something. Working with acids and (inaudible 14:55) and stuff like that. That's one thing-if I get a job downtown I won't be able to wear my Levi's to work every morning.

COUNSELOR: Yeah.

PATIENT: But that's something I'm willing to sac-it looks like from the-for what I'm qualified for, if they have an opening for any of the positions, like with the FBI or the Federal Government-I think I'd probably be with the FBI or Federal Food and Drug Administration-probably something like that. Or the State, which has a Pollution Control Board which I would-it's the sanitation-I'd be a sani-sanitation-sanitarion, something like that. But there's all kinds of things that would be involved. Lots of different things involved instead of just doing one thing like I do. And being traveling around to different places-I wouldn't be sitting in an office all day. And meeting people. And on a business level, I can do all right meeting people. It's just personally...

COUNSELOR: Yeah, yeah.

PATIENT: ...that I have problems.

COUNSELOR: Like on a business level you're not up for evaluation-you, yourself.

PATIENT: Well, I am up for evaluation, but not socially. I've always gotten along with older people and I've always been able to impress-and I've always had this problem-I mean-well it's not really a problem, but I get along with a boyfriend's parents, his brothers and sisters and his dog, you know.

COUNSELOR: But not him.

PATIENT: Right, okay, I'll get along okay with him but I had-I know of two examples of guys-we were just going along-we were just going out. We were just kind of going together for fun. You know, there was nothing serious or anything like that, you know. Besides that, you hear-he hears wedding bells and he thinks he hears wedding bells.

COUNSELOR: Yeah. Freeze, right?

PATIENT: And I know of two guys that I went with whose mothers-I had gone over to his house for different occasions and everything and talked with his mother and his mother and I became great friends. And his mother is what ruined us because he'd come home and all he'd is "How'd Susan? She's a really nice kid" and all this kind of stuff like this, you know, and his mom had wedding plans for him. It wasn't me and it wasn't him. It was his mom and...

COUNSELOR: (laughs)

PATIENT: So I get along well with older people.

COUNSELOR: Yeah, yeah.

PATIENT: And I get along well with people my parents' age and businessmen like I would be running into. But-even socially-I have no trouble. I don't know what it is about my peers. Especially men. But little kids-I used to get along better with little kids than I do now because they make me nervous now. I haven't been around them in so long.

COUNSELOR: Hmm.

PATIENT: When I used to babysit I had no trouble getting along with kids. And even when I was eighteen, nineteen years old I use to-there were a couple of people in the neighborhood that I babysat for since I was fifteen and then I came home on vacations being in the summertime when I was nineteen years old I would still babysit for them on special occasions.

COUNSELOR: Yeah.

PATIENT: You know, like special occasions like if they were going away for the weekend.

COUNSELOR: Right.

PATIENT: You know, like if they just wanted someone for the night, they'd get some sixteen or seventeen year-old kid in the neighborhood. But if they were going away for the weekend and wanted someone to stay with their kids, the didn't want to take them with, they usually called me (inaudible 18:14). But now they make me nervous because since then I haven't been around them and I'd forgotten how when kids play-just when they're playing and they don't need to-they scream!

COUNSELOR: Um Hm. Um Hm.

PATIENT: And just-they really Meg's-because Meg's brother is a holy terror. But we were out there-I was out there one day for dinner with them and spent the afternoon and evening with her family. And her brother-Meg's parents were really, really strict with her and her two sisters-and in retrospect, Meg's mother, looking back, realizes that she made a lot of mistakes. Because her father was-is-somewhat violent and she's told him a couple times that he probably could have gotten in for (inaudible 19:10) and taken in for child beating if anybody had ever said anything about it.

COUNSELOR: Hmm.

PATIENT: And her mother used to just sit there and not say anything and, in retrospect, she had decided that that was wrong and so Jordan is like a change of life baby. Her mom is really only forty-seven, but Jordan's twelve and Meg's twenty-four today. So there's twelve years difference.

COUNSELOR: A big difference.

PATIENT: And her two sisters are two years apart-well twenty-one and nineteen, I think. And so she has decided she made this-she made a mistake and so now any time anybody yells at Jordan, her son, she just goes into a frenzy and just protects him terribly. Her father, she won't even let her father reprimand him for anything and she won't either. So they're just complete about-face so the kid is a holy terror.

COUNSELOR: Going to the other extreme.

PATIENT: You're there for dinner, you know, and of course he's showing off for guests and he does stuff that if I had tried that, guests or no guests-and my parents-my parents weren't big on beating, you know, spankings. They weren't afraid to spank but they-I didn't get spanked that often. Mostly because I didn't push them. My brother got spanked more because he was-he'd push them until they really couldn't take it any more.

But some stupid thing like he was doing-things that he was doing at the table, playing with his food and stuff like that and yelling and screaming and jumping up and down at the table and stuff like that-we'd have got smashed right in the mouth, probably. 20:43)

COUNSELOR: (chuckles)

PATIENT: And they just kind of sat there like nothing was going on, just completely ignoring it. And my-I'm a nervous person anyway.

COUNSELOR: Um Hm. Um Hm.

PATIENT: And I get that from my mother environmentally.

COUNSELOR: Why is that?

PATIENT: I'm sitting there and Meg could see me getting more nervous, more nervous...

COUNSELOR: So watching him act up and play with his food and nobody's noticing...

PATIENT: Well, they're ignoring it.

COUNSELOR: Yeah.

PATIENT: And a couple of times I got ready to reach across the table and smash him myself. You know, bop him on the head "Sit down and eat. Shut up. Children will be seen and not heard." (chuckles) I used to hate that and now I said it! I guess Meg has the same problem.

COUNSELOR: Um Hm.

PATIENT: And she tries to reprimand him for something and her mother really just kind of steps in and, you know-they were-earlier that afternoon I was there and he and a friend of his were playing in the den and they were-they weren't being-they were being rowdy as boys will be, but I mean they weren't being destructive or anything. They were having some kind of races with their cars and stuff like that and little bit of wrestling on the side and screaming and hollering and jumping up and down and (chuckles). I'm just going...

COUNSELOR: You started to get more and more irritated. [22:09]

PATIENT: Yeah. And Meg wasn't in much better shape. Let's go shopping. Let's get out of the house. I don't know. It's times like that when you say "I don't want any kids." (chuckles) The world's overpopulated. But I think it's one of those things you get used to. You've got to get used to the kids yelling and screaming because I know we used to do it. When I was twelve years old my mom was in the hospital with an almost nervous breakdown. So we used to do it, too. It's hard to remember back that far-I mean how much noise you used to make.

COUNSELOR: Yeah, yeah, yeah.

PATIENT: You weren't making noise at the time and it's not so much-it's not so much-I-I-we-I got-I remember one time-I think I told you about this-getting caught at this. We were coming back from my grandparents' farm and we were fighting in the back seat-my brother and I-and back comes his hand across the backseat. Both of us got "I told you before shut up and be quiet in the backseat." So we're sitting there real quiet and still like we always did and then we started looking at each other out of the corner of our eyes and giggling. And then we started playing with each other. We were having a good time.

COUNSELOR: Yeah, yeah.

PATIENT: We thought we're having a good time. We're enjoying each other's company. You can't get in any trouble doing this. After ten or fifteen minutes of this-I always sat behind my dad so I was always the one that caught it-hand comes flying back again. I didn't see it this time. Smack! And I was stunned.

COUNSELOR: Yeah.

PATIENT: I was totally stunned.

COUNSELOR: Because you were so surprised because you didn't think you were doing anything wrong.

PATIENT: Because, you know, I felt like I hadn't heard the-you know, I hadn't heard Bill Cosby-he's got a line "What did you do that for? Being good." or something like that. That's when I looked at my mom and sort of said-I said-just total amazement-my mom felt sorry for me.

COUNSELOR: Yeah.

PATIENT: I was always a why kid anyway. I just stood there looking at her with this-I remember-total shock. I said "What did you do that for?" "I told you guys to be good." "We were being good. We're just sitting back here enjoying each other's company being real good. We weren't fighting or nothing." My mother says "You were making noise. That's what makes your father nervous when he's driving is making noise." She didn't tell me this until the next day. She just always said about that time-all he said was "Just shut up." I don't even remember whether it was winter or summer, bad driving conditions or anything like that. When you're a kid, you don't care. But that was such a shock. How did I get on the subject of kids make me nervous? Especially about fifteen minutes ago. [25:01]

COUNSELOR: Oh, you were talking about how you get along well with older people and kids.

PATIENT: Oh, I don't get along as well with kids anymore as I used to. Of course Jordan's the only thing I have to go on by that kid. Because I'm not around any kids besides Jordan. And the ones I used to babysit with, they were rambunctious but I had no trouble controlling them. Probably because most of the time instead of sitting there listening to them play and scream I was playing with them.

COUNSELOR: Yeah, yeah.

PATIENT: Which you know, you're in on that, so it, you know, it's not noise you have to sit there and listen to and observe. You're in on it. You're jumping up and down and screaming and everything else. So all this stems from the fact that I was saying I don't think I have too much trouble in the job where I have personal contact.

COUNSELOR: Yeah, yeah.

PATIENT: As long as I don't have to sell anything. I don't really think I'd enjoy selling, but personal contact, you know, checking up on other people (chuckles) that's not too bad. I just, you know, I wouldn't like to sell, though. I used to-well I didn't really sell. I used to sell clothes in a clothing store. I never enjoyed it. I much preferred being behind the cash register taking the money. I still enjoy that sometimes-taking the money. (chuckles) I like to take in money. Even though I don't get to keep it it's fun to handle it.

COUNSELOR: (chuckles) Yeah, yeah.

PATIENT: I-Dr. (Foley ph26:30) knew-I told Dr. Foley I was going job hunting today. He said "Well, we'll take up where we left off Monday", you know. (chuckles)

COUNSELOR: He's really easy-going about it?

PATIENT: Well he feels bad.

COUNSELOR: Yes.

PATIENT: I mean, you know, he doesn't know that I really wanted to quit anyway because I was getting fed up with the job.

COUNSELOR: So he thinks he's letting you off.

PATIENT: And the thing that I was getting fed up about is what I've got to start again Monday. I told you about that Parathion stuff where they die of suffocation.

COUNSELOR: I don't think so.

PATIENT: Oh, well, see the reason I wanted to get rid of my job in the first place was all my life I've had a recurring dream and a recurring fear of dying of suffocation. [27:21]

COUNSELOR: Yeah.

PATIENT: You know, people have dreams of falling off cliffs. Well I have dreams of dying of suffocation. And I have claustrophobia, sort of. If you like-if somebody sat on my back or sat on my legs, it doesn't bother me. But if somebody sits on my back and puts his knees on my shoulders and pins my head down...

COUNSELOR: Yeah.

PATIENT: You know, if you're just sitting on my back that doesn't bother me. I

COUNSELOR: Yeah.

PATIENT: If I can't move my shoulders and my head, I just become panic-stricken because I think I can't breathe. And also, I can't smoke menthol cigarettes for the same reason. Because-you used to smoke. Did you ever smoke menthol cigarettes?

COUNSELOR: Um Hm.

PATIENT: Did you ever smoke any other kind?

COUNSELOR: Um Hm.

PATIENT: Well when you smoke a menthol cigarette, did you notice how it feels funny in your throat the first...

COUNSELOR: I guess I never noticed that.

PATIENT: The only thing-the first thing is it kind of tightens up my throat. Actually, I don't think it's tightening it up, but it feels like it's tightening it up. It's the menthol soothing it, but it feels like it's tightening up my throat.

COUNSELOR: It hurts.

PATIENT: And I can't breathe. I-I-I can still breathe, you know.

COUNSELOR: Yes, but it feel maybe your throat's going to close up.

PATIENT: And I don't like it so I can't smoke menthol cigarettes. So these rats, first of all, are laying on a-sitting on a platform with their heads out the plate-the plate that has a hole in it. It's large enough for the neck. The hole is large enough to give them plenty of neck room. They're not being unless, you know-they've got room to move it up and down and sideways. But their jawbones come out so much further than necks that it's smaller so they can't their jawbones out. So even when they start pulling back, the only thing they're pulling against is their jawbone right here.

COUNSELOR: Yeah.

PATIENT: So it's not hurting them. But anyway, they've got their necks caught.

COUNSELOR: Yeah, right.

PATIENT: Now this-this particular aspect of it never really bothered me until we started gassing them with Parathion which is a gas which causes death. You gas them for fifteen, twenty, thirty minutes, however. They usually die-if they're going to die, they're going to die within ten to fifteen minutes after you're through exposing them or while they're being exposed-and long exposures.

COUNSELOR: Um Hm.

PATIENT: And they die of suffocation because the stuff paralyzes their diaphragm muscles and their ribcage muscles so they can't breathe.

COUNSELOR: Um Hm. Um Hm.

PATIENT: Their muscles won't work. So they lay their gasping and dying of suffocation and I have to sit there and watch them because I've got to write down how long it took them to die.

COUNSELOR: Um Hm. Um Hm. And there you are sitting watching these rats die of suffocation with their necks caught in this thing.

PATIENT: Yes. And I don't want to die of suffocation and it just-the-it just used to get-at first I just didn't like watching it, you know. But it got worse and worse and worse.

COUNSELOR: It started to really get you.

PATIENT: I go gas that day and then I'd go home and I'd cry all evening.

COUNSELOR: Um Hm.

PATIENT: I'd really get upset. I'd cry or go by the-go to the store and buy myself a bottle of booze and finish off half of it or something and sit there blah, numb.

COUNSELOR: Um Hm.

PATIENT: And...

COUNSELOR: Did-yeah, something about it would just stay with you.

PATIENT: Yeah, I couldn't stand it. I've killed rats before-I mean I just picked them up and when we do analysis-it sounds gross but actually it's the nicest way to kill them because it's the fastest and the easiest and causes them less-it doesn't get them as excited-is to just cut their heads off.

COUNSELOR: Um Hm.

PATIENT: They don't get excited-it's a much nicer way to go. But it looks kind of gross. But I've done that and it never bothered me. I've etherized them. I've injected them. I've done all kinds of things to kill them and it never bothered me.

COUNSELOR: Um Hm. [31:02]

PATIENT: I suppose if I didn't have to watch them die of suffocation, this wouldn't bother me either.

COUNSELOR: But you sit and watch them struggling and helplessly in...

PATIENT: My throat gets all tight. I start gasping. And I've got to do that again next week. But Dr. Foley knows that I don't like to do it but it needs to be done.

COUNSELOR: Um Hm.

PATIENT: I did find out that although these people may not have jobs for me just saying that I'm working on inhalation toxicity at the NYU carries a lot of weight.

COUNSELOR: Yeah.

PATIENT: I saw this one guy "Oh, well, how nice. What are you doing here?" (chuckles). Well I don't really-I didn't know what to tell them when they ask me.

COUNSELOR: Hmm.

PATIENT: I didn't know-I didn't want to say-well in some ways they could understand it and in some ways they couldn't. If I told them my boss works on a grant nationally-because they wouldn't know this, just the fact that I work at the NYU. His grant runs out May 1st and he doesn't have any money to pay me and he

won't have another one until later. Therefore, I won't have any money. I mean, he will have no money to pay me so I have to look for another job. Which puts them in-they can have sympathy. It could also put them at the advantage because they know I have to get a job and the might try to stick me in something I don't want.

COUNSELOR: Yes, yes.

PATIENT: For less money than I want, too.

COUNSELOR: Yes, yes.

PATIENT: I don't want to tell them that I just got tired of my job. I've got a good work record. I've worked there for a year and a half and everything.

COUNSELOR: Um Hm.

PATIENT: I don't want to tell them I just got tired of my job because I'm kind of-I'm wanting to go into the same kind of studies-toxicity studies, pollution studies. Except I want to go in aquatic pollution studies.

COUNSELOR: Into what? [33:05]

PATIENT: Aquatic pollution studies, like going around and studying the rivers and lakes around here.

COUNSELOR: Yeah.

PATIENT: See if they're polluted and I'd kind of like to be in on finding the source of this pollution. Finding out who's polluting it and giving them a hard time.

COUNSELOR: Um Hm. Um Hm.

PATIENT: Which I would be in this one-in this one job for the State. I'd be in sewage control if I get it.

COUNSELOR: Um Hm. Um Hm.

PATIENT: I've got to go by and take the test. But it just fits exactly.

COUNSELOR: Yeah.

PATIENT: I fit kind of right in there because all the requirements for it I had in college, plus I've got good background here and I have a year and a half experience at it.

COUNSELOR: Yeah.

PATIENT: The test is-of course is about sewage control and stuff like that-tests for sewage and stuff which I know nothing about but with the rest of my background and everything, I should probably be able to get the test. I don't know, I'll have to wait and see what I get on the test. But still, you know if I tell them I didn't want-that I'm tired of this job they may think "She's going to be tired of this one in a year and a half or something like that. I suppose I could just say that having to gas these animals upsets me-to watch them die of suffocation really bothers me because I know I did it. I suppose I could say that. I-I really don't know what to say.

COUNSELOR: It's sort of something kind of you don't want to say that to him...

PATIENT: I suppose maybe the safest thing to say would be the fact that the work that I'm doing bothers me because the nature of it-of these things are terminal and they bother me because it just bothers me to have to watch these animals die in this manner.

COUNSELOR: Yeah.

PATIENT: And I don't want to tell him-one thing I'm not going to do is I'm not going to tell him I've lost interest in my present job. They will kind of think that I've sort of lost interest from this but, you know, but

when I tell them about it bothers me, they will assume that I have lost some interest. But I'm still...

COUNSELOR: They won't think it's like flip or something...

PATIENT: A good reason for it. Of course, I think it's a good reason. I could tell them that-I could make it a combination of the fact that the studies that I'm doing are bothering me and the fact that the reason I'm doing it now instead of later is to get a jump on it because his grant runs out in May and I will need a new job. I don't want to wait until May to start looking for one because then I've got to compete with all the graduates that are graduating in June-May and June. Jobs are tight enough they way they are. I don't know. I hate to lie to people, though. It's not really a lie, but you have to be so...

COUNSELOR: Um Hm. Um Hm.

PATIENT: ...careful in things like that, you know, that you don't say something wrong.

COUNSELOR: Um Hm.

PATIENT: It's really aggravating. I hate to do things like that-like I have to walk this tightrope worrying about it-tell a small lie or something like that.

COUNSELOR: Carefully present just the right information and not let any of the wrong information slip.

PATIENT: Right. And, you know...

COUNSELOR: You don't like to be so devious.

PATIENT: Right. And it's so funny because most of these people won't really care once you've got the job.

COUNSELOR: Yeah.

PATIENT: You know, and they probably wouldn't care anyway but you just can't take the chance.

COUNSELOR: Yeah, yeah. [37:08]

PATIENT: Somebody might be sitting there waiting for the job that has none of the hangups that you have or something like that, you know. They're not hangups that I think would-you know-they're not really hangups that would-would reduce my capabilities for the job. That's one thing that gets me about these jobs is I really think I could do all these jobs, but these tests! I'm perfectly capable of the jobs, but like the test on sewage control-I know absolutely nothing about.

COUNSELOR: Yeah, Um Hm.

PATIENT: I suppose I could look it up in a book and stuff like that-well if I have any about the proper pH for water in sewage ditches or something like that, I really don't know what it is. I never had any sewage work (chuckles). I never took any courses on sewage. I do-I took one-what course was it? On sewage disposal-there was something in it on the different types of sewage disposal. I don't know what course it was, about different ways that they disposed of sewage. I need to get out that book (inaudible 38:19).

COUNSELOR: Hmm.

PATIENT: It's probably helpful.

COUNSELOR: Hmm.

PATIENT: There's three different kinds of ways they can do it or something like that. It could have been in Bacteriology. It seems to me it was my Senior year and that's about the only thing that would come close to it that I took in my Senior year. I don't know what I took in my Senior year.

COUNSELOR: Oh, getting old. Feeble-minded.

PATIENT: That's really something funny. I have a bad memory. I have a convenient memory. I've always been able to pretty much forget bad things that happen to me. The emotions may still be there because I've forgotten, you know, what really happened. I can forget what I did yesterday or what the date is today after writing it ten times someplace. Or things like that. But, in college, my memory-not my memory-well it was sort of memory-is what got me through college because I'd sit down and I'd read a book for a test and I'd go ahead and take the test and I'd get a good grade on it. I didn't memorize anything in the book because my powers of memorization are rotten. But I just kind of assimilated it.

COUNSELOR: Yes.

PATIENT: If I understood it, basic premises and everything, you know, I'd go in with an understanding of what I was saying and could write a good test. Not saying that I would remember all these premises two weeks later.

COUNSELOR: Yes.

PATIENT: But I had the understanding. I understood it, thereby I think that if I needed it again I would reread it and be able to understand it again. Not that I remember it, you know. But I could do things like that and yet I have a horrible memory. It really is. It's inconvenient and convenient. It's convenient in that I do just kind of automatically forget bad things. Just kind of I don't even worry about it-they just, you know...

COUNSELOR: Now forgetting the dates and books and stuff-that's not so convenient?

PATIENT: Right (chuckles) yeah. Like today I had to back and get that checkbook. I thought I'd never-I was getting to the point where I thought-it was the same thing last night. I thought "I've got to go shopping and buy some new clothes. I'm going out with Alicia tomorrow night." I knew-tonight-I knew that. Also knew I was going downtown this morning and I needed something to wear. Something nice and presentable. I really went dress shopping but didn't find any dresses. But then I got home and I thought "No, I'm not going to go. Too much hassle." Then I said "Well, you have to go out and buy Meg's book anyway-Meg's birthday present anyway and you can't really go to the store and buy Meg's birthday present because you haven't got any money. So you have to go someplace where you can charge it. Sears."

COUNSELOR: Hmm.

PATIENT: You've got to do that, you might as well just go shopping anyway. I've been saying-I've been saying for about three weeks that I was going to go. You know, tonight I have nothing to do, I'm going to go dress shopping. I'm going to go shopping and I never do. I just think about it. My girlfriend Meg called me last night. I haven't talked to her since before Christmas and about three times a week I think to myself "Tonight when I get home I have to call Meg" and I never do it.

COUNSELOR: You don't quite understand why you can't act on the stuff you plan to do.

PATIENT: Right. There's no reason why I don't do it-to do dress shopping or just like that. Today I almost decided not to go. When I had to turn around and go home and get my checkbook I said "I'm just going to stay home." I had to force myself to get back in the car and drive downtown. I had no problems when I got there, except the exorbitant amount of money I had to pay to park my car. But-you'd have to have a \$50,000 a year job just to park your car downtown. It's important.

COUNSELOR: (chuckles) [42:29]

PATIENT: You really would. And I had lunch down there. A hamburger costs a dollar. You'd have to take your lunch and take public transportation or something. But that's getting expensive.

COUNSELOR: I know.

PATIENT: Stay at home. I don't understand why I do things like that. Like afraid to venture out.

COUNSELOR: Do you think that's what it is? That you're afraid?

PATIENT: I think so, I mean it's so much easier just to stay in my apartment and be...

COUNSELOR: Yeah, it sounds more like it's too much trouble or something.

PATIENT: It could be that I think it's just too much trouble. You're probably-it's so much of an effort. It's so much easier just to sit at home and think about going to the store and buying clothes and then tell myself I'm saving myself all kinds of money.

COUNSELOR: Yeah.

PATIENT: And I don't know why I do things like that. I'm not really-it sounds like I am-but I'm not really a lazy person. I don't think I am. I'm lazy when it comes to doing things like make my bed but...

COUNSELOR: Hmm.

PATIENT: Grab the covers firmly and throw them up and leave them there. I'd make my bed more often except that my bed is surrounded on two sides by walls. It's up in the corner. I so wanted to pull it outside. Making (inaudible 44:18) for not making my bed. (chuckles) I don't know why I do things like that. I've done this all my life. Call Meg, go over and see her. You haven't got anything to do and she's sitting at home bored. I just don't do it.

COUNSELOR: Um Hm.

PATIENT: It's no effort even just to call her on the phone. She lives three miles away from my apartment. It doesn't even cost me one unit and I can talk for four hours-it just costs one unit, not even expensive.

COUNSELOR: But somehow you're sitting around and...

PATIENT: I just don't do it. It's just-it's kind of being lazy and afraid to stick my neck out.

COUNSELOR: Afraid to stick your neck out?

PATIENT: To venture out into anything. Just to make any kind of forward advances at all to do anything.

COUNSELOR: So that even calling someone up is kind of exposing yourself.

PATIENT: Calling myself to Meg isn't exposing myself. Going down to see her shopping is no, you know, I'm not going with anybody else. I don't have to make any commitments to anybody. I can do what I want when I want. And I don't. You know, I won't go tonight. I'll stay home tonight. Stay home and be bored or something.

COUNSELOR: Um Hm.

PATIENT: And I don't know why. I had to force myself to go bowling. I forced myself to go to all these meetings.

COUNSELOR: Um Hm. Um Hm. Your first impulse is always to stay home and you have to give yourself a pep talk to do it.

PATIENT: I don't know what it is-why I do things like that. It's really weird. It's not that I-once I get going, I'm all right. It's like I was thinking to myself this afternoon-I got home about three-fifteen and I was working a crossword puzzle because I was tired of (inaudible 46:12). I thought "I think I'm just going to go to bed tonight. I'm not going out."

COUNSELOR: Um Hm. Um Hm.

PATIENT: "No, you're going out. You went out and bought all these clothes. Don't waste it."

COUNSELOR: Um Hm.

PATIENT: Got to wear them somewhere.

COUNSELOR: I'm not sure what happened with-you said to yourself "I think I'll go to bed tonight" and you just think how sort of it would be sort of warm and cozy and easy or...?

PATIENT: Yeah. It's the easy thing to do. Especially-I mean I can understand-I can sort of understand myself thinking the "Yeah, but if you go out tonight and you don't even meet anybody or anything, then you're really going to feel bad. You might as well just stay at home and save yourself trouble." I can see saying that, thinking that.

COUNSELOR: Yeah.

PATIENT: But I never-I don't understand why these little thoughts creep into my mind-well-and I give into them, too. "Well let's don't go to Sears tonight. Let's wait." I don't know why. I think why those ideas creep into my mind and I'm even less sure why-I can understand if I'm tired or something why they would come into my mind. Why I give into them I don't know. I've taken a pos-yesterday I was very positive yesterday and today. I decided well, we're going to do it.

COUNSELOR: You sort of took yourself in hand and said we're going to the store.

PATIENT: Shut up, we're going to the store. I do that. I guess I really am getting lazy. A lot of it is laziness. Because I don't want to be bothered or something. Because I've been doing the same thing about just going down to Mr. G's to just pick up some food. Well if I go, when I get back I won't have a parking place for my car and I'm not about to walk two whole and a half blocks. I don't think anything of walking to work every day and walking back. It doesn't bother me. Even at zero degrees, I don my old coat and I trudge out. It's part of my daily routine I guess, or something. But to walk to the store, that's terrible, which is two and a half blocks, right? It's usually-and my excuse I use is it's too cold. I'll walk-on a really cold day I'll walk from work to my apartment. My car's parked in front of the apartment. I will then get in my car and drive to go to the store. (chuckles)

COUNSELOR: (laughs)

PATIENT: If I really need something bad, because it's just too cold to walk back to the grocery store. And I think-I really get a good laugh out of it every once in a while. Oh, this is cool, stupid. You know, but I think-like it just doesn't bother me a bit to walk back and forth to work. I thought of driving a couple mornings when it was really cold. But it's sheer folly to drive because by the time I go to work, all the parking places are taken near where I work. I live on 54th place and I usually have to park on 56th. I park my car on 56th and walk the rest of the way. Now I'm saving myself a block and a half and by the time I get in the car, drive around for ten minutes trying to find a parking place, parking in it and walking the rest of the way, I've wasted gas-it's not good for the car to start it and stop it like that. I've wasted time-the time it took my to start it, drive over there, drive around, park it and walk, I could have walked the whole thing in less time. Less money spent and everything else. So I think that's why I've accepted so well just walking to work [50:09]

COUNSELOR: Mmm.

PATIENT: But when it's warmer I go ahead and walk down to the grocery store. I've had days when it was warm enough to do that. I learned though, from experience, when I used to live right across the street from Mr. G's that I'd walk into the grocery store to buy a dozen eggs and a pound of bacon and I come back with about twenty pounds worth of groceries. I'll see something-oh, that will be nice. I can have that for dinner tomorrow night. First thing you know I've got two big sacks of groceries. Well, you can kind of stumble across the street from Mr. G's to (inaudible 50:40) up three flights of steps with two bags of groceries. But I can't see walking all the way down to 54th place, you know.

I've done that to myself a couple of times and so I've-I just take it. But there have been times when I really-it's so funny. Walk all the way home and then get in the car and drive two more blocks. But sometimes I'm just so cold by then. But usually it's not any of those things. I just do it. I'm going to go to the store-I've got to drive to the store. Walk to work, have to drive to the store.

I'm not sure if it's-again, it sounds like anything venturing forth out of my little cosm.

COUNSELOR: Um Hm. Um Hm. [51:34]

PATIENT: I don't know-but personal pride or what-I hate to consider it's just laziness. But it sounds like laziness. It's just like, you know, it's the easiest thing to do. It's the easiest and the safest thing to do is just stay at home.

COUNSELOR: In your own little cosm that's comfortable and you're there.

PATIENT: And I may be miserable but at least I'm safe.

COUNSELOR: Yeah. Nothing strikingly bad is going to happen to you.

PATIENT: It's like nothing ventured, nothing gained. Nothing ventured, nothing lost.

COUNSELOR: Nothing lost. Yes, yes.

PATIENT: So I remember thinking things like that when I was going to do something like tonight. But just to go to the store-I've never really logically... I don't remember any logical or illogical though processes I've had as to why don't want to go to Sears.

COUNSELOR: Um Hm.

PATIENT: I remember one day that I was just too tired and one day it was too cold. But, you know, it's just things like why I don't call Meg up, why I don't call this other girlfriend, Sandy, that I went to high school-college with. I have a perfect opportunity. Both of them live right downtown. I could meet them for dinner downtown somewhere. Go right-Meg-because Meg is married but her husband is gone a lot of times in the evenings. She just lives about-over on 68th. It takes-I've got to drive through a bad neighborhood-it takes-it doesn't take very long to get there. [53:19]

I don't know. You'd think things like this would be safe things to do because they're-I'm going someplace to get out of the house and yet I'm still-I'm staying within-like going over to see Meg, that's my one best friend...

COUNSELOR: It's not like you're doing something where you might get rejected or anything.

PATIENT: Right, yeah. Going to the store. Who's going to reject me at the store, right? Or the Sears or shopping. And it's not really the money that I'm worried about.

COUNSELOR: Um Hm.

PATIENT: Although I do have a tendency of once I do let myself go, I go a little crazy. But, I don't know.

COUNSELOR: You know, it's almost as if something tells you when you are in a safe place, stay there.

PATIENT: It's not as bad-like I said before-since I've gotten into these groups, bowling and the ski club, because there are things I have to do and I do do things that I have to do. Oh I have my apartment and I thought I'd just go home and I'd stay there all night. Me and my cat. It was really bad when I didn't have the cat. Just me. I don't know if this is a gross reaction from my feelings, you know, of being on the outside. Just to stay inside in my own place where I'm king or queen or whatever. I'm big cheese in my apartment. This is mine. I've got control of it.

COUNSELOR: Um Hm. Um Hm. Do you like that?

PATIENT: It's a secure feeling, you know. But then, with Meg around, it's not even mine. Not all mine. And I enjoy having Meg live with me. I enjoy that. I enjoy having her around. Good shot!

COUNSELOR: I missed.

PATIENT: Oh (chuckles) I thought it went in.

COUNSELOR: That's strange. I'd be working.

PATIENT: Does it sound like they're all tied in together, possibly.

COUNSELOR: I don't know. I mean, well, the thing you said about staying in your own apartment where it's your place maybe, but I don't know.

PATIENT: Well, I'm not going to be rejected there. I think part of it's just laziness, I really do. I really don't-part of it like not going out, not wanting to go tonight, I can understand that-that relates. But the other part, it's probably just sheer laziness. Just-just-it probably is. That's something I can combat.

COUNSELOR: Sheer laziness.

PATIENT: Yeah. That I can overcome. I think part of the laziness comes from the fact that I'm not doing anything really inspiring.

COUNSELOR: Hmm.

PATIENT: It doesn't-I don't get inspired to go to the store, you know?

COUNSELOR: Yeah, it's like there's nothing-you don't sort of-you can't get enthusiastic about it. You don't think-you aren't looking forward to having a really nice dinner. It's just something you've got to drag yourself through.

PATIENT: I think that breeds laziness a lot.

COUNSELOR: What do you see (inaudible 57:22).

PATIENT: I'll just stay here. Save myself the gas and the effort and everything else because...

COUNSELOR: Because you don't expect anything good to happen.

PATIENT: I just kind of-I didn't even get excited about shopping until I got there.

COUNSELOR: Yeah.

PATIENT: And I wouldn't have gotten excited at all except that I did find a couple of things that I liked hanging on the racks-which is unusual in itself and when I did find the, they fit.

COUNSELOR: Yeah, yeah.

PATIENT: Which is the problem I have. First of all, I can't find anything and if I do find something, it doesn't look good or it doesn't fit.

COUNSELOR: We should be quitting. (blank space in tape) [58:07]

PATIENT: Next week I can't come on Friday.

COUNSELOR: Maybe you could make it Thursday.

PATIENT: Yeah, Thursday would be good. Friday is out.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is Client Number 1923-018. This is Session Number 6, February 16, 1971.

(background talking and bumping)

PATIENT: Well, it's a bit brisk, but it's not it's nothing really bad. I'm just getting so tired of this cold weather. It's not the cold weather that I don't like; it's just being cold. [1:06].

COUNSELOR: Yeah.

PATIENT: My roommate moved out Sunday. Great plans that what I was going to do Sunday during the day. (sounds of paper shuffling and microphone swooping) Oh, I just didn't do anything. It was horrible. I just sat in my room (inaudible at 1:30).

I felt kind of bad 'cause she moved out.

COUNSELOR: Yeah. It was sort of empty, and

(cross talking)

PATIENT: Yeah. 'Cause most of the living room furniture there's, there's, like, there's three other [piles of] (ph) property in this apartment that stays there.

COUNSELOR: Yes.

PATIENT: And will stay there, hopefully; I don't want it. And then there's my furniture. My furniture makes up about half the living room. And her furniture took up all the dining room.

COUNSELOR: Oh, so it was literally -

PATIENT: The dining room was empty. The living room's full. And the bedroom's empty. So I felt kind of bad. I enjoyed having her as a roommate. And I still don't the lady that was supposed to have moved in with me, she hasn't I haven't even heard from her yet.

COUNSELOR: Hmm.

PATIENT: Nobody has. I've just been hibernating. I thought that she was the one that responded (inaudible and crosstalking). [0:02:34.7]

COUNSELOR: Yeah.

PATIENT: I was sure she'd be back to work yesterday, but she wasn't. I know I can't do anything, and I really don't want to talk about it.

(pause)

I mean, I had nothing that's bothering me particularly except the same thing. It's always bothering me. It's not (loosening) (ph) yet. [3:09]

I was talking to Chrissie about it.

COUNSELOR: About being tense -

PATIENT: Yeah, and not being able to loosen up. Not being able to just relax and enjoy myself, you know, or to let myself go. And Chrissie says, "Well see, you worry about it too much. You ought to quit worrying about it and do it."

COUNSELOR: Uh-huh. Fine.

PATIENT: Great advice. I already know that. But my problem is how to go about loosening up. I've got I've made conscious attempts at it. But I don't think you have to push yourself hard towards it. It's only because of of release, and I don't know how to do that.

COUNSELOR: Yes. Yes.

PATIENT: I don't know . That's the reason, you know, basically, I'm coming to see you. It's because I just don't know how to I don't know, let go? It feels that I should I guess that I should do it just a little bit at a time

or something like that, but . I realize that that's my problem; and I'm, like, too uptight about the whole thing. But I don't know how to just forget it; you know, just relax and forget it, sort of.

COUNSELOR: Yeah.

PATIENT: I've thought about it, alright. I've made conscious attempts at it. But as I think I told you once before, I just I don't I've, I've had no success at conscious attempts because they just seem so futile as I'm doing them.

COUNSELOR: Yeah.

PATIENT: 'Cause I realize I'm not, I'm not really relaxing and just -

COUNSELOR: Yeah.

(cross talking @4:40)

PATIENT: I'm just playacting, you know.

COUNSELOR: Um hm.

PATIENT: I'm just playacting to everybody else, and I'm not which just doesn't do any good. And probably not being a very good actress, either, at the same time. And I don't know how to relax.

COUNSELOR: It seems like something that always tends you just have to release. Somehow, it has to come out without your doing it.

PATIENT: And you can't make it. It's not, it's not something you have to force at. It's something you have to let out, you know.

COUNSELOR: Um hm.

PATIENT: It's something you work harder at to bring it out. It's something you just relax and let out.

COUNSELOR: As if there was something you could [learn to] (ph) stop doing to permit it to happen. [0:05:31.7]

PATIENT: Yeah. But I don't know why I can't relax. I don't know I'm like -

COUNSELOR: "Relax" may not be exactly the right word.

PATIENT: But, ah hm.

(sound of door closing)

PATIENT: You know, just forget about it. Quit worrying about it. Forget about it. Just let, you know, just like let my feelings go or something. Just let let myself really get into something deeply

COUNSELOR: Yeah (crosstalking)

PATIENT: Instead of just on the surface. I don't know how. And I don't know how to go about starting to relax [at home] (ph). [0:06:07.5] Do yogi exercises or something. I don't know. I really don't I don't know how to go about start to relax. I don't know what to do about it. Any ideas?

COUNSELOR: No, not really.

(Long pause, 42 seconds)

PATIENT: I tried getting drunk last year. I have all my hang-ups when I'm drunk, just when I'm sober.

I need to

(pause, 8 seconds)

COUNSELOR: (Inaudible at 7:25) picture what it's like to be liked, of flowing, of things just come over one after the other, and your not sort of tensing on them and looking at what's happening to you. And I guess you're letting strong feelings all the way into you said something about getting deeper instead of on the surface. Is that right?

PATIENT: No, I want to be able to just into something instead of just . Well this is, you know, I mean well, that is, I'm being influenced over my roommate. But like she says, "If you want to have strong feelings, if you feel like you want to scream, go ahead and scream."

COUNSELOR: Uh huh.

PATIENT: "...If you feel like you want to cry, go ahead and cry."

COUNSELOR: Uh huh.

PATIENT: "...If you want to be really happy, be really happy." You know.

COUNSELOR: Uh huh.

PATIENT: Don't just stay on this even keel. But I guess I really sort of restrict my emotions terribly.

COUNSELOR: Um hm.

PATIENT: To one, you know, down the middle.

COUNSELOR: Uh huh.

PATIENT: And I'm sure I do it myself, but I don't know how I do it myself.

COUNSELOR: Yeah.

PATIENT: I do know that, like, if I think I'm going to cry (sound of paper moving around) I used to, anyway I would, well . All my life, if I've ever thought I was going to cry, most of the time I went ahead and cried.

COUNSELOR: Um hm.

PATIENT: It's just that I never got to the point when I would cry very often.

COUNSELOR: Yeah, Yeah.

PATIENT: I mean, like I, I . It's not like when I thought, "Oh, I'm going to cry, I can't just stop this," you know. Unless I was in a situation where it would be stupid to cry, you know. A social situation or something. Then I have felt tears start to come up, and I have just held my breath until it went away, or something.

COUNSELOR: Yes.

PATIENT: But I didn't I never, like it goes deeper. I either I'm not subject to the emotions as (fully)] (ph) [9:19]. Like, I can have these great highs and lows. There's something I don't know, physiological that's not physiological but something, you know -

COUNSELOR: Uh huh.

PATIENT: That I just cannot do it. Because I never have. When I was a little kid, even. My mother says that I was not subject to the highs and lows. Now whether this is something that I have built into myself for some reason long ago and is so is so instinctual that, you know, it's before I ever realized that I had stopped getting real highs and lows or anything else.

COUNSELOR: (Inaudible at 9:59)

PATIENT: But I can't I've never been able to get really excited, really. It's not that I've never been able to get really excited about anything.

COUNSELOR: Uh huh.

PATIENT: Like, on the other side.

COUNSELOR: Yes.

PATIENT: It's not that I have not been able to get really excited.

COUNSELOR: Um hm.

PATIENT: It's more like I can't find anything that excites me, you know. If I can find something that excites me, I can get excited about it.

COUNSELOR: Um hm.

PATIENT: But there are very few things really that excite me. I just can't get excited. My mother used to used to worry. Oh, like I said, on the other side, too. Like these things that teenage girls go through, the screaming and jumping around, fainting one minute and then crying their eyes out the next, you know. But I never did that. But, you know, I just don't I just nothing really brings out any just very seldom do I really get excited about anything.

COUNSELOR: Yeah. [11:00]

PATIENT: I enjoy things. But I just I just I can't build up the enthusiasm.

COUNSELOR: Yeah. It's not that you don't have the capacity or enthusiasm. It's just the things you run into.

PATIENT: Yeah. And the things that other people get really excited about, I didn't, you know. I just I'll try to show some enthusiasm for -. Because, you know, if it's something that I enjoy, I'll try to (show) (ph) enthusiasm, you know, just outwardly. [0:11:32.5]

COUNSELOR: Yeah.

PATIENT: So that I won't hurt anybody else's feelings. So they won't think that I'm not enjoying it, you know.

COUNSELOR: Yeah.

PATIENT: It would be just kind of sit there, enjoy, without really showing any enthusiasm. Sometimes people think you didn't enjoy yourself.

COUNSELOR: Um hm.

(cross talking)

PATIENT: But I can't I just can't I don't know, it's not that I wouldn't like, enjoy the things that other people enjoy. It's just, I can't work up the outward enthusiasm for it. I just can't. And I I just don't have the desire to go bouncing around the house with a stupid grin on my face, jumping up and down [wee hee] (ph), you know. I mean, nothing's brings oh, I think once or twice in my entire life have I ever been that excited about something that I was just floating around, you know.

COUNSELOR: Um hm.

PATIENT: And I enjoyed that feeling of excitement.

COUNSELOR: Yeah.

PATIENT: And I've always wished that I could get excited about more things. But they just you know, like I say, so that's the reason I've tried to force myself to act excited about things.

COUNSELOR: Yeah.

PATIENT: I thought maybe I'd catch on to my own enthusiasm or something.

COUNSELOR: Yeah. 'Cause you know it's a really good feeling, and

PATIENT: Right. You know, it really would be nice to have. And it relaxes me. When you get really excited about something, you relax. Unless you're like, you're really excited about a date or something, you won't get super relaxed. But I mean, you know, it kind of it releases. It's a release.

COUNSELOR: Uh huh.

PATIENT: Just like, I suppose crying is a release.

COUNSELOR: Um hm.

PATIENT: But I never even though I'll go ahead and cry I never really cry cry, you know, like just cry my heart out. I've never done that, either.

COUNSELOR: Yeah, and that's the kind of sobbing and sobbing thing where you've lost all control [or something] (ph) [0:13:12.3]

PATIENT: Right. Yeah. I where that helps, too, I mean if you really let go. You really let go of it anyway, and it's a release, you know.

COUNSELOR: Yeah.

PATIENT: And I don't do that, either I except I think when I'm [wrecking] (ph) my life. [0:13:25.0] (sound of paper moving) And so this is what I want to be able to do, just let myself go. And like I said, when you try to just (banging sound at 13:33) outwardly show enthusiasm, just [gaily] (ph) get gay and happy and everything, that doesn't happen because I feel stupid. My enthusiasm is real.

COUNSELOR: Yeah.

PATIENT: It might look stupid, but it's not. I mean, some girl might do something with enthusiasm and be silly. But that's that's one thing. And that's understandable, you know. But if you're just being stupid, or trying just, you know, trying to show all this outward enthusiasm and you're not really, I have a feeling that everybody in the world can see right through it.

COUNSELOR: Um hm.

PATIENT: And then you really look stupid.

COUNSELOR: Yeah.

PATIENT: Because you look phony.

COUNSELOR: Yeah.

PATIENT: And so I I don't know I never know whether I'm doing a good job of it or not, because I usually every once in awhile I decide to just, you know, try to catch on try to really feel it, you know. But what I'm doing is just acting. I'm not really feeling enthusiasm. And I'm not a very good actress.

COUNSELOR: OK. Yeah.

PATIENT: (Inaudible at 14:34)

COUNSELOR: Not only do you not really feel it, but you don't even do a good job of pretending.

PATIENT: I just . Sometimes, like pretending is the answer, anyway. And because

COUNSELOR: Yeah.

PATIENT: Even if I was the world's best actress and had everybody in the world fooled, it's not helping me.

COUNSELOR: Yeah. I know.

PATIENT: I mean, you know, I don't need to have everybody I don't need to help (banging sound) everybody else. I mean, you know. Except, you know, to try to show some enthusiasm (inaudible at 15:03). But I want to just be able to just enjoy things, you know. And if I just I'm just sitting here, you know, and I had the feeling I had to really try to enjoy something, you know. And really pushed myself to it. And I can't that's what I was just saying; it doesn't work. But if I just sit there and try to, like, relax and enjoy something, I can't do it. I find myself starting to playact again, you know.

COUNSELOR: Um hm.

PATIENT: I'm not really feeling it. Or I'm pressing myself to feel something, you know. And I don't really feel it.

COUNSELOR: Yeah.

PATIENT: And I don't really know how to go about to stop trying to (let) (ph) just to let, you know, just to let myself go. [0:15:54.9] Because if I just let myself go and do what I feel, what I feel is usually what I'm doing in the first place (sound of banging), which is an even keel.

COUNSELOR: Yeah. Yeah. Yeah, that's what was just going through my head, that like, if you if you do stop trying, you don't end up with highs and lows (inaudible)

PATIENT: (Interrupting) I end up right where I am.

COUNSELOR: Yeah.

PATIENT: Because most of the time when I'm not trying, that's where I am.

COUNSELOR: Um hm.

PATIENT: I'm not worrying about anything, you know, I'm not trying to anything. That's where I am.

COUNSELOR: Um hm.

PATIENT: And it's very frustrating. Because, like I say, a couple of times whenever I've ever gotten really excited about anything, I really enjoyed it.

COUNSELOR: Uh huh. Uh huh.

PATIENT: Like one time what was it? One time I had a date with this guy. And it for some reason, I only went out with the guy a couple of times, and he was just like a nice guy. And I wasn't in love with him or infatuated or anything. But he was a nice guy, and (sound of banging) he was a lot of fun to be with. And we were going someplace. We were going out to dinner and to a show.

COUNSELOR: Um hm.

PATIENT: And I was really excited about that. I mean, the whole concept of the evening, you know

COUNSELOR: Um hm.

PATIENT: I was very excited about. And I was this is when I was in college, and I was home, you know, and I was bouncing around the house. And my mother thought, "She's finally doing it. She's finally have her highs and lows . 'Cause this is about this is about my mom when I was a kid. We were talking about this. I've talked to her about it before.

COUNSELOR: Um hm.

PATIENT: But part of what I want what I think would solve most of my problems is if . One of our problems is like we just got (inaudible at 17:38) anything. And I've got to do something about that.

COUNSELOR: Just thinking about the thing that (bothers) (ph) me the most like, it sounds like your mother thinks you ought to have, and your roommate thinks you ought to have (room) (ph), and you know that it's nice to feel excited. But I don't hear you saying things like, "I'm really missing out on something important." Do you see what I'm saying? [0:18:23.0]

PATIENT: Yeah.

COUNSELOR: Like.

PATIENT: You're wondering if it's somebody else's idea or my own.

COUNSELOR: Yeah. Yeah, to an extent. Like, I mean there may be a lot more of your own idea than you've been saying. But, like, so far, your own part that I've heard is just, "Eehh, it's nice to feel excited."

PATIENT: Yeah. Like I say, the few times that I've ever been excited I really enjoyed it. It was release (sound of banging). It was a release that that felt good.

COUNSELOR: Yeah. Yeah.

PATIENT: And I personally think that I could, you know, be I don't want to turn into a someone who's always high or low and nowhere in between and always, you know, flitting off some cliff or other.

COUNSELOR: Yeah.

PATIENT: But I just would like to be able to relax more.

COUNSELOR: Um hm.

PATIENT: Is this relaxing where it is? I don't know. Like I say, when I relax, when I'm perfectly calm and relaxed in myself -

COUNSELOR: Um hm.

PATIENT: I have no highs or lows well, I will have highs and lows, but I mean nothing I'm just, I'm not that reactive to other people.

COUNSELOR: And that's

(cross talking)

PATIENT: But I would like to be able to have this release more often.

COUNSELOR: Uh huh.

PATIENT: And also, it all comes to, like, relating to other people.

COUNSELOR: Yeah.

PATIENT: 'Cause I have always felt that I just don't relate to other people, this again being by myself, a loner.

COUNSELOR: Um hm. [20:00]

PATIENT: And if I was there's no magic key, I suppose, at all.

COUNSELOR: Yeah.

PATIENT: You know, I could completely turn into everything. I could I could just wave my (rights) (ph) magic wand and, and tap myself on the head, and be exactly what I think I ought to be. And it might not change things a bit.

COUNSELOR: Yeah. Yeah.

PATIENT: With with my interactions with other people. I don't know.

COUNSELOR: Well, it seems like the highs and lows might.

PATIENT: Well, just going through a bunch of highs and lows is not going to get you close to other people. But, being able to feel more.

COUNSELOR: Yeah.

PATIENT: And it's or to be able to relate to other people. I mean, would other people have the idea that I do have highs and lows, that I'm always because when I'm just on an even keel, I'm not low.

COUNSELOR: Yeah.

PATIENT: I can be enjoying myself.

COUNSELOR: Uh huh. Uh huh.

PATIENT: But I relate to other people as being depressed and low. I mean, like, I've had, you know -I'll be sitting there. I'll be sitting there thinking and, and basically maybe just sitting there listening to their music and and just like totally not thinking about myself.

COUNSELOR: Um hm.

PATIENT: And really enjoying myself.

COUNSELOR: Um hm.

PATIENT: But I'm not saying there was this stupid grin on my face or anything, you know. I'm just sitting there. And if I'm not smiling, evidently it excuse me if I'm not smiling, evidently it looks like I'm frowning.

COUNSELOR: Um hm. Um hm.

PATIENT: And so people walk up to me, "What's the matter?"

COUNSELOR: Um hm.

PATIENT: "Are you upset about something?"

COUNSELOR: Um hm. But you feel like you're doing

(crosstalking at 21:34)

PATIENT: ...or something. I was sitting there, no. My mother. You know, I used . When I drive the car, I enjoy driving the car. But I don't sit there, "M mmm," with this stupid grin on my face while I drive the car. And you know, I yell at people when they do stupid things, they'll almost hit me or something like that, you know. But I don't you know I'm usually, when I'm driving I'm usually not feeling anything. unless I'm having, you know, except maybe . Well usually I'm just enjoying. But I'm not really feeling anything, you know. I'm

not feeling any, like, great exhilaration from it, but I'm enjoying it. This is the way I enjoy things. And my mom (inaudible at 22:15) I've been driving so much. She, she looks better.

COUNSELOR: Uh huh.

PATIENT: She's (inaudible at 22:17) better. She says, "What are you upset about?" and [I'm not upset about anything] (ph) .

COUNSELOR: Uh huh. Uh huh.

PATIENT: [And she says,] (ph) "Yeah, but your face looks all sad and everything", you know. And a couple of (inaudible at 22:27) at different times in my life, when I was not feeling sad, was just kind of feeling nothing.

COUNSELOR: Yeah. They get sort of concerned?

PATIENT: Yeah. They say, "What's the matter?"

COUNSELOR: ...and anxious about you?

PATIENT: You know, "What's the matter?"

COUNSELOR: Yeah.

PATIENT: And so by not (crosstalking)

COUNSELOR: Something needs to be fixed in you.

PATIENT: Right. No, it's not like that. It's just, like, when I'm not smiling, I look sad.

COUNSELOR: Yeah.

PATIENT: Maybe we'll see if we [inquire and (sound of banging) at 22:51] (ph) why I was sad, if I didn't feel good, if I was upset about something, was I just tired.

COUNSELOR: Um hm. Um hm.

PATIENT: And when none of these have been the case. I've been perfectly fine. You know.

COUNSELOR: Um hm. Um hm.

PATIENT: And I was very sensitive about this. I used to almost yell at my mom. I'd say, "What do you want me to do, drive down the road with a big smile on my face (counselor chuckles) so you know I'm not upset?"

COUNSELOR: I know that, life being -

PATIENT: And I'm touchy about it, you know. Because, I'm really wasn't upset about anything. As a matter of fact, my mind was almost a complete blank, you know. I was just driving, watching the road and the other cars and everything. I don't think about a lot of other stuff while I'm driving. I can't. I just kind of drive. And so if I had more if I had my idea of having ups and downs, I'd be is being more susceptible. No, that's not the right word. You know, if I had more (inaudible at 24:02) I maybe I could show more outward feelings. My father is talking about people who bubble. And I don't, like I don't bubble.

(loud background noise, like an airport)

But this thing, you know if I felt more, you know, if I really got any kind of a really [sic] exhilaration (inaudible at 24:22). I don't know, I just maybe would relate better to other people.

COUNSELOR: Um hm.

PATIENT: If I didn't, like, take everything so calmly and I don't know. Like I say, I don't act like I'm not saying this is a key. But I [have the feeling] (ph) it may be, you know, if I could relax more or could just forget about myself, or could enjoy myself. I don't enjoy myself that much. I don't enjoy other things [so much] (ph at 24:59). I really I enjoy skiing, first of all, you know. And I'm enjoying it recently. And I really enjoy being out all day. I really get upset at skiing if I do something stupid. I really get upset with myself.

'Cause I always get upset with myself if I do something stupid, you know. That's the only one real strong emotion I have, is that I really get mad at myself if I do stupid things. And I [don't know] (ph) if it's striving to be perfect, or something. I'm not sure. But (pause). I think maybe the reason OK, two of the reasons I would like to (inaudible at 25:49) experience I don't know if it's it's not so much as relaxing. I think it would be having more feelings or something like that, which is something you're just born with one way or the other.

COUNSELOR: Um hm.

PATIENT: You know, there's not much you can do to change it. But except do things that you really enjoy. And then your feelings would come out. But I was going to say something (inaudible at 26:21).

(long pause, 15 seconds)

COUNSELOR: Were you starting to say that maybe you can't change it in yourself? (inaudible)

(crosstalking)

PATIENT: Well, I -

COUNSELOR: Is that the way it is?

PATIENT: Yeah. Well, I think I can help it a little bit. But, I mean that I'm going to be me.

COUNSELOR: Yeah.

PATIENT: And I am a personality. And my personality takes things on an even keel.

COUNSELOR: Yeah. And you're not going to (crosstalking) get totally away from that.

PATIENT: No, no, no. That'll never happen. That's me. (pause).

COUNSELOR: Yeah.

PATIENT: Like things like sports that I enjoy doing.

COUNSELOR: Yeah.

PATIENT: I enjoy doing it. At the same time, I make myself so aggravated. Like, I enjoy bowling. But when I bowl bad [sic], I can't have a good time. When I bowl good [sic], all right, you know. But when I bowl good, I want to do better. (laughs nervously) I want to bowl better, you know. If I bowl one game good, then I, I I, you know, I think, well I should be able to do better than that, you know. I've got an average of 105. If I bowl a 135, everybody on my team thinks it's fantastic. But I know that that 105 and that 135 is they're both bad, because I should be able to bowl better than that.

The same thing with skiing, you know. I'm just I enjoy skiing. And if I, probably if I ski when I ski by myself, I enjoy it a lot more.

COUNSELOR: Um hm.

PATIENT: When I bowl by myself, I enjoy it a lot more.

COUNSELOR: Um hm. And when you're with people (crosstalking)

PATIENT: (interrupts) Sports -

COUNSELOR: And you're not doing what happens when you're well, like in in competition (coughs) bowling?

PATIENT: When I'm bowling by myself, I usually bowl better, first of all, so I'm happier with myself.

COUNSELOR: Yeah.

PATIENT: And if I don't bowl good [sic], I just, you know there's nobody around to know that I'm bowling bad [sic], first of all.

COUNSELOR: Yeah.

PATIENT: There's nobody around to know that I'm doing a bad job. And I'm not bothering anybody else's score, and I'm not bothering anybody else's game.

COUNSELOR: Uh huh.

PATIENT: And (pause) sometimes I, like, like if Jesse is there when I'm bowling, he can help me. And he's, he's got constructive criticism. And if I bowl bad [sic], well he, he won't, you know, he doesn't say anything; and it doesn't bother him.

COUNSELOR: Yeah.

PATIENT: And it doesn't make any difference, because we're not bowling for any reasons. And neither one of us are [sic] under pressure. And he yells at me 'cause I get mad at myself. And then he turns around and gets mad at himself 'cause he does bad, you know. (laughs)

I mean, well and well, skiing is the same way, you know. The only trouble with either one doing it by yourself is the fact that you can get in the habit of doing things . Like, I was a skiing by myself the last time when Jesse was giving some lessons to some people, you know. And I was doing a pretty good job of coming down the hill pretty good by myself, you know. Except I was making all these mistakes that I didn't know I was making.

COUNSELOR: Um hm.

PATIENT: You know, like, so I was skiing with Jesse again, and he'd say, "Well do this and do this and do this." And here I was thinking I was doing this fantastic job, you know. And I wasn't doing a bad job. I was doing things wrong. (sounds of thumping at 29:45) But then he'd show me what I was doing wrong. And so I'd go back on myself and try to do it right, you know, and I couldn't get it...

COUNSELOR: Uh huh. Um hm.

PATIENT: ...the first time or the second time (sound of scraping/inaudible). And it really makes you (mad) (ph), especially when you're on the slopes. (sounds of scraping). Here you are, you know, almost 26 years old, supposedly an adult and all of this stuff and everything, you know. And all the things are going (sounds of bumping/inaudible at 30:13). And you can't ski, you know. (sounds of bumping). Supposedly you have great control over your body and everything else. And you can't can't do a good job of skiing, you know. I have the feeling that I'm in fairly good physical shape, that I should be able to do it just like that if I want to, you know. [0:30:28.3]

COUNSELOR: Uh huh.

PATIENT: Which is not true, and this is one of the things that aggravates me. And you see these little little kids, you know.

COUNSELOR: Yeah.

PATIENT: OK, learning to walk up and down the slopes. Oh, and that just that just frustrates me. That really upsets me.

COUNSELOR: Uh huh. And so I think part of what you mention not enjoying things as much as you can is that is that you're thinking about how well you're doing, and you're getting upset with yourself when you're not doing well. And so the wanting to do better and trying and getting frustrated. And that whole clutch of stuff kind of gets in the way of just being out there and having fun.

PATIENT: Yeah.

COUNSELOR: And that you take things too seriously.

PATIENT: I guess maybe the reason I don't just enjoy what I'm doing at the time is that I take myself too seriously.

COUNSELOR: Uh huh.

PATIENT: Like you [have to be] (ph) Oh, I see what you mean. Like, when you're talking with people and things, you are sort of trying to be a good talker, just like when you're on the ski (area) (ph), you're trying to be a good skier. And trying to be, you know, when I'm talking to someone, I try 'cause I know that I used to just . And I still do it every once in awhile just ramble on about nothing, monopolizing conversations. Which reduces somebody else's enjoyment of it.

COUNSELOR: Um hum.

PATIENT: And mine, too. But I realize I'm doing it. But this is, again, goes back to wanting to be center stage all the time. So, you know, when I get somebody alone to talk to 'em, I'm liable to just talk their arm and a leg off. Over something (sounds of bumping, voice rising) that isn't really that worth saying.

COUNSELOR: Um hm.

PATIENT: And so I'm try so I'm consciously sitting there and talking to someone, you know, trying not to let trying to keep, you know, make sure I don't do this. Because this this hurts me.

COUNSELOR: Yeah. Yeah. (crosstalking)

PATIENT: Because, you know, when somebody gets the floor and without pleasant conversation and doesn't really have is not really talking about anything that important.

COUNSELOR: Yeah. Is that one of these things that goes on when you're in a group of people talking, and you're sort of sitting on yourself to prevent yourself from, you know, talking this nonstop?

PATIENT: Yeah. 'Cause I do that [so terribly] (ph @ 33:02). I even when I'm watching, and I'll do it unless (inaudible at 33:04).

COUNSELOR: Yeah.

PATIENT: But I just can't sit there and listen to what everybody else is saying and keep my mouth shut. And that aggravates me. Because this is like, you know, I mean that if this if you don't, people people don't enjoy your company.

COUNSELOR: Um hm. Um hm.

PATIENT: This could be one of the big reasons why. It really could. Is the fact that, you know, "She's a nice kid and everything, you know, but once she gets the floor, forget it." (laughs). Well, I guess I'm going to have a chance to say a word.

COUNSELOR: Uh huh. Uh huh.

PATIENT: So (pause). And this is something where I do not feel that I can relax.

COUNSELOR: Yeah.

PATIENT: Unless I can keep my mouth shut and relax at the same time.

COUNSELOR: Yeah.

PATIENT: Or throw occasional zip in, you know. It's just this is probably this is this also goes back to the reason maybe why I can't why I become a, you know, on the outside of a conversation not being able to get into it.

COUNSELOR: Um hm.

PATIENT: ...if I'm there, is because of the fact that they know -

COUNSELOR: Uh huh.

PATIENT: There's [something] (ph) they're probably not consciously sitting there thinking, "If we let her talk, we'll never get the floor back."

COUNSELOR: Um hm.

PATIENT: But at the same time, they're probably subconsciously in their minds thinking (inaudible) you know, subconsciously (inaudible) I just don't want to talk. (inaudible) And that makes me made that I do that. [34.38].

COUNSELOR: Um hm.

PATIENT: And I don't know how to overcome it, except just watching your (sound of paper crunching/inaudible).

COUNSELOR: Um hm.

PATIENT: I mean, there's no other way that, you know self-hypnotize myself ("You Will Not Talk"), you know.

COUNSELOR: Yeah. (crosstalking/inaudible at 34:51) a combination of things, not being, you know, being afraid you'll talk too much, you know, just being afraid you'll run on and also feeling on the edge and like you can't quite get in. If they're all talking and you're it's like your chair is back a little from the circle.

PATIENT: Well that's the reason why, probably, usually. I mean .

COUNSELOR: This is what I think is probably the reason. People you know -

PATIENT: I don't know, but . That's one I think that's one reason that I would have problems with people that I already know who know me.

COUNSELOR: Um hm.

PATIENT: You know. (sneezes).

COUNSELOR: Gesundheit.

PATIENT: (sneezes again). Thank you. (sneezes) (sounds of nose blowing)

COUNSELOR: Gesundheit.

(pause, 13 seconds)

COUNSELOR: The people you already know keep you out of the conversation a little to compensate for the way you would take it over.

PATIENT: It depends on the situation, but in a conversation where I don't know. They kind of, like, this is the reason like they kind of shy away from me.

COUNSELOR: Uh huh. Uh huh.

PATIENT: And that it's in in a conversational situation.

COUNSELOR: Yeah, I would think.

PATIENT: I don't know. Again, it could be taking myself way too seriously. This is probably. This is probably a lot of my problem.

COUNSELOR: Taking yourself too seriously?

PATIENT: Right. Just too worried about it. Just [don't worry] (ph), you know. If I could just take the attitude, don't worry about it; if you want to talk, go ahead and talk. [0:36:57.2]

COUNSELOR: Um hm.

PATIENT: You know.

COUNSELOR: Um hm.

PATIENT: They don't have to listen if they don't want to. But that's not really fair to everybody else. But, again, taking myself too seriously [added to] (ph @ 37:14) all these things that are wrong with me that I don't, you know, fit in and everything. It's just -

COUNSELOR: Um hm.

PATIENT: I don't know. I I probably am taking myself too seriously and worrying about all this stuff too much.

COUNSELOR: Uh huh. Uh huh.

PATIENT: But at the same time, I want to enjoy other people that [I live with] (ph @ 37:34), and I want them to enjoy me. And and I want to have friends, and more than just one or two, you know. That (crosstalking) can have a good time with, that really enjoy my (company) (ph), you know.

COUNSELOR: Uh huh. Uh huh.

PATIENT: That we have fun together. And as long as -

COUNSELOR: (interrupts) I sense it is serious.

PATIENT: Yeah. And unless I make some changes or or watch these (changes) (ph), I won't have them, you know.

COUNSELOR: Yeah.

PATIENT: And Now one thing I may be getting is the fact that whereas I don't show great emotion, like, I mean, you know, I get really excited about anything, I may be expecting more emotion out of people than I should I mean, I should I may be I'm thinking that they don't enjoy my company or something when they really that's not the case at all. That they just are not, you know, super excited about it. Or maybe what I'm I'm wanting is more than they're willing to give.

COUNSELOR: Um hm.

PATIENT: Or more than the situation calls for. I mean, the relationship (crosstalking), the friendship relationship, calls for.

COUNSELOR: Uh huh.

PATIENT: And

COUNSELOR: Maybe it's a casual relationship, and you're wanting some sort of overly deep -

PATIENT: Well -

COUNSELOR: Indication.

PATIENT: Yeah, right. I mean, I'm it's not that I want a deep relationship; I want a casual relationship, but maybe I'm expecting you know, the reaction I am expecting people to give to me, the outward sign of a friendship

COUNSELOR: Yeah.

PATIENT: Is not the one that's called for. And I I'm not picking up the signs that they are giving, because I'm just looking for one sign that I'm not seeing or something.

COUNSELOR: Uh huh. Uh huh.

PATIENT: And I'm not just adapting around. I I I just have . No, I I that could be it, but I just don't think so.

COUNSELOR: Yeah. But you think you really, what seems like the case is that it's not that things are great and you don't realize it, but that things aren't quite right.

PATIENT: Um hm. Yeah.

COUNSELOR: Can you remember, you know maybe it would help to talk about it in terms of the specific conversation you had with the group of people and what happened when -

PATIENT: Well, last night it happened. You mean like when I'm talking too much?

COUNSELOR: Yeah, or when you were not enjoying yourself, or watching yourself too much.

PATIENT: You mean that what happens when I don't watch myself?

COUNSELOR: Well, more (pause). I I'm not sure. I mean, like maybe (pause).

PATIENT: I think what happens in all cases, when I start running off at the mouth about something that's not really that important -

COUNSELOR: Yeah. [0:40:51.5]

PATIENT: When I always have to be getting my two cents in on any topics that relate to people are discussing things that have happened to them. If I'm discussing we're discussing some kind of a topic, argument, arguing on different sides of, you know somebody's having an argument on whether the war in Vietnam should go on around but I can sit and pretty much stay out of that unless I have until, until somebody says something really stupid, and I have something I want to say in rebuttal against it.

COUNSELOR: Yes.

PATIENT: I can keep my mouth shut.

COUNSELOR: Yeah.

PATIENT: [Just like that] (ph). Where the situations in 99 out of 100 cases, where I will catch myself running off and saying, you know, really being [where I] (ph), I consider it's obnoxious. I don't like people to do that to me. [0:41:40.9]

COUNSELOR: Yeah.

PATIENT: I don't think most people do. This is the reason I know that it's it's not that I'm . It's when the subject gets around to personal experiences.

COUNSELOR: Uh huh.

PATIENT: And, you know, talking about funny things oh, I had something like that, you know and it's almost like I catch myself doing this, no matter what kind of an experience somebody has had, I've had a comparable experience.

COUNSELOR: Uh huh.

PATIENT: I sort of just, you know. And maybe I have, but it maybe have been trivial. And it's just as well to keep my mouth shut.

COUNSELOR: Uh huh.

PATIENT: 'Cause they will have some fairly decent experience. And I think while I was saying, like, it's not as amusing a subject, but I throw it in there, you know. "Oh, the same thing happened to me," you know. And I hate someone who does that. "Oh, the same thing happened to me, the same thing happened to me, the same thing happened to me," you know. "I've done all these things," you know. But I find myself doing that. So, it's kind of like telling them, "Well, see, I've been around too."

COUNSELOR: Uh huh. Uh huh.

PATIENT: I I exist, I've been around. Things do happen to me. And I'm not the dud that I think I am.

COUNSELOR: Uh huh. Uh huh.

PATIENT: You know, it's not I'm the dud that you think I am. It's really, I'm not the dud I think I am, you know. It's like, I'm telling myself that I've had all the experiences these same people have had, you know.

COUNSELOR: Um hm.

PATIENT: And in situations like that, when we're talking like, you know, I'll well, one time Jesse and Kurtis came over for their [but I didn't care] (ph @ 43:03), right? And we were playing cards that night. And, and everything went fine until we were through playing cards, and we were just sitting around the living room talking. It was too late to start another game, and they were sitting around talking before, you know, it was time to go home. And we were just talking about things, and I was doing a pretty good job of keeping my mouth shut. And then they started talking about cars. And so I I haven't had any trouble with my car, and both of these guys know about cars. And so I did ask them about that. You know, "I've been having trouble with my car too," you know.

But then they start talking about old flames and old boyfriends and stuff like that, and I was and I was in there, and I monopolized most of the conversation. (sounds of bumping) I realized afterwards, and it really made me mad, because it was trivia. And it was unimportant. And it would have been much nicer to sit around and listen to everybody else's.

COUNSELOR: Uh huh.

PATIENT: Because, you know, I mean, I already know about mine. And I don't know about anybody else's things that have happened in their lives love affairs or interesting experiences or anything else, you know.

COUNSELOR: Uh huh.

PATIENT: And then if something comes up in the conversation that that I think is something that happened to me that was really amusing, that's one thing, you know.

COUNSELOR: Yeah. Yeah.

PATIENT: But it seems like and just chitchatting conversation -

COUNSELOR: But that's where you're implying there that, like, one of the things that was going for you was that, you know, when they started to talk about old flames and boyfriends. You you needed to talk 'cause you needed to reassure yourself that, "Yes, I've had old boyfriends, too."

PATIENT: Yeah. But, ah no. See, what I knew I had old boyfriends, but being able to tell somebody else about them...

COUNSELOR: (interrupts) Yeah.

PATIENT: ... reassures me that I had one, too, because we were talking about this; and, see, I can talk about it, too.

COUNSELOR: Uh huh. Uh huh.

PATIENT: And so I do. And do, and do. And I really, I start conversations where it doesn't need to be, right? And I'll it makes me mad. Usually what'll happen is, somebody will tell something; and then I'll tell something and and it just falls flat. It just won't, you know. (crosstalking) Everything I and it's just like, again, it's what's going through their minds, probably, is the fact that, you know, "Oh well, here she comes again. Here's another story at the same time", you know. So I just

COUNSELOR: Um hm.

PATIENT: Instead of just just letting it drop. [0:45:34.2]

COUNSELOR: Yeah.

PATIENT: And, ah and like I say, they're all situations where the people are relating things that happened to them, and I've got to relate so they can happen to me, too, you know.

COUNSELOR: Yeah. Did you have some sense of, not much has happened to you, or something?

PATIENT: Yeah.

COUNSELOR: That you have lived less than other people, that -

PATIENT: Yeah. And also, it's kind of like I want them to know, too.

COUNSELOR: Uh huh.

PATIENT: That, you know, that I'm not really that much of a dud. That I have done things other people have done also, you know. And uh, like I'm trying to convince both of us that (inaudible at 0:46:07.2).

COUNSELOR: Yeah. Uh huh. Uh huh.

PATIENT: And, that they're mostly little things that happen to everybody in their life, you know. Everybody could probably talk about the same things. But, you know, these are interesting things that are happening to people.

COUNSELOR: Um hm. Yeah.

PATIENT: That they really, a lot more interesting. Like, mine is just an average case, and there's maybe a little extra average.

COUNSELOR: Um hm.

PATIENT: ... on there, you know. (inaudible at 0:46:07.2) one way or another, you know.

COUNSELOR: Yeah.

PATIENT: But it all like I say, if it's it's just that an argument about something. I won't have my two cents in there all the time. I'm sitting listening.

COUNSELOR: Um hm.

PATIENT: And then I will sometimes I'll say something (inaudible at 0:46:59.4) depending on whether somebody else is doing a pretty good job of withholding my viewpoint or not.

COUNSELOR: And when it's an argument, anything can go more or less the way you'd like it to, like you -

PATIENT: Yeah.

COUNSELOR: Stay out, and you can come in when you have something to say.

PATIENT: Yeah.

COUNSELOR: The whole thing isn't a problem.

PATIENT: No. It's, ah it's more with, you know, talking on a personal level.

COUNSELOR: Yeah. Yeah.

PATIENT: Relating.

COUNSELOR: Like, in a way you'd like that to go the same way an argument goes.

PATIENT: Right. Yeah, I'd like to be able to keep my mouth shut unless I had something that happened to me that was on the same topic that was really funny or really good or really cute.

COUNSELOR: Uh huh. Uh huh.

PATIENT: You know. It's not just like something it's just neat for everybody else to hear.

COUNSELOR: Uh huh.

PATIENT: You know.

COUNSELOR: Uh huh.

PATIENT: You know, a cute joke on myself or something, you know.

COUNSELOR: Um hm. Um hm.

PATIENT: I don't mind, you know, telling things that have happened to me that are funny, you know, even if they made me look stupid at the time, you know. In retrospect, they're funny. They're upsetting at the time; in retrospect, funny. In retrospect they're funny. If I could just, you know, keep my mouth shut and listen to other things that happen to other people, you know.

COUNSELOR: Uh huh. Uh huh.

PATIENT: One time, I just kind of sat on my tongue and didn't say anything, hoping that (pause) hoping that after not saying anything all evening in a group of people who have been around me before and know that I can talk [somebody's on the lot] (ph), that someone would ask me. Well, listen, you know, if I sit there long enough and being really quiet, they're going to wonder why I'm not talking, you know [0:48:45.9]

COUNSELOR: Um hm.

PATIENT: And invite me to talk.

COUNSELOR: Uh huh.

PATIENT: And all that somebody asks me is, is, is like if I sit there for awhile, and then maybe one of my girlfriends would come over afterwards and say, "What's the matter? Don't you feel well?" (laughs).

COUNSELOR: Uh huh. Uh huh.

PATIENT: "You didn't say a word." (laughs)

COUNSELOR: But nobody came to you special with a "What do you think about that?" you know.

PATIENT: Well I think I probably would have to do it ah, more than once.

COUNSELOR: Yeah.

PATIENT: You know. I have to I also would like, you know, like, thinking about [like who you] (ph) deal with, you know. Whenever I say something, say something intelligent or, or you know, some people will think I'm really smart (inaudible at 49:31).

COUNSELOR: Um hm.

PATIENT: This (sounds of squeaking/turning machinery-furniture?) weighing all my words and, you know, another Abe Lincoln; every word is a word of wisdom, or something. (sound of bumping). It's just kind of . I this is something I'd like to do, you know.

COUNSELOR: Yeah.

PATIENT: But I don't. And I it doesn't, you know. But I don't worry about that so much. This is, this is, this is, this is, you know, like me. Silly [room about] (ph) you know, being (held) (ph). But I don't really I don't really worry about that so much. It's just trying to, you know, try not to say something stupid. [0:50:15.5]

COUNSELOR: Yeah.

PATIENT: That doesn't really count, doesn't really matter.

COUNSELOR: Yeah. Yeah.

PATIENT: And, uh, it makes me so mad when I do.

COUNSELOR: Just throwing stuff in that really wasn't worth throwing in.

PATIENT: Right. Yeah. It's really nice to be able to do that.

COUNSELOR: Is that what happened to you last night?

PATIENT: Oh, I was talking. We were bowling. And, we finished about a quarter to ten, and nobody else finished until 10:30, until Sue . You know, I just have I've just grow on the bowling team. Well see, her husband was bowling. I arrived at Dr. Arrews.

COUNSELOR: Um hm.

PATIENT: And her husband's team was bowling Dr. Arrews team. So both of us had to wait. And so, we were sitting there talking, you know, and I started asking her about her kids. And so I had heard her talking with some some of the other ladies about some of the silly things their kids do. It's sounded interesting, so I started talking about it, you know. And I most of the time I just sat there and listened, you know. I started off, but it because it was interesting. And then I started throwing in my thoughts on the subject. Which were more thoughts and questions as to how, you know, Sarah it was like, she's having trouble with her kids.

COUNSELOR: Um hm.

PATIENT: So other people have trouble with their kids. And she (said) (ph) you know. I was you know my views on the fact that, you know, I'd want kids. But I don't know when they're the age that hers are, starting

two and three years old, and you start having trouble with them, you know, they're

COUNSELOR: Yeah.

PATIENT: Then and you don't really know which way to turn, you know. You don't want to spend your life reading up on 'em, and yet just coaxing and reason them and and threatens, threatenings don't bother the kids at all, you know. They're just kind of, "Nyaa", you know. Totally oblivious of everything, you know.

COUNSELOR: Yeah.

PATIENT: And, ah (sound of bumping and furniture squeaking) so I was, you know, like worrying, talking to her (sound of squeaking) about (inaudible @ 0:52:16.6). Then we started talking about, um you know, the way we were raised and stuff. And I just talked too much, you know. There were times when I just should have let her talk.

COUNSELOR: Um hm.

PATIENT: I learned a lot more, and I got another point that was (different) (ph). When I'm talking, I don't learn anything.

COUNSELOR: Yeah. You just sort of run it off

PATIENT: Yeah.

COUNSELOR: And like one thing follows another, [everything follows on another] (ph).

PATIENT: Yeah. I just keep thinking of different things to say, and I just keep talking.

COUNSELOR: Um hm. Um hm.

PATIENT: And, and I've caught myself doing it, like, abruptly shut up and let her finish. And I you know, like and I, you know, I can learn things from what she had to say. And I enjoyed listening to her, you know, until somebody else's and her viewpoint, and she was And but I always get to feel like, you know, I have got to put my side in. And I don't always have to put my side in. I realize that it's not necessary. But I always gotta keep in there.

COUNSELOR: Uh huh.

(crosstalking)

PATIENT: (laughs) (sounds of paper crunching) (inaudible @ 0:53:24.3) ... just all the time go like that. (laughs)

COUNSELOR: Right. Yeah. Just always opening my mouth.

PATIENT: And and it's very frustrating, because I don't want to do this.

COUNSELOR: Uh huh. Uh huh.

PATIENT: But it's something that I've gotta watch so carefully.

COUNSELOR: Yeah. Yeah. It's almost like it's almost like it were I don't know, some sort of natural release of energy or something, like like you have like as though you had some energy that made you want to talk. And, you know, not talking would be like, oh, like for me to stop sort of swinging my legs sometimes when I when I'm (inaudible and sound of paper shuffling @ 0:54:11.8). Yeah. Uh huh.

PATIENT: And I sort of enjoy ta I'm sort of enjoy I mean, this is, ah, the part that's hard is basically until I realize (sound of phone ringing) -

COUNSELOR: Hello? Uh huh. Ah, yes. Let me call you in a minute. (sound of phone being hanged up)

PATIENT: It's sort of like, I en, I en, I enjoy it until I realize that it's obnoxious. So I realize what I'm doing.

COUNSELOR: Yeah.

PATIENT: I enjoy relating to other people.

COUNSELOR: It's the pleasure of it, like I'm talking and you're listening to me, and I ?

PATIENT: (interrupts) No, no. It's not, I'm talking and you're listening. It's, ah it's I've got something to say; I have done this too.

COUNSELOR: Yes. Yes.

PATIENT: You know. It's like, like I said, it's trying to convince myself and other people that I'm I'm, you know, I've done things.

COUNSELOR: Yeah. Yeah.

PATIENT: And it's the enjoyment of knowing, you know. I can join in this conversation because I have done this.

COUNSELOR: Um hm.

PATIENT: And I have got something to relate to you.

COUNSELOR: Uh huh. Uh huh.

PATIENT: And so I -

COUNSELOR: (interrupts) Yeah. I've got something. (laughs)

PATIENT: Yeah. I've done this, and I can tell you the story about it and everything. And then I realize that if I would just you know, not say anything, you know, just . If I could just enjoy it and just -

COUNSELOR: Yeah.

PATIENT: You know, I've done that too. Maybe, you know, I can say to myself, maybe it wasn't as exciting as that story, you know, or as funny as that story, but I've done that too.

COUNSELOR: Yeah.

PATIENT: I've done exciting things, you know. I've done things. But and then wait, and and if I have something really funny to tell, tell it.

COUNSELOR: Yeah.

PATIENT: But the rest of the time, just be secure in the knowledge that, you know, I'm just I was just re-enforcing me that I'm not that I have done things, that I haven't led this dull life. The only bad thing about most of these things is that I didn't really (want) (ph) most of the things I'm talking about didn't really excite me that much at the time, you know. They happened; but now that I can tell of them, they're they're much better. Again, it's not getting really excited about anything, you know. [0:56:21.2]

COUNSELOR: Um hm.

PATIENT: The few things that I get excited about.

COUNSELOR: I have to quit. (sounds of paper shuffling and furniture squeaking and cars in background)

(long pause, 17 seconds)

Thursday at 4:15?

PATIENT: Oh, I -can we make it 4:30?

COUNSELOR: OK.

PATIENT: Because, uh I don't know if [I'll be] (ph) here by 4:15 or not, 'cause I work until a quarter to five, which probably won't happen Thursday. But,, my boss is (pause) getting a little touchy -

COUNSELOR: Um.

PATIENT: like leaving early and stuff like that. So I guess that's OK.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

Client 1923-018, Session number 7, February 18, 1971

PATIENT: You know I saw all these others real busy so I was coming (inaudible at 0:00:29.0) up with skiing this weekend. I understand.

COUNSELOR: I've been up to Pine Mountain.

PATIENT: You have. Did you love it?

COUNSELOR: I liked it quite a lot. It was a nice place. Did you stay in the lodge?

PATIENT: No we had been up to Market Rich camp (inaudible at 0:00:49.3) on Saturday and we went back to Pine Mountain on Sunday on the way back. The place I love the most of all places is that they got that great big long beginner slope. Most places they have a real short beginner slope you make a couple of turns and there you are. I can't really figure out what I'm doing wrong until I make a couple of turns then I have to work on correcting them. I really enjoyed it. We go in groups. We stay other places besides the Y because Pine Mountain is too expensive. The only trouble is everybody wants to go back to Pine Mountain because they really loved it. All of the hotels and motels in the area of Pine Mountain will not rent, will not accommodate ski groups. If you are just doing your family, three or four people going up, you can stay there, but they won't take large groups of people.

COUNSELOR: You can see why. I guess.

PATIENT: I guess they get a little rambunctious or something.

COUNSELOR: Yeah right.

PATIENT: So we're having trouble finding someplace to stay. The nearest [0:02:00.7] place is about 30 miles away. Since you have to pay for the mileage on the bus, it gets expensive. We're going up to Shush Mountain this weekend. I'm anxious to see that. When I left Tuesday, we were talking about that I thought that I knew that I know these things without having to tell the world. I've been going to try to capitalize on that. Just to see if I can keep my mouth shut and still enjoy myself. Looking at it from the attitude that I don't have to tell everybody else. Just be able to enjoy it myself. I haven't been around anybody that yet. [0:02:54.4]

COUNSELOR: You haven't had a chance to practice it.

PATIENT: I haven't had an opportunity to practice it. The first time to practice would have been Tuesday night at home. This weekend I'll have a chance to practice. I hope. I don't know how I'm going to handle this weekend. I think Jesse and I are friends and that's about it. And which is fine. I'd like to keep him for a friend

because he is a nice guy. I don't know what to do. I guess I'll just play it by ear. How to act, I don't want to act snobby.

COUNSELOR: To Jesse.

PATIENT: I think if I just don't act like I always do, he's going to think I'm mad at him or something. Being snobby or nasty or something if I don't just walk up and talk to him. I don't know what I'm going to do. I don't want to chase him but at the same time I don't want him to think I'm mad at him. [0:03:56.1]

COUNSELOR: Uh huh.

PATIENT: I think any change from the way that I usually act I think he's going to think I'm mad or something. There is this other girl in the club that he has been working a lot with because she is on his committee. They've been spending a lot of time together. They enjoy each others company. She's a lot more bubbly than I am and everything. They seem to be getting along fairly well. I may not have anything to worry about. Just maybe, you know nothing I can do. I'm kind of looking forward to going skiing. I just hope it's not all melted. I talked to somebody yesterday and yesterday they said the temperature should go up to about 25. [0:05:00.0]

COUNSELOR: That sounds perfect.

PATIENT: Do you ski?

COUNSELOR: A little.

PATIENT: I love to ski. My lips are chapping. I'm getting little flakes of skin every time I put my lips together. I can feel it. I'm very nervous. I have all these nervous habits. I bite my lips and wiggle my feet. I drive my mother crazy. I'm not [0:05:51.8] sure why I get so nervous. On the way over I was walking over here and I was trying to think of anything I really wanted to talk about. I couldn't think of anything. I saw the psychiatrist last night. Have you every scene the psychiatrist. It is a TV show.

COUNSELOR: Yeah. I've never seen it. I've heard of it.

PATIENT: I've never seen it either, but I thought I would watch it just for a change. It was weird. Basically, that is what I was thinking about all the way over here. Strange things what people think of. My huge problems seem sort of inconsequential. I didn't even know anything about it was it taken from true facts or if these were seemingly graduated cases or within the realm of possibilities. I would imagine they are. [0:06:58.7]

I guess I feel kind of lucky though because I didn't have problems like that with my parents or anything like that. Oh you didn't see it.

COUNSELOR: No.

PATIENT: I'm talking to you like you have seen it. You didn't. It was about this girl that had been married and divorced and she had never been really happy. She had two kids. She loved the kids but she wanted to keep them and yet she hated them and wanted them to die. She would go on these ranting and ravings and go off on a tangent and stuff like that when she was talking with her psychiatrist. She was an actress that I've never seen just do straight just calm part. She's always doing something where she's going off on tangents, just daydreaming and getting hysterical. [0:08:00.3]

COUNSELOR: But Compared to her you felt really stable, and normal, and healthy and wholesome.

PATIENT: Not that normal to be unique but still within the range of sanness and normal so to speak.

I get on the scale in the morning and I found out I've lost 2 or 3 pounds. Wow. This is great. Then that morning I decide to go on a diet. I might as well just keep going you know. And that day in the afternoon I get so hungry or that evening or the next day I make it through the first day alright the next day I just get so hungry I just [0:09:00.3] can't stand it and I eat something. I've been eating all along. I can't get started on a

diet. I've got a mental block against it. It's really weird. I have no way of knowing whether I'm just making up excuses for myself or whether it is really true or if it's a partial truth or what.

COUNSELOR: You just can't get over that first 2 day hump.

PATIENT: Yeah, I just can't really get started on that. I really want to lose weight bad and I just hate being fat. I just hate it, and I cannot get started on losing weight.

COUNSELOR: And what stops you is along around the time you start to get hungry.

PATIENT: It's not that I give in to normal hunger it's just that I get abnormally hungry. I feel like I haven't eaten for days and I'm starving to death. [0:10:02.3]

COUNSELOR: It sounds like you're a little bit scared how little you've eaten or something.

PATIENT: I don't eat that little it just eating different kinds of things like eating some green beans instead of a piece bread or eating carrots with lunch.

COUNSELOR: You haven't been eating enough for it to be good for you to eat. Like that?

PATIENT: No, I can sit down and can finish a fairly decent sized meal one that should be completely satisfying to me. I recently have just in the process of being too busy to eat, shrunk my stomach. So my stomach is not that big. What happens is that the feeling that I have is the fact that whether I've eaten or not, it's not that I haven't eaten enough to be full its even after I eat something a couple of hours later, I'll just be ravenously hungry It's all in my mind that I'm hungry. [0:11:02.7]

COUNSELOR: It's like your starving to death.

PATIENT: It's ridiculous. I'm not hungry. There's no way. I've sat down and eaten a fairly decent sized meal and I know that there couldn't possibly be any more room in my stomach now than when I finished eating and I felt full then. I've been in situations where I know that my stomach is not empty and I'm not hungry. I just have these cravings for food and I'm going out of my mind.

COUNSELOR: Like you've got to have it.

PATIENT: I'll fight it for a little while and then I'll give in. I'll unconsciously give in. I'll be sitting there watching television and will go in and get something and eat it and come back and sit down and finish watching television or doing whatever I'm doing. All of the sudden I realize "Oh, I shouldn't of done that, I'm on a diet." Which is probably my subconscious doing that on purpose? I don't know why. I think I told you a long time ago, subconsciously, consciously, I have figured out that subconsciously, I don't want to lose weight. I want to lose weight but I'm afraid that if I lose weight it's not going to make any difference. I have convinced myself that part of my problem is my weight socially. Especially where men are concerned. [0:12:31.6]

COUNSELOR: So if you lost weight and then still didn't attract any men then you'd be left with no excuse.

PATIENT: It would a nice idea to have an excuse.

COUNSELOR: What would it be to have no excuse?

PATIENT: Well what would it mean to have no excuse? Well, now I can say to myself to comfort myself well the only reason that men don't like you or you're not attracted to men or that men are not attracted to you, I should say, is because you're overweight. Men don't like women that are overweight which is not that true. Because I'm not that much overweight. I'm still in the running so to speak. [0:13:35.0]

COUNSELOR: That's comfort.

PATIENT: That's a comfort, sure. Although it is my fault that I'm overweight, it's almost like it's not you. As long as I'm overweight, I can say that it's not me particularly that they don't like. It's the fact that I'm

overweight. Then if I lose weight and I got to a point I would know without a doubt that it was not my weight it was not my looks it was just me where I really looked good then I would have no excuse.

COUNSELOR: It was you would be rejected. {0:14:16.6}

PATIENT: Yeah, me personally. Me myself. Which is not too good for my ego.

It's not me that they are objecting too it's my weight. Which I really know is not true. Really not that much. Well, maybe some guys thing I'm too heavy. I'm not obese. I'm not sure why. I don't comfort myself by eating. If I don't have a date like on Saturday night if I don't have a date, I don't sit around and eat things. I don't have snacks around the house or anything like that. Usually if I don't have a date I make sure I'm out of the house. I go visit my parents. I don't eat that much. I don't sit around and pat myself on the back and say "Well it's alright" and eat a bag of Doritos or something. It's the whole idea; it's not going on a diet. I think I could do that because every time I go to the store, I look through the book section. I've got so many books on diets. Every time I go shopping I shop as if I were on a diet. I don't buy things that wouldn't be good for a diet, if I were on it. I never really go on a diet. I never really stick to the regime of the diet you're supposed to be on. I don't gain weight but I don't lose weight. [0:16:03.5] Sometimes I wonder why I'm not losing weight. I get up and have half a grapefruit and tomato juice for breakfast and I'll have a sandwich for lunch and I'll have maybe some kind of meat for dinner. And that's it. Maybe I'll broil a couple pieces of chicken and eat one for dinner and take one for lunch the next day. I'm not eating that much and aside from the bread that I had with the sandwich at lunch, I still don't lose weight. In order to lose weight, you really have to balance your nutrients with a whole bunch of other stuff. I got books on that too. I got books, you wouldn't believe. I just can't get going on a diet. I have trouble sticking to the diet. Some of the diets I have are very easy to stick to. I can have things that I enjoy. I just can't get started on it. It really aggravates me. I just can't get started. I think maybe if I could just stick to it for a week I would have no trouble sticking to it after that. If I get one entire whole day into a diet that's fantastic, but I'll never make it to two days. I've got this thing about I want to lose weight and I really want to lose weight bad, but evidentially I don't want to lose weight as bad as I. How can I say this so it won't get confusing? I don't want to lose weight as bad as I want not to for some reason. [0:17:49.9]

COUNSELOR: Or at least down around towards the end of the first day towards the end or at the beginning of the second there comes a moment when you want, as much as you generally want to lose weight, at that here moment that you want to eat more.

PATIENT: Yes and No. I want to eat but it's not eating for the sake of eating. I just have to have food or I'll die.

COUNSELOR: Is that sort of the thing that goes through your mind? I have to have food or I'll die. {0:18:30.6}

PATIENT: No. I know I can probably go for a month without eating as long as I have water, I'd survive. I don't think anything usually; it's just this feeling, when you feel hungry. I feel ravenous. I absolutely feel ravenous. I got sly and said "This is going to happen; I know this is going to happen." I went out and bought myself two packs of carrots and a pack of celery. These are good nibble things. I scraped all the outside off and cut up all the celery the right way and soaked them in the water and everything. I'm ready for this. I grabbed a couple of carrots. It didn't feel me up. It didn't even dint it. It didn't help. So I had some celery. That didn't help, so I thought maybe its meat that I want. Meat is not that bad. So I had a chicken wing and I ate that. No good. I wasn't really hungry and I could have sat there and eaten a whole entire dinner from the state I was in and have been stuffed and still had the same feeling in my stomach. It's not a feeling of hunger; it just translates to a feeling of hungry. I can't explain feelings. This aggravates me when I can't lose weight. I make my mind up to go on a diet. [0:20:06.2]

COUNSELOR: This feeling of wanting maybe or something like that.

PATIENT: I read this article in Cosmopolitan once, that sex is a good substitute for food if you're going on a diet. I was kidding with my girlfriends about that. I don't even know if that would work. I always thought if I had a really incentive to lose weight I could lose weight. I need a man to give me an incentive to lose weight. But this never really worked. I had the incentive with the first ski trip. I've know for two months about the scuba diving that is coming up. I don't want really want to get out in a bathing suit and start doing all this

stuff with the size I am. I've known Jesse since November, this is February, and in those four months I could have lost a lot of weight. I keep thinking I'm going to lose weight, I'm going to lose weight and I never do. I just don't do it. When I go shopping I'm shopping for a diet. I've got really fattening things in my house. I don't know if it is the quantity of food that I eat, or the type, or I don't know. I would think with just the way I eat I would lose a little bit gradually but I haven't been. It's really strange that I can't do it. It makes me mad. I should be able to do anything that I want to do. Just make up my mind and do it. I tell myself I'm going on a diet [0:22:00.7] now. There is no reason in the world you can't go on a diet. This is ridiculous. I just need to do it. I always have things cropping up to get in the way. Something in the ice box has to be finished or I have to throw it out, so I'll wait and I'll start the diet tomorrow. I go on a diet like, I've got chicken cacciatore in the ice box and that's definitely not on the diet. Too many spices and stuff. So I can't go on a diet tonight and tomorrow because of the chicken cacciatore in the ice box. You certainly don't want to waste something like that. It's stupid, but I go ahead and do it.

COUNSELOR: It can be pretty aggravating. [0:22:49.4]

PATIENT: It's just weak. Just weak. It probably boils down to basically I just don't want to be bothered with it. Maybe it boils down to being lazy again. If I could just convince myself that I'm just lazy. I get mad about it and do it. I think I'm not real sure I would do that.

COUNSELOR: Too even overcome laziness.

PATIENT: I'm really not sure. I think maybe if somebody offered me some money I would do it. I think that would work. [0:23:33.6]

COUNSELOR: It seems like you need something extra in the way of a push or a pull.

PATIENT: I think if I had somebody cooked all my meals for me and I didn't have to get in the kitchen at all and just eat what was put in front of me, I could stick to a diet.

If I never had to go to the store, never had to cook anything, I could stay on it a lot easier. I don't know. It's aggravating. I don't know. [0:24:26.0]

PATIENT: Well I can't think of anything that has come up since Tuesday with Jack.

Nothing. Zero. [0:25:44.7]

PATIENT: When we were talking Tuesday about maybe if I just would decide by listening to your conversations be reinforced in my own mind that what I have done and not bother to express them to everybody else. Was really worth it and let everybody else in the world know. I don't know if this is going to help me enjoy my own company anymore. I keep thinking along the lines of how I can learn to enjoy myself. I keep thinking along the lines of things that what I can do to make other people think that I'm enjoying myself. [0:27:17.0]

COUNSELOR: That's not the same way. You can sit back. That is for other people's benefit not for yours.

PATIENT: I was thinking of different looks I could put on my face that people would think that I was in heaven. I really can't get my mind or my thoughts to get around to forget about everybody else; how you enjoy yourself. Doing things that I enjoy doing. I really don't know what I enjoy doing. I do a lot of doing nothing. I don't think it is because I particularly enjoy it, it's just the least amount of trouble to do.

COUNSELOR: The safest and the easiest. [0:28:32.3]

PATIENT: It's like going out with my friends I would enjoy, except in order to go out with my friends I've got to go all the way out to the suburbs to do anything with my friends because that's where they all live. Living in Central Park. I go out and buy myself projects to do. Most of the time, I just sit there and watch the stupid boob tube. I've got things I have to do right now for the club, calls I have to make and stuff. I knew about Tuesday evening, I had things I needed to do since Tuesday night. I stayed home last night so I could do it and I go up to my parents house and I didn't do them. I did a couple of them. I have to make some calls about the club because I'm the membership chairman. People are behind in their dues and I have to call them to find

out if they're still in the club because we need to get their dues in because we need the money and if not, let me know so I can take them off my books. I feel kind of stupid about calling these people so I procrastinate. So then I decided I would call all the girls first and see how that goes. First of all I don't know most of these people. If I knew them I wouldn't feel so bad about it. I don't know them very well. [0:30:01.4]

I don't mind calling up a girl and talking to her, but calling up a guy that I don't know it really makes me feel funny. Some of these guys really especially. Basically I know who they are. I feel funny about it. So I decided we would do it the easy way first and I would call all the girls and if I was having fairly good luck I would call the president and make him call all the boys or make him call the ones I didn't know at all and I would call the ones I knew slightly. So I called the first girl and everything went fine and then I remembered that I wasn't supposed to call her after I hung up because somebody else was going to call her. Which was cool. So I call the second girl on the list and she wasn't home. So I called the third girl on the list and she doesn't live at home. In all our records we have her parent's address and her parent's number she lived at home. She doesn't live there. Her mother was not very nice. I called at 8:30 at night so I didn't wake anybody up. I called after the dinner hour and before the bedtime hour so I would not bother anybody. She wanted to know who it was and so I told her. She said "She's not here right now." I asked "Do you think she would be back before 10:00?" Her mother said "No and she said "who this is?" I just told her, "It was club business, who I was" and I wanted to talk to her. "Do you think she will be home tomorrow night?" she said "I don't know, I don't know when I'll get in touch with her." I said, "Can I get in touch with her at this number or does she live some place else." The lady didn't say anything. "Could you give her a message?" "I'm sorry I think you'll have to get in touch with her some other way and hung up the phone." I felt bad. So there I was hanging in the air. I really felt bad about that. So I was totally shot down. [0:32:16.3]

COUNSELOR: Yeah, you felt hurt.

PATIENT: I was totally shot down. Yeah, so I didn't make any more calls last night. It's something that has to be done. I really hate to do it. Besides it gets expensive. You have the call so many people on the phone on your own phone. It can get quite expensive. Things I'm supposed to do, I don't do and again I think it is something venturing out like that. Sometimes I'll go through rearrange my looks and go through my stuff. Sometimes I'll do that. I'll take a night to clean up my room or something like that. [0:33:12.5]

I got off track. I'm back to trying to figure out how to enjoy myself and I keep relating it to walking around with a kind of a day dreamy look on my face so people will think I'm lost in a world or something like that. Enjoying myself, lost within myself or something like that. Enjoying my memories or something. I've been trying to think how could I just enjoy myself. I don't even know how to go about arranging my thought patterns how to approach a subject to enjoy it myself.

COUNSELOR: It's somehow that's a way of approaching things that you're just not used to.

PATIENT: Every time I think about it I keep coming up with these ideas about expectations that I can put on so other people will think I'm enjoying myself. It has nothing to do with me enjoying it. I guess I may be hoping that subconsciously if I look like I'm enjoying it then maybe I really am. I'm trying to force myself to enjoy it. [0:34:56.6]

Really concentrate on it. I think maybe putting full consciousness into something would help me to enjoy it, maybe.

COUNSELOR: You have to put the full consciousness into it.

PATIENT: Putting full consciousness into it and forcibly and just letting myself get into it are two different things. I can try to force myself, but I don't know how to relax and just do it.

COUNSELOR: Just sort of lead yourself to it and just let yourself slide in.

PATIENT: I don't know how to do that. I just have to let go and relax. I think of relaxing of letting go and just enjoying it, I can look like I'm doing it.

COUNSELOR: Like you learn how to fake it. [0:35:50.1]

PATIENT: Yeah. That's not helping me. I can think that I'm doing it even if there's nobody else around to be impressed. I'm just putting on expectations to convince myself but it's not really there. I really don't know how to just enjoy something. Like when I'm skiing. I want to try it when I'm skiing, just to take it slow and easy and maybe ski by myself. While noticing the things that I'm doing wrong, try not to get mad at myself but try to just enjoy it. Instead of just really enjoying skiing down the hill with the wind in my face and the freedom, and all this stuff, I will be thinking to myself isn't this great enjoying all this stuff instead of just doing it. This is what you should be enjoying and these are the points you should be enjoying and you are enjoying them. [0:37:10.8]

COUNSELOR: You are really interested in is not skiing, but is improving yourself in a sense that becoming a better person that's really what you have your mind on and so of course you don't pay attention to the skiing of course you pay attention to how you are doing.

PATIENT: You mean instead of worrying about how well I'm skiing and enjoying the skiing, I'm more worried about how I'm reacting to my enjoying the skiing. I'm more worried about myself and should quite worrying about myself and worry about skiing.

COUNSELOR: I wasn't saying the last part.

PATIENT: Instead of worrying or thinking about myself skiing, I should just think about the skiing and forget.

COUNSELOR: I wasn't saying forget about yourself. In fact, I don't know how you are going to do that. That is pretty hard. I was just saying that of course you're main project in your life is to improve your personality.

PATIENT: That's the only project in my life. I'm sure. [0:38:59.1]

COUNSELOR: So you're supposed to pay attention to your skiing when you've got serious things on your mind.

PATIENT: You lost me on that one.

COUNSELOR: Of course you don't pay as much attention to the skiing as to your personality.

PATIENT: Yeah probably, my personality and how well it looks to other people. If I could just really concentrate on the skiing.

COUNSELOR: You're saying that I know it would be so much better if I could forget that and address myself with what I'm doing. [0:39:44.6]All

PATIENT: If I could just forget about worrying about my personality. Just forget about worrying about it. I'm more hung up on that than anything else. Whenever I'm in any kind of situation that's all I'm thinking about. Subconsciously or consciously, how does this look to other people. How am I coming across to other people? Not even in just in a group talking situation. Well are they going like me, or are they not going to like me? That is hard to stop doing. I might just all of the sudden discover something and I enjoy my time. All these things I've been worrying about wouldn't happen if I just quit worrying about them. It's hard to do because every time I start trying to do something like that or even along that line, I say to myself, I try to do it consciously. "We are going to forget about (inaudible at 0:41:13.5). We are just going to enjoy it. I forget about it and I force myself to do all these things. I consciously and purposely do things so that everybody else will think that we are not thinking about me or how I'm coming across or worrying about it but that we are busy having a good time.

COUNSELOR: We are busy skiing. [0:41:36.2]

PATIENT: I'm sure that it is just going to have to be a matter of just forgetting about the whole thing. But again anything I do is going to be a forced situation until I can relax and do it. Maybe I can think about something really hard, and I've thought about maybe doing that, just concentrate so hard on what I'm doing, that I forget about me.

COUNSELOR: A really focused

PATIENT: That's one thing I thought that maybe might work. Like this weekend while I'm skiing. While I'm skiing, if I ski by myself or if I ski with some other girls, I can really concentrate on what I'm doing when I'm skiing. [0:42:54.1]

COUNSELOR: It's when you're sitting around with a bunch of people in the evening and stuff.

PATIENT: I was sitting there trying consciously to just sit there and enjoy what they're saying. When you try to enjoy something it kind of defeats the purpose but I don't know unless I can really get relaxed. I can never get really relaxed until I get feel really comfortable, and I can never feel really comfortable in a big circle. But I can try it while I'm skiing. I can really get lost while I'm skiing. Probably best if I ski by myself and really concentrate on my skiing. Forget about everything else. I don't know if it will work. The thought of just being able to enjoy other people, and I can't enjoy other people for themselves as long as I don't try. Vicious circle. [0:44:18.2]

COUNSELOR: It is hard to take pleasure in it. It's not fun whether you're worried if they don't like you. It's not fun if you're worried about saying the right thing.

PATIENT: I can play a game to see how long I can go without saying anything, but then again I'm always thinking about myself. Consciously not saying anything. I've thought about that too, to see how long I can go without saying anything in a group of people just sit there. Again, I've had in my mind me sitting there just kind of smiling, listening to everybody, nodding my head occasionally. It's just stupid. I kind of can see what things that I shouldn't do. Things that aren't going to help. I can recognize things that aren't going to help.

COUNSELOR: Your damned if you can see what you should do. [0:45:52.4]

PATIENT: Again I know what I should do. I should just relax and forget about myself. Forget about how I'm coming across and forget about all these things, but I can't.

The cause is not always more than of the cure. It really is.

COUNSELOR: It seems like if you want to do it, you should be able to do it.

PATIENT: Right. I have the feeling it's all a matter of relaxing. It's just all a matter of just relaxing. But one has trouble relaxing when one's not comfortable.

COUNSELOR: Yes. Yes. Even when you're with your friends you don't feel so comfortable already. [0:47:00.0]

PATIENT: No. There I am while everybody else is comfortable and relaxed here's the kid worrying about how well she's coming across to everybody who can't be comfortable and relaxed. It's all a vicious circle. It seems so stupid to me it really seems stupid to worry about such things and then on the other hand everybody worries about being accepted. I worry about it more. It's a real bad hang up with me. Everybody worries about it to some extent. There's not too many people that really don't care.

COUNSELOR: That's not a strange thing.

PATIENT: Everybody worries. It's normal, but not to extremes. I don't know how to stop worrying about it. It's really ridiculous. If I could just worry about people on a one-to-one basis, that might help. But I always worry about everybody else at the same time. Worry is the wrong word. I worry about everybody at the same time. If I could just get a rapport going with one person at a time.

COUNSELOR: Have time enough to feel a real rapport developing so you could trust it. [0:48:49.9]

PATIENT: Instead of sitting around talking to a bunch of people just talk to one person. I can't ever think of anything to say. If somebody else will start a conversation, I'll jump in. I will go with them, if I haven't got anything to say. I will talk to them.

COUNSELOR: Are you saying it's hard to talk to one person.

PATIENT: Yeah. It's not hard to talk to somebody I can talk to anybody once a subject is brought up, but I can't usually think of anything that I particularly want to talk about. Just chit chatting. Nothing pops into my mind I'm point blank. I'm not at ease with people. Mostly because if there is a conversation going around I don't have to carry the ball, as far as topic conversations, or anything like that. I can sit there or say something or not say something. But If I have to think of something to say, once the conversation has started, I can become relaxed with one person. [0:50:02.8]

COUNSELOR: But if you're responsible for seeing to it that there is a conversation.

PATIENT: Yeah. That we just don't sit there and stare at each other, then I'm at a loss. I can't even think of stupid little things to say. Sitting there thinking of something to say because the silence is ridiculous. Instead of being in a group of people, that's one thing, there are advantages to that. I'm not that comfortable around people, especially around men. I really kind of relax after a subject is brought up then we can discuss it and carry it to its finish. Then I can relax and then I tense up again.

COUNSELOR: Will we find another subject?

PATIENT: Can I bring up a subject? [0:51:00.3]

COUNSELOR: Like you're not sure that you're supposed to or not that you can.

PATIENT: It's usually just the fact that I can't think of anything else to talk about. (Inaudible at 0:51:20.5) After I say, "Hello, how are you?" If I want to go there or not I would say "Hi, how are you?" "Are you all ready for the trip?" "Are you going on the trip?" That's it. There is nothing to say. There are topics that come to my mind that I reject. Like complaining topics "Boy did I have a bad day at work today." or something like that. I don't particularly myself personally want to hear about anybody else's problems and I'm sure that people don't particularly care to hear mine. We've all got problems. Bad day at work or something like that. It's not good conversation topics, and I really don't really think it's a topic that anybody enjoys except maybe "How was your day?" "Oh bad girl." "I had a bad day too."

COUNSELOR: That's enough of that subject.

PATIENT: "How's work going?" or "How's your job going." [0:52:38.1]

Once you say bad, then I think it should be something neat has happened, something exciting has happened. That's good topic. If you say bad then nobody is going to want to enumerate frustrating or boring things and vice versa. I really have nothing to say to these people. They probably think that when I stop talking, that I don't want to talk to them or I consider talking to them beneath me or something or I'm just a dud which is the truth. I really have nothing to say. I'm not sure if I were relaxed would I have anything to say. I may be enjoying seeing them. I may be very flattered and enjoy the fact that they stopped to say hello. I say "Hello, how are you", and then this clutching fear comes over me because I don't have anything else to say. Then I usually say something stupid or ask them something like, "Are you all ready for the trip?" "Did you have a good [0:53:57.3] time on the last trip?" I know something else about the person I'll ask inquiries to some other thing. Then I think I probably get this really stupid look on my face because I feel stupid. There I am.

COUNSELOR: Looking stupid feeling stupid.

PATIENT: Yeah. It's especially bad with men.

COUNSELOR: Then you really clutch.

PATIENT: That just kills relaxing around people. I'll like look around the room and occasionally I'll see somebody and make some kind of thought in my mind about them. Most of the people I don't react to at all. You don't react to everybody you see looking around a bar, a room or anyplace else. I have the fear that everybody who sees me, sees me and everybody has made a judgment about me and they're all bad. [0:55:15.0]

COUNSELOR: They've said what a dud.

PATIENT: I keep telling myself that's not true, because I do not do that to other people. Most of the people have not even even seen me. I know this for a fact. Because I've met people through Alicia or somebody else that I have seen, this is my basic social center, and I have seen in there lots of time but have never seen me before.

COUNSELOR: But you are feeling like they've made a decision is that every time to talk to any of them it's as if you are talking to someone who did have something against you. [0:56:04.9]

PATIENT: Not necessarily something against me, just a negative opinion about me.

COUNSELOR: You never even start from even. You always at least in your mind start from several steps back.

PATIENT: It usually starts because nobody usually ever talks to me. If I'm there by myself or waiting for Alicia and then somebody approaches me and automatically I'm suspicious. Why does he want to talk to me? Nobody else wants to talk to me. What's the matter with him?

COUNSELOR: He must be a loser since he picked me out. [0:56:44.2]

PATIENT: Not necessarily a loser. Maybe he's near sighted or maybe he's drunk, or maybe he's got ideas I don't particularly care to take part in or something like that or he must be a loser. I do think that too. Some of these people are very nice. Then I start wondering why did he start talking to me. Maybe he just likes me. These are things that just roll through my mind. I don't sit there and consciously think about these things. They just roll through my mind. Maybe he just likes to go around and talk to people to give him a thrill.

COUNSELOR: If a seemingly nice person is coming over it must be because he feels sorry for you or something. Because they've all seen you already and formed a bad opinion, of course, you have to fit that in with the bad opinion they've formed of you. [0:58:00.9]

PATIENT: It's stupid and it really is. I tell myself it's stupid.

COUNSELOR: Can you stop thinking that?

PATIENT: I get reinforcing feelings too. If I walk into this room and I'm sitting there waiting for Alicia, I'm usually sitting there with maybe a blank stare on my face. I feel uncomfortable, first of all, sitting there. I never know where to look and you can only read the sign above the bar so many times. Just sit there and stare at it. I'm afraid if I just look at other people, they're going to think that I'm flirting with them or something, or that I'm coming on strong or something like that. I don't want that. I don't want them to think I'm starring. I'm just casually just looking around the bar. I have a feeling that if anybody is looking, they think I'm out on the make or looking for a pick up or something like that. (inaudible at 0:58:56.5) I just look sad. I've just got a nothing expression. That's why I try doing things like sitting there thinking. [0:59:08.8]

COUNSELOR: Oh

PATIENT: Daydreaming, or I put a pleasant smile on my face, kind of a half laugh. And I sit there and I daydream or I think about things I used to do when I lived back in Kansas. Just force myself to think of neat things. Or paint pictures in my mind. I do a lot of that. I draw pictures in my mind. I can't draw them on paper so I draw them in my mind. Actually, I conjure them up. Pleasant scenes usually, a windy day in April flying kites or something.

COUNSELOR: That should be good. [1:00:01.2]

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

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TRANSCRIPT OF: Client 018 Session 8 Tape 128

COUNSELOR: This Is Client 1923-018, Client 1923-018, Session # 8, Session # 8. February 23, 1971, Session #8

PATIENT: I'm so tired

COUNSELOR: Yes, hi (ph), you were on the ski trip (inaudible at 0:26) you?

PATIENT: Oh yes. I had a fairly good time, but not as much as I usually would with several reasons. One of which is the fact that there was ice. Because it was raining here, and I thought it'd never rain way over in Missouri. It's raining here.

COUNSELOR: Was it raining in Missouri?

PATIENT: Oh yes

COUNSELOR: Oh.

PATIENT: There was ice

COUNSELOR: Well, that (inaudible at 0:58) really wrecks your skiing.

PATIENT: Oh listen, I was, actually I want to say it was better Sunday than it was bad Saturday, than Saturday, but I think actually for me it was better Saturday. Sunday was like, Saturday was like skiing on a snow cone, which you might ski on it. I mean you could get an edge into it. You could move around. Once you break the surface you could move in it, but this (inaudible at 1:24) I think I would have enjoyed it if it'd been regular snow, but instead it was, had about an inch of snow on top of ice. And it was just, it'd been, it'd been rained over. By night it'd been rained on, and it just glazed the whole thing, just a solid sheet of ice. And then Saturday night it snowed on top of it. And there was a little bit of snow, a little bit of snow on top of this ice and the ice was the worst where people had been boring down the middle you know of the la . . . [2:06].

COUNSELOR: Whatever they're called.

PATIENT: People had been boring down the middle, or on the sides, until it was really packed down.

COUNSELOR: Yeah, right.

PATIENT: And it was really bad. I just get so nervous, but it made me so mad because I was trying to, I'm getting a little better at skiing. And, but I had rented skis, and I couldn't set my edges very well. And I was scared from the time I got off the chair lift until I got back down to the boot again. Well there were some spaces where it wasn't bad; it was all right. But, the hills, it seemed like the steeper it got, the worse it got.

COUNSELOR: First, the whole bad feeling about the skiing and being scared and not being able to enjoy it, not being able to feel like it was going well? I mean [3:02] . . .

PATIENT: No, but I enjoyed it. I was going to think just about skiing right? I, I forgot what I was going to think about. I just, I just, I can't go like . . . I, I didn't talk to myself before that. What we had talked about on Thursday, the 'n' word that I probably, in order to have a good time, just relax. But I was, when I was skiing, I was concentrating on skiing. Because I wasn't, I didn't ski with Jesse, and most of the time I skied by myself. It's why I didn't have any . . . I just skied, mostly.

Oh, I took a lesson Sunday. We were doing sideslipping. I can't sideslip. I cannot do it. I keep putting my weight on my uphill ski. I just put my little butt too far back, too far forward. I spent an hour sitting on the ice, and I don't even learn how to sideslip. Ouch, every time I fell. And you fall on your rear, and it, usually it doesn't hurt when you fall on your rear. You sit down in the snow and everything. Well this is solid ice. You land on your rear and it just, oh and slide and it hurts, oh. [4:18].

Jesse was with another girl all weekend too, which didn't, did not do anything for my mood.

COUNSELOR: Hmmm, okay, so growled that (inaudible at 4:24).

PATIENT: I mean he was very pleasant.

COUNSELOR: No, I mean

PATIENT: Huh?

COUNSELOR: The . . .not that he growled at you, but that you growled at you.

PATIENT: Oh yeah, yeah right, I did. I really did.

I kind of expected it. You know, I told you

COUNSELOR: Yeah.

PATIENT: I didn't know what to do. I like him. I said hello. He complimented me on my pantsuit. I about dropped dead right there before him because, I told you, Jesse just doesn't do things like that. And I thought maybe I was wrong? And so, and he was busy doing his little chip trip chair run, so he was quite busy getting everything, making everything look like it's really going smooth and everything. [5:09]

So I just didn't, I didn't bother him. And then I got on the bus and I got and went and put my junk on the bus and everything and to get the seat I wanted and stuff. And I was sitting there and everybody was getting on the bus, and I was sitting by myself, and I didn't know whether to save a place for Jesse or not.

And Peter Maze, who's just a buddy of mine, just a friend, I was carrying some of his junk for him. I was carrying his water flask, and so I still had it when we got on the bus, and he was sitting down, and somebody said where you sitting? And Peter said, "I'm sitting here. I've got to stay close to my flask." Because I had the flask. And, I said, well you can sit with me if you want. And he said, "Are you sitting with anybody?" And I said, no. And then I thought oh, maybe I shouldn't have done that [6:06]

Jesse got on the bus and sat down with Sue, who I thought he was going to be with, and he gave me a funny look. And I thought, uh oh, I shouldn't have done that. He looked so freaked.

Later on we were just talking. I mean the whole time Peter Maze and I were just talking.

So like well when I was (inaudible at 6:23), I play guitar, and I took my guitar with me. And we were both, Jesse plays pretty good too. He plays a lot better than I do, and we were both playing guitar and singing and stuff, you know, a bunch of people and everything. And he just kept staring straight at me. And I thought well, you know, maybe all is not lost.

COUNSELOR: Okay? (inaudible at 6:39)

PATIENT: And then, and then he sat back down after we were singing and everything. He sat back down with Emily. So I sat back down with Peter

COUNSELOR: Um-hm, It's clear that he was, the way was staring at you like, he was enthralled and he was thinking about you [7:00].

PATIENT: Yeah, and then I don't know, so finally, and he was with Emily all the time on Sunday. And it's such a weird feeling to know that you really really like this guy, and so, and he knows, and you know, and she knows that, because all three are on all three trips that I was with Jesse. And she knew that I used to, that I was going with Jesse. Until just recently I was going with Jesse. And we both, and she knew we used to ski together all the time, just the two of us. We used to do everything all toget-, two, just the two of us together all the time we were on the ski trips.

We're skiing, and I'm talking to her and he's skiing with her. I mean she doesn't ski with him, he skied with her. I mean she was just kind of . . . he came up and started skiing with her and everything. And I don't know how she felt. I was, I got, well if he's gonna do that . . . because she and I were skiing together and she and I are about the same, like beginning intermediates or getting close to intermediate intermediates. And she and I . . . so we ski together a lot because we, we ski the same slopes, and we have about the same ability. And so

he came up and started skiing with us. And she didn't know what to do, and I didn't know what to do, so we both just didn't do anything. We just pretended like he was another girl or something. [8:28]

Oh, I was kind of mad at him for that. I mean he didn't have to come over and ski with both of us at the same time. I mean well, he actually wasn't skiing with both of us. He was skiing with Sue. But I was skiing with Emily, and if he thinks I'm going to leave just because he came up, he's out of his mind because I enjoy skiing with her.

COUNSELOR: something about adding. . .

PATIENT: Insult to injury.

COUNSELOR: Yeah, yes, not only does he ski with another girl, he skis with the girl you are skiing with. [9:00]

PATIENT: Yeah, well. The girl, I wouldn't have been skiing with her because I knew he was going to be with her. I wouldn't have been skiing with her if he'd been out there. I mean I wouldn't have come up and started skiing with the two of them. But like I was there first, oh well anyway. I didn't think he was going to ski. He's having trouble with his leg.

COUNSELOR: Something about the whole thing that . . .

PATIENT. Yeah. So finally he was with Emily Saturday night, and I wanted to talk to him. So filled with liquid courage, I finally asked him to rub my back. I thought that'd be a good excuse for me to talk to him. Well, we get in my room, and he started rubbing my back and two and a half seconds later, all three of my roommates walk in. So I couldn't talk to him then, I said, just enjoy the backrub. He gives excellent backrubs.

And so then he started to leave. So I had the thought oh, I've got to ask him now because if I don't ask him now, I never going to ask him, and I would definitely like to know what's going on, right? [10:07]

And I, so I, I've only had the courage to ask a guy just a couple of times in my life, and I've never gotten a straight answer before, but I'd get a straight answer from him.

I said, Jesse (inaudible at 10:20), come here I want to talk to you. I've been wanting to talk to him all evening, and I told him that, but I'd never really had the chance to really get started.

And I said, listen, I'd really like to know what's going on because . . . and then I just . . . well just because. Because if he doesn't know why I really have an interest, then he's just stupid

I have a right to know. And I said I'd like to know what's happening?

And he said, "Well." He said, "Nothing has changed, first of all."

And I said well that's strange. I would have sworn something had changed.

He said, "Nothing has changed. I still feel the same way about you." He said, "But I felt that things were getting a little too serious." [11:12]

Now, I don't know whether he thought that he was getting serious or whether he thought that I was getting serious. I never did get that out of him.

But . . . I'm not, I thought of a much better way to say this last night as I was going to sleep. Unfortunately, it was a little bit late. Saturday night would have been a much better time to think of it, anyway.

But he said nothing has changed. He just felt that things were getting a little bit too serious, and he wasn't ready to get serious right now. Now whether he thought I was getting serious and he wasn't ready to get serious, or he was getting serious and wasn't ready to, again, like I said, I don't know.

And he . . . so I said, well last night I thought of a beautiful line, but I said, I said, well look, I said you really didn't have anything to worry about. You could have asked me, and I would have told you. I said I like you,

and, and I, I like you more than just friends, I said but I'm not ready,. I'm not hearing wedding bells or seeing stars. And things are not that serious. I'm, I told him, if you were, I'm a very affectionate person, and I'm warm, and I may seem more zealous or more affected than I really, than I am because you don't know people who are like me. [12:35]

And he said, well he just felt that it'd be better to cool it for a while, but things are still the same as they were. Nothing has changed.

So I went back to my room totally unsatisfied. I thought, I thought yeah, nothing has changed. Well, does that mean that he never did like me and was just fooling around with me for a little while or really did like me, and he's, and he's torturing himself by being with other women for the weekend, so he won't be with me. So he won't get serious, or what does this mean? [13:10]

And then I said, well, go ask him. I'd just love to. I know where he is; he is in Emily room right now. So I thought, I'll never have another chance like this. I'll never have the guts to do this again. So I got up, put Alicia robe on, walked down the hall, knocked on the door and said, Jesse, can I talk to you for a minute? I said, Emily, I'll bring him right back.

She's, "Fine." She said, she said, "Don't hurry. I want to go to sleep before he gets back."

He was keeping her awake because she'd, she'd, she'd been making cracks all day about he and he and one other guy, who were making cracks, and she said, she was saying, "Well all right, just wait until you try to go to sleep tonight."

And so he was going to keep her awake. Anyway.

And I said, I have one question further, I . . .

And he said, "What's that?"

I said do I have anything to lose?

"No." He said, "What did you mean did you have anything to lose?"[14:11]

I said, well you told, you said that things hadn't changed. Things were the same as they are. I said but how were things when they that, they are the same as they are now? What was there before? And I get another unsatisfactory answer, but I couldn't, I, I just wasn't thinking fast enough to push it any further.

He said, he said, "Well."

I said, what was there? What did I have? That I've lost or haven't lost?

What has not changed? What do I have?

And he said, "Well." He said, "I . . ."

Oh how did he say it? I remember the first part. Second part he said was, he said, he said that he'd never go, he doesn't even bother about anybody that he doesn't like except to say hello or something like that, but he'd wouldn't bother, but that he wouldn't bother, he wouldn't bother going out with someone he didn't like. In other words, he liked me a little bit. He went out with somebody, and then like nobody is going to take people out on dates that they didn't like. [15:16]

So, so what makes him think he's different from anybody else doing that? He just liked me. He didn't like me a lot or have any kind of special feeling for me at all. Or, he could have, or he could admit that he doesn't mess around with anybody that he just doesn't have a special feeling for . . . I don't know. But . . .

COUNSELOR: Yeah, you still don't know whether.

PATIENT: I don't know whether . . .

COUNSELOR: It's something next door to indifference or something that's . . .

PATIENT: Right. That's a good phrase. If I ever get up enough nerve to talk to Jesse again, I'm going to use that. "Next door to indifference." I like that. Oh I was thinking about last night, writing him a letter because I was thinking, I was just clicking right along with neat things to say last night. Good things, not just silly neat, cute things, but things that were short and sweet and really said what I wanted to say. I was thinking about writing him a letter, but that's dumb. Didn't want to write him a letter, I'd rather talk to him. But I don't, I can't get up enough nerve to talk to him besides I've already brought up the subject twice already in one night. But I still don't know where I am. [16:24]

And then, I'm like, it's like, I'm not, I told him I'm not asking for a commitment or anything. But I'm not saying, I'm not asking you to say yes or no or maybe or what it's just, I just want to know if, if, if I was just someone that, well she's a nice kid you know, and she's, she's, she's, she's all right to go out with or something like that. I mean. Someone that . . . I mean just saying that he wouldn't go out with someone he didn't like is, is, is not saying a whole lot. Because I don't know of any guy who's going to ask a girl out on any date that he doesn't like.

I mean that's just a little silly . . . unless, he's getting paid for it or something.[17:04]

So the weekend, and it's so funny though. I was never, I always had a guy all weekend.

And it was so strange because I figured if I wasn't with Jesse; I'd just be really all by myself and be spending the evening with the girls or something. And that gets a bit boring because Alicia is usually off with Jimmy.

COUNSELOR: Somebody you know.

PATIENT: And I thought well we had a, a ski instructor who was an 18 year old girl. She can't go in the bar, but she's a real nice kid. So I thought I'd just spend the evening with her. If nothing else, we could start a party in her room or something. But she got sick. She'd taught all day Saturday, but she didn't feel well at all. And so she spent all night Saturday night in bed. She was in good shape Sunday. But she didn't feel well Saturday night. [18:02]

And Josie was in a very bad mood. And all she, the things that she has to talk about I get very bored with very fast. And she talks about more trivia and more junk than I do. And people listen to her. That's what gets me. I'll sit there and listen. They'll gripe, but they'll sit there and listen. When she's gone, they'll say, oh boy, but they sit there and listen. Me, they wouldn't even listen to. I don't understand it.

She has done some things to guys in their lives just really mean rotten things and they just, and they, they do nothing. They just get furious at her, but they, do they stop seeing her or anything? No. I don't know what it is.

COUNSELOR: She gets all this attention without deserving it at all.

PATIENT: Right, well, it's just that if she does these things to me and when she starts making me mad and everything, I just tell her to go to hell . . . and these guys, and so she doesn't get on my back too much. I've known her for years, and I just won't put up with the garbage she has to hand out, and she knows it. So when she starts handing out garbage, I usually just leave. Or I, or if I can't possibly leave, I tell her to leave me alone.[19:19]

But, we get along fine. But she does things like the . . . a guy will come over to see her and she's been when she's was sick she'd be home all day, and it'd be like a half hour before her mom was supposed to get home, and she hadn't done anything all day, and there were dishes in the sink and different things that had to be done and everything like that, and she'd say, "Quick, help me clean up the house."

Once. This happening once, maybe twice, two times apart, far apart, it's all right. But it happens three times a week, and the guy goes ahead and helps her. I think if I were him, I'd schedule my visits so that I got there after her mother got home. If I wanted to see her, or just quit going.[20:02]

I mean like, I don't really need to go over and help her clean up her house. I wouldn't do it, and I'm a girl. I mean, I mean I wouldn't do it simply because of the fact that I know Josie hasn't done anything all day. And I know Lynn. And I know, no matter what she says to somebody else, I know what's going on. I've known her too long.

But . . . and she'll talk about, and I'm sitting there thinking, when she's talking, about how ridiculous and stupid the conversation is. And Josie never says one word when she can use twenty. If she can explain it three different ways instead of one way, she will . . . in the same sentence. And so her stories just drag on, and they really do worse than mine. That's what happens to my stories too sometimes they tend to drag on. I get too particular. But I and people sit there and listen to her. Nobody gets up and walk away or interrupts her or anything else. And I have the feeling that everybody is just as bored with the whole subject, with the whole story as I am [21:19]

COUNSELOR: She does all this to . . .

PATIENT: And she still commands this attention that I can't command out of anybody. And I don't know if it's so much respect for the person individually because of some of the junk Josie pulls she doesn't, people like her, but they don't so much respect her.

She does pull a lot of sneaky stuff, and everybody knows it. It's like I don't respect her too much, but I really like her. She's . . . and I don't understand. I'm the same way. I really kind of like the kid. I don't know why. She aggravates me, and I keep saying I'm never going to talk to her again if she keeps this up. She pulls all these little conniving tricks and everything, and yet I still . . . and if I did things like that at all, I would become the world's loneliest person so fast.[22:14]

COUNSELOR: Yeah, because like you feel like you're, if you lost anything more you'd have zero.

PATIENT: Umm. I just don't know what this quality is about her that makes people like her. She's not necessarily bubbly. She's not ugly, but she's not pretty. She's . . . I mean this is the quality that people have that I don't know what it is, but all as long as I've known her different boyfriends she's had, she's really treated them wrong and they just keep coming back. So,

they, they, most of them were my buddies. Her boyfriends were my buddies, and I'd get these phone calls at odd hours bitching about her, "Do you know what she did now?"[23:09]

And I always got both sides of the story because Josie always had a story to tell me too. She didn't know that I'd talked to them. But, it really aggravates me, and yet they keep going with her and going with her and going with her.

You can develop ulcers and high blood pressure at the same time, but I mean. And this, this is what I don't have. And I don't think it, and this is, this is the frustrating thing about it, is, is that I should tell myself not to worry about it, first of all. Because what this is, is, is, is natural. It's not something I can do. It's not necessarily anything wrong with me. There's nothing that I can do to change me and become like her. And I don't want . . . I wouldn't want to become like her, but I 'd want to have this like magnetic quality. But I just think it's . . . it's like my dad. My dad. Everybody likes my dad. And, and he doesn't really do anything special. He's just nice to people. He's not, he doesn't, he's not, he doesn't do anything that special to people, he's just nice to them. [24:20]

I'm nice to people and it doesn't get me anywhere.

COUNSELOR: Yeah, it's like you've been saying over and over again. Something that other people have that draws people to them, and I don't have it, and I don't really know what it is, and it's elusive, and I couldn't even really put my finger on it . . .

PATIENT: Right.

COUNSELOR: . . . and it's, it's just disturbing and confusing.

PATIENT: Yeah, it, it, it, it, it bothers me, and it bothers me, and I, and I really, I don't think there's anything I can do about it. Like I say, it's a natural quality some people have, but . . .

I don't know. Anyway.[25:02]

COUNSELOR: I'm wasting time. Do you want to talk about something else?

PATIENT: I'll talk about I was going to this weekend concentrate on just concentrate on really getting into one thing at a time. I was going to concentrate on really getting into skiing, but and I was doing it all right on the gentle slopes, but the steeper slopes, I'd forget about it and just get scared because I'd get to going so fast. I'd got frustrated with myself because I couldn't set my edges. But, I don't know, I, I was, I really didn't, I pretty much did what I said I was going to do like try to relax and concentrate on one thing at a time and not so much worry about how I'm getting across to other people. And I was thinking about this last night as I was going to sleep, that I really didn't worry that much. [26:05]

Occasionally, I'd, I mean what, there were three ski clubs up there, ours and two others at the lodge. And Saturday night everybody was down at the bar, and I saw one cute guy. And I thought to myself, I wonder what his opinion is? And I wonder sometimes, if I don't look kind of cold or something like that because, I know, you walk across the room, and you see a guy staring at you, out of the corner of your eye, and you're wondering what he's thinking. And if he looks at you for very long, if you can see him looking at you like you're walking halfway across the room, you think well now, if he didn't like me at first glance, he wouldn't have kept looking right?

But then you wonder . . .do I look cold or why wouldn't that person, if I'm just sitting there doing nothing, walk up and start talking to me? Unless the guy is shy too or something like that. Most of these guys I run into, these skiers, aren't necessarily that shy. But yeah, there are still shy people and extraverts (inaudible at 27:04) who go skiing.

But, yeah a couple of times like that I think about it, but I was too worried, I was too busy most of the time worrying about where Jesse was and what he was doing. Or skiing and getting frustrated about that. But I didn't so much like worry, I enjoyed myself this weekend, but I was, I spent more time seems like I spent more time wondering like about where Jesse was and what was happening with Jesse.

But I didn't follow, I'd kind . . . I came well, like I'd come off the slopes, and I'd want to have something to say, and so I'd start griping about how bad I was skiing. And that made me mad, I wish I'd just kept my mouth shut. And yet if I'd walked in and sat down and not said anything, I would have gotten questions, "(inaudible at 27:58) What's the matter"

But I didn't have anything else to say, so I said something about skiing, and then I'd just kind of sit there and listen to everybody else talk.

I don't know. So I did a pretty good job of not talking too much, and not telling too many stories that went along with other people's stories. I think I did that twice. Passing around stories.

And one of them was, we were talking about dogs biting people and then being thrown immediately into quarantine for two weeks for having rabies, and which I thought was a little dumb because the only time my dog ever bit anybody was, he was protecting me. And the person he bit was the person he was protecting me against. Same thing happened to Josie's dog. This cop, Josie was sitting, she's got two great big Great Danes, and this cop walks, she was sitting in her car, and this cop walked up without any lights or anything and walked up and started putting his hand in the window. And her female dog was sitting right in front in the seat next to her and went right past her and went right through the window after the guy, the cop. And we were discussing it so I put one story in there about my dog and he was protecting me too, and they had to put him in quarantine. Rambo was this mild-mannered dog. He was a Cocker Spaniel, but . . . and I think I told one other story. Most of the time I kept my mouth pretty much shut and had a good time [29:34]

I was playing Ping-Pong. I'd never played Ping-Pong before. Alicia and I were playing PingPong, but we were just doing the lousiest job in the world, laughing and having a good time, and I really enjoyed it. I just really enjoyed it. I wasn't really worried about impressing anybody

COUNSELOR: That's just kind of like what you wanted in a way, the way you got into the PingPong game, like . . .

PATIENT: Right yeah.

COUNSEOR: There's nothing there but the Ping-Pong game.

PATIENT: Yeah, well like the people were laughing at us. We were laughing at us. And I knew we were putting on a show, so I might have put on a little more of a show than I would have, being a little sillier. I was having a good time though. And, then I see Jesse, and then I start to worry about Jesse.

Yeah, basically it was a good trip. I was like, I didn't really concentrate and think about relaxing or doing anything or just getting into anything really big. I had like, forgot all about it, just forgot all about that I was going to do that. But even though I forgot about it, I kind of did it anyway mostly. Yeah, I, a couple of times I was down on myself because I was sitting, well I was sitting with one guy going up on the bus -excuse me and sitting with another guy coming back. I really didn't have anything to say to these people who were sitting there talking. I sat there talking to a couple of the girls, and I can talk to them all night, but I have nothing to say to these guys. [31:16]

Say unless you start telling family histories or something, or talking about your job or something, just chitchatting. I can't do it. I never can figure out subjects. Someday I'm gonna sit down and write down a list of subjects to talk about. Someday I'm going to mentally memorize them so that in any situation, when I need something to talk about, I can just consult my list 'oh by the way,' and I really hate to start a political argument or anything like that.

I love to get into political arguments that are already going on, but I don't want to start it.

COUNSELOR: How come? [32:00]

PATIENT: I don't know. Uh, I, I, I used to know a person who was always starting arguments about political situations and everything. And every once in a while, it's good. I just like it better when a topic just kinda wanders around to a political question or a question on the war. Just wanders to it rather than just starting out conversation bang, we're . . . I had a friend who, was always, never opened his mouth until he wanted to argue with somebody about a political situation, right?

It . . . so and I remember how it used to aggravate me.

COUNSELOR: Uh-huh, you don't want to be that aggravated.

PATIENT: Right. It s' not that if I just did it once somebody would want to talk about it

But I, like you have to know. You have to know the person and you have to know what they like to talk about and what they're like and some of the likes and dislikes can start an argument.

Or you may say something and have him agree with you and . . . well, that's nice we agree on that, but so much for the conversation.

Like this one girlfriend and I used to argue all the time. I love to argue anyway, but I never got into any arguments with people in the ski club or any people that I know that I really enjoy.

[33:37]

You know these people I won't, as a matter of fact I almost refuse to argue, because they make such stupid statements. They just are so illogical and everything that I just, I just will not argue with them. I like to argue with someone who has intelligent things to say, who can argue with you on both sides.

My girlfriend and I used to argue. She's a Lutheran, and I'm a Catholic, and we were taking catechism at the same time. And Lutheran catechism and Catholic catechism are almost the same, almost exactly the same, and so we were arguing fine points of our religion. We were arguing, we were both saying the same thing but

in different ways. We were arguing about the different ways we were saying it. It was about the only difference and so we, I enjoyed arguing with her.[34:25]

My father has got this friend who loves to aggravate me, who loves to really get me going in an argument. He'd say stupid things because he knows it aggravates me. We'll be discussing a topic, his side versus mine, just discussing it, and then when he thinks I'm really getting into it, really starting to get good with my mind, my mind's limbered up a little bit, he starts to throwing me stupid statements because he knows it makes me mad. It really aggravates me. We were discussing...

COUNSELOR: Getting off of topic again, [inaudible at 35:15] get back on topic . . . what to talk about with...

PATIENT: But I felt like a dud that's the only time I was really down on myself

COUNSELOR: (inaudible at 35:20) What to say to these guys.

PATIENT: And then I walk up and see Jesse and Emily really into some conversation. When we were sitting on the bus together, we never talked. Now whether she starts the conversations or not, I don't know. I didn't have anything. I'd try to think of things to say, and I couldn't think of anything to say, and Jesse intuitively would talk. I saw that. But I just saw other people sitting there talking, and I really feel like sitting there on the bus, duh, especially I was sitting with Adam on the way back.

Peter going up, I have a lot of things to talk about because he's chairman of the scuba committee. And I'm gonna ask. I'm going, hopefully, take scuba lessons if I can scratch up the money. Tired of being broke. But if I can scratch up the money I'm going to go on this, take scuba lessons. And I was talking to him about scuba because he's been scuba diving for years. And there are different things we have in common to talk about. He likes bikes, motorcycles, and so do I. The scuba diving, the skiing like that. So we can talk about sports activities. [36:36]

And we're both elbow-benders from way back so we can discuss uh, oh we've got things to talk about. And he's usually talking a lot anyway. You know what I mean? Being friendly with everybody. I like it when you're sitting with a group of people and talking, but on the way back everybody was tired too. There wasn't so much group action going on. But I always feel so stupid when I can't think of anything to say, so duddy (ph).

COUNSELOR: Like this dull person who just doesn't have anything, nothing to offer people just a blob sitting there.

PATIENT: Right. I can't get away from it.

COUNSELOR: Can't get away?

PATIENT: I just can't get away from being a nice kid, but just a nice kid, nothing special. No. I don't consider myself a brain. I consider myself a fairly intelligent person. And I feel like I ought to be able to create an image of . . . but I don't want to create an image. If I was willing to work at it, I could probably create an image. If I really worked at it hard, but I'd rather instead of creating an extra image, I just want to, I don't know. I guess, I guess I want to change myself, which is impossible to do. I mean my personality is my personality. But I think you can develop personality so I can't change it, but I can probably develop it.[38:31]

COUNSELOR: Like to develop into something more special.

PATIENT: I mean I don't know, maybe a, just a question of gaining more poise. The art of conversation. Maybe I could read a book on the art of conversation or something (inaudible at 38:52) book

Do you know of anybody who wrote a book on the art of conversation?

COUNSELOR: Oddly enough I do. I don't know if you'll like it. (laughter)

PATIENT: Oh, really?

COUNSELOR: That's right. I picked it up over Christmas vacation. It's called How To Get a Teenage Boy and What to Do With Him When You Get Him. It has a chapter on how to talk to boys.

PATIENT: Was it any good?

COUNSELOR: Well . . .

PATIENT: I don't want a teenage boy, but (laughter).

COUNSELOR: No. Actually, I was sort of impressed. I mean I was fairly impressed with it.

PATIENT: Oh, yeah.

COUNSELOR: I don't know. There's something, it's very imagey (ph). It's the only practical thing I've ever heard anyone say on the matter

PATIENT: Uh-huh, I wonder if they've got a book on how to attract an adult man or something?

COUNSELOR: I have the feeling that some of the same stuff would work. (laughter)

PATIENT: Yeah, men are always boys or something. Yeah, I might . . . what is it a paperback book?

COUNSELOR: Yeah, right.

PATIENT: I might buy it and see what it has to say about the art of conversation because there probably I mean would be pointers. People who don't know how to talk to other people learn how to talk to other people. I mean, it's just, I don't know how to go about doing it (inaudible at 40:14) I suppose.

They don't offer any courses here about how to talk to people. I take public speaking, but that doesn't help much.

COUNSELOR: That's different or something. That's . . .

PATIENT: Yeah, talking to people on a personal level. I have no trouble talking to people who are older than me. I don't know why. Maybe it's because it's like talking to somebody's parents. They do most of the question asking, and I can respond to questions and get going from there. But as far as initiating conversations . . .

COUNSELOR: Something about getting it going yourself.

PATIENT: Right, initiating conversations. I mean I can keep going. I can join in on a conversation as anybody can. [41:01]

COUNSELOR: Yeah, yeah, but providing that initial momentum

PATIENT: Right. Yeah, unless I have something specific I want to talk to somebody about and then . . . like when I wanted to talk to Jesse. You know I could have, I could have planned. I didn't plan it because I plan things, and then I never say them anyway because I get all upset and uptight and everything, and I really can't, so I just, I just talk. I just open my mouth and words fall out. And like I said, I thought of all these things last night when I was . . . I do all my thinking in the shower and bed

And, I was thinking about like things I would have said. I almost got up and wrote him a letter. I might. I probably should have just got up and written him a letter and then thrown it away. It probably would have helped me, but I didn't do. Why am I going to write him a letter if I not going to send it to him. That's stupid.

And just letting him know exactly where I am, and how I feel. What I'm looking for in a relationship maybe it wouldn't scare him; maybe I'd get him back that way. I don't know. Like I say, if he was talking about things were getting too serious, and he didn't want to get serious. No. If he was talking about he didn't want to get serious, and he was getting serious, then nothing is going to help. If he thinks it's getting serious, and he doesn't want to get serious, he's going to stay clear of me. But if he thought I was getting serious, and he

didn't want to drag it out or let me think that I was going somewhere that I wasn't going or anything, if he wanted to lead me on, I think that's the word, right? [42:43]

COUNSELOR: That completely, that you could fix

PATIENT: Yeah, I could settle the situation. Because I was serious about Jesse but not in a forever way type way. I liked him I liked to talk to him. I liked him physically. I liked to talk to him, but I never had the feeling that he'd be someone that I'd want to marry. But I just enjoyed his company, and I want to have some male company. It's about the art of conversation. It's about just the art of getting to know somebody. I've never really wanted to get to know somebody. And just having a relationship with someone, just a personal relationship, knowing their likes and dislikes, being able to talk to them, knowing who they really are or getting to know the person. And, I think it'd be an excellent opportunity.

Like I say, I'm also a very affectionate person. When I like somebody, I'm affectionate. And I do things for them; I go out of my way to do things for them like that. And I guess I'd really have to explain to him this. That I really wasn't, I don't how you say to a guy, I really don't want to marry you. I didn't have that idea in the first place, but I just wanted to get to know you. And I don't know if that'd work or not. He wasn't mad at me because I asked him all these things Saturday night. I said, I hope you're not upset. [44:24]

And he said, "No not at all."

But I said I just needed to know.

And he said, "Yeah, of course."

But I think the tip-off was the fact that he complimented me on my outfit that it was over. But I didn't know. I don't know. If I had not let Peter Maze sit down with me, if he would have sat with me. Because he looked at me, he gave me a funny look when he saw me sitting with Peter Maze when he got on the bus and sat down with Emily. But I thought he was getting ready to sit down with Emily anyway. He was just looking to see who I was with.

And then we were singing, he was singing right to me, he was singing, what was the song we were singing? It was kind of a love song, and he was just sitting there and somebody else suggested it. And the whole time he was playing, he was just staring right at me. He was just looking right into my eyes, like he was singing just to me, like nobody else in the world was there. And I'm not really fantasizing he was doing that.[45:27]

COUNSELOR: Yeah, yeah. What does that mean? I don't think that was what he said.

PATIENT: No well, he did this before we had the talk, but it didn't fit with his other actions. It didn't really fit with what he told me Saturday night. Why he was doing that, I don't know. There were other people to look at, he didn't have to sit and stare at me. There was about seven people standing there and sitting there singing, and he could have just looked around at all of them. He didn't have to stare at me because Alicia and Josie noticed it too. It wasn't just my imagination.

But then, I told you before it's frustrating because he just, you know

COUNSELOR: I really (phone rings) Hello? Oh, hi. Can I call you back? I don't know what to do about him.

PATIENT: That's what I think that's the main reason, that's one of the reasons I didn't worry about myself all weekend. I was too worried.

COUNSELOR: Too worried about Jesse.

PATIENT: Too busy worrying about him. What's he doing now? Where is he? What's he doing? Tried to remain cool though, I think I did a pretty good job. I mean I was thinking about him all the time, and it might have been obvious a couple of times, but most of the time we're skiing and I'm just talking to him casually like I've just known him as a casual friend. Just knew who he was and we had talked and we were in the same club together so maybe waiting to go up the towrope or the ski lift and we'd be talking. Then he'd go on his way, and I'd go on my way, and everything was fine. [47:13]

COUNSELOR: Felt fairly successful at being cool.

PATIENT: Yeah I did. I really did. I was like downstairs watching the kids play Ping-Pong. I was just watching. I wasn't really worried about anything. I was just kind of, first of all, I was kind of dead, but I was kind of sitting there. But and there were other people around, and I was talking to them and having a fairly decent time. There wasn't anything wrong with it. I wouldn't call it fun, but I've never . . .

My mom said, "Well, did you have fun?" She's always said this to me a lot. "Did you have fun?" No, I really didn't have. I had a good time. I didn't have fun. And mom says, "Isn't that the same thing?" And to me, it's not. And I don't know what fun would be. I had fun when I was being silly. Alicia and I were being silly in playing Ping Pong. That was fun. I was getting, I was, I was tired, and I was getting kind of silly . . . I had a couple of drinks. I wasn't drunk or high or anything, but I was loose. And I was having a good time just being silly playing Ping Pong. And I was, I was doing a pretty good job, I suppose, of putting on a show for the people who were watching us play PingPong. But we were having a good time, we really were. Now that was fun, and the rest of the time I just had, I had a good time talking to these people and everything. But, it was really rough being in a social situation with him. [48:41]

COUNSELOR: With Jesse?

PATIENT: And Emily sat down in his lap and everything, and I'm sitting over there. I'm sitting over there and Adam and I are holding hands. So for all practical intents and purposes, nobody else would have been able to know, you know, sitting there holding hands with Adam. And Jesse was laughing and it just, I don't know what he was thinking. I don't know what Emily was thinking. I didn't know what Adam was thinking because how they approached the situation because Adam has been on all the ski trips too. And he knows that Jesse and I are usually together. I guess he just figures that I don't know. We didn't act like lovers who'd broken up or anything. We just acted like casual friends.

COUNSELOR: Yeah, and you're not quite sure too, what you think about that.

PATIENT: I 'd really like to know. I thought I was fairly cool about it, but I'd really like to know what all the other people were thinking about it, I really would. What was going through their minds? Especially Adam's. I'd also like to know what was going through Emily's mind.

COUNSELOR: Like was she wondering if you were jealous or was she thinking?

PATIENT: I was wondering if she was uncomfortable at all or what? I was wondering if she was as uncomfortable as I was? Not just so I could have revenge. I was like kinda feeling sorry for her. I mean we're not two good friends or anything, but we do know each other, And . . . [50:14]

She didn't seem uncomfortable.

COUNSELOR: I don't think I'd seem that uncomfortable either.

PATIENT: We're having a meeting Wednesday night, and so, an officer's meeting

So I suppose I'll have a chance to practice not worrying about myself again. But I'll probably spend the whole evening worrying about Jesse. I wish I could just not worry about anything.

You know, just to hell with everything. That's what Alicia does sometimes

COUNSELOR: Says to hell with everything? [55:00]

PATIENT: She just kind of acts like it, to hell with everything. I'm just going to have a good time and not worry about anything else. She says I should do that, just not worry Well, all right not worry, how do you do that? Oh, I'm still tired from that ski trip. If I'd go to sleep when I go to bed, I might feel better. But when I go to bed, I stay awake for about an hour

COUNSELOR: What are you thinking?

PATIENT: About things that I should do, things that I should . . . recapping the trip and all this stuff. I didn't even go bowling last night, I was in too much misery to go bowling.

COUNSELOR: In too much misery?

PATIENT: Physical misery.

COUNSELOR: Where you stepped on the ski?

PATIENT: Oh yeah, I got a bad hip over here and a bad shoulder over here. I should, by all rights, I should be bruised all over, but I don't bruise. I mean it takes, it takes a real big wallop to bruise me. Most people like Alicia, you look at her, and you go like that, you tap her, she'll have a big bruise go like that You know she's got . . . [52:13]

I fell on my shoulder. I was skiing by myself Saturday, and I was doing, I was getting better. I was trying all these tricky things. I was getting really cocky, and I took a couple of really bad spills, and I twisted, like I said, I twisted my hip, I think, and my shoulder is real sore. And then that's just the two places it hurts the worse. The worst. I miss those (inaudible at 52:40).

But it's like my leg muscles are sore, not as sore as the last time though. Last time was when I really first skiing well, and I was like on the tips of my skis leaning forward and my leg muscles were really sore. I couldn't even walk I was getting cramps in my legs, and everything, and I never get cramps. [53:06]

I don't know. I don't know. I really think I ought to talk to Jesse again, but I don't know if it'd be redundant to go over the same thing again whether I should talk to him again or not.

COUNSELOR: Wanting to go back and get it straight now, just what was it that happened and just what did you feel and . . .

PATIENT: Yeah, just so I'd know in my own mind. Just so I can, I know I think I'd, I'd probably talk to him and say you're going to get tired of hearing about this subject but I've got to straighten it out in my own mind. I said, like I might even ask him what it is that, what I did that turned him off. And just let's be friends and for my own future reference and future happiness could you help me. I just wonder if I could try it. It still seems I don't know if I should bring anything up or not?

COUNSELOR: Something makes you hesitate doesn't it? Is it appropriate?

PATIENT: I don't know. I don't want to be pushy about it. I don't want to make uncomfortable situations for him, but I would like to know. I still would like to know. I suppose I probably won't do it, but I think I shall though. I think I'll decide to hell with thinking about him and think about me. What do I want? He's doing a pretty good job of going about getting what he wants. I ought to do the same thing for me. [55:12]

COUNSELOR: Just keep telling yourself that

PATIENT: I do a lot of that. I do a lot of worrying about other people instead of worrying about me. Maybe if I worried about myself more and well, I do worry about myself

COUNSELOR: But this is different.

PATIENT: Yeah, right. What do I want? What's best for me instead of worrying about everyone else. You know, not worry so much about hurting other people's feelings. Don't be such a sweet kid.

COUNSELOR: Have you sort of determined about you going about getting what you want? [55:52]

PATIENT: Right, yeah, and because everybody else does it. That's why I got the label of being a nice, sweet kid. Always the first to give in or not in a situation and anything like that

I let myself get walked all over. My mother says, "Quit letting people walk all over you."

That might help if I'd became more assertive, more sure of myself

I'm going to make him tell me.

COUNSELOR: Hmm?

PATIENT: I'm going to make him tell me but then, here I go excuses right? He may have nothing to tell. It's putting him in a bad situation (inaudible at 56:47) again. Again, I might just be, I might be putting him in a situation where he had to make a commitment, but I have a feeling it's a past commitment. It's over. It's like saying you're not committing yourself to me now. I just want to know how you did feel because it's over now. I know it is. Even if he doesn't know it, I know it.

I don't know. I'm getting a little bored with the whole thing of having to worrying about worrying about men and all this whole . . . I just want, maybe I, maybe if I get bored enough, I'll just forget it and I'll worry about how I'm coming across to men and everything else, and how I am with men in social situations and why I don't attract men. Things like this, I'm getting rather bored with it.

COUNSELOR: Come on, it's really not quite worth all this.

PATIENT: Right, but I just said forget men, don't worry about them, just forget them. Take time for something else. But I find myself unconsciously thinking about them. Even though I am bored with it, it just pops into my mind. Like this is really one of my priorities, and whether I want to worry about it or not, subconsciously I really worry about it. It's like, I do want to find somebody and get married and everything, and I am going to worried about it until it happens, and I really, and I'm going to end up the rest of my life worrying about it because I really have doubts whether I'll ever get married. I definitely think I will talk to Jesse.

COUNSELOR: It's 4:30.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is client 1923-018, 1923-018, session number nine February 25, 1971, session number nine February 25th.

PATIENT: I've never seen that black tape before.

COUNSELOR: You mean the reel.

PATIENT: No the tape.

COUNSELOR: Oh, I think that's just our (inaudible).

PATIENT: Well usually it's the light brownish or the brownish one.

COUNSELOR: Yeah yeah true maybe it is a little darker.

PATIENT: I supposed it doesn't make, I supposed it doesn't make any difference what color it is.

COUNSELOR: Right.

PATIENT: I've never seen any besides brown though. I was in a fantastic, we should have talked like this morning instead of this afternoon the mood I was in. That's the mood I'd like to be in a lot. And I, went to we had that meeting last night.

COUNSELOR: Uh huh.

PATIENT: And, I was going, I was just going to sit there quietly and keep my mouth shut but we were arguing over a policy of the club and I figured this is a good time to try. First of all I just couldn't keep my mouth shut I had some important, I had some opinions about on it that it wasn't a time to practice keeping my mouth shut.

COUNSELOR: Yeah right.

PATIENT: Right. I got a little obnoxious though, because I had, we have there was this one girl who went on a ski trip who was 18 and I told you who was our, she she was she taught us how to ski but she was a good she was a good instructor. But, she was rough on those people. And, then they most of them I never said I needed to be to have Evan yell at them and stuff like that for them to learn to ski. If you don't learn to ski, you're going to kill yourself.

COUNSELOR: Yeah.

PATIENT: I mean the chances are about 100 percent if you go out if you go out skiing without never taking a lesson you're going to kill yourself. And it was just one lesson that reduces by 50 percent. But she's a good teacher and these kids they want, they're not kids, they act like kids but they're not kids they want things added to them on a silver platter. And they just, and and here they are they have free instruction we take our own instructor with us. An instructor but they went up and wanted to take lessons it costs them 10 dollars for an hour, they got a free one. Do they listen to her? No they stand there and they chatted between themselves and everything and, she was just she was getting frustrated about it. And she, I don't know they didn't like the fact that first of all she was 18 and they all knew it and most of them are 22 or 23 year old or and so they're not we're not going to take her with us again. And I think it's too bad because the person that they want to take to with them I don't learn anything from when I'm trying to ski. But from her I learn. And then I didn't learn a thing. Didn't learn a thing I didn't already know. 0:03:05.5

COUNSELOR: Are you mad to see her treated that way?

PATIENT: Yeah, oh yeah I was so mad. I'd been drinking anyway while our meeting was going on I was drinking Canadian Club which is a lot milder I usually drink bourbon, and I was drinking Canadian Club. And I wasn't mixing the drinks and the person who was mixing the drinks was mixing them rather strong and I didn't realize they were being mixed strongly because if it was a bourbon I can tell when it's strong or weak. But with Canadian Club, it could be strong, but to me it tastes like a weak bourbon, but yet it's a strong Canadian Club. And, I was getting kind of (inaudible at 0:03:46.8) I was mad. I was mad at Jesse and Jack because they, they were just being so stubborn about having her go with. I just thought it was ridiculous. But, we went to the three afterwards, so we go and I talk to Jesse remember I told you I was going to ask him.

COUNSELOR: Yeah.

PATIENT: And I did ask him. I, I practiced the speech and oddly enough usually if I decided what I want to say I mean I didn't practice a speech but I had an idea of what I wanted to say and how I wanted to say it. And usually when I start to talk those things go out the window but I was, I was clutching onto something and I figured I thought about it and this is the best way to say it. So I got halfway through my speech practically before I had to, before I just, felt stupid about it. Without asking him in the first place but I, asked him anyway.

COUNSELOR: Kind of pleased with yourself for going through with it?

PATIENT: Yes I am. I really am. I was, I I wish I had been in more sane and sober state when I did it.

COUNSELOR: Um hmm.

PATIENT: It wasn't the number of drinks, it was combination of I think, well I had dinner so I can't (inaudible) dinner but it was, I don't know why I think it was combination of drinking those strong drinks.

COUNSELOR: Yeah.

PATIENT: Like I only had five drinks all night and usually I can, put away five drinks before I even feel anything. But, that's regular drinks at a bar, when you get half a shot and a lot of water and a lot of ice. I wished I had been in a better shape to do it but I didn't know when I'd have another opportunity to talk to him. Because we're not having we're having our next meeting it's Monday next Tuesday. But I won't see him between now and then so. So I talked to him and he answered me and he answered me. He's the first guy I ever got a straight I've wanted to ask that question to a lot of guys I've gone with before and I, I have to a couple of them and never got a straight answer. But Jesse I got an honest straight answer. I really I mean he was really straight with me which is...

COUNSELOR: You appreciate it. 0:06:00.0

PATIENT: Yeah well definitely appreciate it. I may have pushed it too far, but I appreciated it. And he still insists that he's changed. And I said, "Now that we're not going out anymore" and he said, "Who I never said we were never going out anymore." He said he said he said, "First of all your only one of four girls that I go out with." He says, "And second of all I have I haven't even, I have had so little money that I haven't gone with anybody since, as a matter of fact you're the last person I ever went out with, on a on a legal date." So I just, "Oh, really."

COUNSELOR: You were pleased?

PATIENT: Yeah I didn't I didn't I don't know how I reacted but I was pretty anyway I got kind of lit last night, I wasn't drunk but I was, I was tired. And I this morning I woke up, and I was in the, this all boils down to why we should have talked this morning I was in a mood that I wish that I could be in more often. It's a bad attitude to have while you're at work. But, any other time it's a good attitude to have. I was I was being silly, and really enjoying it. I wasn't, I wasn't acting silly I was being silly. And I didn't realize I was doing it until all of the sudden it was about half about [2:30 11:00 o'clock] (ph at 0:07:25.3) I all of sudden realize, it was probably because I was a little hung over. I, I, I like what happened was someplace last night through the evening I lost my mind somewhere and it took until this afternoon to find it.

COUNSELOR: You were just, just include morning.

PATIENT: Yeah I was just, I was just, green is my favorite color and I've always wished that my car was green. But I've never seen but I like my make and model of car and I have the only car that I've ever seen, I've only seen one car, that's in the proper color green and it's a Chevy of some kind and I don't I don't I don't like Chevy. And I've never seen I have a Barracuda and I've never seen a green Barracuda. And I was walking down the street when I saw a green Barracuda. It wasn't the right shade of green but I'm standing there kind of staring at it talking to myself. If anybody had walked by, "Oh gee a green Barracuda. Wow I have never seen one of those before." Like I was talking to somebody else. So then I walked over and I looked in the windows, kind of walked away with a stupid grin on my face. All of this I realized later to me was just, (inaudible at 0:08:29.8).

COUNSELOR: Other times it seemed perfectly natural.

PATIENT: Walking down the street saying, talking to myself, "Gee I've never seen a green Barracuda before that's really nice looking." I was, I was just kind of, just, it's sort of a don't give (inaudible) attitude. If you want to do it, it feels good do it.

COUNSELOR: Uh huh, uh huh.

PATIENT: You want to walk up and look at that car go ahead and look at the car. Doing things at the spur of the moment just, I'm letting go. 0:09:02.9

COUNSELOR: Yeah.

PATIENT: And it was really, I really enjoyed it. I was just kind of wandering around.

COUNSELOR: It wouldn't even occur to you not to let go.

PATIENT: Right. Yeah I was just kind of wandering around, kind of like I was stoned or something.

COUNSELOR: Yeah.

PATIENT: Just, it was it was it was just like great I really enjoyed it. And I thought this is a bad way to be at work, because you're kind of just wandering around and, like my mind was somewhere when my body wasn't. But, when you're in situations like that your boss tends to think you've lost interest and, you don't really care. And I didn't really care this morning. But, it was bad to do that at work. But it was just such a great feeling. I just this is the way I wish I could be most of the time. Not, not responsible but just, you know...

COUNSELOR: So loose.

PATIENT: Yeah loose and, you know?

COUNSELOR: Yeah. Not having to have things be a certain way, right? You're not...

PATIENT: Yeah right just, "So what. So no big deal. If this happens fine. If it doesn't happen fine." No big thing.

COUNSELOR: Yeah not all torn up about it or anything.

PATIENT: Right you know it's no big thing. Just relax and get, but I can't do things like that, ordinarily. I don't even do that very often. It was just the greatest feeling. I'm trying to quit smoking. I have decided that, I tried to quit smoking just quitting smoking. And, and I can't just stop completely but I was probably two packs a day. And so I decided I'd drop down to ten cigarettes a day. And I started yesterday and yesterday I smoked 12. Which is just two over too. And this will be my sixth cigarette.

COUNSELOR: That's really good.

PATIENT: And I think if I can get it to ten, and stay there for a while and then start cutting down. It's [the ending] (ph) if I just say I stop and I can't have a cigarette, well then I'm going to get nervous. But this way I can say, "Well why don't you wait awhile. You can have ten cigarettes today, but you want to smoke them all now you can just wait awhile." And that way I know I can have it, just have to wait a little while for it. And I won't get as nervous. 0:11:55.3

COUNSELOR: Yes.

PATIENT: The reason I'm doing this is because I do enjoy smoking, but I do a lot of unconscious smoking.

COUNSELOR: Yeah where you're having no (inaudible).

PATIENT: Which is where I smoke the most of my cigarettes. If I'm doing something in the evening like when I was like out last night I sitting there thinking constantly, "Don't smoke don't smoke don't smoke." I didn't even have any cigarettes with me. I purposely left them in the car when I went into the lounge. Because I knew if I was sitting in the lounge with my cigarettes I'd just forget and start and smoking. I'll sit in the lounge and I'll be smoking, I'll sit in my apartment and be doing something, and usually people when you're sewing or something like that you don't smoke because you got your hands busy. Not the kid, she lights up a cigarette sits down and continues to sew and takes one puff off of it. Watching television that's when it's really bad. You're just sitting there, propped up watching television and I'll go through five or six cigarettes in an hour just, unconsciously doesn't realize I'm smoking them. And, so that's the kind of smoking I've got to get away from because that's what really racks up your lungs. Any smoking at all is going to bad, but, so I now I just I just have to think about it and think, to wait. I'm quit proud of myself. I think at first I'm going to like, like yesterday I set a limit of ten but I smoked 12. And, like I'm going to be it's kind of like setting down rules for myself, but I can abide by them. Like if my mother was setting the rules down for me or something I'm going to, I'm going to like be a little flexible at first. If I really want one more cigarette before I go to bed, okay I'll have one more, make it 12, 11 or 12 cigarettes or 13 cigarettes. And after I've been on this maybe for about a week then I'll say, "Okay just ten, no more than ten." Because then I'll have an idea of about...

COUNSELOR: About how many...

PATIENT: ...how to space them.

COUNSELOR: Yeah. 0:14:03.2

PATIENT: So that I end up with a cigarette when I want one the most in situations. On days when I'm really busy at work it's better than when days when I'm not busy. If I've got something to do if I'm just sitting around like today the only time I thought about a cigarette was when I when I all of the sudden I was through with something and I was sitting there. Waiting for something else or waiting to talk to (inaudible) or something and then all of the sudden I think, "Gee a cigarette." And, and I had to think, "No don't, don't, don't need it." It's partly for lent too. But, I tried to decide what to give up for lent. I haven't given up anything I haven't done anything for lent or given up anything for lent for years. And so I thought that it's about time I did something. And so I thought, "Well, do you want to do something or do you want to give up something?" And the first thing you think of are you Catholic? You never were Catholic? Okay well, when you're a little kid as a Catholic you're taught you've got to give up something for lent. And you give up candy, we used to give up things we didn't like.

COUNSELOR: Like licorice.

PATIENT: No I loved licorice though. I used to give up chocolate because I was never a big chocolate fiend. Not like this you know we used to give up instead of giving up candy we'd give up, "Okay I'll give up chocolate candy," or "I'll give up licorice." Or getting very specific, "Okay I won't eat any Milk duds." (inaudible at 0:15:41.2).

COUNSELOR: Yes.

PATIENT: Really getting around it. Really suffering because you can't have Milk duds. But, I decided it's, I couldn't decide whether to do something, extra like, like go to church three times a week, make morning mass a couple of times a week or something like that. And I decided that this would be a good time to quit smoking try to quit smoking. And, I don't (inaudible).

COUNSELOR: A little something for God and a little something for you.

PATIENT: Yeah. And, yeah. But, I was thinking about giving up alcohol but I thought, "No, I'd rather give up the cigarettes."

COUNSELOR: Yeah right.

PATIENT: Because, I'm not, not having cigarettes doesn't make me want to drink. But not being able to have a drink if I want one I'll smoke more cigarettes and I'd just make myself worse. This way I'm hurting myself physically less by quitting smoking then I would by quitting drinking. Even if I drink more which I doubt I will. But, I still feel kind of silly. 0:17:05.1

COUNSELOR: You mean like being a kid again or something?

PATIENT: Yeah when I was a kid. I think it's just a great luck, I don't know if I ever went through that phase but you know how like, little kids are? The oooos and ahhhs and just walk up and pick something up and look at it, no inhibitions whatsoever at all. I think they're that way until they're about eight years old or something like that when they start loosing them. But that would be really great, to be like that. And that was sort of the way I was. Just...

COUNSELOR: Yeah.

PATIENT: And, I, I cared about what I was doing but, I didn't okay I spilled a beaker of potassium hydroxide, not potassium hydroxide. And I'm still not sure how I did it because I was being careful, but I kind of looked at it and ordinarily I'd had gotten all upset but I kind of, "(inaudible at 0:18:04.9). Went about cleaning it up. Thinking to myself, "Gee now I wonder how I did that, silly, stupid, whatever." I was saying, "Well that was a cool move." But I wasn't really mad at myself again and all that stuff. I think I would have been more upset if Dr. Heitz was a bit upset but he didn't get upset.

COUNSELOR: Yeah.

PATIENT: So I didn't get, and I and I wouldn't have probably had noticed it, it was just the reaction. My reaction is completely different.

COUNSELOR: Yeah.

PATIENT: Well I was driving to work today another reaction if somebody does something dumb in front of me I immediately, "MMMM". And this guy pulls out in front of me when he shouldn't have, and almost hit me. So I step on my breaks, "That wasn't very smart." And totally unscathed by all this, which is great because I get mad at myself when I do things like this. Somebody will somebody will do something a little bit, a little bit foolish but not that bad or they'll drive a little bit slow when I'm driving somebody could be going 20 plus but I want to go 25 plus...

COUNSELOR: And you're starting to get so furious.

PATIENT: ...yeah I'm sitting there, "Alright, come on, move it move it move it." This morning I wouldn't have. This morning I, "Okay so we'll go 20. He wants to go 20 it's alright with me. I don't really care. Just going to work, no hurry." It was great.

COUNSELOR: Yeah. 0:19:37.0

PATIENT: And I just took things as they came.

COUNSELOR: Not get mad at yourself or mad at other people or upset or things didn't have you didn't have to get to work right on time, didn't have to go 25 miles an hour.

PATIENT: Right. It was just the greatest feeling I get mad at myself for doing things like that. For like getting mad at somebody for driving and doing something dumb. Because that's ridiculous, I mean I'm not I never say anything to other drivers I sit there and mumble, talk to myself out loud in the car, "You stupid." And it's (inaudible) me also it's not going to bother anybody else. I'm trying I'm on a self improvement program on that too, I, because the minute I do it, I realize I've done something stupid. And so I figure if I just, think about it and keep thinking, "It's stupid to get upset it's stupid to get upset." That maybe before I, if I keep saying, "It's stupid to get upset," when it happens then maybe I'll start thinking, as I'm as I'm before, before I actually say something as I'm getting upset, "It's stupid to get upset," and just psych myself out of being upset by things like that. You just slowly, like reprimanding myself then when after I'm already upset and working it back so that I can catch it as I'm getting upset and then work it back to catch it before I get upset and maybe I'll not get upset. I didn't use to be that way, I really didn't. When I was driving somebody would do something really stupid I'd, "Where did you get your driver's license out of Cracker Jack box or something." I never yelled opened the window and yelled I always just yell with all the windows up, "You stupid." But that good in a way because, yelling like that my mom gets all frustrated and nervous and everything and she wants to yell and I told her I said, "Well if there's nobody home, and you feel like yelling, yell. It's great. It gets you all adrenaline going and everything." And, she read this article about this woman who when she's really upset with her family and kids would go out and drive her car out in the middle of, drive her car down the street or something or get out in the car and close all the windows and scream. Then roll the windows back down get out and go back in the house. But it's good. But, and so like when I'm yelling at somebody else for doing something stupid it's a release and I don't stay angry. But I shouldn't be as touchy as I am. I'm very touchy I didn't used to be that touchy. I've noticed it more recently I'm becoming a lot more touchy about things like that, more easily riled. Also I'm, I'm also, more easily hurt my little things. 0:22:34.0

COUNSELOR: Um hmm Um hmm.

PATIENT: And I'm not sure why I've changed like that. I used to be...

COUNSELOR: Sort of more vulnerable.

PATIENT: Right. But I didn't use to be, little bit well like it used to it used to kind of hurt me, which is it's ridiculous, but Chrissie would come home from work and she'd be really upset. Now Chrissie derives great pleasure out of crying, and she can cry at the drop of a hat. And this is her release. And, she'll come home and

really be, she'd seem alright to me. And we'll talk and if she has some gripes she'll tell me about them and everything and she'd call up her mother and five minutes later she's crying, on the phone to her mother. And then she comes back in and she's alright. And I kind of feel hurt that if she's got something she wants to talk about here I am, and I'm more than willing to listen to her problems and everything, but she calls her mother.

COUNSELOR: Yeah like to tell her serious things too.

PATIENT: Yeah and it kind of hurt me and then I realize that she can't really she can't really break down and cry in front of me but she can cry to her mother. It's a great release for her and it's a great help. But...

COUNSELOR: It kind of hurts that...

PATIENT: Yeah but it did and I realize this. But, but it just kind of hurt. I don't know maybe Chrissie and I didn't live together that long and we didn't know each other that long. She really I mean this, she'd gripe about some things but as far as a confidant knows we really didn't know each other long enough or have that kind of relationship. And, and I realized it but, and I, I realize that I shouldn't be upset but I wasn't upset and I wasn't really hurt bad or anything. But things like this sort of bother me where they wouldn't have bothered me before. Also well I used to have all kinds of like I say I used to be the, I used to have people come to me with their problems all the time which I don't have anymore. And, I used to I used to enjoy solving other people's problems or helping them. I used to enjoy people asking me for help. And, so I kind of thought, "Well gee whiz she's got all this talent she's wasting I'm sitting here she can tell me her problems." Things like that I get hurt more easily which is, I don't understand why I should wear my I think it's called wear your heart on your sleeve or something like that. A lot touchier, I'm faster to get angry about stupid things. Not big things but little things little things aggravate irritate me. And, it never happened before. And I don't think [it's me] (ph at 0:25:21.6) getting old, I feel like I'm getting old though. Because that's the kind of things that, I attribute to old people, being real picky and sort of childish about things like that. And like getting upset over, I really feel myself a flash of a flash of "ummmmt". You know?

COUNSELOR: Yeah. Sort of like you're loosing your youthful flexibility. 0:25:52.5

PATIENT: Right. And just, it just in a situation where it really doesn't matter that much. That I don't really need to get upset. Driving can cause a beautiful example of this. But, it's kind of new and I don't understand, and I don't know why.

COUNSELOR: It's um, I don't know kind of like...

PATIENT: It's kind of like I'm loosing my sense of humor.

COUNSELOR: Um hmm, yeah. Like you haven't got any perspective anymore or something. You don't stand back you're just in it.

PATIENT: Yeah I'm in, it's like it's like maybe the problem with this other thing is to I'm too much, I'm too much worrying about me all the time. I should just, and have lost perspective. And, should just, if I could the ideal thing would be just to quit worrying about it. Just you know forget it, don't worry about it anymore. Things are going to work out fine. But it's kind of hard to do. Yeah because in like in situations where I feel with my peers in situations like this. I mean I'm never I'm never plagued by problems by the, you know like, "How am I coming across?" What kind of impression I'm making. These things that do bother me, not being able to talk, these don't happen I mean with older people or younger people.

COUNSELOR: Yeah, just with people your own age.

PATIENT: Yeah. I do worry about making an impression on someone like Dr. Arrews' students or something like that. But I mean little kids and other people. I worry more, I do again I find that I worry more now than I used to. I am more uptight now than I used to be. It's like getting worse.

COUNSELOR: Yes.

PATIENT: The whole thing is like slowly getting worse. As I look, as I look back. And, it's stupid. It really is it's just stupid I don't know. I get it I don't know how to over come it I don't know how to stop it.

COUNSELOR: Yeah you're just sort of slipping and you can't help it. 0:28:33.1

PATIENT: You just have to catch myself when I'm doing it.

COUNSELOR: Yeah.

PATIENT: I just, it's so funny it's like a vicious circle like, a perfect example of is, is when I walk into the three, and, okay I'm I don't I'm not bothered or upset when I'm going there. I mean once I get in there if Alicia is there I feel very secure for a while and then I start to worry if I don't have anything to if I'm not talking to anybody I worry, if I'm talking to somebody I worry because I don't have anything to say. I really don't I mean I really don't know what to say to these people. Well alright last there was this guy talking to Alicia and some other guy went up and asked her to dance and I was standing there so this guy started talking to me. And he's a cameraman on a film that's being made here in New York, a regular you know regular film like that you used to go to the Motion Pictures and pay an arm and a leg to see. And, and so that was kind of interesting and he was saying and I felt so, you know when he was talking about when he was talking about how it they're under they're really understaffed they've got two cameraman doing the job of five and he's working all this overtime and everything. And I'm I just think, "Gee you know that that sounds rough." Well why don't they get you know I was asking well I asked a couple questions that, "Why don't they get some more cameramen?" Because they got a tight budget. And I thought wouldn't it be cheaper to pay four cameramen or five cameramen regular salary than to pay two cameramen time and a half or double time overtime. I would think it'd be cheaper. But that's just my thoughts or something and he said he didn't know why they weren't doing it they were just on a tight budget and he was complaining about like the director and a couple you know the director was a real hard guy to work with. And, the art director was a hard guy to work with and stuff like this. And I could just sit there, I couldn't think of anything to say. I could I could to carry to further the conversation. And what usually happens is I just shut-up and so, if I'm talking to somebody I'll just not feel I have anything to say and so I won't say anything because I can't think of anything to say. And he won't say anything or she won't say anything and we just kind of sit there in total silence, fidgeting. 0:31:18.7

COUNSELOR: Um hmm.

PATIENT: It's kind of like, it's like every time I get in an elevator and I'm on the elevator with somebody else I want to say something to them. I think there's nothing more stupid than two people or three people riding all the way up to like the top of the Prudential Building in an elevator and nobody saying a word. And the only thing I can ever think to say about, I mean granted you're not going to get any big conversation going between the first floor and third floor of Adam (ph at 0:31:48.8), but something "Hi," "How are ya?". But you really to say "Hi, how are you?" to a perfect stranger you know the "Hi" is alright but I always feel funny just asking somebody the state of their health if I don't even know them.

COUNSELOR: Yeah right.

PATIENT: The only thing I can ever think of to say is, "Isn't this beautiful weather we're having?" "Look at all this crummy weather we're having." But so if you meet that person once on the elevator the first time you meet them that's fine.

COUNSELOR: That would be quite well.

PATIENT: That would be quite well between the first and third floor, you know like today I did that to somebody I'd never seen before on the elevator, "Geez this beautiful weather we're having maybe Spring is coming early, but I really doubt it." I was on the third floor, "Well bye," get off the elevator. But what do I do if I met her on the same elevator an hour and a half later, I can't say, "Nice weather we're having, isn't it?"

COUNSELOR: It's sort of like people your sort of...

PATIENT: Or somebody that every other day you see them on the elevator you don't really know who they are, but if I see them that often I'll say, "How are you? How are things going?"

COUNSELOR: But when you're with people it's like all the time you're sort of waiting for the moment to come when there's that lull in the conversation and you can't think of anything.

PATIENT: Right that I'm not going to have anything to say when it comes right. But...

COUNSELOR: Unless...

PATIENT: (inaudible at 0:33:15.4) it's going to come sooner or later. You know "Is this it?" "No not it yet. Here it comes."

COUNSELOR: So it kind of hangs over you. 0:33:27.0

PATIENT: Yeah. That's what I get see it's just like I wish that I could I wish that I could just be like I was this morning. And just relax and calm and if I can't think of anything to say, fine I can't think of anything to say. If you can't think of anything to say don't say anything.

COUNSELOR: Yeah wouldn't it be nice to, if you could feel like when you dropped the beaker just like, "Well, couldn't think of anything to say to that guy. Well, son of a gun."

PATIENT: Yeah right. (inaudible due to cross talk at 0:33:57.6)

COUNSELOR: "Maybe inspiration will hit the next one."

PATIENT: Right yeah not get uptight about it. I feel like I'm letting somebody down if I can't think of a conversation. I mean...

COUNSELOR: Like you're letting them down?

PATIENT: Yeah right, they're talking to me I should be able to think of something to say to them.

COUNSELOR: You should be able to do your part.

PATIENT: Right yeah. And, it's all so weird but it's a vicious circle. I think if I could just relax and be kind of like I was today and just enjoy. I felt first of all I felt stupid sitting there, "Oh gee that's too bad. Oh wow gee that really that really..." you know that sounds like a dumb-dumb. But what else could you say? You're listening to someone tell a story you can't say, you're going to sit there and nod your head and act like you know listen and acknowledge the fact that you're listening and, and say, "Why don't you go home and go to bed you look tired." At which point he did. But he was really tired he was just kind of hanging over the railing kind of "ouch" he just gotten off at work and he started at 7:00 in the morning and it was like midnight. It was (inaudible at 0:35:07.7) yeah that's what's that, that's um 15 hours.

COUNSELOR: That's a lot of time.

PATIENT: Yeah he did he put in about 14 hours that day. And um, I didn't bring in 14 hours in two days. What was I oh yeah if I could just relax. But if could if I could be like that you know I'd be relaxed. But if I could relax then I wouldn't have to, I mean I thought I was going to say a few minutes ago I sounded a lot more intelligent. If I could just, relax with those people, and not really, go in there with the attitude, "Well, gee if you like me I'll just be happy about it and if you don't like me, that's too bad." Not a cocky attitude, not a cocky attitude, "If you like me fine if you don't like me fine."

COUNSELOR: Yeah.

PATIENT: Not cocky but just so, and not it's not a cocky attitude and it's not a, it's not a cocky, "I don't care," and it's not an, "I don't care, I really don't care whether you like me or not," it's just a...

COUNSELOR: I don't have to have you like me. 0:36:31.1

PATIENT: Right. Just casual you know just a casual. And relax and not worry about it and just take things as they come if things get dull they get dull. So go someplace else and find something else to do. If things are dull there leave.

COUNSELOR: Yeah so things are dull sometimes.

PATIENT: Yeah. If I could just relax and just have that kind attitude...

COUNSELOR: Because you actually...

PATIENT: ...in my heart.

COUNSELOR: Yeah. If you could just slip into it the way you slipped into it this morning.

PATIENT: Right. I think I think things would be 100 percent better. It just, I don't know part of it could, part of the reason I get so uptight fast is it can be my nerves because slowly as I'm coming older getting more nervous. But it's not all nerves. This fidgety and jumpiness is nerves. And which put me on edge more which makes me like, "I'm on edge" and so then I'll get more upset with little things like with driving. I don't think nerves had anything to do with like being hurt like with Chrissie or something like that. Little things like that. I mean these are all insignificant little things that that, that I notice, that I think about. That a couple of years ago would have "fffttt" you know gone.

COUNSELOR: Gone over your head yeah.

PATIENT: Either just gone over my head or past me or something and I would never notice them and they would never bother me, I never would have thought of them. But, if I could just quit worrying about myself and get out of myself and in to something else.

COUNSELOR: Yeah where you didn't have to be so fussy about things too.

PATIENT: Right. That quit worrying about me. and other people, and how I relate to other people. Because I've known this a long time this is what I do I just quit this is how. If I could like take the affectation in my mind of this attitude, I'm putting something on but we were I was talking about before like putting something on like an act is no good but I'm wondering if maybe trying to assume this mental attitude would help. Trying to assume the mental attitude that that, "Well it doesn't really matter". And then I'll start telling myself well I don't have a boyfriend and it does really matter and I am going to (inaudible at 0:39:14.3) and I don't want to me and it is going to matter.

COUNSELOR: Yeah that's serious. 0:39:18.5

PATIENT: But, it's just if I don't know if that would work or not. It's not, it's, effecting you know taking on a mental attitude which is not the same as, like pretending.

COUNSELOR: Yeah.

PATIENT: But I don't know if it would work or not, but it's worth a try. Just keep telling myself, "It doesn't really matter." It's like, on the Andy William's (ph) Show they had they were doing this one thing, "In 100 years in 100 years what difference will it make?"

COUNSELOR: Right.

PATIENT: It doesn't really matter. What does it really matter what does...maybe if I just keep telling myself that like, "Don't get mad, what does it really matter? How important is it?" Like I say I'm going I'm going to have a battle with myself saying, "Well it's very important." Or "What am I going to do about it? How am I going to change it?"

COUNSELOR: Yeah.

PATIENT: But, and I don't I don't want to also take the attitude, which is something else I know that I'm like something to with is effective taking on this attitude is going to make everything right. And once I have this relaxed attitude men are just going to flock to my arms, right? Which is not going to happen either.

COUNSELOR: Yeah. It's not going to...

PATIENT: If I'm not so uptight and a little more relaxed I, if I can, if nothing else if I can gradually make myself more relaxed I may be able to see something I can't see now. But, because I'm going no where. You

know I'm just running around in little circles.

COUNSELOR: Kind of running in circles yeah.

PATIENT: Yeah.

COUNSELOR: Worrying about getting any more.

PATIENT: Right yeah I mean and not really there's nothing really that you know, unless I went and got myself hypnotized or something I really think there's nothing that can be done. I mean you can't you can't say, "Well listen to this and this and this and your problems are over." Or even, "Think about this and this and this and see what" you know there's really nothing that can be done. Positive mental attitude. I mean I got to read that book The Power of Positive Thinking. My mother has that book I've never read it. You ever read it?

0:41:56.1

COUNSELOR: Yeah.

PATIENT: Norman Vincent Peale I think it is.

COUNSELOR: Yeah The Power of Positive Thinking.

PATIENT: I didn't know what it was about. About positive thinking.

COUNSELOR: Right.

PATIENT: Now I went (ph). Affect my mind. Well I'm going to try it out tomorrow night.

COUNSELOR: Trying getting yourself into a relaxed...

PATIENT: I'm going to try it out tonight. No I'm going to try I'm going to start I'm going to try it out tonight, "It doesn't really matter." Just trying to, I don't know just telling myself it doesn't ever actually work but the idea to feel it, "Does it really matter? It's not that important."

COUNSELOR: Yeah the feeling of sort of seeing it more in perspective and calmly.

PATIENT: Yeah.

COUNSELOR: Like your fate isn't going to be decided tonight or something.

PATIENT: Right yeah. That uh, I see. I really want a cigarette bad.

COUNSELOR: Why?

PATIENT: All of the sudden I really need one. It's like it like, well today the attitude that I had, was you know "No problems. No problems." If I wanted to do it I did it and if I didn't want to do it I didn't do it unless I had to. Just kind of like well totally it's almost total obviation of anything. Like just walking up to the car and looking at it I wouldn't have never I probably would have never done it before because I would have thought I would have stood on the sidewalk. I wouldn't have walked over and looked in the windows and everything because I would be afraid some cop is going to come along and tap me on shoulder and say, "What are you trying to do steal that car?"

COUNSELOR: Right, because that was like a kid going over and picking something up almost just doing the natural thing.

PATIENT: Right yeah just, you feel like doing it do it don't worry about anything else. And, I don't get I, ana adab aba daba I have a speech impediment I'm trying to I don't want to just say to myself it doesn't really matter. I'm trying to organize in my mind a better way of looking at it than just saying, "It doesn't really matter." Because it might matter I don't want to, I really don't want to be a person who, if it works I don't want to be a person who goes around in my life thinking nothing really matters. 0:44:50.4

COUNSELOR: Yeah.

PATIENT: But, that's not exactly what I'm thinking but that's what I'm saying and I could get confused.

COUNSELOR: Yeah you're looking to find something to say that better captures what you're thinking.

PATIENT: Something for a calming influence on myself to make myself stop and think right then. And something sort and sweet that I could I don't have to really stop and think about but I'll just associate and have a feeling for and I don't know.

COUNSELOR: Nothing is definite.

PATIENT: No I don't like that either.

COUNSELOR: Something like, "Well it's okay I can mess this one up."

PATIENT: "100 years from now who will know." No it's like, if you have never suppressed a nerve, you want to do it, look assuming it's not illegal or anything like that, if you feel like doing it do it. If you want to do it...

COUNSELOR: Like it's certainly okay to do what you feel like.

PATIENT: Right, "If you want to do it do it. If you don't want to do it don't do it." Like a lot of times if I don't want to do something I won't do it but if I want to do it I might not. But, nobody ever made me do anything I didn't want to do. I've got that one down. Not since I've been bigger anyway. When I was little I had to submit a couple of times. But...just "If you want to do it do it. If you don't want to do it don't do it." And don't look on anything as being anything everything is sort of transy nothing is really permanent. And, I don't know it's just not that important. Not that important as in as in to get uptight about. It's not important enough to get uptight about it.

COUNSELOR: Yes. 0:47:23.1

PATIENT: That in itself may be important enough but what difference is it going to make whether you get uptight or not. Be totally selfish about it. Now whose also that we're worry about mine or his or hers right? It's not important enough to sacrifice your physical health for. It's going to be hard to do though. But I just keep thinking I keep thinking because my doubts in my mind when I'm talking about this go back to a social situation, like in, so what good's it going to do? I keep myself this as I'm saying these things. "So what good's it going to do if I do this? Is it going to do any good at all?" No it won't do any good at all.

COUNSELOR: Yeah you don't have any faith that like you'll...

PATIENT: So I'll have to wait and see right? Right. So we'll see it's not that I'm, yeah it's no faith. But, it's just you know I just, what good's it going to do?

COUNSELOR: Yeah.

PATIENT: But it can't do any harm. It certainly reduce my blood pressure. So it can't do any harm.

COUNSELOR: It's worth a try.

PATIENT: Yeah at least it's not negative. It may not be positive but it's not negative. So, I am too socially minded anyway. Probably I think more socially minded because of the fact that I'm not that socially adept and have not been exposed to social situations that much that I would be if I had. I mean like been around men, dated since I, dated in high school a lot and went to proms and stuff like this, and was used to getting along with men. I would not be as worried about it. It would be not so much of a problem. But I'm more worried about social situations because I place a high priority on them. I place a higher priority because they were denied to me earlier when everybody else was getting them so now that I can just go seek my social enjoyments wherever I want to I, I get uptight about it. And it's also I just have to think of something I was talking before about this feeling we discussed way long ago the fact that that one of the reasons I've always felt on the outside is because I kind of feel like I'm different because I'm adopted. 0:49:51.8

COUNSELOR: Um hmm yeah.

PATIENT: And I was wondering as I was thinking I was still wondering what all this has got to do if the two are enjoined at all. Because I can not I've always felt special because I was adopted or I've always told myself I felt special because I was adopted. Now I now I have to say I've always said, because I've never really felt one way or other. I mean actually feeling it. I've never really felt really special. Well I never really felt un-special or ordinary but you know. But, I don't have the feeling like I don't have the feeling that that was like my feeling of loneliness. I remember like I have vivid pictures of sitting in the cafeteria downstairs and in the Catholic school where I was in first in first grade by myself eating lunch.

COUNSELOR: Yeah and all by yourself.

PATIENT: Right with all these other kids around and I had to sit by myself and eat because I didn't know anybody. I remember just like being on the outside looking in every since then and I don't think that had anything to do with the fact that, that I was adopted. Little kids like that adopted, if I even knew it or I said it to somebody else it didn't make any difference. And, I really don't understand if that has anything to do with it.

COUNSELOR: So it isn't that you were adopted but then it makes you hard to understand.

PATIENT: Yeah I can, well I don't really understand if it's because I'm adopted unless that's why I feel strange subconsciously I really feel strange about it. And it does maybe subconsciously it does bother me, a little bit. And anything that amplifies this feeling of being on the outside. But like this feeling that I got it's not just I mean it's not, I have never had the feeling that I, that I've guaranteed that it's not just a figment of my imagination. It really isn't. It really exists. 0:52:24.9

COUNSELOR: What feeling is?

PATIENT: The feeling of being on the outside most of the time looking in and not really being in on things.

COUNSELOR: Yeah.

PATIENT: This attitude that people have towards me, "She's a nice kid" "The world would get along fine with her and fine without her."

COUNSELOR: Yeah. Like that's the way it is that's the way people feel about you.

PATIENT: Right this is the way people basically feel about me. Like I said before I don't I don't, pull out of anybody any really very few people, I've got some people who really like me but I mean most people I meet on average, now I suppose that everybody now I meet people everyday who I like as a person and that's it. Fine they didn't offend me they didn't really surprise me. There are few very people that I really really like. And I could be wanting more than I'm getting. I mean more than I should get more than that's my right.

COUNSELOR: Trying out the idea now that like maybe that's the way it is, maybe nobody is special to more than a few people.

PATIENT: Right. I guess it's, there's just these few people that everybody really likes that may be me. But majority of the people aren't that way. And I'm a normal people, sort of. And I don't know why, it bugs me when people just like me. I don't know why. I should be happy that they like me. But I have this feeling down deep in my heart that I am Susan Miller therefore I am special and an individual and everybody should just be crazy about me and nobody is and what's the matter?

COUNSELOR: Yeah it's not okay to be one of the normal people. Like you want to be one of the special people that everyone says, "Oh yes Susan Miller come on."

PATIENT: And, and it's ridiculous. It's just it's just not everybody is not made that way. There's chiefs and there's Indians and I'm an Indian.

COUNSELOR: But somehow an Indian who'd kind of like to be a chief.

PATIENT: Right yeah kind of like to be special. Kind of like to be, you know, I don't know reinforced. I just want people to like me and I want people to like me a lot and I want I want to be loved by everybody. And I need a reinforcing feeling. This is there is also an enforcing feeling that, that I do exist and everything.

COUNSELOR: Yeah like it would be really different to walk around feeling like, like the whole bunch of people around you really sort of actively like you as opposed to tolerated you. 0:55:12.7

PATIENT: Yeah, right. Well I don't have a feeling they tolerate me I have a feeling they like me they just...

COUNSELOR: Yeah they like you.

PATIENT: ...they just like me.

COUNSELOR: Yeah.

PATIENT: Yeah. And I'm trying to psych myself into the fact that, "Well, look, just be nice to everybody and everybody will like you. And that's all you really want. You don't want everybody to love you. You just don't you don't want nobody to hate, you want to be hated by no one." And it's, I think it's commendable that I don't really clash personalities with anybody.

COUNSELOR: Um hmm um hmm. That part of you really like.

PATIENT: Well I'm telling myself that right now.

COUNSELOR: Uh huh, it's like yeah.

PATIENT: Before I'd say I would be happy if somebody just didn't like me. Just so I knew that somebody had, I could evoke a strong feeling but it, but I'm changing my feeling. See I'm psyching myself. Trying to anyway.

COUNSELOR: You're telling yourself you like it.

PATIENT: Yeah right. Well looking at it from a different angle that that, that there are very few people who walk around and who do not, they get along with everybody. And I get along with everybody. And there's very few people who can get along with everybody. So, I can get along with everybody, see.

COUNSELOR: It doesn't sound like you quite believe that.

PATIENT: I'm working on it. At least I've thought of it.

COUNSELOR: Right.

PATIENT: But, I have to write all these things down that I say so I can be (inaudible at 0:56:51.5).

COUNSELOR: Yeah.

PATIENT: Because they just come to me and they leave. I think I can remember most of this stuff. Remember my attitude.

COUNSELOR: Right your morning.

PATIENT: Huh?

COUNSELOR: And your morning...

PATIENT: I think if I remember if I just remember...

COUNSELOR: Being very (inaudible).

PATIENT: ...this morning it will help. And I'll just walk around remembering this morning. And remembering the way I felt. And if I can just like kind of affect this, take this mind you know. And this kind of this kind of a feeling you just can't play act you got to really do. I can play act it but it wouldn't be, now I can play act some things but, if I wanted to different affectations but this one is not going to be fun unless I really do it. It's not going to be fun for me unless I...

COUNSELOR: Like it has to be a real mental attitude.

PATIENT: Right and that's the only way it is going to be fun, because I was having fun. I told you the difference between having a good time and having fun.

COUNSELOR: Oh right, oh yeah. And that's was having fun. 0:57:58.5

PATIENT: And I was having fun. I really was. I was just, I was being silly I was telling jokes. They were bad jokes, nobody laughed but I thought it was funny. I do that a lot I try to be funny. Sometimes I am sometimes I'm not. Again I'm a lot funnier around older people than I am, just normally. I can sit there and not tell jokes like regular jokes, like monologues and stuff like that. Just the things I say and the way I tell my stories or something, do a lot better with older people. I crack my parents up.

COUNSELOR: You're a lot looser around them.

PATIENT: I really do. I really crack them up. Plus they're biased.

COUNSELOR: Yes.

PATIENT: They'd probably laugh before anybody else would. I've got one friend I never tell jokes to, because she's always heard them. Either that or she figures out the figures out the punch line she doesn't laugh she just kind of sits there. I never tell her a joke because that's very depressing.

COUNSELOR: Yeah. 9:00 o'clock on Tuesday.

PATIENT: Oh is it that time already?

COUNSELOR: Yeah that time.

PATIENT: Son of a gun. Fine, 9:00 o'clock on Tuesday. Dr. Arrews is going out of town Tuesday.

COUNSELOR: Hmm?

PATIENT: Dr. Arrews is going out of town Tuesday.

COUNSELOR: Yeah.

PATIENT: [So I'm going to have fun] (ph at 0:59:19.1) more free times, here's one.

COUNSELOR: Whoops, this doesn't march.

PATIENT: (inaudible) I got a meeting.

COUNSELOR: A ski club meeting?

PATIENT: Um hmm. We had a, there was a we had an officer meeting last night where I was arguing with everybody in the house.

COUNSELOR: Oh yeah right.

PATIENT: I'm really it was really funny I don't usually argue with people but I was, I had I had argued with Liv.

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is client 1923-018. Session number 10. March 2nd, 1971.

PATIENT: Did you ever hear of the dance called "The Football?"

COUNSELOR: No, I never heard of it.

PATIENT: I don't know why; everybody around here has heard of it. I learned how to do it Saturday night and when you do the dance, you do it up and down, like the knee bends and you use all these muscles here and here.

COUNSELOR: And you are all stiff.

PATIENT: I was out at my parents' house this weekend. I am trying to...I sit down on the couch and I get up off the couch. I am trying not to bear on my muscles. I tried to bowl last night and it was (inaudible 1:20). I was going to in order to keep from getting upset with myself just telling myself it doesn't really matter. This is a situation that does not call for any anxieties or getting upset or anything. And actually, I drove out to my parents' house Friday night and it was raining Friday night. I drove out to my parents' house Friday night and so I looked at the time I usually do and it was six o'clock but I knew it would take a little bit longer because it was raining so traffic the rush hour gets extended a lot. But I get right in the middle of it it was really extended and I found myself...I wasn't thinking about being calm and I wasn't thinking about not letting things bother me. I wasn't really in a daze; I was sort of in a daze. I wasn't really thinking about anything, you know, going along on an even keel driving. All of a sudden I realized I was doing this and that I was being very calm about this whole mess that was all around me. I thought: "Gee, I bet have I already started." And a couple of times I started to get upset and I thought: "No, no I am not going to get upset. You don't need to get upset it doesn't call for it." And I made it all the way out to, like, three miles from my parents' house three or four miles from my parents' house and this stupid girl did some really stupid jerky stops. I got upset and I kept on telling myself: "Don't get upset; you are alright. Nobody was hurt. Just because she is driving dumb. She could have got a lot of people killed but she didn't. Everybody came through it fine." Then I am arguing with myself. A sign of great intelligence when you argue with yourself, you know. 0:03:41.5

COUNSELOR: You were trying to tell yourself not to let it get to you.

PATIENT: No, I am saying: "Don't let it get to me."

COUNSELOR: But it was obviously getting to you already, right?

PATIENT: Then I am asking myself questions. I realized that was what I was doing, was literally having an out-loud argument with myself in my car. They would really put me away if they heard me doing that (chuckles). I am saying: "Yeah, but there are some situations when no matter how calm and cool you are, one must get a little bit upset because this calls for getting upset." I am like: "Now don't get upset it is not worth it." And I was saying to myself: "Yeah, but she was really stupid and I cannot help it." I was fairly calm on the way on the trip out on most of the trip out there. Ordinarily, I would have been anxious. I wouldn't have been yelling at anybody or anything because it would not have done any good. If it is your car and maybe a car in front of you and a car in front of him and nobody in front of him and you know if somebody is dinking around, going slow then I get more uptight than if I know that there is absolutely nothing that you can do about it. There are 10 cars ahead of you and they cannot go any place either. Usually what happens is I don't get anxious, like: "Come on, let us go, let us go." But I get nervous. I slowly build up this great nervous tension. But I was this calm person all the way out and I kept trying to tell myself when something would aggravate me...like the closer I got to home, I guess the traffic started breaking up a little more. We were going a little faster. When I am going two miles an hour and somebody is in one lane and stops and tries to cut into mine, I don't usually mind; I usually let them. I usually stop and let them in. It doesn't make, you know...difference in time and everything it make. I am usually anxious about time "I want to get there; I want to get there" so I try when I am driving to say: "It is going to make one minute difference about what time you get there." 0:06:11.6

COUNSELOR: To tell yourself that you don't have to get upset.

PATIENT: Right. I tried that but fine, I just kind of like, you know, mentally slapped myself on the hand and said: "Don't do that." But it is a reaction and I don't know if it is going to take...it is like something I got to...it seems like something you need to catch before you do it be able to catch it before you do it. Because you are sitting there and telling yourself afterwards: "Don't do it."

COUNSELOR: Yeah, that is just like getting more upset and wound into it.

PATIENT: Well, no, I didn't get upset with myself because I kept getting upset. Fortunately, I didn't do that. I was getting a little frustrated, you know. I am of the opinion that if I don't want to do something I want to make myself quick doing something then I should be able to. I have found recently that just because I think I ought to be able to do something doesn't necessarily mean I can do it. Even when I was so serene and calm when I was on the Dan Ryan which was a mess but I was really calm and it didn't bother me. I think if this chick had been doing this stuff the same tricks I wouldn't just...she was going real fast. What was happening was...alright, she was the first person in the passing lane and I was the second person and there were about 10 cars behind me. The speed limit is 45 and she is doing about 45 and then all of a sudden for no reason at all she slows down to about 25 miles an hour. There are cars in this lane, so nobody could go into the other lane. There was no place you could go and all of a sudden she just slams on her brakes and gets down to about 25 miles an hour and proceeds to take her foot off the brake and just creep. Now, I wasn't prepared for her to slam on her brakes. She didn't just put them on she slammed them on. If she put them on slowly, okay, I could have put them on slowly, thinking she was going to turn but she just slammed on her brakes. There was nothing in front of her; I wasn't expecting her to slam on her brakes. I almost hit her and the guy behind me almost hit me. We almost had a nice big pile up and then she just proceeded to go 25 miles an hour in a 45 mile an hour zone. She wasn't really meaning; she just didn't know where she...she didn't know where she wanted to go I think is what happened. What happens is...they are putting a brand new, super expressway highway through and where there used to be a bridge, everybody is down there and you have to go down and do a great big triangle thing to get back on the road you were on! And maybe she had never been on there before: maybe there is a perfectly logical excuse but in a situation like that, you may be a little bit upset about it.

COUNSELOR: How else are you supposed to react? 0:08:56.8

PATIENT: You may be a little...I remember the first time...I was aware and I hadn't been home for years; for two years I even came home this way from college. I would drive down this road and there was always a bridge; and I went over the bridge and made a right hand turn; and that went to my parents' house. I had been out here one weekend and I did it the same way and the next week I came out and all of sudden the bridge was gone and you are making these little...okay, I wasn't expecting it, so you slow down maybe but you don't slam on your brakes. She didn't slam on her brakes right in front of the place; she was about maybe half a mile back where the sign is. And she says: "Oh my God; what am I going to do? How am I going to get off this road." Just total panic.

COUNSELOR: I suppose if you are of that nature it is understandable but she could have killed a lot of people.

PATIENT: This is something that aggravates me; people who don't think when they are driving. And so I was really getting mad. I am sitting there trying...that is when I started arguing with myself: "No, you don't need to get upset about it: everything will work out fine." But people like that shouldn't be allowed to drive (chuckles).

COUNSELOR: You are trying to, sort of, slip back into that type of style that you were talking about before where you are accepting things but the way that girl was driving was just too much for you.

PATIENT: Yeah, I am trying to say that it doesn't matter and I am also saying... I was kind of defending myself. I am a great one for defending myself in any situation, you know. I may not be trying to tell everybody I am right. When I defend myself I am not trying to, you know...defending yourself doesn't necessarily mean you are telling anybody you are right; you are just defending your...telling them why you did what you did. When I am defending myself; I am a great one for defending myself. I was defending myself against myself though. I was saying: "Well, there are certain situations when one cannot help but get

upset." But I am trying not to get upset. I was trying to do that last night when I was bowling. I was trying to say: "It is just a game. You have bowled bad before: if you bowl bad this time, the people are not going to really be upset. They would like it if you bowled well because it helps the team but have they ever yelled at you or said anything to make you feel bad when you bowl bad? No. Well then, don't worry about it. Just get up there and try to bowl."

COUNSELOR: Did it work?

PATIENT: No.

COUNSELOR: You still got upset.

PATIENT: Yeah. I sort of calmed down in the third frame and I started bowling really well. Then, I didn't get cocky. Sometimes when I bowl a couple of good balls I start to get cocky and my game just starts to fall apart but this time it didn't happen. This time, I don't know what happened. It wasn't getting cocky and I wasn't...I don't know. I am not sure why I started bowling bad but I had a couple of frames...I did dumb things that I shouldn't have done. I was concentrating more and more on another thing, I think. I let the people around me bother me. I cannot bowl if I know there is somebody else standing right in the lane next to me and they are going to bowl, and I know they are waiting for me. 0:12:18.5

COUNSELOR: Mmm-hmm.

PATIENT: And it is a combination of knowing that they are waiting for me and wondering if they are going to go ahead and bowl ahead of me. I really am kind of freaked bowling, waiting for people. I can bowl much better if I don't have to worry about anybody. One of the strike balls I threw...everybody...we were on our ninth frame and everybody else had finished their tenth frame and we were all kind of gathering around Andy adding up scores and seeing who won. There wasn't anybody else up there bowling and I walked up and did my strike. I didn't have to wait for anybody: I didn't have to worry about it. You just cannot stand there and wait until everybody bowls because when everybody bowls, there are going to be people behind the bowl, you just stand there all night and wait for everybody to bowl before you throw a ball. So you get started, get in there and bowl. That makes me nervous and I was trying to tell myself: "You know, don't worry about it." I was getting upset. I think I was getting upset with myself because I couldn't do it. I kept making dumb mistakes. I would twist my hand wrong and do something wrong. I keep trying to logically reason with myself because There is no logical reason why I should be a good bowler. I only bowl once a week, unless I get a chance to bowl on the weekends. I was going to go bowling Sunday but my legs hurt so bad I cannot stand up! Okay, so there is not reason why I should be this fantastic bowler, especially only bowling as little as I do. I do fairly well. When I really concentrate and think about it, I do think I can do very well. And there are people who have been bowling for years who don't much that much better than I do. A couple of times this weekend I was trying to tell myself: "Just be calm and don't let it bother you."

COUNSELOR: Let it slide back into the way you felt that morning.

PATIENT: I felt that morning...

COUNSELOR: Remember the green Bear Cooler (ph)! 0:14:55.8

PATIENT: I saw that green Bear Cooler today. I had a totally different reaction to it this morning as I was walking to work. I saw the green Bear Cooler and I said: "Gee, there is that car again it is a really nice looking car." Just, you know, appreciation of it, of course, but not ecstatically. Actually, the reason I am not quite as ecstatic is because I saw another one which is even...it is not...I cannot find one that is in my color. I saw a car: it was a really nice looking car; I don't know what it was. I think it was some Ford product about half a block away. A white top and my color green; light color green that is my color on the bonnet.

COUNSELOR: So it was really perfect.

PATIENT: It was just the perfect color. Wrong kind of car but perfect color. I wouldn't have a Ford. I wouldn't have a Chevy and I wouldn't have a Ford.

COUNSELOR: Those other things you keep trying to tell yourself, you know, it is not reasonable to be upset like this. This thing isn't worth being upset about. Take it easy.

PATIENT: But the only thing is, is that it doesn't really calm me down.

COUNSELOR: You say it and it doesn't...

PATIENT: If I am serious about it and I try to logically reason with myself.

COUNSELOR: It is perfectly logical and it doesn't calm you down one iota.

PATIENT: No, it is so silly and I don't know why it doesn't calm me down. I am trying to think of one other time one other time it happened when I was trying to use this. I probably wouldn't have thought of it if I hadn't realized that I was so calm when I was driving out. All of a sudden, I realized: "I am sitting here quite calm." And I wasn't that tired or anything: I wasn't just sitting there. I was wide awake and calm, listening to music which is a pleasant feeling. I wasn't nervous or anything. Just telling myself that I should be calm and there is nothing really to worry about does not really help me calm down. I haven't used it that much. Maybe the more I use it, the more I think about it, the more it will help. But I don't think about it all of the time. Just like, all of a sudden I will get upset and then I will remember that I am not supposed to get upset and then I will start thinking: "Alright, now, let us look at this logically." Then I have these arguments with myself.

COUNSELOR: You should have been a debater! You are always very logical and you are always still upset anyway.

PATIENT: Yeah.

COUNSELOR: It is frustrating because no matter how logical you are, it doesn't work. 0:18:04.1

PATIENT: It is just kind hard to understand. I don't why I do these things. After I have once explained it to myself quite logically, I would think that I was (inaudible 18:21) but I don't. It is very frustrating. I am still trying to think of another situation where I tried to use this and it just didn't work. I don't know if I...I don't know what it is, I really don't: why I react wrong.

COUNSELOR: Because it seems unnecessary and not the way one could expect people to react.

PATIENT: What?

COUNSELOR: What I was saying is...excuse me, I am a little foggy from being up too early in the morning.

PATIENT: Yeah, I am sorry about that!

COUNSELOR: Just that you feel like it ought to work and it is not reasonable that it shouldn't.

PATIENT: I am not sure if it is just human nature or why I would...logically speaking I keep saying logically speaking I am not really that logical of a person. I can think logically semi-logically but a logician wouldn't claim me.

COUNSELOR: Ordinary common sense type logic.

PATIENT: Right, yeah. It just seems logical to me that if...I should be able to calm myself down. Now I suppose I would also...part of the problem could be saying that this is going to be the simplest thing it will take a lot of time. The first time I practice this, it is not just going to happen. You have got to practice being calm. I guess that is probably the reason I am feeling some pressure; probably I am expecting it to work too fast. It is something that I am going to have to work on for a while. So before I give up I guess I will try a couple more times. I just get so frustrated. I can understand getting somebody... you know, if I was riding in the car with somebody. If somebody is riding in the car with me, where I was getting into this situation and somebody came up to me, and was telling me all the things I was trying to tell myself, where I might just for personal pride's sake or personal vendetta or something, react, you know, the way I do. It is kind of, like, ignore what I am saying . It is not that I ignore what I am saying; it is just that the next time it happens I have

the same reaction. I would probably listen to somebody, but it is just like in one ear and out the other.
0:21:48.4

COUNSELOR: At least as far as changing what you do the next time.

PATIENT: Well, yeah. I can understand maybe why I maybe might not listen or not really take to heart the words of somebody else. I really want to be calm and I really don't want to get so excited about everything. I don't want to get so upset about things that I ...I don't want to take myself so seriously and yet I keep on doing it. And the only person telling me not to is me. I have had other people say: "You know, you are just taking yourself too seriously: just don't worry about it." And my question in my mind when they say that was: "Okay, fine, you are right I know you are. So how do I do this?"

COUNSELOR: It is easy to say it but...

PATIENT: I guess I am kind of the same way actually to myself. I am not sure: " You are right and I know you are right." But how do I go about not taking myself so seriously. I think maybe calming myself down. I was thinking about the possibility of taking tranquillizers or something to calm myself down but that doesn't work. My Mom is hooked on tranquillizers. When I was about 12-years-old, she almost had a nervous breakdown and the doctors started her on tranquillizers and she has been taking them ever since. She has been taking one in the morning and one at night. I really think being around my Mom and everything has been part of the things that makes me worse. I mean, not being around my Mom: I am not any more nervous when I am around my mom than when I am not around my Mom. Being with my Mom over a long period of time, I kind of like inherited even though I am adopted; it is not in the bloodline or anything but through environment, you know. So I have inherited a lot of her traits; a lot of her hang ups. 0:24:00.2

COUNSELOR: So, like, somehow or other you have sort of picked them up. What hang-ups of hers have you picked up?

PATIENT: Well, first of, her nerves.

COUNSELOR: Like getting excited about little things?

PATIENT: She doesn't so much get excited about little things; she is more calm she is just nervous all of the time. She is more even keel though. Oh gee, Mom and I have discussed this before. We both realize that I do have a lot of...stupid things like, you know, well, I will go along, just like oblivious of dangers in the world, you know, and all of a sudden she will say: "Don't do that, it is dangerous." And I will say: "Oh, pish-posh." And she was talking about it and talking about it and citing me examples from people she has heard of of all the things where doing this has got them into trouble. And all of a sudden, I have this big hang-up about it.

COUNSELOR: You start to get fearful; you have heard it often enough to disturb you.

PATIENT: Yeah, I start to get fearful and then I got a hang-up about it. I really clutch when I think about it. I used to, when I was a kid when I was a teenager and I was driving I had a girlfriend who lived over Albany and I lived down Brighton Beach and between Brighton and Albany at that time there were buildings and factories and houses and everything, but in time there was nothing there, just this little crummy old road that didn't have any houses on it or anything out in the middle of nowhere. It ran by the airport. I used to take that road home at 12.30 1.00 in the morning this was probably the first year of college too and I had the windows open and the doors unlocked and everything and didn't think a thing about it. And my Mom starts telling me: "Now you be careful when you drive home from Sarah's house because people will start running you off the roads." And stuff like this, you know. "People will try and run you off the road." And I am like: "Mom, I never even pass a car when I am coming home at one o'clock in the morning on this road. Nobody even knows it exists except me. Don't worry about it. I have been doing this for years; don't worry about it." And then she gets to: "Well listen, don't bet on it." She works for Delta and she was a nurse and she knew one of the nurses who she worked with who used to be a stewardess who knew a lot of stewardesses. And then evidently, there was this stewardess who had gotten run off the road. so now not only do I lock my doors and windows, but every car I think I am super paranoid about it every car I see...

COUNSELOR: You start to get a little (inaudible 26:59)

PATIENT: I watch him, yeah, I watch him. Is he going too fast? Is he coming up on me fast? He is coming up on me awful fast; is he going to pass me? And if he starts to pass me, is he going to get half way around and start to ruin me off the road? This super clutch. 0:27:13.9

COUNSELOR: What I get out of all this: it is like you are saying: "I used to have this simple, natural reasonable relationship with things and now she has sort of roused all these fears.

PATIENT: Most of the hang-ups I have are fears that my Mom has aroused about different things and I am not saying that it is wrong to be aware that these things can happen because ignorance is not always bliss; it can get you into a lot of trouble. But I don't go from being ignorant to being aware; I go from being ignorant to being afraid. I cannot just be aware of these things to the point where you cannot drive down the road and feel comfortable. The same way, I sometimes...I have never had any problem with living in Central Park at all. Well, we have had some problems but I have never had any. I have lived here for almost two years. I never had any problem: when I first moved down here, I used to do things; I would park my car...oh, supposedly the worst place you can be at night is over in the Plaza and I used to come home from wherever I was at one, two, three o'clock in the morning, park my car at the shopping center and not worry about it; get out of my car and walk over to my apartment didn't bother me a bit, you know. And now, every time something happened, my Mom would call me up: "Did you hear about what happened down there?" And I would keep telling Mom...it wouldn't be near where I live but it stays in the mind all of these little things. Down to the point that every time I get out of the car, I would be looking around to see if anybody is near me.

COUNSELOR: It is like this stuff just stays in your mind and you can't get rid of it.

PATIENT: Again, it is a situation where one should be cautious but you don't need to be afraid. I was not cautious at all. I would go out of my apartment and go out to the liquor store at 11 o'clock at night. Just get up and walk over there, which is not a wise thing to do it really isn't. I was totally oblivious. You can be cautious and just not do things like that but I will get out of my car to go in by my apartment sometimes. I would go over and sign the theology bills. Like, the only people that live around in my immediate area where I live right now are usually theology students from Lutheran Theology School. Most of the buildings around there are owned by the school or leased by the school. Most of the people living in my area go to there the theology school. And if you can't trust somebody going to a theology school, you just might as well forget the whole thing the world is gone! 0:30:35.7

COUNSELOR: Yeah.

PATIENT: But, you know, I get super reactions to things. I cannot just be cautious I need to be afraid. Anytime my mother starts to warn me about something I don't want to hear about it. "I don't need anymore fears, dear. Don't talk to me. If you want to talk about something pleasant, fine. If you are going to warn me about something, forget it!" These are like fears that I have got but I have super reactions to things she says. My dad could be warning me about something all day but I wouldn't have the same reaction. somebody else could warn me about something...you could warn me; you could say something about Central Park or something and I would probably react with keeping it in my mind and caution. But when my Mom tells me something, I am afraid of it. She says: "Be afraid and watch."

COUNSELOR: It really sinks in or it comes with some sort of an extra little jolt of anxiety or something when she says it.

PATIENT: It is not that I wouldn't remember what somebody else says or take it to heart and be cautious about it. I would give it a thought and I would say "fine" and I would put it in the back of my mind as something to watch out for just in case. If a situation came up, all of a sudden it would flash at the back in my mind: "Well, this is what you do: in a situation like this, do such and so. Or if I was approaching a situation, a flash in my mind: "This is a situation you do not want to get into." I wouldn't be looking for it and expecting it to happen and worrying about it not happening and everything. I won't even let my Mom come in on my driving anymore. She will say something like: "Drive carefully on the way home tonight; it is bad weather outside." And then I am, you know: "Oh wow, I am going to have an accident I know I am going to have an accident!" 0:33:00.1

COUNSELOR: I don't know: there is some kind of power because she says it.

PATIENT: It is really strange because I don't do it with my father at all. I don't even listen to him when he says something, I must admit! I guess what it is, is the fact that my Mom...my Dad gets very excited about things. He gets easily excited. He gets mad fast and he gets over it just that [clicks her fingers] fast. He is not always calm Mom is not always calm but Dad will...he gets mad fast. He flies off the handle easily and then it is over. My Mom's ideas come from emotions and my Dad's ideas come from emotions but they are two different things. My Dad's things that he says about don't do this and don't do that are usually fairly illogical and just feelings that he has. They are usually fairly illogical and they are not well thought out and his reaction wouldn't be the same another time. They are not well founded. They may be true but the way he comes about them is not well founded so I just don't worry about the things that he says. But my Mom is fairly...her words may come out of love and just worry for me love for me and worry for me and situations that she has heard and stuff but she doesn't like fly off the handle when she says these things; it is calmly said and she has got a lot of common sense and therefore I put a lot of stock in what she says. I always have. Dad never tried to understand kids; he always used to assume that they were just the same as he was when he was a kid. Basically, kids are kids but they have different approaches to doing things. My Mom isn't always understood but she is always (inaudible 35:17). And so, therefore I equate with her a greater understanding; a greater knowledge or something. She says something... She doesn't just say it to hear herself talk or anything.

COUNSELOR: I think I see what you mean. It is like she has made a really serious effort: she has thought about things; she has made an effort to understand. She is not just whipping something off: she has worked on that for you so it is not like something you can brush off. 0:35:52.9

PATIENT: Right, yeah right. Something that I just automatically take very seriously. She has realized now so she won't say anything when she feels like it unless it just absolutely has to be said.

COUNSELOR: In a way it is because she cares for you.

PATIENT: I know the reason; there is no malice intended.

COUNSELOR: It is because she cares for you that you take it so seriously and even over-seriously.

PATIENT: The work that she has put into it and the care coming out the love coming out I react in kind. But sometimes I just don't want to talk to her because I know she is going to give me another hang-up! I guess one of the things I would like to be is calm: every once in a while I am calm. I would just like to be calm. Not that I would get so calm that I wouldn't worry about anything. I think if I could calm myself down and not get so uptight about things, I wouldn't get so uptight about everything and I would probably be happier. I would almost like to get to the point of being spacey, like that one morning when I was totally spaced. And I really enjoyed that, just: "Ahh, eww." Flexible: that is an enjoyable feeling but it is going all over the place. That is how I would like to be in social situations that is how I would like to be. Then when I am working, I would need to be more serious. There is nothing wrong in social situations with being like that in any social situation unless you are at the Governor's Ball or something.

COUNSELOR: But otherwise that is the only good way to act because what is a social situation for? You are supposed to be enjoying yourself and that is enjoying yourself.

PATIENT: Right, and there are no hassles and I can't assume that. I went out...Jess and I went out on Saturday and we were talking about something rather intently and there was this one guy sitting down next to me and I just took one look at him and went on talking because he was really...well, he wasn't my type shall we say, just to be nice about it. He was creepy. I am going to be nice about it he just wasn't my type. We were just continuing talking and everything and this guy, who was really cute, walked up and asked me if I wanted to dance. (Inaudible 39:10) fell off the chair and he just appeared out of nowhere and asked: "Would you like to dance?" "Yeah." I had to think about it for a minute. We had this really good time and I was more relaxed than I had been in along time. I was talking...it was like all the things I had been talking about: instead of consciously telling myself, I was almost unconsciously doing it I was sort of unconsciously doing it. 0:39:42.1

COUNSELOR: You almost had that mental set.

PATIENT: Right, I almost had it but what it was is the fact that I was really...see, what I was worried about is that I will think of something to say and I will think: "No, no he doesn't want to hear it; it is just stupid

conversation." But if I thought of something to say I just said it and as I was saying it I may have said to myself: "Well, this is kind of stupid." But I continued anyway to what I was saying. If I thought that maybe it was kind of stupid I would make it short I would kind of shorten it I wouldn't give my long...I would give my condensed version: I didn't give him my epic form of conversation (chuckles). I found myself just opening my mouth and saying something, instead of worrying about weighing all of these things.

COUNSELOR: That sounds like a really big deal in a way because you are scared of not having anything to say. That night, it really worked differently. It was like you had plenty of stuff and it was whether or not you were going to censor it.

PATIENT: Well, it wasn't whether I was going to censor it. Usually, I will start to say something and before I start to say it, I will be just like: "No, wait a minute, this isn't worth saying." What I do is I find myself...I open my mouth and start talking and as I was talking I think: "Wait a minute; maybe we ought to condense this for brevity's sake." But it wasn't the same way as actually holding my...I have gotten to the point where I am afraid...I will ramble on about unimportant things but if I get excited about something I will just start rambling. I was doing a fairly good job of holding a conversation and I was really kind of proud of myself. I kind of enjoyed the evening. He is going to call me tonight.

COUNSELOR: You didn't have to sit on yourself so hard that nothing came out. If you could just sort of monitor it a little bit. 0:41:58.4

PATIENT: I took the attitude of "relax" and do what I want to do. I am in a bar and if the guy doesn't like me he just won't ask me to dance anymore. If he does, fine he will come back.

COUNSELOR: As simple as that.

PATIENT: And if he doesn't like me and he doesn't like my approach, well, that is sort of too bad but nothing lost I haven't lost anything. If you are too careful you are going to lose them anyway.

COUNSELOR: So you might as well relax?

PATIENT: Yeah, the thing was I wasn't sitting there thinking about it. I was going to: I was going to put my mind across my brain but I forgot (chuckles). I was doing something else so I forgot. But it sort of worked out. I was just relaxed. I don't know, it was a combination probably of different things. My Mom and I were very decadent Saturday: Mom didn't get up until noon, first all. She would get up and she would come down and talk to me and then she would go back to bed. "Are you back in bed again." "It just feels so good." I was kidding her about it. I would go around and I would open the windows and open the blinds and she would get up and pull the windows and pull the blinds (chuckles). She got up and we fixed lunch, and we sat there the two of us all afternoon, her in her pajamas and bathrobe and me in my Levi's and I was washing clothes at the same time and each of us put away about a six pack of beer and we just sat there at the kitchen table and talked all afternoon it was quite enjoyable. So I was relaxed before I went out. I almost didn't go out. My Mom was saying: "You look horrible; don't go out." I was drinking beer all day and my eyes were a little bit pudgy I guess. I washed my face and put some make-up on, took a shower. I said: "Do I still look bad?" She said: "No, you look a lot better now."

COUNSELOR: You were really just enjoying yourself there.

PATIENT: Right, I really didn't want to go out but Jess and I got there and we didn't know what was going to happen. We went to a place where I really don't like that much. This is a place we used to go to about three years ago and I hadn't been back for a while it could have been two years ago; yeah, I suppose it was; I am 25: I was 21 three years ago; no, four years ago! I have got a birthday coming up so it was almost three years ago. I have got a birthday this month: I will be 26 years old. Saturday night was a good night because I guess I was calm and relaxed. I wasn't spacey. I usually have a really good time when I am spacey and nobody else is. It is kind of a mental spacey: I wasn't really hung over that one day. It was an after-effect of the alcohol but I wasn't hungover. That is the only time I am spacey; just that kind of mental attitude. I can't get that way when I am drinking. Before I get that loose when I am drinking I fall asleep. A lot of people react to alcohol that way and it is nice but I don't know. I drink and I get a little high and I will giggle or something but I don't let myself go. Drinking a little more doesn't help because all that does is [does sound of being knocked out]. 0:45:57.5

COUNSELOR: You just get sleepier.

PATIENT: I just go asleep, you know.

COUNSELOR: This is an attitude of: "Well, it is alright."

PATIENT: It is not like I was high on grass or something. I get kind of that way when I am high on grass but not usually. It is sort of that way but this is like: "I am nothing." It is just a mental end which is a lot of fun. I just didn't enjoy myself on Wednesday.

COUNSELOR: Like when you can slip into a bath; things are really fine.

PATIENT: I can put it on, sort of, but not really.

COUNSELOR: It is really different when you actually feel it than when you are trying to pretend to.

PATIENT: I haven't really tried it. I think trying to put that one on, I would be really be putting myself in the right frame of mind to be that way, whereas if I was putting on some other airs, it doesn't necessarily mean I am getting into the mood of it. This stuff is so infectious that if you could do it very well, you have got it it is a frame of mind all of a sudden. It is something that my hang-ups won't let me get into usually that well. I get kind of into it half way into it. Even if I got into the frame of mind just a little bit is better than being so super serious all of the time.

COUNSELOR: It makes you feel sort of heavy like a dud.

PATIENT: I don't like being that way; too gregarious all of the time.

COUNSELOR: That isn't you; you ought to be out there having fun.

PATIENT: I am not that way at all. I come out that way but I am not really that way. The kind of things I like to do I don't think anybody does anymore like go for long walks in the middle of a forest and go running around playing tag football with a bunch of idiots. I used to enjoy going to fraternity beer parties because you did dumb things like that.

COUNSELOR: You like to play.

PATIENT: I am usually game for a lot. Most of things that people look for as being up for anything these days is just not my idea of fun. I talked to my Mom about this and she was saying some guy who was on television that has earned a lot of money he was an executive some place has earned his way, had made his fame through PMA positive mental attitude. My Mom was saying that she has got these notes up all over the house: "PMA Do It Now!" One of the things that she was telling me about was: do you know there is a book called "Positive Mental Attitude," or something like that?

COUNSELOR: I don't know.

PATIENT: I think there is something about positive mental attitude, which I think would probably help me a lot more. I never did get that book about (inaudible 49:41) that I was talking about. My Mom says she is going to try and get it. Just having a positive mental attitude about lots of...I get so mad at myself because I go home and I do nothing all night. Maybe just get (inaudible 49:59) percentage of just knocking myself out or something. I don't mind leaving the house but if I am just sitting there if I am at home I will waste the time. It doesn't bother me if I have to leave home: I don't feel like I have lost anything. I was wondering if you knew anything about that positive mental attitude book because I think that would help me too. How it came about: my Dad was staying off and they were watching David Frost and this guy was on David Frost and it was positive mental attitude and my Dad said something like: "That is what you and Susan need." They were talking about salesmen and that is what good salesmen have positive mental attitude. And the guy was talking about PMA, PMA, PMA and Mom says: "What is PMA?" And Dad says, he looked at her like she was kind of dumb, and said: "Positive mental attitude, of course." My Dad amazes me: he doesn't do that much reading he just doesn't read at all hardly but he knows a lot of stuff. He also amazes my Mom too. I don't know why it should be so amazing that my father should know something like what the meaning of

PMA was, but he said: "PMA positive mental attitude. Every salesman has it." I was kind of shocked when Mom told me. I didn't say anything to her about it but I just thought in my mind: "Gee whiz! good Dad; good going. three points for you." 0:51:39.1

COUNSELOR: Positive mental attitude is, like, it fits with the part of you that wants to play and wants to have fun.

PATIENT: And that wants to do something instead of sitting around and (inaudible 51:50).

COUNSELOR: Get mad at yourself.

PATIENT: You know, don't sit around and (inaudible 51:58). That would help me: positive mental attitude; do it now; it would help me on my diet. Take the bull by the horns and do it. No reason to wait. I would like to read some more about it. I guess the key words are: Positive mental attitude; do it now. Do it now: don't wait. Do it now. So my Mom says you are supposed to get up in the morning and repeat to yourself 50 times: "Do it now." And repeat it before you go to bed: "Do it now." She had been wanting to clean out the cupboard, so I would get up every morning and say: "Do it now." I go to bed and I say: "Do it now; do it now." But I said: "Yeah, but Mom, aren't you supposed to say 'do it now' 50 times and then go do it?" She says: "Well, that is the theory. It doesn't quite work out that way!" (chuckles)

COUNSELOR: I haven't gotten around to doing that yet.

PATIENT: Just like, I have got the exercises down: the first thing is to make yourself say it 50 times, just to get yourself in the proper spirit. If you do this for a little while, you will start doing what you are supposed to be doing. I think it would probably help if you said you would do it now...say it 50 times while you were cleaning out the cupboard: "Do it now: do it now; do it now," as you are cleaning out the cupboard! She has got those exercises down!

COUNSELOR: You want to get yourself moving.

PATIENT: Right, yeah. "I would like to do that: that would be nice. I should really do that: I would enjoy that."

COUNSELOR: I could picture you, standing off, looking at yourself sitting there, giving yourself a couple of kicks or something saying: "Come on, get up! Get going." And you sitting there. 0:54:10.3

PATIENT: Yeah, just kind of vegetating in the one spot, right.

COUNSELOR: And you are getting frustrated. The park is just sitting there and keeps right on sitting there.

PATIENT: Like I say, last night I didn't want to go bowling. We took three points though: I am glad I went. We usually take one or none. You usually get four points: three for the game; one for each game there are three games and one for the highest number of points; which team has the highest number of points. We took two games and had the highest number of points. Three points. And last week when I wasn't there they took three points. And I thought we were going to lose last night because we lost the first game by 50 points and I was sitting there thinking: "Gee, maybe if I quit coming they will do better. They always do better when I am not around." I enjoyed it: we were really excited; we had a lot of team spirit in that third game. We were doing really well, for a while, and then half-way through the game we kind of petered out and the last frame we came back again so we won. I was really enjoying that until I started bowling bad again. I try to get up there and I will do something dumb. A couple of times I did it last night: I will do something dumb. I will throw a stupid ball; maybe I would knock more pins down than I thought I was going to. I would throw a ball and hit the last pin but they would all ricochet around and knock a bunch of them and you are left with around four of five pins standing one here, one here, one here and one there. garbage, you know. I am sitting there wishing I had just knocked that one pin down and I might have had a chance to get the rest of them. Usually, I get upset with myself but last night I was just saying I don't know if I believed it or not but my reaction was, instead of getting mad I stay up there and I would laugh at it. I would just laugh and it helped because I didn't get as uptight about...I still got uptight about the next ball I was going to through but I didn't get upset about that one I didn't really feel bad. And I would do things...I threw a bad ball and I walked back to where everybody was sitting and I would kind of hang my head but I wasn't really that upset about it. What

I was doing was I was walking back and I was saying to the guys: "I am really sorry about that." I was sorry about it but I wasn't as upset about it: I wasn't as upset as I usually get. These things are kind of like, I don't know whether I am incorporating my ideas into my mind and they are working without me consciously thinking about it, but I am seeming to relax more in those situations. 0:57:28.0

COUNSELOR: A little bit: it is just starting to happen almost by itself, partly.

PATIENT: Yeah. It is like, you know, maybe it is kind of in my thinking now. It is like something you have to incorporate into your think so you do it sub-consciously. Consciously, it is like I have to wait until it gets to the point that I am not telling myself after I get upset that there is nothing to get upset about to calm myself down. If I tell myself before it happens there is nothing to get upset about, I don't get upset in the first place, or I don't get as upset. There are certain situations.

COUNSELOR: Like when you are driving, you mean?

PATIENT: There are certain situations where it just calls for it.

COUNSELOR: When someone is driving 25 in a 45 mile an hour zone.

PATIENT: Well, 25 in a 45 is upsetting but it is not as upsetting as someone who is doing 25 in front of you and stops like that it is nerve wracking. That is the old me: the new me is just going to stay calm in situations like that. If somebody is just poking along at 25 in a 45, I just have to tell myself: "You are not going to get there that much faster so don't worry about it." Oh, she was dumb! Dumb!

COUNSELOR: You are still a little mad thinking about it now.

PATIENT: Yeah. That is one of the things that aggravates me really bad is stupid drivers.

COUNSELOR: Thursday at 4.30?

PATIENT: Fine.

COUNSELOR: Okay. 0:59:38.5

END TRANSCRIPT

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

COUNSELOR: This is client 1923-018. Session number 11. March 4th, 1971. That is a really cute outfit.

PATIENT: Thank you. I feel so strange, walking around New York with a dress on!

COUNSELOR: Yeah, I would imagine so.

PATIENT: I never do it. When I first started working here, I used to wear dresses. At that time I was working with a lot of electro equipment. Something would pop and I would be crawling around the floor, looking, trying to find what had broken; what had popped. I was crawling around the ground because the wire was under the table and I was always ribbing my hoes and stuff. If there is nobody else in the lab, you can crawl around in a dress and it doesn't really bother anybody. You have got to maintain decorum while you are crawling all over the floor! My boss kept telling me to wear jeans: "Wear jeans." Finally, I started to wear them. Over in the (inaudible 1:20) site, it is so filthy over there that I wouldn't wear anything but just jeans. I wouldn't even wear a nice pant suit. I went job hunting today. I even had a girdle on first time in two years. The only time I wear a dress is when I got to church on Sunday: I put a dress on with a coat over it; I never take it off. I am sitting here trying to remember how you are supposed to sit! I was in the waiting room (inaudible 1:50) and I had to sit there constantly reminding myself that you can't slouch and you can't cross your legs like this. You have got to sit there nice and polite and don't slouch! I think this place this employment agency that I went to: I think I got a good job out of it; I hope. I had another appointment today

but I cancelled it because this company has...I want to get into some ecology work I told you that and they are responsible for getting the people for a couple of companies who are certainly interested in ecology, or who do ecology work. So this other interview was for a job in a hematology department at Pres. St. John's and I really didn't want to do that but I wasn't going to pass up any possibilities. It wasn't the right salary rate that I am used to. It is so funny: I make a fairly decent salary but I never have any money. If I had to make less money I would probably...I don't know what I'd get. People that make less money get along quite well but I don't know. Oh yeah, yeah a meeting Tuesday night. some very nice things happened to me at that meeting Tuesday night. 0:03:36.0

COUNSELOR: Oh yeah? What happened.

PATIENT: Yes. Well, first of all, I didn't realize I had to do this at 7.30. I got home and all of a sudden I remembered. I was going to make my room mates some spaghetti and I got home and all of sudden I remembered I didn't have time. She wasn't getting home till about 7.00 and I had to leave I had to get there by 7.30. And I got there and there was nobody there. I walked in in a pretty decent mood. There was just nobody there: a couple of people I knew their names but that was it. I was supposed to be there earlier for an officers' meeting and I was five minutes late and then the officers weren't there. One bad thing about the people I run around with is that I am usually five to 10 minutes late and I am always the first one there. So I flipped back and, at first I started to get depressed and I thought: "Well there are things that I can do: they will start coming in soon so don't worry about it." And I didn't. And I just got myself busy and by the time I ran out of things to do and was starting to get stuck, some people came in. So I was just talking to people and I don't recall having the feeling of uneasiness that I usually have, even when I am around people that I know. That uneasiness, kind of like: "Well, how are things going to go?" It wasn't there which was nice.

COUNSELOR: You really were relaxed?

PATIENT: I was sort of relaxed. The guy that I was with on the ski trip came in and he and I were talking and I was doing things that I had to do. The meeting started: it was a fairly good meeting; we had our financial report and an argument about money. It was so funny: you get a bunch of people together in a club like that and you are talking about their club and things we were planning to do and nobody listens. The minute you say "financial report" dead silence. It doesn't matter what you are talking about; they won't listen unless they hear the words "financial report." Their money: you have got to tell them how much money they have. We had a good argument about that: it was kind of like, alive the meeting was alive instead of dead. And then Anthony Jackson a guy I have gone out with a couple of times came in. We were standing around talking. He invited me to go out with him after the meeting was over. 0:06:23.1

COUNSELOR: That was good.

PATIENT: Yes, very nice. And he was being really nice to me. And then, I was taking money. We were watching a film on scuba diving at the time and I was standing there talking to him. Then, after that, after the movie was over, I was talking money dues and stuff; some membership dues and I had my wig on my short wig and I am sitting there writing out checks and people kept coming along and kissing me on the back of the neck and I didn't know who it was. And before I could turn around I would be writing notes in my check stub and it wasn't just one person. One guy (inaudible 7:04) did a couple of times. Why he did that I don't know, unless I was talking to someone else and he was trying to get my attention or something. I really don't know but he did it a couple of times, and somebody else did it it happened several times. I don't even know who all the people were who did it.

COUNSELOR: It was very flattering!

PATIENT: I was sitting there: "Wow, is this nice!" And then, Adam came over and talked to me some more and I had all these people talking to me. For some reason, all of the people who were standing around giving me money were mostly guys. They would pay me their money and they would stay and talk. I was sitting there, taking money from people and talking to these people at the same time. There were about five or six guys there.

COUNSELOR: And they are all clustered around you.

PATIENT: Right, I was like: "Why are they talking to me?" I felt way better.

COUNSELOR: Talk about feeling special!

PATIENT: I don't know if I could take all this at once! I will live through it!

COUNSELOR: An embarrassment of riches!

PATIENT: Right, I didn't have any special interest in any of them but they are all really nice guys. It still was fantastic.

COUNSELOR: Five guys clustered around me?

PATIENT: They had already given me their money and they still stay. And then I was talking to Adam once more and Adam had to leave and I went downstairs and I counted out my money and then I was going to leave. I told Anthony I wouldn't go out with him because I was going to leave. I was going to have one drink after I counted the money and then I was going to go home and go to bed. I never should have stopped for that one drink! I stopped for this one drink and Kai who I have also gone out with a couple of times and that is all said, "Hey, come over and talk to me." And we stood there and talked and he kept buying me drinks and I kept drinking them. I didn't leave there until two o'clock in the morning. I was in fairly bad shape but I was in better shape than...I wasn't dangerous on the roads or anything. We had a real good time just talking and laughing; just joking around. I mean, it was just talk. There were no hairy big silences or anything and we were just talking; not about anything important just talking and I really, really enjoyed it. All evening, I was kind of in this fantastically good mood which I had decided I was going to be in. 0:09:49.5

COUNSELOR: A-ha.

PATIENT: And I was just doing silly things. It was, like, sometime I want to do silly things and I just stop myself. So what I have been doing is that every time I have an idea, I don't stop myself if I feel like doing something silly, I go ahead and do it. I thought that I was so stiff and everything. I didn't realize how many silly things that are kind of fun that I have ideas about that I never did do that I stopped myself from doing before.

COUNSELOR: You have so many more ideas than you ever thought you had.

PATIENT: I guess I just always stopped myself from doing them and then forget about them.

COUNSELOR: Like they didn't quite register.

PATIENT: Right, and I can relax. I was having a really good time. I was being silly. After I got high, I was probably almost at the point of being obnoxious but not stupid-silly but just kind of, you know [puts on girly accent]: "I'm really silly and I am so funny." I was in fairly good form. Once in a while, I get in good form and everything I say comes out funny. I don't know, it just comes out that way. But I was in fairly good form that night. I think it was just the perfect night. Jesse didn't speak to me. He didn't; he really didn't hardly at all. But that is alright. I made one attempt to talk to him. I said hello when he came in and then I went about my business and all evening I was doing something with somebody else. I was with about three guys that night that is really nice. Like I said, when I was taking my money and everything taking the money people were walking by and biting me on the neck and kissing me on the back of the neck. So I walked over to ask Jesse, he had been over there, taking applications for the ski trip and I thought maybe he didn't get a chance to get his dues in or if he was going to pay or what. I walked over to ask him if he was going to pay his dues. He was sitting there, leaning forward, writing and his neck was like that, so I hit him on the back of the neck. Then I said: "Are you going to pay your dues?" (laughs) And he says: "No, I will mail it to you." And I said: "Alright, fine." 0:12:32.0

COUNSELOR: That is just an example of something that you could have stopped yourself from doing but you didn't and it was really kind of neat!

PATIENT: I enjoyed it. I don't know, he just kind of...I don't know if he enjoyed it or not. But I know he has got a sissy spot right here on his neck and I hit on purpose. That is what I was doing all night. I would stop, start, stop myself and just do it and I had a really good time. I just decided that I was going to have a good time. I just decided that I was going to be happy and I was; it wasn't an act I was really enjoying myself. My

only problem now is I don't know how I did it. It is like every time I throw a strike, I sit up there: "How did I do that? Alright, do it again!" I felt like a success. That was one of my major triumphs. Now I want to go on the ski trip but I don't have any money. I hate having to worry about money. I don't necessarily want to have a lot of money; I just want to have so much money that I don't have to worry about it. Oh listen, I think this is going to have to be the last time that I come.

COUNSELOR: Oh yeah?

PATIENT: I don't know how soon I am going to have a new job and I got the bill for this the other day and I didn't realize that it was adding up so fast.

COUNSELOR: It must have really shocked you.

PATIENT: Yes, it did. I don't know: I feel a lot better than I did that night. I am going to need the money in time for job hunting and stuff.

COUNSELOR: Will you go and take the tests from that guy the guy who did the research project? There is this research project here. 0:15:04.6

PATIENT: Yeah, right. do you have to go and take the test again afterwards?

COUNSELOR: I think so, yeah.

PATIENT: I took them before.

COUNSELOR: Yeah, he (inaudible 15:13) before and after.

PATIENT: Well, sure, I will take them. I don't know, maybe you can tell me later who I have to get in touch with to take them.

COUNSELOR: Sure, sure.

PATIENT: Because I don't know.

COUNSELOR: I can give you his name.

PATIENT: I don't remember: I wrote it down somewhere. I was so nervous today about going in there. You have to take this test: a personality test.

COUNSELOR: Oh, for the job thing.

PATIENT: Yeah. I had to take a typing test but I don't type! I mean I type; I taught myself how to type. I am not bad. I typed today and I type 31 words a minute. That is the corrected score; 31 words after you take out all the mistakes and everything. I haven't typed in...while I was doing my independent study in school, I started out on an electric typewriter. That thing was about 50 pages long and I typed it three times. I was getting so...I can just whip through a whole page and nothing (inaudible 16:33), with no mistakes. That was almost two years ago. Since then my typing has gone downhill. I type a letter once in a while for the club as secretary. What happens is, I have a manual typewriter and on an electric typewriter you can go so fast. I started going too fast; faster than I can react to. I was really surprised because I want to be a technician: the job I am applying for is a technician. I said: "Well, I won't be using it." She said: "Yeah, I know but we have to give you the test anyway." And I said: "Well, 31 words a minute: that is not very impressive to put down." And she said: "That is alright because you won't be typing. You just have to take the test." I didn't take a typing test before it is really strange. I was so nervous. I couldn't decide whether to try and go fast and gets lots of words and make lots of mistakes, or try and go slow and not get as many, but good words. So I went fast and I went slow and I went fast and I went slow! (chuckles) I would be going pretty fast, then I would get a little faster, then I would make lots of mistakes, then I would slow down again. 0:18:02.7

I don't know: I want to get a new job but I am kind of nervous about it, even though I get fed up with this one occasionally. But still, it is like I am learning everything all over again.

COUNSELOR: Like a big stew pot sort of beginning.

PATIENT: Right, yeah. There are things that I know how to do. I spent the whole day yesterday, printing and writing up resumes and getting mini-graphs and stuff. I have never written one up before and I couldn't remember what projects Dr Arrews said I had worked on before we were working on inhalation. After I started thinking about it, it came back to me more and more. I couldn't remember what to call it or anything. I had to run back over here and start looking at the equipment; and thinking; and looking in the book and stuff to find out what I was doing. I hate to feel stupid like that and lost.

COUNSELOR: You don't really know what you are doing and you don't feel confident.

PATIENT: I already did that one before so I should know what they are going to ask.. It is like when I forget something that I used to know and I always feel bad when I go into a new job. They hired me to do things that I can't. And then I have to tell them I can't do them and they are going to get mad at me. I don't know, I worry about that. If I get a new job, is it going to make it that much worse. Dr Arrews kind of has an idea of what I can do and where I am going to have to have some extra help and stuff.

COUNSELOR: But it is not like starting all over with someone who maybe thinks you can do all of these...much, much more and is going to be terribly disappointed?

PATIENT: Right, I hate to have anybody think I can do more than I can do. I don't mind if people think I can do less than I can do then I can surprise them by being able to do more than they thought I could. But I don't want anybody to think that I can do more. My Mom always says that I can do...I probably can do more than I think I can do, and I would end up over-estimating my powers. Granted, there was stuff when I first started with Dr Arrews I didn't know how to do that I do know how to do now. I learned it and I am willing to learn anything: it is just that I don't want them to think that I can already do it. I suppose they are expecting they are going to have to train me and everything. It doesn't matter what you do: unless you have been doing it for years, you are still going to have to be trained. I am a kind of chicken, I guess I am just a chicken! But it is going to be like starting anew all over. 0:21:27.6

COUNSELOR: Everything is scary; partly exciting.

PATIENT: Yeah, and even more exciting is that I am going to be...Ariel and I are going to be getting an apartment together, which will be different. I really don't think Ariel and I will have too much trouble living together. I don't think we will spend that much time together. She and I like to go places and do stuff together. I enjoy doing things with her. We will be living in some place brand new and hopefully we will be living in an apartment full of young, unmarried people or something like that. That would be very nice: I would enjoy that. So it is just like starting all over again.

COUNSELOR: Everything is starting all over again.

PATIENT: Yeah, like May 1st: I don't have an apartment anymore the lease is up; I don't have a job anymore.

COUNSELOR: It is almost like you will step into a different life or something.

PATIENT: Right, and maybe it is going to be a totally different job; maybe doing things like going around testing different streams and lakes for these people. And maybe working for a company, you know, that has...somebody that has responded to the cries about pollution and are putting pollution control people in their own companies to tell them if the stuff they are pouring into the rivers is too acid; or too base; or too hot; or too cold; or if it has got chemicals in it or stuff like that. And I may be traveling around to different mills or different people's (inaudible 23:34), driving around and meeting all kinds of people which I would really enjoy. I would like to have Chrissie's job: she used to drive around all over the place. I wouldn't mind doing that I really wouldn't. What I wouldn't want to do is try to sell these people something. I don't mind going around seeing these people: I like that going around meeting people and everything.

COUNSELOR: As long as you don't have to impose yourself on them in that way. 0:24:00.1

PATIENT: Right, I can talk but I am not trying to sell them anything and I am just checking wires. I suppose I would have a little power, which is not bad. People would be nice to me: they wouldn't be mean to me as if I

were selling or something. I don't like selling things but I like to meet people. That is one bad thing about the (inaudible 24:28) lab. I mean, working at the university is kind of like that. "Gee whiz, all of these people my own age; places to go; all these students I am just going to have this fantastic time." Well, first of all, the whole time I worked here I did not meet when I first started working here anybody who was my age that was single. Even if I wanted to go out and meet kids like go to Joe's; go to places where there are kids I can't walk into Joe's by myself. I just can't do things like that. And even if I walk into like the Commons or one of the coffee shops around here, I wouldn't start talking to somebody I just couldn't do it. I wanted to meet somebody who was already in a group of people.

COUNSELOR: Like if you worked with somebody or something.

PATIENT: Right, yeah, a graduate student or something, but nobody over in the (inaudible 25:23) club, I have my very own building and there is just me and my radio. I just don't ever see anybody. Even if I work in a lab a big lab at least I have people to talk to, even if I didn't socialize with them. I wouldn't feel so bad about not socializing with people in situations, like, outside my own age. I am an employee but this isn't really a business, like if I was out in the business world. I do not consider the university the business world.

COUNSELOR: I missed you there.

PATIENT: Well, when I am working for Dr Arrews, I am an employee and it is like a business; it is a business for me; it is a business for him as a teacher. Since the people around here are my own age, it is like a college community, I feel kind of bad that I am in it but not "in it." I would like to socialize with the people around here because they are my own age.

COUNSELOR: It sort of makes you feel badly when you see so many people around your own age and yet you are not socializing with them.

PATIENT: Yeah, I don't know any. But if I am in this company this big company with all these people and all different variety of ages and everything if I socialize with any of the people from work, fine. If I don't, well, I didn't expect to but around here I expected to.

COUNSELOR: Yeah, so it is a disappointment. 0:27:00.9

PATIENT: Right, yeah. I actually don't know how you would go about meeting people around here, except just by working with them and by being in classes with them in stuff, -except I don't have any classes. It is really difficult. The only students I ever did meet were always students of Dr Arrews and most of Dr Arrews were undergraduates. Not that I have anything against undergraduates, I am just, like, three or four years older than they. They can't do things like walk into Joe's this weekend! (Inaudible 27:42) speaking, they are just not much too good to me (chuckles).

COUNSELOR: Can you bitch with any graduate students?

PATIENT: Well, I don't know if they have a big brother or something. There was one graduate student working with Dr Arrews. I had great aspirations for him as far as a friend goes and being able to introduce me to other people. But he never did. There isn't much I can do about it. I was like: "Ed I want you to introduce me to some of your friends. I am getting tired of living down here and not knowing anybody." He said: "Alright, but I don't have any friends!" He never even introduced me to the friends he didn't have you know, the few that he had.

COUNSELOR: So it didn't work?

PATIENT: No, I am getting kind of tired of every time, like Tuesday night, tonight I am going to go (inaudible 28:44) because they are having a party. It is so far to drive: it takes over a half an hour to get there and a half an hour to get back. If I want to go out to my Mom's house, that is 40 miles one way. And she still lives in New York! It is so funny: if I had a friend that lived in...I used to live in Manhattan (inaudible 29:11) and I had friend study at...Okay, for example, when I was in college in Boston, in (inaudible 29:18), Cambridge is only 35 miles away and I have a car and it just seemed like so far to go to be going to Cambridge every week to see Mandy, and yet I don't consider it far at all to go out and see my Mom. It actually took less time for me to get to up to Mandy's in Cambridge than it does for me to get to Mom's house

because of the speed limits and all of the traffic and everything, and there are 35 and 45 mile an hour speed limits. It was 70 miles an hour from Cambridge...it was a straight shot from Boston to Cambridge, 70 miles an hour. It took a half an hour, maybe a little more, but it just seemed like, I don't know, it just seemed like so far to be going up there every weekend. But this is still Massachusetts it may be further but it is still in Massachusetts.

COUNSELOR: Are you thinking of moving north and being closer?

PATIENT: Yes, we are going to move somewhere north, maybe north and west.

COUNSELOR: You and Ariel?

PATIENT: Yeah, we will probably stay in New York. She works downtown. Or if we could just live somewhere near the expressway so she can get to work. It will kind of depend on where I can get a job, unless I just don't have any idea where I am going to get a job. We want to put money on our apartment by the middle of April. She found this really neat one somewhere in Manhattan for \$300 a month with two bedrooms. It was really nice, she said. and it is available May 1st, which is perfect if I have my income tax return back by then! That is going to be (inaudible 31:05). But \$300 a month that is only \$150 a month a piece that is not bad at all, especially when you get out of Central Park. Last week, me and Ariel were pricing apartments and stuff like north, on or near north and further north and out west. Fantastic, these new apartments. They want \$160 or \$170 a month for a one bedroom: they want \$160 or \$170 a month for something that would have a living room about this size.

COUNSELOR: That is incredible.

PATIENT: Yeah.

COUNSELOR: I think Central Park area is being expensive.

PATIENT: No, Central Park is just about the cheapest place you can find for the quality: you can get cheaper apartments but for the quality, most of the apartments I have seen and the prices people pay for them, they are not bad at all. Three hundred is an exceptional deal that we found. I think Ariel has said she seen it but I am not sure. But apartments are super expensive they really are. You want to go to some place like (inaudible 32:13) Village have you heard of (inaudible 32:16) Village?

COUNSELOR: Yeah.

PATIENT: Did I tell you about that? They want something like \$200 for one...(inaudible 32:22) is living in a two bedroom apartment out at Coney Island and their rent for an apartment two bedrooms is \$350 a month.

COUNSELOR: Is that just for two bedrooms?

PATIENT: Two bedrooms, right. My father rents his house: it has got three bedrooms; and a living room; and a family room; and a backyard; and everything for \$300.

COUNSELOR: Yeah.

PATIENT: And she is paying \$275 for the whole apartment. (inaudible 32:59) Village is supposedly the place to live. It is a crummy place: the walls are paper thin. All they have got is, like, you know that plaster board?
0:33:08.6

COUNSELOR: Yeah I know what you mean.

PATIENT: And that is it, between the two wall that is it. Plaster board, a space and plaster board and that is it. There is really nothing nice. You pay like \$200 the rent starts at \$200 or maybe \$150 or \$160 for an efficiency apartment and then goes up. It is a crummy little building and I heard from this guy that I was dating; he had a friend who lived there. One day, there was this girl and she walked into her apartment and the bathroom was over here and a shower. She has got tile on top of plaster board and that is all it is. She was in the shower and she slipped on a piece of soap and fell backwards against the wall and the whole wall collapsed out into the hall (laughs).

COUNSELOR: That is really good.

PATIENT: And that is the way they are building these places. And then you have to pay so much money for them it is just ridiculous. My father rents his house out: it is a three bedroom house; two baths; a kitchen and a living room; a garage; a great big back yard and front yard; a patio; it had got a cemented and caged in area for a dog; a big (inaudible 34:33); a big back patio; an a big yard that is fenced in. He is renting it for \$300 a month. That is not bad. I was thinking: if we could get one other person, or get a two bedroomed house for \$200 a month, or get a three bedroomed house for \$300 a month that is \$100 piece for three girls and it is a fantastic deal.

COUNSELOR: Especially compared to an apartment in (inaudible 35:08).

PATIENT: Yeah, especially in an apartment where they can hear through the walls and stuff like that. If you want to get an apartment...they build apartment buildings...there are some apartment buildings where they take very good, extra care when they build them and you cannot hear through the walls and they have swimming pools and they have all hat kind of stuff but the rent on those kind of places starts high. Two guys I know live out in this one place: it is very, very nice. Very, very nice. The entrance: you walk in the door and there is first floor and second floor; the second floor goes...there are two winding staircases on it. It is very nice: it has got a pool an indoor/outdoor pool it had got an indoor/outdoor park; they have got saunas and all kinds of neatsy (ph) stuff like that. Plus you cannot get through the walls; and there are two beds and two baths. I think they pay something like \$450 a month. That is fantastic. The guys I know that live in apartments like that are in the construction business who have money. I guess I would like to live (inaudible 36:35). Like my Mom's house where they pay rent, it hasn't got a dining room; it has got a dining room-living room area, where you can put a fancy dining table or something. So I have got a dining room and a living room now and a kitchen. We will probably furnish the apartment and the house a small house. And when you consider how much more you are getting for \$25 more than she is paying three bedrooms and you have a backyard and a dog and everything. All you have to do is put up with the kids in the neighborhood! 0:37:27.2

COUNSELOR: I am thinking about the changes in (inaudible 37:38): all sorts of nice possibilities are opening up.

PATIENT: Right, yeah. Like I said before, it is scary and it is kind of exciting. I just don't want to let myself get scared by it it is something new. It will be alright: I have got good qualifications, I keep telling myself that. I read over my resume: "Well, that is a very impressive resume!" (chuckles) And everybody I have read it said it was a good...you know, Dr Hyder read it; he said it was well done, I had covered the subject very fairly and had not gone too verbose in the descriptions of what I had done. It is fairly explosive and short, and everybody else that read it said it was impressive and the lady at the employment agency said it was very impressive; and my grades were impressive; and everything was impressive. And I was sitting there: "But you can't find me a job!" (chuckles) I didn't say that to her what I was thinking but I bet she can't find me a job. I suspect she...I don't know, we have got two months anyway; I am glad we didn't wait any longer. I am starting to feel panicked now. 0:39:02.0

COUNSELOR: About getting a job?

PATIENT: Yeah, but I am just going to calm down for a while because it is going to take a while to make some contacts and stuff. They don't have any job openings per se that they have got rep positions for. She has got to write to these people who they supply the personnel to. She said it might take two or three weeks but I think probably about April 15th I could be a screaming idiot. I would like to have everything settled by then. I would like to start my new job: I will start it anytime before May 1st if I get it, but I would lie to start May 1st.

COUNSELOR: So that you don't have dead time if you get a job.

PATIENT: There are two ways of looking at it: I would like to start May 1st but if I am moving into my apartment on May 1st, it might be better if I worked up to May 1st and moved into my apartment and then had a week before I started my new job. I have got to get acquainted with the area that I am living in. I wanted to take some type of a vacation. I haven't taken a vacation in a while and I would hate to quit this job...I haven't had a real vacation since last summer. In a new job, I won't be eligible for a vacation in a year and it is a long time to go without a vacation so I really would like especially if I could scrape together a little

extra money. Like, I get an extra paycheck in April and I would take that extra paycheck and take a...you know, not maybe...I would like to go someplace but I don't know where I could go. But just take a vacation anyway: stay at home; sleep till noon; do nothing.

COUNSELOR: Relax, take it easy.

PATIENT: Have a chance to fix up the apartment like I want to. I would enjoy that: I think I will do that but I don't think I should start right into a new job without a vacation. But I don't want to have a forced vacation by showing up May 1st with no job, I don't want to have to.

COUNSELOR: That is no vacation.

PATIENT: No, no.

COUNSELOR: When you are sitting around panicking. 0:41:55.7

PATIENT: Right, yeah. I will be panicking at home. I don't even want to think about it. I am not going to think about it anymore until 1st of April, then I will start thinking about it. I would like to get an apartment before everyone starts coming home from school because that is when the rents are going to start going up. That is when you are going to have difficulty finding one and you are going to have to take something a little more expensive to get one.

COUNSELOR: Is that so?

PATIENT: The low prices will usually go first.

COUNSELOR: I suppose, yeah.

PATIENT: All the kids are going to be graduating from school; and they are going to be coming home; and they are going to be getting jobs; and they are going to want new apartments. I want to get a job and apartment before they come home.

COUNSELOR: Right!

PATIENT: If worse comes to worse, every day you look in the paper: "Switchboard receptionist needed; no experience required." Well, I have had experience as a switchboard receptionist and if the worst comes to the worse, I would go home and move back in with my parents, and work as a switchboard receptionist.

COUNSELOR: You wouldn't get caught with no job, no money, no nothing.

PATIENT: No, right, but if I take a job as a switchboard receptionist, I am going to take a very large cut in salary but I think anytime, I could probably go back same place I worked summers when I was in college, working with Mr. (inaudible 43:52). Every summer before I would leave to go back to school, he would say: "Why don't you forget finishing college and come and work for me permanently as my assistant?" "Oh, I have got to finish college; thanks anyway. I want to be a biologist, not a business woman." If I walked in and told him the job was just temporary until I get another biology job: "Do you need any temporary help for a while? Is anybody going on vacation?" I know the running...I used to know the running of the whole entire operation. I know how the purchasing department is set up: I know how the accounting department is set up and I know how to work the switchboards. I wouldn't have to be trained and he is pretty good about giving me a job just for the summer. He might: he would say no or yes. I would certainly tell him it is just temporary.

COUNSELOR: But it is like another possibility. 0:45:00.3

PATIENT: Yeah, and I could live at home because that is not really far from home. I could get a job as a receptionist and when I find out about a new job, just quit. I don't really like that on my work record at all you know, get a job and quit real soon.

COUNSELOR: Like it looks unstable of something?

PATIENT: I suppose if worse come to the worse, I can go down to Walgreen's and get a job as a cashier for a couple of months. I would be living at home and that would give me some spending money and I wouldn't be, like, leeching off my parents. Oh, I am getting depressed (chuckles). I am going to get a job before that happens I don't even need to worry about it!

COUNSELOR: Or thinking about going to Walgreen's and being a cashier.

PATIENT: Yeah, I used to be a cashier in Walgreen's a long time ago. It is one of my earlier jobs. I sold clothes at the cashier at three different Walgreen's. I was a swim instructor, a lab assistant at school I am going to get a job somewhere.

COUNSELOR: Somebody will want you?

PATIENT: Yeah, somebody will want me. I was looking through the newspaper and there were, like, 10 zillion jobs for secretaries. There are also jobs for receptionists: "Switchboard receptionists wanted; Switchboard receptionists wanted." There is usually about a half a column of those: they are always wanting switchboard receptions, so I can get a job like that because I have had experience. That is another thing in my favor that I do have a little over a year and a half worth of experience. I will have, by May 1st, almost two years of experience as a research technician. Where a company would...with the same background that I have, a company might not hire me with no experience. They would with a year and half worth of experience. It is probably a little more money than I am making here. do you know what? Looking for jobs, I found out that these research jobs...people told me the NYU pays low and they really don't pay...they pay higher than the State of New York does, except of one job that I hooked in to. They don't really pay that much lower than some of these other places.

COUNSELOR: That surprises me too.

PATIENT: And I always thought that they did. RN's don't even make that much money; they don't make that much more than I am making. The only thing that I am (inaudible 4:07), medical technicians and stuff like that; when training: the salaries that they quote in the newspapers for people needing medical technicians is not as much as I am making now and these people are more highly trained than I am. They may not necessarily have more education some of them less but they are highly trained people in the field and they are just not paying them. I think the people who pay the most money for the jobs is Presbyterian St John's the hospital does. And they pay more money because they are in such a crummy neighborhood they can't get people to work for them. worse come to the worse, I think I could get a job there doing something.

COUNSELOR: Something or other.

PATIENT: It will be in a bad area and then go find myself a policeman to start dating! Start dating a policeman on the beat or something or find myself a very big guy. I wouldn't live there but I would work there. It isn't too bad there in the day time: Julie this girl at work her husband used to work there. She used to work here and he used to work there and she would drop him off on the way from...they lived out in, oh, way out down the interstate. She used to drop him off and pick him up at night, even in the winter time. She never had any problems.

I was really pleased with myself Tuesday night I was really relaxed. This is, again, another time when I forgot to have a talk with myself. I forget to arrange my mind but it worked out anyway. I just was not...like I say, in the beginning, It just started out that I didn't feel uncomfortable. People started coming in...usually, people say hello to me and everything...the minute people started arriving, I am uncomfortable when people aren't there and I am uncomfortable when people are.

COUNSELOR: But somehow you got over that transition.

PATIENT: Right, I just didn't have any feeling of awkwardness, which is kind of what it is. I just had a good time. I don't know how I popped on the idea of not stopping myself when I want to do things but I was having a good time and I thought it was stupid not to.

COUNSELOR: However you figured that out, it really works. 0:51:00.2

PATIENT: Right. Like I say, I don't think I would do it again. I wasn't really doing anything. Let us see what happens tonight because I am going back to the same place tonight.

COUNSELOR: Will it work again tonight?

PATIENT: I don't know. I told Ariel the other day and she said: "Listen, do you want to go to the party?" And I said: "No, not really." And she said: "Oh, come on." I said: "Alright, I will go for a little while." I kind of didn't want to go back. What if it doesn't work this time? What I am going to start being afraid of was that it wasn't me; it was just circumstances. I want to think it was me. I think it just blew my mind when I was sitting there writing. I don't know, maybe someone would have done it before I didn't have long hair I didn't cut my hair off for nothing. Sitting there, people were walking up and biting me on the back of the neck. Strange, out of the clear blue sky; writing and all of a sudden...(laughs)

COUNSELOR: They just come at you!

PATIENT: What is this? I just kind of at there. And Byron said: "Why didn't you jump?" And I said: "Why should I jump? It feels good!" I don't know, I didn't jump like I had been tickled or something. Maybe I should stretch my neck a little more!

COUNSELOR: You said: "Mmm!"

PATIENT: It was the strangest thing. Why he did that, I don't know he just doesn't do things like that. I have never seen him do things like that before. Maybe he was just sitting there bored or felt like biting someone's neck. It was just that evening I had a really good evening.

COUNSELOR: It was so nice to get enough attention.

PATIENT: I was so pleased with myself. I just kept going. I was getting the attention that I wanted and I wasn't even upset by Jesse and his reaction and everything. I don't know, I think once I get started and get reinforcing reactions from other people, it helps.

COUNSELOR: Yeah. 0:53:42.2

PATIENT: It is just getting started. It is so funny, I was kind of acting like I was high and I wasn't. It was so funny: I was talking to Kai. He said: "Come over here." I went over and started talking to him. I was kind of giggly and high, you know. We were talking and everything and he said: "You have been drinking." Or something...oh, he used to kid me; he is the one who used to embarrass me so bad. We would sit there and we would drink all night and I would never get high because I was drinking bourbon and white. I can drink seven or eight of them and stay sober. He made some comment that I was high off (inaudible 54:32) in the evening for the way I drink. And I said: "Yeah, I suppose so." Later on I told him...later on I was getting high, I said: "Do you know when I first walked up here?" He said: "Yeah." I said: "I wasn't high I was sober." And he said: "Right, and what state are you in right now?" I didn't have the feeling I was putting on a show or play acting. I was just feeling good, being reinforced by all of these other people. It was pleasant.

COUNSELOR: We should quit.

PATIENT: Okay. Can I have the name of the guy?

COUNSELOR: Yeah, right.

PATIENT: I will try to call him tomorrow. You don't know what his extension is, do you?

COUNSELOR: I will give him your number too.

PATIENT: Okay, great. Did I see him before?

COUNSELOR: Probably.

PATIENT: I will recognize him if I see him.

COUNSELOR: There are probably two of them.

PATIENT: Yeah, two people.

COUNSELOR: He was probably the first one I think.

PATIENT: I can't remember which was which.

COUNSELOR: Right!

PATIENT: One was dark hair and one was light hair.

COUNSELOR: Yeah, it is the dark-haired one. It was nice talking with you.

PATIENT: Thank you very much you really, really helped me.

COUNSELOR: That is nice.

PATIENT: I feel that I have improved greatly!

COUNSELOR: That is very nice.

PATIENT: Thank you.

COUNSELOR: Yeah, Tuesday night sounds super successful!

PATIENT: I don't think they are all going to be like that. I haven't completely changed or anything like that. I have got the feeling of being me and so having a good time; and not really changing that much just more relaxing. If I get real good at this I am going to quit going to the (inaudible 57:31) and go somewhere else where I can find more interesting people when I get my social graces finalized.

COUNSELOR: Yes, yes.

PATIENT: Listen, thank again.

COUNSELOR: Yeah, take care Karen.

PATIENT: Bye bye.

COUNSELOR: Bye bye now.

PATIENT: Do you want me to close the door?

COUNSELOR: Yeah.

PATIENT: Bye. 0:57:49.7

END TRANSCRIPT