

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

U·M·I

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

Order Number 9325171

**An analysis of the process of typification change within a
psychotherapeutic setting**

Zlotkin, Frances, Ph.D.

City University of New York, 1993

U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106



A

AN ANALYSIS OF THE PROCESS OF TYPIFICATION CHANGE
WITHIN A PSYCHOTHERAPEUTIC SETTING

by

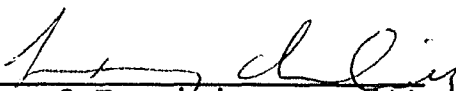
FRANCES ZLOTKIN

A dissertation submitted to the Graduate Faculty in Sociology
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy, The City University of New York

1993


This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

Mar. 26, 1993
Date


Chair of Examining Committee

March 26 93
Date


Executive Officer



Charles Winick
Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

AN ANALYSIS OF THE PROCESS OF TYPIFICATION CHANGE
WITHIN A PSYCHOTHERAPEUTIC SETTING

by

FRANCES ZLOTKIN

Advisor: Professor Lindsey Churchill

In contrast to a Parsonian framework, Harold Garfinkel proposed to develop an understanding of social action built from the analysis of "experience structures". This thesis begins with two basic assumptions: first, the purpose of theory is to provide a framework for an analysis of the construction of social circumstances as they are played out "frame by frame"; second, the construction and recognition of these developing events will be "methodical" because human action is, in general, intelligible and orderly. The task is possible because the order is there. The questions are: What kind of order is it? And how does it work?

Using an ethnomethodological framework, this thesis tries to answer these questions by examining the process of typification as described by Alfred Schutz. Eighteen transcripts compiled from nine separate cases of psychotherapy

provide data for this analysis of social interaction. The basic approach involves the intense scrutiny of the content of the verbal material to identify constructs and their typifications and the analysis of how change of typifications was accomplished (or not).

This thesis identified four "key elements" at work influencing the process of typification change during psychotherapy sessions: (1) therapists must be able to elicit verbal information from patients; (2) therapists use selection to establish a topic of talk; (3) therapists do "formulations" of patient's utterances in order to offer them new typifications of their constructs for confirmation or disconfirmation; (4) therapists set up "reality disjunctures" which were then presented to patients for acceptance or rejection. The findings of this thesis substantiate that the ideas proposed by Pollner, Coulter and other ethnomethodologists are at work in patient/therapist interactions in psychotherapy.

Acknowledgments

I would like to express my gratitude to Dr. Herbert Holt who helped me find the courage to pursue graduate studies. I would also like to express my appreciation to my thesis advisor, Dr. Lindsey Churchill, for his guidance and assistance in the preparation of this Dissertation, to my committee members, Dr. Charles Winick for his constant concern and encouragement during the entire period of my graduate study at the City University of New York, and Dr. Catherine Silver, who guided and helped me in finishing my thesis work.

TABLE OF CONTENTS

Chapter

1. INTRODUCTION 1
2. TOPIC AND METHOD 6
3. REVIEW OF LITERATURE 12
4. STATEMENT OF FINDINGS 22
5. SUMMARY AND CONCLUSIONS 47

Appendix

A. ANALYSIS OF TRANSCRIPTS 55
B. LIST OF TRANSCRIPTS ANALYZED 170
C. TRANSCRIPTS 171
Reference List 302

CHAPTER 1

INTRODUCTION

In contrast to a Parsonian framework, Harold Garfinkel proposed to develop an understanding of social action built from the analysis of "experience structures".¹ This thesis begins with two basic assumptions: first, the purpose of theory is to provide a framework for an analysis of the construction and recognition of social circumstances and events as they are played out "frame by frame"; second, the construction and recognition of these developing events will be "methodical" because human action is, in general, intelligible and orderly. This task is possible because the order is there. The questions are: what kind of order is it? And how does it work?

To pursue his task of understanding social action, Garfinkel took and adapted conceptual tools from phenomenological philosophy which, at the time, were the major source of insights into the organization of experience. Especially in the writings of Alfred Schutz, he found an attempt to deal directly with the themes of the actor's knowledge, its intersubjective character and the nature of its sociological analysis.

¹ Harold Garfinkel, Studies in Ethnomethodology (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1967), 28.

For Schutz, the world of lived experience (Lebenswelt), is a world of mundane events and institutions which the ordinary members of society constitute and reconstitute without ever necessarily becoming aware of the fact. He insisted that the social world is interpreted by its members as meaningful and intelligible through the construction and implementation of social categories and constructs.

The starting point for this thesis is Schutz's analysis of mundane knowledge is his delineation of its "typicality".² Basically, he argues that constructs are the "sedimented" products of past activities of comparing and contrasting out of which mundane typifications arise.³ For example, my perception of a particular "table" is the product of a complex series of automatic operations in which the present perception of the table is compared to a variety of previous experiences of it viewed from different angles as well as to other experiences of tables and of solid objects in general. In addition, the "table" will always be seen from a point of view which obscures some of its parts so that in the process of identifying the sensory presentation before me as a "table", I will have to fill in the invisible

² Alfred Schutz, Collected Papers, vol. 1, The Problem of Social Reality (The Hague: Martinus Nijhoff, 1962), 87.

³ Mundane typifications circumscribe the essential or common characteristics of constructs.

parts.

If I'm looking directly down at the "top" of the table, its presently invisible legs are "appresented" as part of the process in which I identify the object before me as a "table". Therefore, the identification of an object from a perspectival sensory presentation is thus always a "constructive" process, even though this process is obscured from consciousness. The precision and specificity of constructs has to be a relative one, since by their nature they abstract from the concrete uniqueness of objects and events and therefore, have an approximate, adjustable relation to the objects to which they refer.

Furthermore, my "table" can be described (or typified) as an antique, something to eat on, a work of art, and so on. However, the relative precision of these typifications is contextual and can only be determined in relation to my purposes. In my example, the typification "something to eat on" may be sufficient as I decide where to serve the family's meal, but would not be sufficient if I wanted to sell the table to an antique dealer.

A major consequence of this process of typification is that every experience a person has occurs within a "horizon of familiarity and pre-acquaintanceship" which is furnished through a usually unquestioned stock of knowledge.⁴ This stock of knowledge includes

⁴ Ibid., 7.

(1) typified constructs of objects and (2) typified "recipe knowledge concerning the "how to do it" of all kinds of action. Most of a person's stock of knowledge is treated by him or her as contingently valid or "valid until counter-evidence appears". In the latter case, relevant aspects of the stock of knowledge will undergo change, elaboration, or qualification at any moment subject to local contingencies.

All of these assertions about constructs and their typifications apply to their expression in language which Schutz characterized as "the typifying medium par excellence" and as "a treasure house of ready made pre-constituted types and characteristics".⁵ While certain basic constructs arise prior to the acquisition of language and serve as the foundation for its acquisition, these constructs are overwhelmingly "socialized" through the development of increasingly complex communicational skills.⁶ This development permits the acquisition of further, socially derived constructs from parents, teachers, etc. which are "language carried."

It appears that the employment of constructs is largely unreflecting and pragmatic. People simply "see" objects in their "mode of typicality" and will only reflect on the adequacy of their typifications when the world runs

⁵ Ibid., 14.

⁶ Alfred Schutz and T. Luckmann, The Structures of the Life World (London: Heinemann, 1974), 233-35.

counter to expectations. Thus, typified constructs are the (revisable) yardsticks upon which people rely in order to make sense of a world in which they must act.

Since Schutz' work was almost entirely theoretical, it became Garfinkel's challenge to demonstrate the researchability of a world organized according to Schutzian principles, since only then could a "generalized social system built solely from the analysis of experience structures" become a possibility. He accomplished this by catching at the nature of social action in the full flow of its movement and examining the properties of its constituent moving elements. It is in this spirit that the present thesis is written.

CHAPTER 2

TOPIC

Using an ethnomethodological framework, this thesis examines the process of typification, particularly aspects of how typifications of selected constructs undergo change. An example of an event of typification change is when a person at one time describes her husband as "hard to talk to", then at a later time describes him as someone with whom "I had a really good talk."¹

Assuming that constructs and their typifications are "language carried", I analyzed the concrete, material practices of the moment-to-moment dynamic of the process of typification change by examining transcripts of dialogue between psychotherapists and their patients during psychotherapy sessions. I chose this particular verbal setting from other possibilities for several reasons: first, it is a non-experimental setting in which lengthy verbal interaction can be recorded, transcribed and studied again and again; second, it is a setting in which "change", although variously defined in the psychotherapy literature, is expected to take place; third, as a person with a previous background in social work and psychotherapy, I am familiar with the

¹ Excerpted from Case #1.

process and practice of psychotherapy.

METHOD

Eighteen transcripts compiled from nine separate cases of psychotherapy provided data for this ethnomethodological analysis of social interaction. Seven of these cases have been published and two were transcribed from tape recordings supplied by therapists in private practice. (See appendix B for a listing). Although any type of psychotherapeutic dialogue could have been used as data for this study, these particular transcripts are representative of psychodynamically oriented therapy and psychoanalysis from 1954 to the present.

The basic approach to the analysis of the data involved the intense scrutiny of the content of the verbal material to identify constructs and their typifications and the analysis of how change of typifications was accomplished (or not). Specifically, I took the following steps:

Step I: Identified constructs and their typifications

First, I looked at the verbal content of the first session of each case, and selected a particular construct to observe. (Constructs appeared grammatically as nouns, noun phrases, noun clauses, or pronouns.) I selected constructs which appeared to be, at least initially, the topic of

discussion at the beginning of the session. To observe how typifications of the target construct changed or not, I followed the typification of these constructs as the dialogue unfolded. Typifications appeared as descriptions or elaborations of those chosen constructs mentioned by the patient. Some constructs and typifications were not directly stated by patient or therapist but could, nevertheless, be deducted from the dialogue. These were ellipses and appear in my analysis in parenthesis since they were not, strictly speaking, found in the text.

Step II: Analyzed Verbal Resources Influencing Change in Typifications

Second, I described the verbal resources therapists engaged in which could be argued as facilitating a change of typification located in Step I. These verbal resources included the following key elements²:

1. Eliciting information
 - a. Questioning strategies
 - b. Challenging silences
2. Topic Control
3. Selecting from patient's verbalizations
4. Formulating of patient's verbalizations
5. Setting up reality disjunctures

Identification of questions uttered by therapists was based on Churchill's definition of a question as needing

² This list is meant to be inclusive but not exhaustive.

to include one of four criteria: interrogative distribution, syntax, intonation, or gestures.³ An analysis of the "work" the question does in the verbal interaction between therapists and patients was based on the assumption of Searle and others that all questions are basically requests for information.⁴

I analyzed a second strategy therapists used to elicit verbal material by locating instances in which therapists made statements which implied that patients are withholding verbal material. These statements looked like, "There seem to be some gaps in your associations" and "It's as if you're afraid to talk without editing here."

Topic control was identified through Maynard and Zimmerman's model of "pre-topical sequences" and the "generation of topical talk" whereby patients and therapists engaged in structured collaboration which generated topics through certain verbal sequences.⁵ My analysis identified "topical invitations" of therapists which came in the form of questions, e.g., "What goes through your mind and how do you experience it?" Acceptance of the invitation by patients resulted in elaboration of the topic, e.g., "It's hard to describe. I get kind of tied-up feelings inside...";

³ Lindsey Churchill, Questioning Strategies in Sociolinguistics (Rowley, MA: Newbury House, 1978), 29.

⁴ Ibid., 24.

⁵ Douglas Maynard and Don Zimmerman, "Topical Talk, Ritual and the Social Organization of Relationships." Social Psychology Quarterly 47, no. 4 (1984): 301-304.

rejections of invitations produced short replies, i.e., "I don't know", and/or return questions, i.e., "Why do you ask?"

Selection was identified by locating instances where therapists chose a particular aspect of patients' verbalizations and suggested it as the topic to be discussed in patients' responses. First, I showed how therapists' used selection to "lift out" certain aspects of patients' responses and highlight them, while disattending to or discarding other aspects.

The identification of formulations was based on Heritage and Watson's definition: when a "member may treat some part of the conversation as an occasion to describe that conversation, to furnish the gist of it..."⁶ In addition to the tactic of "fixing" topics and defeating patients' perceptions, therapists extensively used the technique of "formulation", or what has been frequently referred to in psychological literature as "interpretation". I showed how challenging patients' evidence supporting their typifications sets up "reality disjunctures" of "what is going on".⁷ This created a situation of choice for patients as to which experience of the world was to be treated as having

⁶ J.C. Heritage and D.R. Watson, "Formulations as Conversational Objects," in Everyday Lanugage: Ethnomethodological Approaches, ed. G. Psathas (NY, London: Irvington Publishers, 1979), 124.

⁷ Melvin Pollner, "The Very Counage of Your Brain: The Anatomy of Reality Disjunctures," Philosophy and Social Science 5, (1975): 413.

grasped "reality" and which was to be treated as "faulty". Because neither competing experience could authorize itself as definitive, therapists' versions must be given privileged status by patients for the process of typification change to be successful.

CHAPTER 3

REVIEW OF THE LITERATURE

In *Studies in Ethnomethodology*, Garfinkel concluded that the central process of locating order in any scene are the reflexive processes of the "documentary method of interpretation." In this work he proposed that the documentary method is an invariant and unavoidable feature of all acts of perception and is a necessity for recognizing such common occurrences and objects as "mailmen, friendly gestures, and promises".¹

Atkinson captured the actual process of the "documentary method" as it manifested itself in how a coroner arrived at a decision regarding the cause of an old woman's death:

...a widow aged 83 was found gassed in the kitchen of her cottage where she had lived alone since the death of her husband. Rugs and towels had been stuffed under the doors and around the window casements.²

In this excerpt, we conclude from the various

¹ Harold Garfinkel, *Studies in Ethnomethodology* (Englewood Cliffs, NJ: Prentice-Hall, 1967), 38.

² J.M. Atkinson, "Societal Reactions to Deviance: the Role of Coroners' Definitions," *Images of Deviance*, ed. S. Cohen (Harmondsworth, Penguin, 1971), 181.

documentary evidences that the old woman committed suicide. As this pattern emerges, it also firms up the initial impression of the evidence. Loneliness and loss become the underlying psychological dynamic attributed to the act and, rehearsing the widow's last acts, we imagine her putting the rugs and towels in position, switching on the gas taps and sitting in her chair waiting for the end to come. At this point, a "fit" is achieved between the various circumstances and the act--"particulars and pattern have elaborated one another to the point of certainty."³

However, at the inquest, four people who knew her testified that she had always seemed to be a very happy and cheerful person. This evidence introduces a disturbance into the picture. Perhaps the old woman was not so much lonely and depressed as deaf and absent-minded. With this consideration, both the documentary evidences and the resulting conclusion seem to shift. Now one imagines:

It is winter. The rugs and towels were designed to keep the heat in and the draughts out. Our rehearsal of the widow's last hours now depicts her as turning on the gas stove for some purpose and forgetting to light it, or perhaps the gas flame blowing out in a draught. We envisage the old lady sitting down unaware of the gas hissing into the atmosphere and nodding off in the gas-filled room.⁴

So far, all previous documentary evidences are accounted for, but they now combine to form quite a different pattern. In fact, the coroner at this point recorded an "open" verdict on

³ Ibid., 88.

⁴ Ibid., 89.

the grounds that there was no evidence to show how the gas taps had been turned on.

Melvin Pollner and Jeff Coulter studied the interactive management of cognitive order from an ethnomethodological perspective. In "'The Very Coinage of Your Brain': The Anatomy of Reality Disjunctures", Pollner notes that in spite of the omnipresence of "shared experience" in the social world, cases often arise in which observers cannot agree about what it is they are observing. While such occasions, or "reality disjunctures" could subvert the assumption of a common world, Pollner describes how it becomes the occasion for determining which of the parties to the disjuncture is a faulted witness of the world.

However, the use of these practices by no means ensures the success of any attempts at reconciliation. Just as one person's experience of the world can be used to dismiss the validity of another's contrasting view, the other person can respond in kind. There is a fundamental equivocality inherent in disjunctures which renders problematic which of the parties to a disjuncture is a deficient witness of reality.

Since neither competing experience can authorize themselves as definitive (because any competing experience can be used as grounds for discrediting any other), one of the parties will have to relinquish faith in the validity of their own experience if consensual resolution is to be achieved. In

the end, Pollner claims, this constitutes the "politics of experience" since in the final analysis the choice is between empirically and logically self-validating and self-sustaining systems. Relinquishing faith in the validity of one's own experience becomes something of an existential leap since it is a leap without truly verifiable logical or empirical foundations⁵.

In "Perceptual Accounts and Interpretive Asymmetries," Jeff Coulter describes the various interactional devices people use to challenge each other's beliefs about the world and how it works. One of the main devices he observed was the assigning of fault in handling perceptual accounts. These include finding fault with 1) the literal status of an account; 2) the perceiver as a physical organism; 3) the perceiver's perceptual aids; 4) the perceiver as a cognitive processor of his perceptions, etc.⁶

In his article, "An Initial Investigation of the Usability of Conversational Data for Doing Sociology⁷, Harvey Sacks investigated the methodology people use to categorize themselves and other people. He argues that

⁵ Pollner, "'The Very Coinage of Your Brain': the Anatomy of Reality Disjunctures," Philosophy and Social Science 5, (1975): 419.

⁶ Jeff Coulter, "Perceptual Accounts and Interpretive Asymmetries," Sociology 9, (1975): 340.

⁷ Harvey Sacks, "An Initial Investigation of the Usability of Conversational Data for Doing Sociology," in Studies in Social Interaction, ed. Sudnow (New York: Free Press, 1972), 45.

the child's task of becoming adequately socialized includes learning proper "categorizations". In the beginning, this consists of learning "what categories must be added to 'Mommy', 'Daddy', and 'baby', to complete the collection of which they are members". After this stage, however, children face the combinatorial task of learning which modifiers (good, bad, etc.) belong to which category members (mommy, daddy, baby, etc.).

Over the past 15 years a growing number of researchers have published papers on a range of topics embracing many facets of conversational organization. Studies have been highly distinctive both in methodology and findings, from a range of linguistic, social psychological and sociological approaches to the data of interaction. For understanding the conversational resources used by therapists and patients in the data I analyzed, I drew upon the work of Maynard and Zimmerman⁸, Heritage and Watson⁹, and Churchill¹⁰.

Few sociologists have used the setting of psychotherapy to investigate social action. Some clinical

⁸ Douglas Maynard and Don Zimmerman, "Topical Talk, Ritual and the Social Organization of Relationships." Social Psychology Quarterly 47, no.4 (1984): 301-316.

⁹ J.C. Heritage and D.R. Watson, "Formulations as Conversational Objects," in Everyday Language: Ethnomethodological Approaches, ed. G. Psathas (NY: Irvington Publishers, 1979), 123-162.

¹⁰ Lindsey Churchill, Questioning Strategies in Sociolinguistics, (Rowley, MA: Newbury House, 1978), 18-45.

sociologists, such as Lennard and Bernstein have examined the clinical setting from a symbolic interactionist perspective. In *Patterns In Human Communicaion*, their analysis is primarily statistical in that they utilize a variety of measures including gross indices of quantity of speech and codings of propositional behavior.¹¹ More recently, Thomas Scheff examined content when he analyzed a passage from a widely known psychiatric interview of Gill et al. Scheff's concern in this paper was to demonstrate how social structure is realized in the actions of individuals¹². The most thorough study of social interactions within a psychotherapeutic setting was conducted by Labov and Fanschel. Their book, *Therapeutic Discourse*, analyzes 15 minutes of a therapeutic conversation between a therapist and her patient. Their general goal was "to understand what happens between therapist and patient and to extend the scope of linguistic analysis to conversation as a whole."¹³

A few studies in sociology and social psychology have touched upon the investigation of typification change, albeit, by a different name. In "Hotrodder: A Revolutionary

¹¹ Henry Lennard and Arnold Bernstein, *Patterns in Human Communication*, (San Francisco, CA: Josey-Bass, Inc., 1969), 37-89.

¹² Thomas J. Scheff, "Negotiating Reality: Notes on Power in the Assessment of Responsibility," *Social Problems* 16, (1968): 3-17.

¹³ William Labov and David Fanshel, *Therapeutic Discourse*, (New York: Academic Press, 1977), 349.

Category", Harvey Sacks observed that the important problems of social change "would involve laying out such things as the sets of categories, how they're used, what's known about any member, and beginning to play with shifts in the rules for application of a category and with shifts in the property of any category."¹⁴

Peter Berger and Hansfried Kellner in their article, "Marriage and the Construction of Reality" addressed the issue of how people construct, maintain and modify a consistent reality that can be meaningfully experienced by individuals. They used the setting of marriage to analyze this process they described as "nomos-building", or a social arrangement that creates an order for individuals which makes sense out of their lives. Although they state that the "reality of the world is sustained through conversation with significant others"¹⁵, their analysis takes place at a higher level of abstraction than the analysis of conversations between marital partners.

In "Emotion Work, Feeling Rules and Social Structure", Arlie Hochschild examined how people try to change in degree or quality an emotion or feeling. She suggested that one of the strategies used in this "emotion

¹⁴ Harvey Sacks, "Hotrodder: a Revolutionary Category," in Everday Language: Ethnomethodological Approaches, ed. G. Psathas (NY: Irving Publishers, 1979), 14.

¹⁵ Peter Berger and Hansfried Kellner, "Marriage and the Construction of Reality", Diogenes 46 (Summer, 1964): 5.

work" is the reclassification of a situation into what were previously established mental categories of situations.¹⁶

Leon Festinger proposed a theory of "cognitive dissonance" which consisted of the notion that human beings try "to establish internal harmony, consistency,...among his opinions, attitudes, knowledge and values." In other words, there is an urge toward "consonance among cognitions."¹⁷ However, he also pointed out that hardly any studies dealt with communication under circumstances where "one could infer the evidence or absence of specific dissonance." Their data, therefore, was illustrative and suggestive rather than conclusive.¹⁸

From the perspective of social psychology, Vernon Cronen, W. Barnett Pearce and Karl Tomm reported their findings regarding the social construction of reality in "A dialectical view of personal change". They reported on a case study which they feel illustrated how "two persons with very similar world views and modes of interpretation can create a mutually unsatisfying relationship when their highly similar perspectives meet."¹⁹ They outline a model of how change in

¹⁶ Arlie Hochschild, "Emotion Work, Feeling Rules and Social Structures," AJS 85, no. 3, (1979): 562.

¹⁷ Leon Festinger, A Theory of Cognitive Dissonance, (Stanford, CA: Stanford University Press, 1974), 260.

¹⁸ Ibid., 218.

¹⁹ Vernon Cronen, W. Barnett Pearce and Karl Tomm, "A Dialectical View of Personal Change," in The Social Construction of the Person, eds. Kenneth Gergen and Keith

socially constructed realities occurs and call it the coordinated management of meaning (CMM).

In psychotherapy, traditional approaches of analysis include many studies of the therapeutic process which focus upon diagnosis and evaluation of outcome, but few authors have addressed the question of what is actually done in the therapeutic interview. Many attempts have been made to measure the processes taking place within the interview through systems of coding and content analysis. Keisler²⁰ and more recently, Greenberg and Pinsof²¹ summarize in encyclopedic fashion most of the existing individual therapy coding systems, each having its own terminology.

Theoretically, cognitive psychotherapy has much in common with Schutz's analysis of mundane knowledge. In *Cognitive Psychoanalysis*, Bieber states that beliefs and assumptions are the "distillates of antecedent experience, the organization of past experience...into cognitive guides for future action."²² Aaron Beck, in *Anxiety Disorders and Phobias*, states that the cognitive set provides a composite picture of a specific situation. When specific sets are

Davis (NY: Springer Verlag, 1985), 204.

²⁰ D.J. Keisler, *The Process of Psychotherapy*, (Chicago: Aldine, 1973), 3-8.

²¹ Leslie Greenberg and William Pinsof, *The Therapeutic Process: A Research Handbook*, (NY: The Guilford Press, 1986), 10-17.

²² Irving Bieber, M.D., *Cognitive Psychoanalysis*, (NY: Jason Aronson, 1980), 247.

activated, their content directly influences the content of a person's perceptions, interpretations, associations, and memories at a given time. In cognitive psychotherapy, cognitive processes are assigned an important role in the conceptualization of illness and its treatment since therapeutic change is thought to occur as a result of altering irrational beliefs.²³

²³ Aaron Beck and Gary Emery, Anxiety Disorders and Phobias, (NY: Basic Books, 1985) 17.

CHAPTER 4

STATEMENT OF FINDINGS

The two general questions about social action which motivated this thesis were to discover 1) what kind of order is involved in constructing social circumstances and 2) how this order works. These are two abstract questions I posed prior to the actual analysis of the data. After analysis of the data, I would rephrase these questions more specifically as 1) how do two people construct reality in an on going face-to-face encounter and 2) how does this construction resonate in social relations. In the following statement of findings based on my analysis of eighteen psychotherapeutic transcripts, I will try to answer these two questions.

First, let me begin with a summary of my analysis of which a complete version can be found in Appendix A. Out of the nine transcripts analyzed, patients in five cases (cases #1, 2, 3, 4, and 9) changed their typification of selected constructs as the sessions progressed. In the remaining four cases (cases #5, 6, 7, and 8), patients did not change their typification of selected constructs. Those events can be

summarized as follows:

Cases illustrating change in typification:

Case #1: Selected construct is "feelings"

Patient began session by typifying feelings as "uneasy feelings" because the therapist "did not answer questions". At the end of the session, patient typified feelings as "fear of being boxed in."

Case #2: Selected construct is "problem".

Patient began session by typifying her "problem" as "a heart condition". At the end of the session, patient typified her problem as "not able to get love and companionship."

Case #3: Selected construct is "problem".

Patient began the session by typifying her "problem" as "my husband won't let me work" or "my husband makes it so miserable for me that I'm in a constant stew." At the end of the session, patient typified her problem as "remorse for the past...thing I did."

Case #4: Selected construct is "present life."

Patient began the session by typifying her "present life" as "completely satisfying." At the end of the session, patient typified her present life as "something holds me

back."

Case #9: Selected construct is "my problem."

Patient began the session by typifying her problem as worry about "becoming pregnant." At the end of the session, she typified her problem as "easily suggested to and "no mind of my own."

Cases illustrating no change in typification:

Case #5: Selected construct is "what-brings-me-here."

Patient began the session by typifying "what-brings-me-here" as that she has "not been able to sleep lately." At the end of the session, the patient typified "what-brings-me-here" as that she "would like to be able to fall asleep."

Case #6: Selected construct is "my problem."

Patient began the session by typifying "my problem" as "trouble with my love life." At the end of the session, patient typified "my problem" as "haven't said the right words to get E.. to marry me."

Case #7: Selected construct is "my illness".

Patient began by typifying "my illness" as a "bona fide narcolepsy". At the end of the session patient typified "my illness" as a "(bona fide narcolepsy)."

Case #8: Selected construct is "my problem".

Patient began the session by typifying "my problem" as "doubtful there is something wrong with me." At the end of the session, patient typified "my problem" as "had headaches before I came to VA" but "feel alright now."

Regarding the first question I rephrased earlier, "how do two people construct reality in an on going face-to-face encounter," my analysis shows that this process involves (at least in these psychotherapeutic sessions) the following key elements:

KEY ELEMENT #1) Therapists must be able to get verbal information from patients.

In all nine cases, therapists used a variety of verbal resources to elicit information from patients. These covered a range from open ended questions such as "What comes to mind?" to very specific questions such as "How old are you?" Therapists also used continuers such as "Mmhmm" and "UhHuh" to encourage patients to continue their turn at talk. When a patient stopped talking, therapists sometimes made the patients' silence the object of a question such as, "What comes to mind about your hesitation?" in order to elicit information. There were few gaps or silences in any of the dialogues.

However, I also found that patients' responses to therapists' requests for information varied. In the cases

where change in typification took place in the session, patients were very forthcoming and responsive to therapists' requests and refusals to give information were rare. Some typical examples are:

Case #1: (lines 21-27)

T: Can you say more about what this uneasy feeling is? What goes through your mind and how you experience it?

P: It's hard to describe. I get kind of tied-up feelings inside. A queasy stomach and I've lost some sleep over it. I'll wake up in the night at 2 o'clock and start thinking about it. I guess I'm worrying if I really want to do it and I'm having some second thoughts.

Case #2: (lines 76-81)

T: Do you have any ideas about what is causing this trouble?

P: I really do not, except that I find that nothing really matters. It's so discouraging, you know. I don't feel as if I'm living. You that...you know about that song, "Old Man River?" Scared of living and afraid of dying? Well, that's it.

When refusals by patients were evident, they came in the form of silences and hesitancies which were immediately countered by the therapist and eventually resulted in the offering of information by the patient.

Case #9:

P: I'm not sure whether that's my own thought or whether it is something that I was told. But I think that it would be an escape from any kind of sexual feelings. If I were pregnant and ugly then no one would be sexually attracted to me. I think that that is my biggest problem. (silence)

T: You seem to have some fear of talking about it.

P: Yes, I can feel that. I've been completely frigid for the last three weeks and I can't even stand the thought of anything sexual. And yet, at the same time, I've had a lot of dreams with orgasm. (silence)

T: What comes to your mind about the hesitation in your thinking?

P: I have a sense of fright about my feelings, ...etc.

On the other hand, in the cases where change in typification did not take place, patients had a variety of strategies for not acceding to therapists' demands for information some of which included reversing roles and requesting information from the therapist, refusing to give information, or giving minimal information. Some typical examples are:

Case #6: reversal of roles (lines 142-147)

T: Well, you have a problem. It cannot be solved analytically.

P: Why not?

T: Because it's not an analytic problem.

P: What kind of a problem is it?

T: It's a mental illness problem.

P: What do you mean, mental illness problem?

Case #7: refusal to give information (lines 400-408)

T: What do you mean?

P: Oh, I can't remember--but anyway there were things that I didn't know, that I wanted to know all the time; things that I should have found out myself. Why, when he was sixteen, he was practically twenty-five years old, or at that level, while I was eighteen. But listen--I don't want to talk about these things. They're not very pleasant, and this has nothing to do

with why I came here...(etc.)

Case #8: gives minimal information (lines 264-281)

T: What do you mean, it makes no difference? If they didn't care, you didn't. Is that what you mean?

P: Yuh, maybe.

T: And what did they say when you left?

P: I don't think they said anything. They didn't care much.

T: That was eight years ago?

P: Yuh.

T: They didn't care? They don't care for you? What have you done that they shouldn't care for you?

P: Maybe they did, I don't know.

T: You mean--well at least mother must have cared. Don't you think so? Doesn't your mother love you?

P: I don't know. Maybe.

T: What, she never showed it? Do you know such a mother who would not love her son?

P: No, I guess not.

T: How about your mother? Why should she not love you?

P: I didn't say she didn't.

Garfinkel has demonstrated in a non-therapeutic context that human beings have resistance as well as strong emotional reactions to being asked to clarify the nature of their statements. In a well-known experiment, he instructed students to "engage an acquaintance or friend in an ordinary conversation and, without indicating that what the experimenter was saying was in any way out of the ordinary, to

insist that the person clarify the sense of his commonplace remarks". For example:

Case 1: The subject was telling the experimenter, a member of the subject's car pool, about having had a flat tire while going to work the previous day.

S: I had a flat tire.

E: What do you mean, you had a flat tire?

She appeared momentarily stunned. Then she answered in a hostile way: "'What do you mean? What do you mean'? A flat tire is a flat tire. That is what I meant. Nothing special. What a crazy question!"¹

Eliciting information from patients is the first necessary step to achieving change of typifications. After all, psychotherapy consists of talk, and without it therapists could not "do" formulations, selections, and other verbal operations upon how patients describe their worlds.

KEY ELEMENT #2) Therapists must use selection to establish a topic of talk.

A second key element involved in the change of patients' typifications is therapists' use of "selection". All the therapists in all the cases used selection which appeared to be the simplest of therapists' verbal operations. A typical example is:

¹ Harold Garfinkel, "A Conception of, and Experiments With, 'Trust' as a Condition of Stable Concerted Actions" in Motivation and Social Interaction, ed. O. J. Harvey (NY: Ronald Press, 1963), 187-238.

Case #1: (lines 15-21)

P: Well, I don't know why I'm so uneasy (feelings) about it, except that money is one thing. I haven't even talked to my husband about it, which for some reason I'm having a really hard time saying to him that I've looked into this and this is what I'm doing. I don't know. I've just had some sleepless nights about it. I don't really know what it is.

T: Can you say more about what this uneasy feeling is. What goes through you mind and how you experience it?

In this case, the therapist chose "uneasy (feelings)" out of the patient's total utterance of 67 words. He could have selected any number of constructs from the patient's words and asked for elaboration such as "money", "husband", "sleepless nights", etc. Why the therapist chose this particular construct is not as important as the act of selection which endowed that particular aspect of the patient's utterance with an importance which the others will then lack. It implies that this is what the patient should be talking about and determines the boundary for the patient's next turn at talk.

Selection is a simple device, but used in successive turns, the therapist has a great deal of power in determining the topics to be discussed and where they will go. Continuing with the previous example:

Case #1: (lines 1-38)

P: I don't know exactly where to start. I've been having some real uneasy feelings about his whole thing and some questions came up after we last talked that I felt I didn't get answered, or else if they were answered I don't remember the answers to them. But if you would, would you repeat to me again so I'll have a clearer understanding about this project

One can see from this example, that in 38 lines of dialogue, the therapist has moved the patient away from the typification of her "uneasy feelings" as "some questions...didn't get answered" by the therapist to the fact that therapy "might make me face something I don't want to face." The typification of her problem has been transformed from external situation which is not suitable for treatment to a psychological issue which could be worked on in psychotherapy.

KEY ELEMENT #3) Therapists do "formulations" of patient's utterances in order to offer them new typifications of their constructs for confirmation or disconfirmation.

All therapists in all cases used formulations. By doing this they summarized patients' prior talk, and re-presented knowledge and experiences that were originally and primarily owned by the patient. Some typical examples were:

Case #1: (lines 47-50)

T: You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?

Case #2: (lines 431-437)

T: So it seems that you have been frustrated a good deal. You were a loving wife and were rejected. You wanted love and companionship and these were not forthcoming. You had your business on your mind to divert your attention, but after you gave that up all your frustrations piled up on you. And now nothing seems worthwhile.

Case #5: (lines 6-11)

T: It is unbelievable that you have it only the last little while because the way you behave shows that you have difficulty relating to sleep from the earliest childhood on. I spoke to your mother. And your mother said you have great difficulty falling asleep from the age of 10 on.

Case #6: (lines 107-115)

T: It's not impossible. They said so. I spoke to them in Other Country and they told me that she has no interest whatsoever in marrying you.

Formulations were part of the active contextualizing work performed by therapists which aimed at interpreting what was meant by the patient. By doing this, therapists were able to, for example, convert patients' presentation of a problem by re-formulating it into a psychological problem. This first step of creating a "psychological problem" was necessary to establish the identity of "what is going on" given a set of behavioral events. It was then used by both therapist and patient to re-name individual acts and patterns of action and accord them alternative motives. Additionally, the "psychological problem" was used to impose new meaning on particular events of patients' behaviors. This involved connecting selected acts into patterns of behavior using elements of "the problem" as a guiding schema.

Formulations allowed therapists to focus patients' often ambiguous utterances by re-presenting them as a single dramatic point. They summarized the sense of what a

conversation had been about so far, and began to establish the "relevancy" of certain typifications for the selected construct. In this way, the therapist began to build an explanatory chain between events, thoughts, and feelings stated by the patient and re-formulated by the therapist which were previously "hidden" but were now "revealed", and presented not as a construction, but as candidate "truth" and "fact".

Some of the work of formulations was done through what Sacks called the "adjacency pair" and was thus sequenced in the same manner as greetings, and questions/answers eventuating in a response by the patient which contained a "decision" contingent on such consultation.² There were two primary alternatives for a decision occasioned by a formulation: first was confirmation (yes) and the second was disconfirmation which could be achieved with "no", "but" and other variations and which could include re-formulations. Heritage and Watson claimed that since formulations provided a gloss on "what we are talking about", they had great significance for topical organization, because "first topical analysis", or "reason for the conversation," was inseparable

² Harvey Sacks, "An Initial Investigation of the Usability of Conversational Data for Doing Sociology," in Studies in Social Interaction, ed. Sudnow (New York: Free Press, 1972), 35.

from doing formulations.³

In these sessions, the doing of formulations then was an integral part of rendering the content of the therapeutic conversations "preservable and reportable". It was in this sense that therapists were able to use formulations to "fix" topics and was important for understanding how certain verbal resources led to changes in typifications.

In the cases where there was a change in typification of the selected construct, patients predominantly accepted the formulations of their therapists. Some typical examples were:

Case #1: (lines 47-51)

T: You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?

P: Yeah, sure, deep down that's probably something.

Case #2: (lines 431-437)

T: So it seems that you have been frustrated a good deal. You were a loving wife and were rejected. You wanted love and companionship and these were not forthcoming. You had your business on your mind to divert your attention, but after you gave that up all your frustrations piled up on you. And now nothing seems worthwhile.

P: That's it exactly, doctor; that's exactly how it is.

³ J. C. Heritage and D. R. Watson, "Formulations as Conversational Objects," in Everyday Language, ed. Psathas (NY, London: Irvington Publishers, 1979), 125.

In cases where there was no change in typification of the selected construct, therapists used formulations sparingly and patients most often rejected them. Some typical examples are:

Case #5: (lines 6-11)

T: It is unbelievable that you have it only the last little while because the way you behave shows that you have difficulty relating to sleep from the earliest childhood on. I spoke to your mother. And your mother said you have great difficulty falling asleep from the age of 10 on.

P: Well, I don't remember it that way.

Case #6: (lines 107-115)

T: It's not impossible. They said so. I spoke to them in Other Country and they told me that she has no interest whatsoever in marrying you.

P: No. E-- loves me and wants to marry me.

T: There's no doubt about it that she loves you...

P: (interrupting)...and wants to marry me.

T: That's not what we're talking about. But we're talking about, you want to call her right now.

P: No. She wouldn't be home now. She's working.

By utilizing formulations, therapists, in summarizing the gist of patients' prior turns, selected out and maintained particular reported experiences as the focus of a further current turn. This activity stood in contrast to, for example, moving the narrative along with a question directed at some selected element of patients' previous

utterances. Therapists' formulations thus preserve and stretch out the talk, to the phenomenology of the selected construct. By developing on rather than passing over this component of a patient's report, therapists emphasize this aspect of the patient's experiences. Formulations minimally invite patients to confirm or deny therapists' re-presentation of their patients' experiences and, more generally, serve to solicit further information.

KEY ELEMENT #4) Therapists set up "reality disjunctures" which were then presented to patients for acceptance or rejection.

In these nine psychotherapy cases, as in other sites of mundane inquiry, inference and interpretation of reality rested upon assumptions about the objective, determinate and coherent nature of concrete events. These assumptions were sometimes explicitly and sometimes implicitly articulated, but their force became evident in the ways in which patients made or therapists challenged patients' claims about "what really happened". Some typical examples of therapists' setting up "reality junctures" were as follows:

Case #3: (lines 409-417)

T: Yeah? You see that, it seems to me, is something that we really should talk about because...ah...from a certain point of view somebody might say, "Well now, it's all very simple. She's unhappy and disturbed because her husband is behaving this way, and unless something can be done about that how could she expect to feel any other wa." But, instead of that, you come to the psychiatrist, and you say that you think something about you needs straightening out. I don't quite get it. Can you explain that to me?

The therapist's utterance essentially separated two versions of how the patient had previously typified her problem. One version of reality asserted that the patient was unhappy because her "husband is behaving this way"; the second version asserted that something about the patient needed "straightening out", independent of what her husband is or does. The therapist ended by asking the patient to reduce the conflict by either reconciling these versions or choosing between them as to which represents "how it really is."

Case #4: (lines 16-17)

T: Are you satisfied with the way everything is going in every area of your life?

Previous to this utterance by the therapist, the patient had been asserting that her life was "completely satisfying." In his statement, the therapist challenged this version of the patient's reality as being "completely satisfying."

Case #5: (lines 107-108)

T: Well, here you are. And your relatives tell me you have a problem sleeping from earliest childhood on.

Previous to this utterance, the patient had been asserting that she had been having trouble sleeping "lately". In his statement, the therapist challenged this version of the

patient's reality.

Case #6: (lines 104-106)

T: Oh. But I spoke to her father and mother and they say that the whole thing is in your fantasy.

Previous to this utterance, the patient had been claiming that his girlfriend wanted to marry him. In his statement, the therapist challenged this version of the patient's reality.

Patient's responded to these "reality disjunctures" in two different ways. In cases where there was change in typification of the selected construct, patient's accepted the therapist's new version of reality.

Case #3: (Lines 409-418)

T: Yeah? You see that, it seems to me, is something that we really should talk about because...ah...from a certain point of view somebody might say, "Well now, it's all very simple. She unhappy and disturbed because her husband is behaving this way, and unless something can be done about that how could she expect to feel any other way." But, instead of that, you come to the psychiatrist, and you say that you think something about you needs straightening out. I don't quite get it. Can you explain that to me?

P: I sometimes wonder if I'm emotionally grown up.

In this case, the therapist reformulated the patient's own utterances into two opposing versions of reality. The first choice typified her problem as one located outside of the patient which was not a suitable problem to

work on in psychotherapy; the second version typified her problem as one located within the patient's psychology and was suitable to work on in psychotherapy. In her response, the patient chose the latter.

Case #4: (lines 16-18)

T: Are you satisfied with the way everything is going in every area of your life?

P: No, not exactly.

In this case, the patient chose the therapist's version of reality, that her life is not "completely satisfying".

In cases where there was no change in typification of selected constructs, patients rejected their therapists' reformulations of reality as the following examples demonstrate.

Case #5: (lines 107-109)

T: Well, here you are. And your relatives tell me you have a problem sleeping from earliest childhood on.

P: And I say I haven't.

In this case, the patient rejected the therapist's proposed version of reality and chose to adhere to the fact

that she has been having trouble sleeping "lately" and not "from earliest childhood".

Case #6: (lines 104-106)

T: Oh. But I spoke to her father and mother and they say that the whole thing is in your fantasy.

P: No. That's impossible.

In this case, the patient rejected the therapist's version of reality and chose to adhere to the fact that his girlfriend, E--, wanted to marry him.

In these examples, mundane reason provided a range of solutions and explanations to conflicting versions of reality which might otherwise have been seen as crises regarding the assumption of a shared objective world. In these therapy sessions, for example, conflicting accounts of what was assumed to be a real order of events was not treated as evidence that reality was radically "subjective". Rather, the therapist sought out and proposed ways in which the patient observed the world in a problematic or faulted way. Through artful formulations, therapists proposed solutions to the conflict which were then presented to the patient as "self-evident" assumptions about reality.

The great variety of candidate solutions generated to each conflictual claim about reality indicated there may be a wide range of solutions to any concrete disjuncture. Nevertheless, the resolutions of these conflicts involved the

"politics of experience"⁴ through which one experience is empowered as definitive of the real and the other is judged as erroneous or subjective. When patients' chose therapists' versions of reality, their typification of certain constructs changed in the direction of therapists' formulations (cases 1, 2, 3, 4, 9). When patients' adhered to their typification of certain constructs, therapy ended and no further change could take place (cases 5, 6, 7, 8).

The fact that patients acceded to their therapists' demands for information, agreed with formulations and resolved conflict by accepting therapeutic versions of reality in cases where typifications changed leads me to conclude that cooperation and not power or coercion is necessary for the process of change to take place. In other words, the patient must cooperate in the process. As Eglin and Wideman discovered when they investigated citizens calls to police:

The mere giving of an address, then, orients to, invokes and accomplishes the business of the encounter as servicing a trouble and the complementary identities of the parties as police and citizen. As such it exhibits cooperation and corroboration in a mutual endeavor, not a disposition to negotiating a bargain with a competitor.⁵

⁴ This phrase was coined by R.D. Laing in The Politics of Experience, but its relationship to mundane reason is discussed at length in Melvin Pollner, Mundane Reason, (NY: Cambridge University Press, 1987), 127-151.

⁵ Peter Eglin and Doug Wideman, "Inequality in Professional Service Encounters: Verbal Strategies of Control Versus Task Performance in Calls to the Police," Zeitschrift fur Soziologie 15, no. 5 (October, 1986): 356.

In order to answer the second question I rephrased earlier, "how does this construction resonate in social relations", I examined ten sessions selected from case #1 and compared the relationship of the patient to a particular typified construct at the beginning of therapy with the relationship of the patient to the same typified construct at the end of therapy.

Garfinkel often acknowledged the variety of ways in which descriptions made contact both with the world of objects and the world of social relations. Garfinkel spoke of this task as "awesome" so I identified only four features of the processes involved as they applied to the analysis of these therapeutic interviews.

First, as stated previously, both therapists' and patients' typifications "lifted out" certain aspects and highlighted them, while disattending or discarding other aspects. Second, these typifications referenced those aspects in a particular way. Third, these typifications could be given even when the speaker didn't specifically verbalize them so that part of the process included understanding implicit descriptions. Fourth, part of the process involved grasping the purpose for the production of a particular typification at a particular time.

For example, in Case #1, sessions #1 & #2, the patient referred to her husband in the following terms:

1. He is hard to talk to
2. He is insensitive to my feelings

The typification, hard-to-talk-to, referenced the patient's husband as someone having power over her behavior. It implies that her husband behaves in such a way that she is prevented from speaking as she would like and if he did not behave in this way, she would be able to speak without difficulty. The typification, not-interested-in-me, referenced the patient's husband as someone who should have concern for her but who actually does not. Had the patient chosen other descriptors, such as man-of-few-words, stoic, restrained, etc., it would have reflected the evidence ("gives curt responses" and "refuses to discuss important issues") but referenced a completely different state of affairs. Both descriptors are delivered as complaints such that her relationship to her husband is characterized as that of victim/victimizer, powerless/powerful, etc.

In choosing these particular typifications, the patient tried to establish her husband as "the problem". Additionally, with her description of her husband as "the problem", the patient located the source of distress outside of herself, i.e., in the behavior of another person, in this case, the behavior of her husband. If he were not hard to talk, she would have no problems. Also, if the problem was designated a problem in the patient's environment, then she had no psychological problem and would not need psychotherapy.

Many sessions later, in session #24, the patient made the following statement (lines 96-103):

P: That's how I felt. My husband and I had a really good talk the other night. But, I brought up the fact that did he expect me to make a lot of changes, and he said no. He said it may take you three years or something like that. I said, "Are you saying that it's a hopeless situation?" He said, "No, I think that the next few months will be critical in terms of what you do and how you handle yourself. But I am willing to stick by you through it all." He was really very supportive.

The patient now typified her husband as someone with whom she could have a "really good talk". She described him as "really very supportive" because he would "stick by" her "through it all". With this utterance, the patient characterized her husband as no longer "hard to talk to". Also, she no longer located her problem in the behavior of her husband, but now inferred that the "problem" was within herself and it was she, not her husband, who must change to solve her "problem". Her relationship with her husband which was once referenced as victim/victimizer, powerless/powerful, is now one of wife-trying-to-solve her-problem/supportive husband.

In addition to the specific problem which was the focus of my analysis, some side issues have come to light. Garfinkel focused attention on the variety of ways in which language made contact with the world. He argued that the meaning of words is not ordained by some pre-existing agreement on correspondences between words and objects, but are to be actively and constructively made out. Words are to be understood as representative in a particular way which is

methodically achieved.

In some small measure, I feel I have shown, within a limited setting, how the development of new typifications is possible through some regrouping of the particulars which instance natural language categories. Under such circumstances, for example, what is constituted from the perspective of a previous typification as "deviant", "incorrect", etc., will be treated under its new alternative as "appropriate", "normal", "natural", etc., and visa versa.

Also, my analysis has shown that speaking is a major domain of social action and is not to be treated as something separate from social action or as organized by a separate set of methods. Far from being a rigid framework for the transmission of representations between actors, language is an elastic medium for the performance of actions, and the understanding of utterances must necessarily involve the same range of methodic contextual considerations as the understanding of any other form of action.

CHAPTER 5

SUMMARY AND CONCLUSION

As stated in the Introduction to this thesis, I analyzed my data from an ethnomethodological perspective, rather than attempting a critical sociological perspective of psychotherapy, I used therapeutic transcripts as a social laboratory to analyze frame-by-frame the verbal actions and interactions of two people in a face-to-face encounter. My findings, therefore, are meant to be analytical and not critical. While I did not want to avoid a more macro-sociological perspective on the practice of psychotherapy, I wanted to get to some fundamental issues having to do with assumptions about the nature of "objective reality", or that objective, determinate order independent of personal acts of observation and description. The assumption of an objective world is a central feature of a network of beliefs about reality, self and others which Melvin Pollner referred to as "mundane reason." The thrust of my analysis was not to show how mundane reasoners fail or succeed at seeing "objective reality" but how ingenious they (and we) are at creating and sustaining it.

Mundane reason has been viewed as an idiom or

"language game"¹ constituted through deep assumptions regarding persons and the world. My investigation of mundane reason through an analysis of typification change is both substantive and methodological. Substantively, I addressed the nature and practice of mundane reason as it manifested itself in the psychotherapeutic setting, a setting of interest because of the extensiveness of mundane reason. In a fashion akin to an anthropologist, I examined how members of the "tribe" of mundane reasoners, in this case selected patients in a therapeutic encounter, came to their beliefs about reality and the nature of the influence another person, in this case a therapist, could exert in this process. I feel I have shown, at least in these particular cases, the ways in which "reality" was arrived at in psychotherapy and that it was first and foremost a construction arrived at through cooperation and by the practical activities of therapist and patient.

Because mundane reason is intricately entwined with the discourse with which positivistic inquiry understands the world, I struggled to secure a vocabulary and attitude of moving in another direction. This is why I looked to philosophy, especially Alfred Schutz, to try to step out of the mundane frame and find terms that would grasp the flow of the transformation of patient's typifications of the world

¹ Ludwig Wittgenstein, Philosophical Investigations, 2d ed., (Oxford: Basil Blackwell, 1958), 97.

without falling into the trap of producing just another determinate version of reality.

Drawing forth generalizations and abstractions from analyses drawn from nine cases of psychotherapy placed a great empirical burden on the material gathered. Thus, there was a tension between the generality of my claims about how mundane reasoners construct reality on the one hand and the empirical material with which my claims were illustrated, let alone substantiated. At this point in the development of my analyses, I can only claim that although the data may be somewhat limited in number, it is a setting rich in analytic possibilities regarding the concrete, actual, ongoing activities of mundane reasoners.

It is a substantial step from theoretical positions to concrete analyses of the organization of social action and back to theoretical positions. However, the process of change which I analyzed could be evident in the development of "paradigmatic revolutions" in science which, as Kuhn² has shown, anomalies become the focus for the development of new frameworks for physical processes. Similar processes could be responsible for changes in social relations. For example, during the past decade, relations between the sexes in Western societies could be argued as undergoing the beginnings of a "paradigmatic shift". Ways of speaking and acting associated

² Thomas Kuhn, The Structure of Scientific Revolutions, 2d ed., (Chicago: University of Chicago Press, 1970), 78.

with gender relations which were previously taken for granted, have become subject to argument resulting in uncertainty about gender related conduct. This may be an indication of the changes in the typifications informing relations between the sexes.

The fundamental problem of social science for Parsons was to explain the persistence and reproduction of institutionalized patterns of social relations. At the level of action, Parsons treated the problem as essentially a motivational one. He proposed that order came from the fact that cultural norms are internalized within actors during the course of socialization and these norms subsequently shape both their desires and the courses of action which they use to reach their goals. The major result of this process is that individuals are thought to act in ways which maintain institutionalized patterns of action.

Garfinkel responded to this view by accepting that the persistence and reproduction of social relations is the fundamental problem of social sciences. But he proposed that any solution to this problem required an analysis of how actors come to share a common appraisal of their empirical circumstances and ultimately, a common world. The cognitive "problem of order", he argued, is analytically prior to its Parsonian motivational counterpart because the actors must be able to view the world in the same terms if they are to be

able to co-ordinate their activities in relation to one another. Neither cooperation nor conflict can be managed by actors who cannot engage in co-ordinated activity.

The outcome of Garfinkel's and (I hope) my investigations has been to stress the cognitive bases of action which goes well beyond references to the actor's "definition of the situation". It is the "taken for granted" social practices and accounting procedures which constitute the deepest layers of moral and factual orders. One might even go so far as to say that such practices and procedures "out of mind" and into the "taken for granted" is the process often referred to as "internalization". Although these processes remain largely invisible to those who participate in them, these realities continue to exist as the natural outcomes of detailed accountable activities. These activities are acted out in that "seen but unnoticed" fashion as the presuppositionally real order of events which, from the actors point of view, they always have been.

No matter how we approach this issue, however, the gap between cognition and action is a complex one and there is an everpresent danger that any analysis will result in an oversimplified bridge. Garfinkel stressed that action is always a temporal affair which is reflexively accountable. Each actor inhabits a setting of action which is unfolding on a moment-by-moment basis. It is through methodic procedures that actors are able to establish the "state of play" between

them, to grasp the nature of the circumstances in which they are placed and to assess the realities of the world around them, including those with whom they are dealing.

Now that this study is over and conclusions have been drawn, where do we go from here? The answer to this question takes off in two directions.

Rather than approaching psychotherapy as a special setting divorced from the mundane activities of social life, this thesis adopted the ethnomethodological view that psychotherapy is one setting among many where social action takes place and can be analyzed as such. Therefore, the investigative techniques that were developed in this study could possibly be applied to any setting where ongoing verbal exchanges take place between people. Specifically, issues not related to psychotherapy but more generally to social change which have been discussed at a high level of abstraction in other sociological studies^{3,4,5} could be submitted to the "frame-by-frame" analysis described in this thesis.

Additionally, it appears that the setting of psychotherapy has not received the attention it deserves from

³ Arlie Russel Hochschild, "Emotion Work, Feeling Rules, and Social Structure," AJS 85, no. 3 (1979): 551-575.

⁴ Peter Berger and Hansfried Kellner, "Marriage and the Construction of Reality," Diogenes 46 (Summer 1964): 1-23.

⁵ Leon Festinger, The Theory of Cognitive Dissonance, (Stanford, CA: Stanford University Press 1974), 218.

sociology and social psychology. Although recent concern over different dimensions of psychotherapy and managed care have led to meta-analysis of psychotherapy ^{6,7} and complex coding systems^{8,9}, the interest of this thesis was different from trying to understand or predict direct outcomes. One of the goals of the present investigation was to identify and sharpen an investigational technique. Thus, the end product is partly the technique itself which was intended to provide a relatively clear-cut and communicable vocabulary of social change.

One of the important considerations of further investigations, therefore, would be how it may be employed in subsequent studies. Two areas could be considered important: (1) the analysis of transcripts from therapists/patient verbal interactions which have been underway for a substantially longer period of time than those represented by the data for this study; and (2) the application of this approach to group psychotherapy.

⁶ Paul Crits-Christoph, "The Efficacy of Brief Dynamic Psychotherapy: A Meta-Analysis," American Journal of Psychiatry 149, no. 2 (February 1992): 151-158.

⁷ Frank L. Schmidt, "What Do Data Really Mean?," American Psychologist 47, no. 10 (October 1991): 1173-1181.

⁸ Laura Lynn Humphrey and Lorna Smith Benjamin, "Using Structural Analysis of Social Behavior to Assess Critical but Elusive Family Processes," American Psychologist 11, no. 9 (September 1986): 979-989.

⁹ Lorna Smith Benjamin, "Operational Definition and Measurement of Dynamics Shown in the Stream of Free Associations," Psychiatry 49 (May 1986): 104-128.

In order to see how the passage of time would affect outcomes, it would be important to examine patient/therapist verbal interactions in both contexts which have been underway for 2-3 years. In view of the importance of group psychotherapy (as well as other group settings) a comparative analysis of the investigational techniques discussed in this thesis with other existing types of analysis, (for example, Bales' Interaction Process Analysis),¹⁰ and integration where possible, would appear to be a logical next step.

¹⁰ Robert F. Bales, Interaction Process Analysis, (Chicago: The University of Chicago Press, 1950), 1-29.

APPENDIX A

ANALYSIS IF CASES #1-9¹

CASE #1, SESSION #1

Step I: Identifying constructs and typifications

In this case, I selected out "feelings" as the target construct. The patient initially stated it in her first words to the therapist in line 2, "...I've been having some real uneasy feelings about this whole thing.

<u>line #</u>	<u>target construct</u>	<u>typifications</u>
2	feelings	uneasy because she didn't get questions answered
15	(feelings)	uneasy because money is one thing; don't know what it is
23	it's	lost sleep; second thoughts
31	(feelings)	uneasy because of some risk
35	(feelings)	uneasy because of facing unknown
40	(feelings)	uneasy because

¹ For complete transcripts of all cases, refer to appendix C.

		marriage may break up
51	feelings	fear that something might happen to destroy marriage
162	feelings	wife being dragged along; like a child
180	(feelings)	fear of being boxed in
209	(feelings)	a little better

Discussion: One can see from this diagram that there had been change in the patient's typification of her "feelings" which at the beginning of the session were because the therapist didn't answer "some questions" that came up after their initial intake session, etc. while at the end of the session the patient typified her feelings as a "wife being dragged along" and finally as feeling " little better".

Step II: Analysis of verbal resources influencing change in typifications

In the case of P and T in Case #1, T's initial elicitor is his direction to P to "say what comes to mind".

Elicitor (request for information):

T: Say what comes to your mind.

P responded with her problem--"uneasy feelings about this whole thing"--followed by her typification of these feelings and questions regarding therapy (lines 1-11):

Response:

P: I don't know exactly where to start. I've been having some real uneasy feelings about this whole thing and some questions came up after we last talked that I felt I didn't get answered, or else if they were answered I don't remember the answers to them. But if you would, would you repeat to me again so I'll have a clearer understanding about this project and how it differs from what I would encounter if I were to go to see somebody else, in the community, in private practice as far as getting help with my anxiety and depression. What is the difference, other than this is shorter? Is that the only difference that its' compacted into a shorter period of time or is there any other difference?

However, T's response did not topicalize any part of P's utterance (lines 12-14):

Appearance/reality dichotomy; elicitor (question):

T: I'll try to answer that as best I can in a while, but it might be helpful first to get a little bit of understanding of what your concerns are, what motivates the questions.

T did not answer P's questions, nor did he address himself to P's complaint that he has not answered her questions adequately, nor did T offer alternate typifications of P's "uneasy feelings", nor did he ask a question to elicit further typification of her uneasy feelings. All of these responses would in effect fix her formulation of the "problem" and reason for it and establish her version of the "problem" as a topic for further discussion. In this case, he postponed answering P's questions and ignored P's reason for her uneasy feelings.

T did not state outright that he was opposed to P's typification of her "uneasy feelings" as being "...questions...I felt didn't get answered...". However, he

was laying the groundwork for defeating it with what Coulter² has described as an "interpretive device" used to discredit perceptual accounts. This particular device was labeled the "appearance/reality dichotomy". Implicit in the therapist's response (line 14-16), "it might be helpful first to get a little bit of understanding of what...motivates the questions" was the notion that the typification the patient offered of her "uneasy feelings" may represent only the appearance of things, and that beneath the surface, reality may be perceived if the looker (in this case, P looked properly. The history of the appearances/reality dichotomy has been marked by changing conceptions of the source of authority for proper looking, or true vision, and has been used by members as a device in practical reasoning. In addition to not topicalizing P's formulation of her problem, T's response laid the ground work for eventually transforming P's typification of her "uneasy feelings".

In response to T's request for "what your concerns are" and "what motivates the questions", P offered a new typification of her "uneasy feelings" (lines 15-16): "...the money is one thing." By the end of her turn at talk, P gave up previous typifications of her "uneasy feelings" and agrees with T that the "real" typification had not yet been found by saying she "doesn't really know what it is."

² Jeff Coulter, "Perceptual Accounts and Interpretive Asymmetries," Sociology 9 (1975): 385-396.

Response (further typification of feelings):

P: Well, I don't know why I'm so uneasy (feelings) about it, except the money is one thing. I haven't even talked to my husband about it, which for some reason I'm having a really hard time saying to him that I've looked into this and this is what I'm doing. I don't know. I've just had some sleepless nights about it. I don't really know what it is.

T's response selected out "feeling" and asked P for more information regarding it (lines 21-22):

Elicitor (question); selection:

T: Can you say more about what this uneasy feeling is? What goes through your mind and how you experience it?

T fixes the topic on "feelings" and implicitly claims that so far, he agrees with P that she has not given an adequate account of her "uneasy feelings" and therefore, more information is required to make an adequate account.

In lines 23-27, P responded to T's request to say more about uneasy feelings by typifying them now as "tied-up feelings inside" and "queasy stomach". P stated now that these feelings were due to her worry that she really wanted "to do it [therapy]" and "second thoughts."

Response (further typification of feelings):

P: It's hard to describe. I get kind of tied-up feelings inside. A queasy stomach and I've lost some sleep over it. I'll wake up in the night at 2 o'clock and start thinking about it. I guess I'm worrying if I really want to do it and I'm having some second thoughts.

T selected out "second thoughts" and asked P to elaborate on them (line 28):

Elicitor (question); selection:

T: What are those second thoughts? When you wake up in the middle of the night what comes to your mind?

In lines 30-33, P proposed a third typification of her uneasy feelings:

Response (further typification of feelings):

P: (silence) I guess part of it is I realize, maybe, I feel there is some risk to what I'm doing and I'm wondering if I'm ready to risk it and opening up some areas maybe that I've kept squelched for a long time.

T again ignored P's typification of her uneasy feelings, selects "risks" out of P's utterance and asked for more information.

Elicitor (question); selection:

T: What risks?

P responds with a fourth possible reason for uneasy feelings (lines 35-38):

Response (further typification of feelings):

P: In that it might make me face something I don't want to face. I don't know if it's the unknown and I don't know exactly what that is except that it probably has a lot to do with what's going on between me and my husband.

In line 39, T continued to ignore P's typification of her uneasy feelings, formulated "might make me face something I don't want to face" into "fear" and again asked for more information.

Elicitor (question); formulation:

T: What comes to mind that you would fear?

P accepted the formulation and continued to cooperate by abandoning her previous typifications and giving T new typifications of her uneasy feelings (lines 40-46):

Response (further typification of feelings):

P: I guess maybe the question whether it's going to help strengthen our relationship, which is what I hope it will do in giving me a better insight into myself and maybe more coping skills or whatever. Or is it going to make me, is the situation not going to improve with us and is it going to lead to a separation or divorce, which is something I really don't want to look at right now.

In lines 47-50, T responded to P's typification of her uneasy feelings by re-formulating what she verbalized in all her previous typifications of her uneasy feelings.

Elicitor (question); formulation:

T: You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?

In his re-formulation, T accomplished a number of actions. At the beginning of the session, P stated she had "uneasy feelings about this whole thing" and that her uneasy feelings were because T had not answered her questions satisfactorily in a previous meeting. If P's typification of her uneasy feelings were deemed "true", then T has demonstrated himself to be a potentially inadequate therapist, i.e., one who did not adequately answer her questions, which could result in P discontinuing therapy. In his initial response to P's complaint, T challenged P's assessment of him by ignoring her typification of her uneasy feelings. T denied legitimacy to P's negative evaluation of him by implying that she did not yet viewing therapy from the proper perspective and that the "real" reasons for her uneasy feelings were not what she now stated but were hidden and were what "motivates the questions."

P implicitly agreed to T's search for the "real" reasons for uneasy feelings by giving T new typifications of her uneasy feelings, for example, "the money is one thing" (line 18). With this typification, P suggested that she may not have enough money to pay for therapy, or may not want to pay the fee. However, if either typification was deemed "true", it could lead again to P discontinuing therapy. T addressed this second challenge to a "no therapy" situation by ignoring P's reason, and instead asked her to give him a new typification of her uneasy feelings. P agreed to this and typified her uneasy feelings as "tied-up feelings inside" and "queasy stomach". However, she did not abandon her attempt to gain a "no therapy" situation by stating she was "having some second thoughts" (lines 26-27). T continued to try to elicit a typification from P of her uneasy feelings which was likely to result in P continuing therapy. T's efforts were rewarded when P (lines 30-33) typified her uneasy feelings as the result of some problem within herself, and not due to an external problem such as the therapist not answering her questions adequately, or not having enough money for therapy. T's efforts to construct an acceptable typification of P's uneasy feelings culminates in his utterance of lines 47-50, when he formulates all P's previous utterance into what he sees as "one contributor" to P's uneasy feelings:

T: You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?

This is an example of how T's attempt to control topics of talk. We begin with the point that T, in summarizing the gist of P's prior turns, selects out of P's reported experiences a particular aspect as the focus of a further current turn. This activity stands in contrast to, for example, moving the narrative along with a question directed at how she might gain insight and more coping skills, or to question how she came to these conclusions, to mention two possibilities. T's formulation thus preserved, and stretched out the talk, to the phenomenology of P's "problem" which was now typified as "fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it" over one more turn at talk. In this way, by developing on rather than passing over this component of P's report, T emphasized this aspect of P's experience.

Further, T's formulation is selective in representing a range of elements from P's prior description while discarding others. Thus many of the particulars of P's reported experiences--for example, "some questions came up after we last talked that I felt I didn't get answered", "the money is one thing", "I haven't even talked to my husband about it"--are not taken up or dealt with, while "fear...that something might happen that would destroy" P's marriage is preserved and focused on as the sum total of what is being said.

Moreover, T is in various ways explicit about matters that P had left implicit or ambiguously referenced. Thus, "uneasy feelings", which has been variously described as "tied-up feelings inside" , "queasy stomach", "queasy feelings" and "butterflies in...stomach", now are condensed into a specifically recognizable feeling--"fear". And P's candidate reasons for what causes this feeling, among which are "some questions came up after we last talked that I felt I didn't get answered", "the money is one thing", or "opening up some areas maybe that I've kept squelched for a long time", have been dismissed and replaced by "Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it." T's formulation is inferentially elaborative in that it picks out certain elements of P's report, re-references them, and suggests a relatedness to one another.

Finally, T's formulation of P's previous utterances focuses the latter's rather ambiguous utterances by representing them as a single dramatic point. T's statement, "You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?" summarizes the sense (from T's point of view) of what the conversation has been about so far, and begins to establish the "relevancy" for T of what P has been saying toward the construction of a

"problem" suitable to be worked on in psychotherapy. In this way, T begins to build an explanatory chain between events, thoughts, and feelings stated by P and re-formulated by T which were previously "hidden" but are now "revealed", and presented not as a construction, but as candidate "truth" and "fact".

In the formulation we are discussing, T draws forth P's acceptance of his formulation (line 51):

Response (confirmation of formulation):

P: Yeah, sure deep down that's probably something.

P's total utterances from lines 1-46:

P: I don't know exactly where to start. I've been having some real uneasy feelings about this whole thing and some questions came up after we last talked that I felt I didn't get answered, or else if they were answered I don't remember the answers to them. But if you would, would you repeat to me again so I'll have a clearer understanding about this project and how it differs from what I would encounter if I were to go to see somebody else, in the community, in private practice as far as getting help with my anxiety and depression. What is the difference, other than this is shorter? Is that the only difference that its' compacted into a shorter period of time or is there any other difference?

P: Well, I don't know why I'm so uneasy about it, except the money is one thing. I haven't even talked to my husband about it, which for some reason I'm having a really hard time saying to him that I've looked into this and this is what I'm doing. I don't know. I've just had some sleepless nights about it. I don't really know what it is.

P: It's hard to describe. I get kind of tied-up feelings inside. A queasy stomachh and I've lost some sleep over it. I'll wake up in the night at 2 o'clock and start thinking about it. I guess I'm worryingg if I really want to do it and I'm having some second thoughts.

P: (silence) I guess part of it is I realize, maybe, I feel

there is some risk to what I'm doing and I'm wondering if I'm ready to risk it and opening up some areas maybe that I've kept squelched for a long time.

P: In that it might make me face something I don't want to face. I don't know if it's the unknown and I don't know exactly what that is except that it probably has a lot to do with what's going on between me and my husband.

P: I guess maybe the question whether it's going to help strengthen our relationship, which is what I hope it will do in giving me a better insight into myself and maybe more coping skills or whatever. Or is it going to make me, is the situation not going to improve with us and is it going to lead to a separation or divorce, which is something I really don't want to look at right now.

Through the process of eliciting, selection, topic control, setting up reality disjunctures, and formulation, the patient's initial typification of her uneasy feelings are transformed into (lines 47-50):

T: You think that's one important contributor to your queasy feelings and butterflies in your stomach? Fear that you might find yourself feeling so dissatisfied with the marriage, that something might happen that would destroy it?

The interaction between T and P in lines 1-54, and what was accomplished by T, can be summarized as follows:

T: Say what comes to mind.

P: I have uneasy feelings because you did not answer my questions at our intake interview.

T: This could not be the reason for your uneasy feelings. The reason is hidden.

P: I feel uneasy because I don't have the money for therapy.

T: This could not be the reason for your uneasy feelings. The reason is hidden.

P: I may open up squelched areas.

T: This could not be the reason for your uneasy feelings. The reason is still hidden.

P: I'm facing the unknown.

T: This could not be the reason for your uneasy feelings. The reason is still hidden.

P: Therapy may cause separation or divorce from my husband which I do not want.

T: Your uneasy feeling is fear. You feel fear because during therapy you might become so dissatisfied with your marriage you destroy it.

P: Yes, that's the reason for my uneasy feelings.

T proposed his construction by inviting P's verification, "You think...?) In line 51, P agreed with the candidate reason--"Yeah". However, P accepted with reservation ("probably") that it was something beneath the surface of ordinary viewing. She had not yet completely accepted T's interpretive device--the appearance/reality dichotomy--and further work on this issue by T could be seen later on in the session.

T's next tactic for transforming P's initial typification of her "feelings" was to begin to build a case for P's faulty judgement. Beginning in lines 59-62, T accomplished a number of objectives with his statement, "And it sounds like a similar thing coming here." Previously in the session (see lines 52-58 in transcript), P had recalled that when she and her husband were dating, she made arrangements to be away for several weeks for advanced career training. She was reluctant to tell her husband, claiming that he would be displeased and their relationship would be damaged. However, as it turned out, what she expected did not happen and her future husband accepted the news well. T's utterance in lines 59-62, formulated P's report of this past event:

T: So then it meant something to you that you wanted to do this, get this training. It had some meaning for you, some emotional meaning for your life that you felt would be, you

husband would take very badly.

As in previous formulations, T selected out certain elements of P's report that would allow for a transformation of P's initial typifications. The first part of T's utterance described P's getting advanced training as "something...you wanted to do" that "had some meaning for you, some emotional meaning for your life..." In other words, T didn't characterize it as something P "had" to do to keep her job, or as something she wanted because it promised more security, better pay, more status, etc. T's formulation established that P was highly motivated to take this career training, to want it not for practical reasons but for "emotional" reasons, something which had important significance to her beyond the practicalities of everyday life. In the second part of his utterance--"...that you felt...your husband would take very badly"--T summarized what P thought her husband's attitude would be towards her getting "advanced career training". P's response to T's formulation, "Yeah, that's what I thought at the time," is in effect an acceptance of both parts of T's utterance. P had agreed to T's characterization that the advanced training was something she was highly motivated to do, something which had "some meaning" for her beyond the practicalities of everyday life, and she agreed that she thought at the time her husband would take the news "badly."

T's next utterance is (lines 64-68):

T: And it sounds like a similar thing, coming here. Even though, intellectually you feel it's to strengthen the marriage, to bring you close together. Somehow emotionally there's something about it that you fear is, what? An attack on him? What comes to mind?

This utterance accomplished a number of objectives. In his first statement, "And it sounds like a similar thing, coming here," T suggested there was a connection with some elements of P's past experience about "advanced training" and her present experience in therapy. "Similar thing" puts "therapy" and "advanced training" into the same categories, so that now the typifications applied to "advanced training", such as "meant something to you", "you wanted to do", "had some meaning for you," "some emotional meaning for your life," can now be associated with the category "therapy." These categories challenged P's previous typifications of therapy which was a place where "questions came...that I felt didn't get answered," or where "the money is one thing" and consequently P was "worrying if I really want to do it and I'm having second thoughts."

T's use of "a similar thing, coming here" continued to build a case that would eventually question P's cognitive ability to adequately evaluate her perception of her husband as well as what was happening during the therapy sessions. When T established a connection between P's past experience regarding "advanced training" and her presently being in therapy with "similar thing", he could now claim that part of the similarity of these two events was her incorrect

judgement. That is, since she thought her husband would take the news of her advanced career training badly, but in fact he accepted the news well, she had (according to T) demonstrated that her judgement was faulty in the past and therefore, was likely to be faulty in the present.

In Coulter's topology of assignable faults³, one way mundane reasoners attempt to defeat perceptual accounts has been to assign it one of a number of "faults." In this case, the therapist is using fault iv--the perception is faulty because the perceiver is an inadequate cognitive processor of his perceptions. In the case of the transcript we are analyzing, T claimed P's perception was now proven to have been faulty during a previous interactional event with her husband and he would use this as evidence to insinuate that her perception of the present therapy situation was likely to be faulty. In other words, T claimed P's perception of him as not having adequately answered her questions which then gave rise to her uneasy feelings is faulty as well as her perception of herself as not having enough money to pay for therapy, etc. P could in turn have challenged T's formulation by faulting it on logical grounds ("that was a different occasion") or considered him a person with "special motives" ("you're a therapist and are always looking for abstruse connections"). P, however did not comment on T's implicit

³ Jeff Coulter, "Perceptual Accounts and Interpretive Asymmetries," Sociology 9, (1975): 391.

assumption and instead responded to T's next utterance-- yet another demand for more information (lines 67-68: "What comes to mind?")--with more information.

To demonstrate how eliciting information worked together with formulations and "fixing" topics, refer to lines 71-100 in transcript #1. After T felt he had gotten enough information from P, he formulated the "gist" of what she had been saying in lines 101-106:

T: So, on a day-to-day basis you felt that you were constantly under gun of mother's criticism and didn't get much support, much praise, and it sounds like you might have liked father to be on your side and balance it but he wouldn't. He was kind of in the background or he took mother's side.

After T got agreement from P of this formulation, T continued to elicit information from P regarding her relationship to her mother and father. In lines 128-131, T formulated again P's prior turns:

T: So your experience was that if you tried to stand up for yourself, talk back when you were getting criticized, or there was an argument, that if you did you'd be--mother would turn away from you, and you'd just be left there.

To which P agreed and elaborated further (lines 132-133):

P: Or she'd just say, "I don't want to hear anymore. That's the end of it. I don't want to talk about it any 134 more. I said no". Period.

In lines 139-142, P agreed with this theoretical perspective: "Well, I think it probably is my preconditioned pattern of response..." Which she followed with a concrete example: "...there've been times when we have gotten into confrontations and he really overpowers me and I back off. I

get really upset with that kind of force."

In lines 160-173, T gave his second and more comprehensive formulation of P's "uneasy feelings":

T: Well, it sounds like, looking back over and kind of pulling together what you've talked about today, our earlier interchange about getting started right away stirred up in you a feeling that once again you were going to be caught in a situation that is very familiar for you, where you were feeling like either the wife being dragged along with things that she didn't want to do, but had to for fear of something even worse happening, or like a child--"this is the way it's going to be, and I don't want to hear anything from you." Like you experienced when you were a kid. And once again this would happen again here with me. And the only way you would have, the most comfortable way at this point that you would have in dealing with that, is to try to kind of pull back, not speak up about it, but protect yourself and draw back.

Which makes the following assumptions:

- 1) There is an appearance/reality dichotomy
- 2) "Uneasy feelings" are not due to patient experiencing therapy as it "is" but are due to patient's faulty cognitive processing.
- 3) Based on psychoanalytic theory however, this fault is not the consequences of poor character or weakness of constitution, but the result of automatic, stereotyped, repetitive responses which were acquired in childhood and which are now re-occurring without realistic stimulation by the therapist or the therapy situation.

T's strategy to reach this point begins in lines 137-138. Previous to this utterance, P had been telling T how she experienced her mother and father when she was a child. T responded in lines 137-138 by asking P a question in two parts:

- 1) T: Do you think that influences your fear of speaking out to your husband?
- 2) That he'd do the same thing except maybe even worse?

Question #1 contained the demonstrative pronoun "that". When used in this manner, the pronoun refers to the expression of ideas in previous utterances but is vague as to which ones and could refer to what mother said or the manner in which she said it. T's second part of the question clarifies what he means by "that" which is now established to be referring to what mother "did." The question could be interpreted to intend the following:

Do you think what mother "did" your husband will do to you if you speak out?

Now it is necessary to establish what T was referring to as to what mother "did". Recall in lines 130-133, T described in his formulation of P's experience with her mother that if she tried to stand up for herself, etc., mother would turn away from her. P agreed to this interpretation of her previous utterance (lines 134-136), and gave a specific verbal example of how this was accomplished. Since "that" in T's utterance of line 137 referred to a previous utterance of P's in which she had agreed to T's formulation of lines 130-133, we can say that while T was asking a question in 137-138, he was making a suggestion that the reason she feared speaking out to her husband had nothing to do with her husband but was based on her past experience with her mother.

In lines 139-142, P agreed with this theoretical

perspective: "Well, I think it probably is my preconditioned pattern of response..." Which she followed with a concrete example: "...there've been times when we have gotten into confrontations and he really overpowers me and I back off. I get really upset with that kind of force."

In lines 160-173, T re-categorizes all of P's previous utterances by connecting her "uneasy feelings" to their "earlier interchange about getting started right away" (during intake interview prior to this session) which supposedly caused P to move to a dimension in which she was no longer in the "reality" of the present therapy situation but was re-experiencing situations in the past of being 1) a wife "dragged along with things" for fear of something terrible happening; or 2) a child whose mother made her do things she didn't want to do. P's external reasons for her uneasy feelings, i.e. unanswered questions and lack of money--have been defeated by T and replaced by internal reasons, i.e. P misperceives therapy situation and uneasy feelings a due to her experiencing herself as a "dragged wife" and "coerced child". These reasons were now put in the category of her "standard pattern of reacting to being a 'dragged wife' and a 'coerced child'" and were not considered an authentic reaction to the therapy session as it was currently being conducted.

P agreed in lines 174: "That's my pattern." T continues in lines 175-179 to assail P's reasons for "uneasy feelings" by claiming his formulation of her problem typified

what was "really" behind her concerns about whether or not she could afford therapy or fit it into her schedule. And in lines 181-195, T defined his formulation of P's "problem" as "an area to explore" which will become the focus of work in subsequent sessions.

At the end of the session, T and P reviewed the status of "uneasy feelings about this whole thing" (lines 205-210).

P: To tell you I was feeling really uneasy about this whole thing. I had some questions that I didn't feel like I'd settled and couldn't we wait. Put it off a couple of weeks. (laughs)

T: How do you feel now?

P: Well, I feel a little better except I still don't have some of my questions answered.

Previously, in lines 160-173, T formulated that P is feeling uneasy feelings because "once again you were going to be caught in a situation that is very familiar for you, where you were feeling like either the wife being dragged along with things that she didn't want to do, but had to for fear of something even worse happening, or like a child..." In line 174, P agreed to T's formulations of what's "really" generating her uneasy feelings. Now, in line 208, T asks P the status of her uneasy feelings now that he had made new typifications for her regarding why she is having them.

If T's formulation had been ideally successful, P would have adopted T's typification of her feelings and would possibly have responded with something like: "I don't have any uneasy feelings anymore about this project. I now

understand that my previously experienced uneasy feelings were not due to the reasons I originally gave, but are due to my past relationships that are now affecting how I experience present ones." P, however, did not respond this way. She expressed the basically conservative position all people take when their reality is assaulted and says she feels "a little better" but that she still doesn't have some of her questions answered.

The fact that P stated she feels "a little better" indicated she had moved slightly in the direction of the therapist's typification of her "uneasy feelings". She could have answered, "I feel the same as I did when I came in here and it is because of all the reasons I gave you" but then she would probably be considered an unsuitable candidate for psychotherapy, as will be seen later in sessions with other therapists and patients.

CASE #2, SESSION #1

Step I: Identifying constructs and typifications

In this case, the target construct I selected out was the patient's "problem" which was initially suggested by the therapist in line 6, "Would you like to tell me something about your problem?"

<u>line #</u>	<u>targeted construct</u>	<u>typification</u>
7	(my problem)	doesn't know
8	(my problem)	may be a heart condition
21	it's	nerves
27	(my problem)	can't get interested in anything
41	it's	because of heart
42	it	is not a heart condition
53	it	would like to get rid of
63	(my problem)	is awful
68	it	may be health
69	it	may be mental
81	it	nothing really matters
83	it	goes back further than thinks
150	those (problems)	lack of energy, exhaustion, depressed feelings;
184	my (problem)	my husband

437 it

frustrated a good
deal; rejected; not
able to get love and
companionship

Discussion: Again I observed a change in the typification of the target construct in this case, what the patient perceived her "problem" to be. In the beginning of the session, the patient said she "doesn't know" what is wrong. Then she speculated that her "problem" may be a heart condition. At the end of the session, however, she described "this trouble" as being frustrated, rejected, and not able to get love and companionship.

Step II: Analysis of Verbal Resources Influencing Change in Typifications

In the case of P and T in Case #2, T's initial elicitor was his question in line 6, "Would you like to tell me something about your problem?" This question functioned as a topical invitation, i.e., to invite P to describe her "problem," which P could either accept or reject.

In this case, P accepted the invitation to talk about her "problem" and initially stated that she did not know what the problem was but she made the suggestion that it may be a physical condition, specifically, a "heart condition", (lines 7-10).

P: Well, doctor, I don't know what's wrong, but there is something seriously the matter with me. I am upset, and

depressed, and I have pains around my heart. I'm frightened that I have a heart condition.

In lines 11-12, T selected "heart" out of P's previous utterance and offered it as a candidate topic. With this selection, T began to focus on the evidence P used to support her suggestion that her "problem" may be a "heart condition". Specifically, T's question tried to elicit from P from what source of authority she felt she had a heart condition.

T: I see. (pause) Have you had your heart checked by your physician?

In line 13, P accepts T's invitation to further typify her possible "heart condition" and states that a medical doctor gave her some scientific test to check whether or not she had a heart condition. In line 15, T tries to elicit information on P's reaction to this test. P states in 16 that she was upset but that her doctor said her heart condition "wasn't serious".

After P states that her medical doctor said that her heart condition wasn't serious, T asks her, then, if she thinks it's serious. P accepts her medical doctor's typification of her heart condition ("wasn't serious") and states that she does not "think about it as being serious". (line 19) However, now that P has eliminated her original typification of her "problem" as a "heart condition" she must offer another typification if she is to continue to accept T's original invitation to "tell me something about your problem".

And, in fact, P offers a second typification of her problem, "maybe it's nerves." (lines 19-21)

P: No, I don't. I don't think about it as being serious. You know doctor, I don't feel very good. I don't feel strong. I don't...(pause) well, maybe it's nerves.

In line 22, T selects "nerves" out of P's utterance and proposes it to P as a topic. In lines 23-24, P elaborates on "nerves" as her possible problem, specifically because she has eliminated a physical condition as the "problem" because she has a "good doctor" whom she "trusts." In line 25, T uses the continuer "But?" to encourage P to continue on this topic and P responds in lines 26-28 by first typifying her "problem" as she "can't get interested in anything" and then rejecting this by stating she doesn't "know what it is."

In line 29, T uses another continuer ("I see") to invite P to elaborate further on her previous utterance. P responds in lines 30-36 by further typifying what she feels is wrong with her:

- 1) I don't have any interests
- 2) I have no desire to go the theater
- 3) I go to bed at 9pm
- 4) I don't do anything that would be pleasant
- 5) I just sit home and read

In line 37, T formulates these remarks into the conclusion that "It must be very frustrating."

In line 38, P's response is not to agree or disagree but continues to elaborate on her typification of what is

wrong with her.

P: I have a feeling that life makes no sense. I suppose I worry too much about things like my heart.

Now she states that "life makes no sense" and rejects her earlier typification of her problem as a physical problem, a "heart condition", by stating now that she worries "too much about things like my heart".

In line 40, T formulates P's previous remarks into "And you get little real pleasure out of life." This time P responds affirmatively to T's candidate formulation of her problem in and in lines 41-42 she clearly states that she "knows it isn't a heart condition".

In line 43, T challenges P's conclusion that her "problem" is not due to a heart condition.

T: I see. You're sure it's not a heart condition?

In lines 44-46, P gives T her evidence why her problem is not a heart condition.

P: I haven't had a pain in two months. I used to get a pain across here, in my back. But that really doesn't bother me.

In line 47, T tries to elicit more material with the continuer "I see." In lines 48-50, P typifies her problem as one with which T can help, therefore, again rejecting her earlier typification of her problem as a physical condition.

P: Yes. I was talking to an old friend of mine. She's the one that recommended you. She said you helped her a lot and she was sure you could help me.

In line 51, T indicates he has accepted P's typification of her problem as not physical implying it is a

"mental problem", i.e., something with which T can help her with. T asks P if she would like to get rid of "this trouble" and in lines 52-54 P responds affirmatively.

In lines 55-56, T requests that P tell him how she came to the conclusion that her nerves were "at fault". Actually, P never concluded that her "nerves were at fault". In line 21, she hypothesized that "maybe it's nerves." T's question first transforms P's hypothesis that "maybe it's nerves" to a fact that "your nerves were at fault" and then invites P to elaborate on this supposedly established fact. P, however, rejects T's formulation of "your nerves were at fault" and continues to wrestle with whether "her problem" is "physical" or whether it's "mental" (lines 62-69).

P: I said to her, "You know, really I should do something for myself. This is awful what's happening to me now." This was only last week, because, really, I said I don't do anything but just sit at home. I don't want to see anyone, and I get into bed and can't wait to get into bed. I just look at my bed, and it looks so good that...but I guess, I don't know whether it's health or what it is doctor, whether it's mental or...I don't know. (pause)

At this point T has been unable to get P to confirm the typification of her "problem" as other than physical, so beginning in lines 89-91 and with his subsequent turns at talk, T tries to elicit more information from P that would allow him to formulate a stronger case for P's problem not being a "physical condition".

T: I see. (pause) Perhaps if I ask you a few pointed questions, it may make it unnecessary to come back preliminary things later on.

P responds agreeably and answers all of T's questions. The

total of P's responses are as follows (lines 94-230):

P: Fifty (years old).
P: Yes (husband died 6 years ago).
P: (Married) About twenty-three years.
P: No (children).
P: About a year ago (gave up book business).
P: No, doctor, I've been retired and haven't wanted to do anything. I gave up my business because I felt I couldn't stand working any more.
P: Very much so (depressed)--most of the time.
P: (pause) No, (panicky feelings) not anything like that.
P: No (fears).
P: I don't think so (no thoughts crowd into my mind).
P: No (compulsions).
P: I do get dizzy feelings from time to time.
P: No (stomach trouble).
P: Well...there just is no sex, and I don't seem to miss it.
P: I don't think so (not upset that I don't miss sex).
P: I am tense most of the time.
P: (Sleep) Very poorly. I average 4 to 5 hours of sleep a night.
P: No (nightmares).
P: I rarely remember any dreams.
P: (pause) No, (can)not (recall) a single one (dream).
P: Just an occasional drink (or alcohol).
P: I take none (sedatives).
P: (Feel fatigued and exhausted) A good deal of the time.
P: Yes, (chief problems are this lack of energy, the exhaustion and depressed feelings) if I could get rid o f those, I would be happy.
P: I don't have to worry (about finances). I mean, of course, I can't go crazy, do a lot of stupid things with money, but I can get along nicely with what I got for the business. And there's another thing. I like to do things. If I can get things for someone else, I break my neck to go out and get it. For myself I just haven't any interest. I'd walk miles to find the right thing for a friend or any one that I'd want to do something for, but I haven't...I don't even want to go and get anything for myself. I need a hat, and one night I should go out and buy a hat. This hat is about five years old. I should go out and buy a couple of hats. You see what I mean.
P: I do (find this annoying) very much. It's about time I did do something for this trouble.
P: That's hard to say (if I ever felt happy). I suppose there were times.
P: Well, that (my childhood) was bad. We had a tough time. My father died when I was five years of age.
P: No, (I don't remember my father) but I do remember going to live with my mother's

cousin. I saw my mother though, occasionally.

P: She (mother) was a sweet person. I was very close to her, a wonderful mother, and understanding. She lived with my sister and I before I was married, and with my husband and I after my marriage. She passed away five years ago.

P: My husband liked my mother too.

P: Well doctor, that's where a lot of my trouble was. He (my husband) was a playboy type, and didn't pay enough attention to me. Well, it hurt, my pride was hurt, but then, I thought he's probably seen so much of me, he's tired of me, you know. You work with someone all day long, and you have all the troubles together. You know, doctor, we've been through so much, through the depression, and through so many problems we had to work out. And I thought maybe he was just tired of the whole thing. I don't know whether I resented it or not. I don't know.

P: I was crazy about him. And, of course, he was very good, he was very good to my mother, see, and I appreciated that. And after all, I got along with him.

P: Well, I had my sister (after my husband died), and I, we have a great deal in common, and besides being a sister she's a good friend. I can talk to her.

P: (I see my sister) Every week, she comes in to see me once a week and we have lunch at my home together and we visit. She stays a few hours and that's about all. I haven't anyone else. I mean not anyone else to confide in or go over anything else that I might feel.

P: (My sister is) A few years older than I am.

P: Yes, (I also have) an older brother who I don't see often.

P: (I get along) Very well (with them), but we don't see each other often.

P: You see, doctor, while I was working I wasn't thinking about how bad things were, but I haven't regretted getting out of my business, doctor, not for one minute--that I haven't, because it was too much for me. (pause)

P: And I wasn't too happy in there because I was forcing myself, see. It was evening work too, and I'd find myself, oh so depressed going in there every night from my home, and then going home alone from there, and tired and everything, don't you know? And I have not regretted that for one minute in spite of the fact that I am very lonely. But I haven't regretted selling it, not once. But, I don't know, maybe I should get a little something to do. Get out into something different again. I don't know.

T formulates all these statements into (lines 231):

T: You've been very lonesome.

P agrees to this formulation and adds more information (lines 232-236):

P: Yes, (I've been very lonesome) as far back as I can remember. You see, my husband was a playboy type, as I said, and he didn't pay enough attention to me. Up until he had his kidney condition he was a very strong fellow, but he got a condition, and he had that for eight years, and of course, I worried about that, and I never knew but that when I'd come home that I'd, well, that he wouldn't be there. You know what I mean. His doctor told me he might pass away any time.

P: Well, he was a wonderful man, but he was a playboy--a lot of fun for himself, and toward the end I really was neglected, in a sexual sense, and, and that went on for a long time.

P: Well, I did (feel loyalty) and I felt that he needed me, doctor, that he was ill; and I felt that being with him I would probably see that he would take better care of himself than if I wasn't there. You know how it is, and I was married to him for a good many years by that time.

P: Oh yes, definitely (I was in love with him).

P: Well, I felt very hurt about it (him not paying attention to me) naturally, because we had been together so long, and we had worked so long together.

P: Oh, yes, of course I did (brought this to his attention).

P: Well, he said that he felt that we were together too much, and that had something to do with it, because we worked together in the business, you see. (pause)

P: Well, that's the way he explained it, yes, and we took vacations separately, which isn't bad. That isn't anything, a lot of people do that.

P: No (I hadn't become interested in anyone else).

P: Perfectly normal (sex), I enjoyed it.

P: Well, yes (I wanted to continue having sex with him), I did doctor, but you see, it was just about the time, it was about in 1938 that I had had this operation, and that also did something to me.

P: A hysterectomy, removal of the womb because of fibroids.

P: After that I felt I was out of things because it made me feel there was something lacking. I was ashamed of it, or something.

P: Yes, (I was ashamed of this operation) and then it took me a long time to recover from it. It's quite a shock, it's quite an operation. And, of course, that started during that time. From that time on, doctor, that we weren't...ah...that I, that we, ahweren't...(together).

P: It's just that I had been ill, you see. I was in the French Hospital for about five weeks with this thing. And then when I came home, things seemed changed for me, because my husband started withdrawing from me more than ever.

P: Yes, (there were other people I was close to as friends). I'll tell you, doctor. In that business you meet a lot of people. It's all a part of the whole work. You know what I mean. And my having, well my working with my husband there, and all the help that had been with us for so many years, I mean, that I felt that there was a

certain amount of dignity along with my position there. And I didn't at any time give anyone any encouragement, and even after I was a widow I just did what I should, and I don't know why I just thought it should be that way.

P: Yes, (for six years I've been leading a solitary life) isn't that awful?

P: Well, I guess it's myself doctor.

P: I don't know...(pause) I suppose if I had a child things would be different.

P: Yes, but I suppose I couldn't have them. I never used contraceptives, but just couldn't have them, and the, of course, after the operation it was impossible.

P: No (there is no one with whom I am close).

T formulates all of the above into (lines 327-330):

T: Is it possible that a block exists in you that prevents a relationship from starting? Is it possible that such a block made you more and more discouraged toward getting intimate with any person?

P rejects T's formulation and offers a reformulation(lines 331-339):

P: Well, you see, now even in this present time, when I've so much time on my hands, time to think, which I didn't have before, that is to think about myself--I didn't have any time before to think about myself--now I can't imagine myself being married again, which would be the logical thing to think about now when I haven't any other responsibilities or problems that I had had in the past. I can't imagine it, that I would meet someone now, someone that I could care for, which would be a wonderful thing, but I just can't conceive it. I can't imagine how I could do it, doctor.

T ignores her reformulation and makes a series of requests for more information. P responds with the following answers (lines 402-430):

P: I've met many men, but can't get interested.

P: Yes, yes (many men wanted to take me out).

P: No, no (but I can't warm up to them). I didn't believe it, and I don't know what it was.

P: (The type of man who would appeal to me is) Someone that would be understanding and sympathetic, a nice person.

P: No (I haven't met any such people). Well, I don't know, it seems to me that...well, I know some married men--and I resent that sort of thing, and I mean, that someone would think as little of you as to think that, you know, that you'd go out with them, and they were married.

P: No (my desire is not to have a pure sexual affair).

P: (My desire is to have) Someone you know that you could be with. I'm absolutely alone, because my sister is married, my brother is married, and he has his daughters, and they all have their lives, and I understand that, and I don't expect them to give me their time, because they have their interests. But I should have mine too.

P: Yes, yes (I would like to be able to have my interests too).

T formulates all of P's previous utterances into his typification of her problem (lines 431-436):

T: So it seems that you have been frustrated a good deal. You were a loving wife and were rejected. You wanted love and companionship and these were not forthcoming. You had your business on your mind to divert your attention; but after you gave that up all your frustrations piled up on you. And now nothing seems worth while.

To which P enthusiastically agrees (lines 437):

P: That's it exactly, doctor; that's exactly how it is.

The remainder of the session is devoted to arranging a time for P's next session.

CASE #3, SESSION #1

Step I: Identifying constructs and their typifications

In this case, the target construct I've chosen to track is first introduced by the therapist in line 3, "What brings you here?" The patient goes on to elaborate on "what-brings-you-here", or what she conceives to be her "problem".

<u>line #</u>	<u>target construct</u>	<u>typification</u>
4	(my problem)	everything's wrong; irritable, depressed, tense; everything gets on my nerves
15	(my problem)	my husband won't let me work
21	(my problem)	my husband makes it so miserable for me that I'm in a constant stew
40	(my problem)	my husband is a chronic alcoholic
55	(my problem)	he my husband starts nagging the minute he comes in the house
57	(my problem)	my husband only eats and sleeps in house
128	(my problem)	situation with my husband is making me unstable
175	(my problem)	my husband doesn't want to be bothered with out kids; my husband eats dinner, reads the paper and falls asleep; my husband eats breakfast then he goes and vomits;

		my husband eats breakfast on company time
256	(my problem)	my husband is always telling me I'm not good as a nurse
296	(my problem)	my husband makes going to school miserable
365	(my problem)	my husband is verbally abusive
397	(my problem)	older girl is getting tense as a result of my being stewed up all the time
404	(my problem)	I'm confused; sometimes I can't remember things I've done
408	(my problem)	I seem mixed up
418	(my problem)	I may not be emotionally grown up
507	(my problem)	I hated to grow up
545	(my problem)	I'm not adjusted
553	(my problem)	my husband is not the sole factor
557	(my problem)	remorse for the past; things I did

Discussion: In this case, we again can see a change in the patient's typification of her "problem". At the beginning of the session (until line 404) the patient claims that what brings her to therapy is the behavior of her husband, or the fact that she is worried about her oldest daughter. However, from lines 404 to 557, the patient now typifies her problem as something within herself.

Step II: Analysis of verbal resources influencing change in typifications

In the case of P and T in Case #3, T' initial elicitor is "what brings you here?" (line 3) In lines 4-6, P responds with a typification of what she conceives to be her problem:

P: (sighs) Everything's wrong I guess. Irritable, tense, depressed. (sighs) Jus'...just everything and everybody gets on my nerves.

In his response, T doesn't topicalize any part of P's description of her problem. Instead, he uses a continuer to encourage P to talk more (lines 7):

T: Nyeah.

P does not respond to the continuer and refuses to go on (line 8):

P: I don't fee like talking right now.

In line 9, T challenges P's refusal to talk (T: You don't?), but when P doesn't begin talking (short pause), he requests more information.

T:...Do you sometimes?

This time P accedes to T's request, and in line 10-11 she again typifies why she does not talk:

P: That's the trouble. I get too wound up. If I get started, I'm all right.

In line 12, T ignores her typification and tries another continuer followed by a statement giving P permission to be silent now if she wants to

T: Nyeah. Well perhaps you will.

In line 13, P avoids elaborating on her "problem", but continues the verbal interaction by requesting information from T:

P: May I smoke?

T gives P permission to smoke and then tries again to elicit information from her (line 14):

T: Sure. What do you do?

P responds to T's request and adds a typification of her "problem" (line 15):

P: I'm a nurse, but my husband won't let me work.

T's response is to request more information (line 16):

T: How old are you?

In his response, T indirectly selects out "husband won't let me work" from P's utterance and topicalizes it by implicitly building a challenge to its reality. T's request tries to establish the fact that P is in fact an adult when P accedes minimally to T's request and tells him she is "Thirty-one this December." T's follow-up question continues his topicalization of "he won't let me work" by this time clearly posing a challenge to P's typification by requesting further elaboration thereby disclaiming the self-evident nature of P's assertion (line 18):

T: What do you mean he won't let you work?

P accedes to T's request and tries to add evidence to support her earlier typification of her problem, "my husband won't let me work"? (lines 19-28)

P: Well, (clears throat) for instance I...ah...I'm supposed to do some relief duty two weeks (sighs) this month...next month, September, and he makes it so miserable for me that I'm in a constant stew. (sighs) And he says that my place is home with the children. I agree, but I wa...I need a rest. I need to get away from them. I need to be with...oh with people. I can't stay closeted up in the house all the time.

Out of P's long utterance, T does not select any of P's typification of her "problem" to topicalize during his turn at talk. Instead, he selects out only P's mention of her children and requests more information (line 27):

T: How many kids are there?

P responds minimally without elaboration (line 28):

P: Two.

T continues to request more information (line 29):

T: How old are they?

And P again responds minimally (line 30):

P: Three...five months.

By not topicalizing any of P's typifications of her problem, T rejects these typifications as acceptable accounts (to him) of P's problem. His request for more information on "children" challenges P's typification of her problem as her husband and challenges her elaboration that as a consequence "I need a rest. I need to get away from them. I can't stay closeted up in the house all the time." In effect, T's questions challenge P's assertion that two small children could be the underlying cause of her irritation, tension and depression. The "cause" in T's view, must lay elsewhere.

T responds with a continuer, "Mmmhnn", to which P

responds (line 32):

P: Oh it isn't only that. It's a million things.

Thus far, P's typifications of her "problem" make it appear the problem is either "everything" or that the "problem" is her husband, i.e., his behavior is the cause of her being in a stew and that is why she came to see a psychiatrist.

Typification #1. Everything's wrong (line 4)

Typification #2. Husband won't let me work (line 15)

Typification #3. He makes it so miserable for me I'm in a constant stew (lines 21-22)

Typification #4. It's a million things (line 32)

T is in the early stages of eliciting information with which to work. So far, P has offered several typifications of her "problem" but all her versions of the "problem" are characterized as something outside of herself. T rejects her typifications by challenging her evidence and by not topicalizing them during his turn at talk.

Then T selects "it's a million things" out of P's utterance and requests more information (line 33):

T: Tell me some of them.

In her response, P accedes to T's request and tells T "some of them" (lines 34-36):

P: Well to begin with, there are a lot of things I didn't know about him before we got married that I should have known--at least I feel I should have.

Again, T does not topicalize any of P's typification of her "problem" which is another variation on "my husband is the problem." Instead, T requests more information (line 37):

T: You've been married about four or five years?

To which P responds minimally (line 38):

P: Four years.

T responds with a continuer "Mmm" and P responds with a further typification of her husband as the problem (lines 40-46):

P: ...in November. And (sighs) I think he's a chronic alcoholic. He drinks every day, and he just can't seem to let the stuff alone. He says he can, but he can't. He never has been able to except (sighs) the one time the doctor had him on a diet and then he ate candy bars. Candy bars, I suppose he had to have sugar. But it's just I feel that it's...it's either going to ruin me or the kids or all of us. It...

Again, T does not topicalize any of P's typification of her "problem" but continues to request more information (line 48):

T: What does he do?

P again responds minimally (line 49):

P: He's a truck driver.

T requests more information (line 50):

T: One of these long distance hauls or what?

P responds with further typification of her husband as the "problem" (lines 51-55):

P: No. He used to do it. He doesn't now. They just do...ah...hauling within the state. And about mm...five or six months ago he went on trailers. Well I know it's hard but he comes home and he takes it out on all of us. He starts

nagging the minute he gets in the house.

P's utterance accedes to T's request for more information and adds further typification of her problem as her husband. P interpreted T's requests for information as challenging her typification of her problem as her husband because her husband is a truck driver and therefore, his behavior is within tolerable limits and therefore, could not be her problem. P, however, meets this challenge ("I know it's hard, but...") by giving the "incontrovertible" evidence that he "comes home and he takes it out on all of us" and "he starts nagging the minute he gets in the house."

In his response, T again does not topicalize any of P's typification of her problem, but continues to request more information (line 56)?

T: Is he away a good deal?

P uses her response to T's question to give further evidence supporting her typification of her problem as her husband (line 57-58)?

P: He eats and he sleeps in the house, and that's all there is to it. And it's an insult to me naturally.

Again, T does not topicalize any part of P's response, but resorts to another continuer, "Mmmhnn."

P continues to typify her problem by now adding the fact that she cannot solve this problem by getting a divorce (lines 60-62):

P: Once in a while he's decent. (pause) I keep thinking of divorce, but that's another emotional death. And I don't want to do it with the kids right now. They're too young.

T selects out "emotional death" and tries to topicalize it, but P refuses to accede to his demand (lines 64-69):

T: Divorce is an emotional death?

P: I think so.

T: I don't quite understand what you mean. (short pause)

P: Well it's...I think it's a...worse than death. If he died I think I'd be happy. I honestly would. (tearful)

T: Mmmhnn. I didn't understand...

Instead she chooses to continue to typify her view of her problem as her husband by stating that not only is her husband an alcoholic, but he won't get help and he won't admit it's a problem (lines 70-71).

P: (interrupting) And he won't get help. That's the trouble. He won't admit that it's any problem.

Thus far, P has continued to typify her husband as her "problem":

1. Husband won't let her work.
2. Husband makes it so miserable for her that she's in a constant stew.
3. Husband is a chronic alcoholic.
4. Husband nags the minute he comes in the house.

P states she cannot solve this problem as it is typified by her because she does not want a divorce and her husband will not change. T ignores all of P's typifications of her problem so far but continues to request more information from P about why she would not get a divorce. P is unable to come up with an account that would satisfy T and finally concludes the following (lines 120-123):

P: But I'm still generally opposed to it (divorce)...

T: Yes.

P: ...because I think that...that I can be straightened out.

T selects out "that I can be straightened out" and requests more information (line 124):

T: That you can be straightened out?

P responds minimally (line 125):

P: Yes.

T challenges what appears to be P's new typification of her "problem" as something within herself (line 126-127):

T: I didn't get the impression that you thought it was...ah...your problem.

P responds by clarifying that she has, in fact, not changed her position, and that she continues to typify her "problem" as the situation with her husband ("it's) which is "making me unstable" (lines 128-129):

P: Well it's affecting me. It's making me unstable. I never used to be like this.

And (lines 131-134):

P: Things didn't used to bother me this way. I used to be depressed. Occasionally. Sure! Who isn't? But not the way I am now. Not so that I wanted to turn on gas and jump out of the window.

And (lines 136-139):

P: Ever since I've been married (I've been depressed). And on the honeymoon he drank every night. He didn't want to go anywhere. All he wanted to do was sit in and drink. And I couldn't see that.

In lines 140-388, T continues to request information from P about her life with her husband and each time P accedes to his

requests by continuing to typify her "problem" as her husband's objectionable behavior.

T then requests the following information (lines 389-391):

T: Has anything happened recently that makes it...you feel that...ah...you're sort of coming to the end of your rope? I mean I wondered what led you...

P interrupts with a repetition of a previous typification of her "problem" (lines 392-393):

P: (interrupting) It's nothing special. It's just everything in general.

T tries to finish his question (line 394):

T: What led you to come to a...

But P interrupts again (line 395):

P: (interrupting) It's just that I...

Then T interrupts P to finish his sentence (396):

T: ...a psychiatrist just now?

P accedes to T's request with a repetition of a previous typification of her problem (lines 397-398):

P: Because I felt that the older girl was getting tense as a result of my being stewed up all the time.

T responds with a continuer, "Mmmhnn", and P continues with her typification of her "problem" (line 400):

P: Not having much patience with her.

T responds with a continuer:

T: Mmmhnn. (short pause)

But when P does not respond right away, T asks the following question (lines 400-402):

T:And how had you imagined that a psychiatrist could help with this? (short pause)

So far, P has tried to typify her "problem" as her husband's problematic behavior in that it was his behavior in its various forms that causes her discomfort. She has also typified her problem as unsolvable since she can neither get a divorce nor change her husband's behavior. Since she has typified her "problem" as something outside of herself, T questions why P is seeking help from a psychotherapist, since psychotherapists do not deal with reforming alcoholic husbands or how to get a divorce. Psychotherapists typify problems in terms of the psychology of their patients. In effect, T's question is the first tactic he uses to set up a situation of choice for P. If she continues to typify her "problem" as her husband, then T implies that she came to the wrong place for help and she should leave because he does not deal with such problems; if, however, she can typify her "problem" in terms of her own psychology, than he may be able to help her.

P responds (lines 403-406):

P: Mmm...maybe I could sort of get straightened out...straighten things out in my own mind. I'm confused. Sometimes I can't remember things that I've done, whether I've don'em or not or whether they happened.

This is not the typification T is looking for so he selects out a portion of P's response and requests more information (line 407):

T: What is it that you want straightened out? (pause)

P responds (line 408):

P: I think I seem mixed up.

In lines 409-417, T formulates all of P's previous utterances:

T: Yeah? You see that, it seems to me, is something that we really should talk about because...ah...from a certain point of view somebody might say, "Well now, it's all very simple. She's unhappy and disturbed because her husband is behaving this way, and unless something can be done about that how could she expect to feel any other way." But, instead of that, you come to the psychiatrist, and you say that you think there's something about you that needs straightening out. I don't quite get it. Can you explain that to me? (short pause)

T's formulation essentially separates P's typifications of her problem into two separate categories. Previously, P had adhered to the typification of her problem that her husband's behavior was causing her to be "unstable" and putting her into a "constant stew". T's formulation now proposes to separate P's typification into two typifications representing opposing experiences of reality which P will either have to reconcile or from which she will have to choose either one version or the other.

One version of reality is that P is unhappy because her husband is behaving a certain way; the second version is that there is something about P that needs "straightening out" or fixing, independent of what her husband does or does not do. The first choice typifies the problem as one located outside of P which is not a suitable problem for T to work on in therapy; the second version typifies the problem as one located within P's psychology and is suitable to be worked on in psychotherapy.

P responds by choosing the latter (line 418):

P: I sometimes wonder if I'm emotionally grown up.

T tries to topicalize "emotionally grown up" by requesting more information (line 419):

T: By which you mean what?

P accedes to T's request (lines 420-421):

P: When you're married you should have one mate. You shouldn't go around and look at other men.

T continues to topicalize "emotionally grown up" by selecting out "looking at other men" and requesting more information (line 422):

T: You've been looking at other men?

P accedes to T's request (line 423):

P: I look at them, but that's all.

T formulates P's utterances from lines 418 to 423:

T: Mmmhnn. What you mean...you mean a grown-up person should accept the marital situation whatever it happens to be?

And P agrees to T's formulation (line 426):

P: That was the way I was brought up. Yes.

T continues to topicalize "emotional maturity" by requesting more information (line 427):

T: You think that would be a sign of emotional maturity?

But P disagrees without elaboration (line 428):

P: No.

Puzzled, T requests more information (line 429):

T: No? So?

And P gives more information (lines 430-431):

P: Well, if you rebel against the laws of society you have to take the consequences.

T uses a continuer (Line 432):

T: Yes?

And P continues (lines 433-434):

P: And it's just that I...I'm not willing to take the consequences. I...I don't think it's worth it.

In lines 435-442, T formulates all of P's previous typifications of her "problem":

T: Mmhnn. So in the meantime then while you're in this very difficult situation, you find yourself reacting in a way that you don't like and that you think is...ah...damaging to your children and yourself? Now what can be done about that?

T's formulation leaves out all of P's typifications of her problem as her husband's drinking causing her depression and upset. T categorizes these typifications as "this very difficult situation". T's formulation also transforms P's typifications of her "problem" that it's "(my husband's drinking) making me unstable" and "it's (my husband's drinking) going to ruin me or the kids or all of us" into a problem within ", i.e., "reacting in a way you don't like." Also, T does not wait for P to accept or reject his formulation of her problem, but instead adds an open ended question to his formulation. If P answers T's second question by giving her version of "what can be done about that" it indicates that she has accepted (at least for the moment) T's typification of "that" in his question (which represents his formulation of her problem).

In fact, P does respond to T's question which

indirectly accepts T's formulation, but she does not accede to his request about how to solve her "problem" as it was formulated by T (line 439):

P: I dunno. That's why I came to see you.

T suggests an answer to his own question (lines 440-442):

T: Yes. I was just wondering what you had in mind. Did you think a psychiatrist could...ah...help you face this kind of situation calmly and easily and maturely? Is that it?

Again, embedded within T's question is the assumption that P's "problem" can now be typified as "this situation".

P does not definitively accept T's solution to her problem which at the same time rejects his typification of her problem as "this situation". Instead, she continues to typify her problem as her husband and that so far, she has not been able to find a solution to her "problem" but she feels talking to a psychiatrist may be helpful because he is not "emotionally involved" and will not "gossip" about her to others (lines 443-457):

P: More or less. I need somebody to talk to who isn't emotionally involved with the family. I have a few friends, but I don't like to bore them. I don't think they should know...ah...all the intimate details of what goes on.

P: It becomes food for gossip.

P: Besides they're in...they're emotionally involved because they're my friends. They tell me not to stand for it, but they don't understand that if I put my foot down it'll only get stepped on.

P: That he can make it miserable for me in other ways.

P:...which he does.

Again T tries to formulate P's typification of her problem in

psychological terms (lines 458-459):

T: Mmmhnn. In other words, you find yourself in a situation and don't know how to cope with it really.

P agrees that she doesn't know how to cope with "it" thereby accepting the typification of "it" as "a situation" (line 460):

P: I don't.

This time T formulates P's problem as within herself but in terms more acceptable to P:

T's previous formulations

T's new formulation

1. You're reacting in a way you don't like.

} You're in a situation you don't know how to cope with.

2. You're reacting in a way damaging to your children and yourself.

T continues with his formulation of P's problem and it's solution (lines 461-463):

T: You'd like to be able to talk that through and come to understand it better and learn how to cope with it or deal with it in some way. Is that right?

T no longer refers specifically to a "situation" in his formulation. The "situation" has been transformed into the more ambiguous pronouns of "that" and "it" which could have an infinite number of more specific typifications. In this way, T has transformed P's numerous typifications of her problem as her husband into "this very difficult situation" (line 436), to "a situation" (line 458), to "that" and "it", thereby decreasing the specificity and increasing the range of

typifications possible of P's "problem". In this way, T and P can verbally be in agreement, even though the typifications to which they adhere are not at all in agreement.

This time P accepts T's formulation of her problem and adds an elaboration of T's solution to the "problem" (line 64):

P: I'd like to know how to deal with it more effectively.

T selects out "deal with it", formulates her utterance, and requests that she elaborate on that aspect of it (lines 465-466):

T: Yeah. Does that mean you feel convinced that the way you're dealing with it now...

And P interrupts but accedes to the request (line 467):

P: There's something wrong of course.

T uses a continuer which invites P to continue on the topic of "deal with it" (line 468):

T:...something wrong with that. Mmmhnn.

P does not elaborate but merely repeats her statement (line 469):

P: There's something wrong with it.

T now tries again to get P to specify her typification of "it" (lines 470-472):

T: But then I'm not quite clear. Does that mean that you think that if you behaved in the...the right way or whatever way, that you could get your husband to change?

So far P has typified her "problem" in two distinct ways: 1) her problem is her husband's behavior which causes her to be depressed; and 2) the "problem" lies within herself and she

needs to be straightened out. T's question gives P the choice of accepting or rejecting the first typification of her "problem".

P rejects the first typification of her problem as her husband's behavior and typifies her problem as within herself (lines 473-474):

P: No, I don't think I could get him to change. But I think that I wouldn't be so nervous and upset myself.

T responds by formulating P's typification (lines 475-476):

T: Uhn. You think it wouldn't upset you so. You'd find some way of managing it.

T's formulation selects out the second part of P's utterance and again condenses P's various descriptions of her husband's disturbing behavior into the pronoun "it" thus removing much of the negative connotations that P gave it in her previous typifications.

P agrees with this formulation but with some reservations (line 477):

P: I think so.

In lines 478-492, T continues to attack P's previous typification of her problem as her husband's behavior by reviewing with her how she has tried to fix her "problem" by getting her husband "straightened out" and that she has been unsuccessful in this endeavour. So far, T has been unsuccessful in transforming P's typification of her "problem" into psychological terms. The closest he could get her to agree to is that she is in a "situation" with which she is

dealing ineffectively and that she would like to find some way of managing "it".

Beginning in lines 493-503, T tries a different tactic and makes a new topical invitation:

T: I notice you've used a number of psychiatric terms here and there. Were you specially interested in that in your training, or what?

First, T points out P's use of psychiatric terms. Then he suggests to P that this puts her into a category indicating she was interested in and had some training which would allow her to use these terms. P topicalizes T's invitation and responds by confirming that she belongs to this category (line 496):

P: Well, my great love is psychology.

P goes on to add that not only is psychology her "great love", but that she took three courses in psychology as part of her nurses training. Now that P has typified herself as a person educated in psychological language, T requests that P typify her own problem in psychological terms (lines 503-504):

T: Mmmhnn. Well, tell me...ah...what would you say if you had to explain yourself what is the problem?

Right now P is trapped. She has already accepted her category status as a person trained in psychology by stating not only that she took several courses in psychology, but that psychology was her "great love". This implies that she didn't just learn about psychology, she accepted the ethos of psychology as well. To avoid T's demand to typify her problem in psychological terms P would have to:

- 1) not talk
- 2) leave the session
- 3) deny she had psychology
- 4) take back the fact that psychology was her "great love"

P tries to not accede to T's demand (line 505):

P: You don't diagnose yourself very well, at least I don't.

But T repeats his demand (line 506):

T: Well you can make a stab at it. (pause)

After trying silence, P finally accedes and typifies her problem in psychological terms (lines 507-534):

P: Well, for one thing I hated to grow up. I remember when I was twelve I was on the beach and I had the top of my suit down, and we were playing in the sand, all five of us. And my mother said, "You must put your top up. You're a big girl now." Well, I had...my breasts had started to grow then. And I remember how I resented it. And I resented the fact that I wasn't a boy because my mother wanted a boy. I tried to be a boy. I tried to...well compete with them. And I hated them because they always beat and...you know, at their games, at their sports. So then whenever one aggravated me, I tried to beat him up, which I usually did. And I remember I didn't want to go out with them because I didn't like any of them my age. Well, there weren't too many. It was a small town. And I resented the fact that they were a little bit too...ah...well they wanted to be intimate and I resented that. I didn't like to be pawed and petted. And then I finally was roped into it. My si...the sister next to me wanted to go out, and in order for her to go out I had to go along on the double date. And she begged and pleaded with me. And so I said all right I'll go with her, but the boy that I went with never danced. And he was strictly a clod. And I didn't like him. I only went out with a couple from home. And then I went to the city to work. I took care of a mentally deficient child before I went in training, for four months. And I started to go out with men. I don't even remember how I met half of 'em. I guess I picked the first one up, or he picked me up. And I started to drink, and I got so I drank quite a lot over a period of years. Now I don't touch it. I'm afraid of it. (short pause.)

T requests that P make a connection between her long utterance about her psychological typification of her problem and what brought her to therapy (lines 534-535):

T: And you don't regard your husband as being the difficulty?
You think it lies within yourself?

P now typifies her "problem" in psychological terms that she is not "adjusted" (lines 536-538):

P: Well, I wasn't adjusted then. I feel that I've come a long way, but I don't think I'm still...I still don't feel that I'm adjusted.

T sets up a reality disjuncture between P's typification of her problem as her husband's behavior and P's typification of her problem as psychological and requests that P choose between the two realities (lines 539-540):

T: And you don't regard your husband as being the difficulty?
You think it lies within yourself?

With some hesitation, P chooses the latter (lines 541-549):

P: Oh he's a difficulty all right, but I figure that even...ah...had...if it had been other things that...that this probably...this state...would've come on me.

T: Oh you don't think so.

P: I don't think he's the sole factor. No.

T: And what are the factors within...

P: I mean...

T: ...yourself?

P: Oh it's probably remorse for the past, things I did.

T is beginning to make progress in getting P to typify her problem in psychological terms. However, P continues to resist as when she provides a new topical invitation in response to his request for her to elaborate on "things I did" (lines 552-553):

P: (pause; moves around; pause) I've had one psychiatric interview before, but it wasn't anything like this.

And T accepts the invitation (lines 554):

T: Where did you have that one?

After several exchanges on this topic, T proposes to bring the topic back to "remorse for the past" (lines 575-576):

T: Yeah. What is this thing you had so much remorse about. (pause)

P accedes to T's request (lines 577-587):

P: It seems to me I'm going around in circles. In nineteen forty-six I met a man. He was married, but I loved him anyway. I became pregnant. I left him first. Went to the -- to get away. And then I came back, and I saw him once again. That's when it happened. I was pregnant when I met my husband. He offered to marry me, and I said I didn't want to. And I didn't think it was fair to marry a man under these circumstances. At the end of the fourth month I lost the baby. Two months later I married him. I always felt that he held that little bit of information above my head, that he'd blackmail me if he didn't get his way.

T uses a continuer (line 588):

T: Mmm.

And P continues (line 589):

P: And I guess that's why I married him.

T selects out from P's utterance in line 586-587, "didn't get his way" and requests elaboration (line 590):

T: If he didn't get his way in what?

P elaborates (lines 591-592):

P: He wanted me to marry him, period. He just wanted a wife like the rest of the fellows. They all had wives.

T uses a continuer (line 593):

T: Yes?

And P continues (lines 594-595):

P: He wanted a home and he wanted kids. Just sort of like people want cars and televisions.

T formulates P's complaint and requests confirmation/denial (line 596):

T: Yeah. So you thought he'd hold this information over you?

P confirms (line 597):

P: I did. I still do.

In response to P finally typifying her "problem" in psychological terms, T concludes P is a suitable person for psychotherapy (lines 598-608):

T: Mmm. How come it took you so long to tell me that?

P: It's hard for me to talk about.

T: Sure it is. I know. I'm real glad you did tell me. Got a lot of things on your chest you think you need to get off? (short pause) Yes I think you should be talking to somebody. Ah...I don't know if they explained to you that we have this initial interview, and then there's a...an intake conference where we consider the suitability of the person for psychotherapy. And I'm sure that you can benefit with psychotherapy. It's just a question of how soon we can take you. And I'll try to see that you get in as soon as you can.

At the end of the session, P agrees to let a social worker contact her for the next visit (lines 640-642):

T: Mmmhnn. All right then, you'll be hearing from a social worker.

P: Thank you.

CASE #4, SESSION #1

Step I: Identifying constructs and typifications

In this case, the target construct I've chosen to track is introduced by the therapist when he asks the patient if she is "completely satisfied with her 'present life'". (Ellipses appear in parentheses.)

<u>line #</u>	<u>Targeted construct</u>	<u>typification</u>
3	(present life)	(completely satisfying)
15	(some areas of life)	(not completely happy)
18	(present life)	(not satisfactory in every area)
20	(present life)	don't go out much; don't go out with boys
23	(present life)	don't desire to go out; get tired
26	(present life)	would like to go out more
34	(present life)	(something holds me back)

Discussion: In this case, the patient never states explicitly that she is describing her "present life" but her typifications can be inferred when she answers "yes" and "no" to the therapist's questions. In this case, there is a change in typification from line 3 where the patient describes her life as "completely satisfying", to line 18 where she describes it as "not satisfactory in every area", to line 34 where she agrees that "something holds her back".

Step II: Analysis of verbal resources influencing change in typification (see attached transcript of Case #4, Session #1)

In the case of P and T in Case #4, T's initial elicitor proposes the construct to be elaborated upon, which is the patient's "present life". T asks P if she could typify her life as "completely satisfying" (line 1):

T: Are you completely satisfied with your present life and adjustment?

P responds in line 3 with a confirmation of this typification.

P: Yes.

In lines 4-5, T then makes a formulation, coming to the conclusion that if P is satisfied with her life than she would not want psychological treatment:

T: It's very gratifying to be well satisfied. Understandably you wouldn't want any treatment if there is nothing wrong.

P confirms this formulation in line 6:

P: No.

In lines 7-8, T tries to elicit information from P about her "present life" by asking a question:

T: Your mother thinks you ought to get treatment. I wonder why? P responds in line 9 with no elaboration of the construct.

P: I don't know.

T continues to probe in line 10-11 with another formulation

which P disconfirms in line 12 and to which she adds no elaboration or reformulation.

T: Maybe you're angry that she sent you here, if you didn't need treatment.

P: I'm not angry.

In lines 13-14, T tries to set up a reality disjuncture by proposing an alternate view to P's assertion that she is satisfied with her present life.

T: But there must be some area in which you aren't completely happy?

After P's hesitating response ("Well..."), T again poses a question to P (lines 16-17):

T: Are you satisfied with the way everything is going in every area of your life?

This could be conceived as a difficult question for anyone to answer honestly in the positive, and in fact, P now answers negatively, although hesitatingly, to this question (line 18):

P: No, not exactly.

Now that T has gotten P to characterize her life as having some problems, he uses the technique "Mm hmmm" which is intended to elicit more information from P. P complies in lines 20-21 and now characterizes her life as one in which she doesn't go out much, especially with boys:

P: It's that I don't go out much, not much. I don't go out with boys.

T then selects the topic "go out" out of her utterance and ask P to elaborate on it:

T: I wonder why (you don't go out with boys)?

P responds in her next utterance (lines 23-24) with a further elaboration of her present life:

P: I don't know. I don't have a desire to go out. I mean the energy. I get tired.

T continues the topic of "go out" by asking P if she would like to go out more (line 25):

T: Would you like to want to go out more?

To which P answers in the affirmative:

P: Yes.

T then formulates P's statements about her present life from lines 18-27 as a problem which could be worked on in psychotherapy if she would like to work on it:

T: Well, if you really would like to work with me on that, maybe I could help you with it.

P does not confirm or disconfirm this formulation, but avoids the issue by trying to elicit information from T by asking a yes/no question:

P: But could you do anything to make me want to go out?

To which T answers "no" and adds an elaboration of how therapy can help her. In his answer, T also asks P again if she "is interested" in exploring "this area" (lines 31-33):

T: I wouldn't make you do anything, but if you were interested, we could explore this area and find out what it was that held you back.

P answers affirmatively with some reservation:

P: I think I would like that, if you could do it.

In this case, the therapy continued over a period of time.

CASE #5, SESSION #1

Step #1: Identify constructs and typifications

In this case, the target construct I have chosen to track is introduced by the therapist when he says, "Tell me Ms. S., what brings you here?" (Ellipses are in parenthesis.)

<u>line #</u>	<u>targeted construct</u>	<u>typification</u>
2	(what brings me here)	have not been able to sleep lately
5	it's	just the last little while
11	it	did not have trouble relating to sleep from earliest childhood on
168	(what brings me here)	would like to be able to fall asleep

Discussion: In this case, there is no change in the typification that patient communicates of "what brings me here". In line 2 "what brings me here" is that she has not been able to sleep lately. In line 168, "what brings me here" is that she would like to be able to fall asleep.

Step II: Analysis of verbal resources influencing change in typification

In the case of T and P in Case #5, Session #1, T's initial elicitor suggests a construct to P of which T would like elaboration:

T: Tell me Ms. S, what brings you here?

P responds by elaborating on the construct "what".

P: I haven't been able to sleep lately.

T responds with a question which offers two alternative elaborations of "haven't been able sleep" to which P can respond:

T: Is this (haven't been able to sleep) only lately or have you been having difficulty sleeping for many years?

P chooses the first alternative:

P: No. I's just the last little while.

In lines 6-10, T attempts to set up a reality disjuncture on this issue by challenging how P just characterized "haven't been able to sleep". He states that her assertion is "unbelievable" because her mother states that she has had "great difficulty falling asleep from earliest childhood on."

P can now choose between her typification of "reality" or T's alternate typification of "reality". In line 11, P chooses to stick to her typification of reality:

P: Well, I don't remember it that way.

However, T does not give up his version either. He allows her to "remember" it that way, but continues to insist that her mother informed him that she has had "difficulty falling asleep from earliest childhood on." (lines 12-14)

P continues to insist that she "remembers" differently. To counter this, T now states (lines 12-14) that, not only does her mother not support this typification of "reality", but that her father also does not support it:

T: That's not what you're mother and father, I had your mother and father here together with you and that's not what they say.

P tries to counter this with a question to T as to why he considers her mother's typification as more authoritative than her own:

P: Why do you believe my mother and not me?

In lines 16-18, T states that her mother's typification is the authoritative one because her mother was there when she was small and that all P knows about herself is what her mother and father tell her. P rejects this evidence, however, and continues to insist on her typification that there were times when she slept very well. T repeats his evidence that this is not what her mother and father say and P continues to assert her typification as true when T interrupts P with the following formulation (lines 23-28):

T: (interrupting) But one thing we are getting aware of something. You're a stubborn, contrary person. You would like to have it your way. Ah, you insist that it should be, that it should be that way you say it is and we have evidence to the contrary that, by the way your sister, a lawyer, has said the same thing.

With his typification of P as a stubborn, contrary person he tries to assign "faults" to her in handling her perceptual account of whether or not she slept well as a young girl. T attempts to fault her as a cognitive processor of her

perception as well as a person with special motives (to be contrary) to make her false perceptual claims. T also adds her sister, a "lawyer", as another person to attest to the "fact" that she did not sleep well as a young person.

This reality disjuncture persists to the end of the session with neither side giving up their typification of "reality". P continues to insist that "what brings her to therapy" is the fact that she cannot fall asleep. In her view, this is her problem and this is what she wants to work on in therapy. (line 170)

P: That's (to be able to fall asleep--line 168) what I would like therapy to do for me.

T is unable to convince P that her version is faulty and proposes that in fact this shows that she is a "contrary" person and this is "what brings her to therapy. This is her "real" problem upon which she should work. (lines 173-177)

T: Psychotherapy is a method of helping you to understand the unconscious reason if humanly possible. The way you go about it you don't want to understand unconscious reasons. You want to be Miss Contrary. You fight with your therapist in the first session.

Each party presumes themselves to be in possession of the truth, each "disputant is armed with the diagnostic apparatus to explain away the veridicality of the other's conflicting experience".⁴

This is an example of a disjuncture that resists.

⁴ Melvin Pollner, "'The Very Coinage of Your Brain': the Anatomy of Reality Disjunctures," Philosophy and Social Science 5, (1975): 418.

being dissolved. If consensual resolution is to be achieved, one of the protagonists would have to abandon the use of their experience as the incorrigible grounds of further inference. Relinquishing faith in the validity of either's experience would require an "existential leap", a leap without logical or empirical foundations "because it is a leap from and to such foundations".⁵

When the therapist's version of what really happened is treated as the privileged version, therapy then becomes the search for the psychological mechanisms, which unknown to the patient, have led her to produce a spurious world. If the patient does not accept the therapist's version, than the disjuncture persists, and there is not change in typification of the construct, "What brings you here?".

⁵ Ibid., 419.

CASE #6, SESSION #1

In this case, the target construct I will track is introduced by the therapist when in line 4 he asks, "Why are you interested in psychotherapy?" and P responds by trying to describe what he sees as his problem.

<u>line #</u>	<u>target construct</u>	<u>typification</u>
5	(my problem)	trouble with love life
12	(my problem)	don't know where to go from here
15	(my problem)	doesn't seem like a wonderful relationship
45	(my problem)	want to get married and settle down
65	(my problem)	how to get E-- to marry me
130	(my problem)	haven't said the right words to get E-- to marry me

Discussion: In this case, there has been no change in the patient's characterization of what constitutes his "problem". His typification begins with "trouble with his love life" and ends with "trouble" in the sense that he cannot say the "right words" to get E-- to marry him. T's attempt to get P to change his typification of his "problem" are unsuccessful as the following analysis will show.

Step II: Analysis of verbal resources influencing change in typifications

In the case of P and T in Case #2, T's initial elicitor is his question in line #4 asking P why he is interested in psychotherapy. P responds by typifying his interest as "having some trouble with my love life."

In line 7, T tries to elicit more material on this typification:

T: Would you elaborate on it?

P responds by typifying his "interest" as having a wonderful relationship but not knowing where to go (lines 8-13).

P: Well, I'm in love with this wonderful woman, E--, and she lives in Other Country, and I don't get to see her very much. I just think about her all the time, and I don't really know whether to marry her and bring her to Eastern City, or what. We have such a wonderful relationship but I don't know where to go from here.

Out of these lines, T selects out "go" and requests P to talk more about it (line 14).

T: Where would you like to go?

P responds in line 15 by stating that his relationship doesn't seem so wonderful.

In lines 16-17, T sets up a reality disjuncture as to whether the relationship is typified as a "wonderful relationship" or whether is "not a wonderful relationship."

T: Well, make up your mind. Is it a wonderful relationship or isn't it a wonderful relationship.

Beginning in lines 18-19, P begins to present his evidence for

it being a "wonderful relationship" because:

- 1) She's (E--) is an ideal woman
- 2) She's (E--) got everything he wants in life

In line 20, T selects out P's second piece of evidence and asks him to elaborate on it?

T: What does she have you want in life?

P responds in line 21 by saying "She's sweet".

In line 22, T asks P to repeat what he said and in line 23 P complies. In line 24, T selects out the word "sweet" and reinforces it. In line 25, P agrees again that "sweet" is the evidence he gives for it being a "wonderful relationship" and in line 26 T repeats again what P says.

T: I don't know anything. You say she's sweet.

In line 27, P continues his evidence that he has a "wonderful relationship".

P: Yes. And um, she's just very nice. I don't know what it is about her, but, it, I just think about her all the time.

In line 29, T tries to elicit more information on P's "wonderful relationship":

T: When did you see her the last time?

P complies by stating (line 30):

P: Well, we haven't seen each other for two years. We've 31 been writing to each other.

In line 32, T restates P's utterance and in line 33, P confirms

that that is what he said.

In lines 34-36, T uses this information P gave to challenge P's evidence given in lines 18-19 that he has a "wonderful relationship":

T: You actually haven't seen each other. And you think you have a sweet, wonderful relationship but you haven't seen each other for two years?

However, in line 37 P does not accept that the information he gave about his relationship (haven't seen each other in two years) in any way contradicts his typification of it as "wonderful". In lines 38-39, T tries to continue his challenge, but P interrupts him and tries to reconcile the disjuncture between "not seeing for two years" and "wonderful relationship". In lines 43-44, T interrupts P to challenge again his typification of his relationship with E-- as "wonderful":

T: Now, how does this jive with you. You don't see her, you haven't see each other, ah...

P: Well, you know it's like one of those old fashioned relationships when you write to each other. It's a correspondence, you know when...

T: Well, would that satisfy you, just having a correspondence with this woman in Other Country?

In line 45, P indirectly says "no" and that he really wants "to get married and settle down." In lines 46-47, T asks P what evidence he has that E-- wants to marry him. P responds in line 48 that his evidence is that she love him. In lines 49-50, however, T rejects this as adequate evidence that she wants to marry him.

T: Of course, you can love each other without getting married and settling down.

In lines 51-52, P states that he believes "loving him" is evidence that E-- wants to marry him. In lines 53-57, T comes to agree that if two people love each other they should "be

together", however, in lines 59-60 he challenges P's assertion that this is the typification of his own situation.

P: Well, I don't see it. I really think if two people love each other they should get married.

T: You bet they should. If they love each other they should get married...

P: And be together.

T: And be together and be full of love and affection. It just doesn't apply.

However, in line 61, P rejects T's reasoning and simply states that it doesn't matter that they are apart. In line 65, P typifies his "problem" now as "how to get E-- to marry me." And in line 66, T challenges this statement by stating:

T: She doesn't want to marry you.

Then P turns the tables and asks T for his evidence to support this statement (line 67):

P: How do you know that?

In lines 68-70, T gives his evidence supporting his assertion:

T: Because she doesn't come and marry you. We have no evidence whatsoever that she picks up the phone, or you pick up the phone and say, "Dear E--, let's get married."

This time, in line 71, P challenges T's evidence for his statement:

P: Well, you just don't do things that way.

In lines 72-73, T requests P to tell him how he would ask someone to marry him, but P refuses to comply stating he cannot because he has no experience and does not know how to do it. In lines 89-91, T again states the reality

disjuncture as he sees it:

T: It's a very peculiar way of relating. Having a girlfriend in Other Country and not having met for two years and you claim you want to marry her.

In line 92, P again states that this woman loves him and in lines 93-99, P and T repeat their points of view on the disjuncture.

T: Of course she loves you. I made a clear distinction between love and marriage.

P: Yes, but if a person loves you they want to marry you.

T: Now, that's one who doesn't...

P: Doesn't want to marry me?

T: Yes, doesn't want to marry me.

P: She wants to marry me.

Beginning in line 100, T begins to add evidence to strengthen his point of view that E-- does not want to marry P. He begins by trying to elicit more information from P:

T: Have you called her on the phone?

P complies with the request (line 101):

P: Yes, but she wasn't home.

And again (line 102):

T: Have you spoken to her mother and father?

To which P complies (line 103):

P: No.

In lines 104-105, T introduces new evidence to demonstrate that his view of the situation is the correct view of reality and challenges P's view as "fantasy". T's strategy is to add other people on his side of the disjuncture.

T: Oh, But I spoke to her father and mother and they say that the whole thing is in your fantasy.

However, in line 106, P continues to reject T's version of reality and T repeats his assertion:

P: No. That's impossible.

T: No. It's not impossible. They said so. I spoke to them in Other Country and they told me that she has no interest whatsoever in marrying you.

In line 110, P repeats his evidence that E--loves him and wants to marry him but in lines 113-114, T responds by avoiding going through this again and instead he suggests that P call E-- to settle the matter.

T: That's not what we're talking about. But we're talking about...you want to call her right now?

P counters by stating she would not be at home anyway. In lines 116-122, T tries to get P to call E-- and each time P has a reason for not doing so. In line 123, T suggests another topic for P to respond to or not:

T: You notice how your mind works?

P refuses to elaborate on this proposed topic and in lines 126-127, P begins to repeat his view that he's in love with E-- and wants to marry her but T interrupts by trying to restate his view that E-- does not want to marry him. P responds by interrupting with his point of view.

P: My mind works that I'm in love with E-- and I want to marry her and...

T: (interrupting)...and E-- has not shown, for practical purposes...

P: (interrupting)...yeah, she's shown me that she wants to marry me too, but I haven't said just the right words to make

it happen. I haven't...

In line 133, T selects out "right words" out of P's previous utterance and asks P to elaborate:

T: And what would the right words be, Abra Kadabra?

In line 134-135, P elaborates on his idea of "right words". Lines 136-141 are a continuation of P's typification of "right words".

In line 142, T begins to formulate his typification of P's "problem". In this case the roles are reversed and P is trying to elicit information from T on his typification of P's "problem".

T: Well, you have a problem. It cannot be solved analytically.

P: Why not?

T: Because it's not an analytic problem.

P: What kind of problem is it?

T: It's a mental illness problem.

P: What do you mean, mental illness problem?

T: I mean it is an expression of mental illness. We have no evidence that this woman wants to marry you. Until I don't get in writing from her a letter saying, Dear Dr. H--, I would like to marry Mr. A, I insist I cannot deal with this. In fact I sent you to Dr. T-- who says that your problem is a psychotic problem and might be able to be solved by medication. He does not believe that you problem is a marriage problem. So I cannot see you.

T's formulation refuted P's typification of his "problem" as a "marriage problem". He used as evidence that there was no evidence that E-- wanted to marry P and he used Dr. T-- as another person who supported his view of the disjuncture. In

this case, T was not successful in persuading P to accept his view of his problem as being psychological in nature and therefore, felt he could not help him. The reality disjuncture was solved by the separation of the conflicting parties since neither party to the disjuncture were willing to give up their view.

CASE #7, SESSION #1

Step I: Identifying constructs and their typifications

In this case, the patient introduces the target construct by stating that he believes his "illness" is a bona fide narcolepsy.

<u>line #</u>	<u>target construct</u>	<u>typification</u>
6	my illness	bonafide narcolepsy
204	my main trouble	sleeping; sleeping too many hours a day; sleeping 15-18 hours a day
218	what's-the-matter-with-me	can't stay awake
356	my narcolepsy	the things I didn't do, that I could have done is beyond anything to do with my illness
407	why-I-came-here	things I'm talking about have nothing to do with my illness
415	my illness	these things that are on my mind have no bearing upon...

Discussion: Typification of the target construct, in this case the patient's "illness", has not changed from the opening of the session in which the patient describes his illness as narcolepsy, sleeping too many hours, can't stay awake. He goes on to state that in fact the reason he came to the hospital has nothing to do with the things that he is talking

about in the session.

Step II: Analysis of verbal resources influencing change in typification

In the case of T and P in Case #7, T's initial elicitor is in the form of an open ended question and functions as an invitation for P to talk about "things" in his life:

T: How are things going, Mr. L...?

P responds with a very long utterance typifying his "illness" as a "bona fide narcolepsy" which he got while being in the Army. In line 42, T does not select anything out of P's long utterance for P to elaborate on and possibly establish as the topic of talk. Instead, he asks:

T: How about the spine?

P responds by telling him "about the spine" (lines 43-48):

P: Well, I'm on the fence as far as a couple of the tests are concerned, i.e., as far as the pneumoencephalogram and the spinal tap are concerned. I've always been afraid of letting any--uh--anybody, uh, monkey with my spine. It's just one of those things, you know. I don't want anybody sticking things into my back.

T responds by selecting out "always (been afraid)" and asking P to elaborate on it:

T: What do you mean always (been afraid)?

P responds by typifying "always" being afraid (lines 50-53):

P: Well, there was a neuropsychiatrist who wanted to do it to me, uh--and--uh, he worked on me for three or four months trying to talk me into it. He insisted that I go through it, and I stopped seeing him. I had no confidence in him at all.

T responds by formulating what P said in utterance and posing it as a question:

T: You were afraid of him?

P confirms the formulation:

P: That's right.

Since P agreed to his formulation. T now uses his as a topic to pursue and asks for P to further typify what he is afraid of (line 56):

T: Afraid of what?

P responds by typifying "what":

P: Well, uh, I know, uh, that it used to be quite a difficult thing and now it's got to be a--a real science, a sort of 1-2-3 thing; but I just don't like, uh, any trouble of that kind.

T responds by selecting out "trouble" and asking P to elaborate on it (line 60):

T: What do you mean trouble?

P responds by typifying "trouble" (lines 61-66):

P: Well, I know that there are possibilities if something slips or goes wrong, well, there are possibilities of things happening to me that, uh, might be a hell of a lot worse than, uh, what I'm like now. (pause) And it's one of those things that I have a fear of. Yes, sir, I have a fear of it and that's just the way I am.

T responds by selecting "things happening to me" out of P's utterance and making a formulation (line 67):

T: You've always been afraid of things happening to you?

P confirms this formulation and gives evidence why

he would be afraid of things happening to him (lines 68-70):

P: Yes, just one slip of the wrist and there you are with complete paralysis. Then you'd be in a fine fix flat on your back.

The verbal exchanges between T and P continue in this pattern almost to the end of the interview. This pattern can generally be stated as:

T: Selects something and requests typification of it or T: Formulates

P: Typifies what T selects P: Confirm or disconfirms with elaboration

T: Selects something new and typifies it T: Selects something out of typification and requests further typification

P: Typifies P: Typifies

However, in P's final response to T's request for typification of a selection ("What do you mean?--line 400), P refuses to comply. In a long reply (lines 401-429), he rejects all of T's typifications and formulations as applying in any way to his "illness" ("...it has no bearing upon my illness), sticks to his original typification of his illness which is a "bona fide narcolepsy" and leaves the office never to return.

CASE #8, SESSION #1

In this case, the target construct I have chosen to track is introduced by T in lines 1-4 when he requests that P "tell us something" about his problem.

<u>line #1</u>	<u>target construct</u>	<u>typification</u>
6	(my problem)	doubtful there is something wrong with me
10	(my problem)	don't know if there's anything wrong with me
18	(my problem)	don't have any symptoms; feel pretty good
22	(my problem)	used to have headaches; don't have them now
29	(my problem)	got kind of disgusted; quit my job
62	(my problem)	used to lose interest in work, get careless, get headaches
152	(my problem)	used to work six months, get careless at work, get headaches
159	(my problem)	getting the headaches all the time
162	(my problem)	noticed headaches six months after getting home
165	(my problem)	having headaches for quite a while
170	(my problem)	headaches not from working
187	(my problem)	headaches in forehead
570	(my problem)	one mouthful would come up

625	(my problem)	don't have it any more
649	(my problem)	I need no help
672	(my problem)	had headaches before I came to VA; feel alright now

Discussion: In the beginning of this session, the patient typifies his problem as being doubtful that there is something wrong with him. At the end of the session he continues to claim that there is nothing wrong with him, so that there has been no change in the typification of the target construct, his "problem".

Step II: Analysis of verbal resources influencing change in typifications

In the case of P and T in Case #8, T's initial elicitor is his direction in line 1 to P to "tell us something" and the continuation of his elicitor in line 4, "to help you":

T: Perhaps you can tell us something because it is already several weeks since you were here. Isn't it?

T: So we might find something to help you. If you want.

P accedes to T's request to "tell us something...to help you" and P begins to typify his "problem":

P: Well, I was rather doubtful when I came in here whether there was something wrong with me or not, and I still am so--there hasn't been much change.

T selects out "doubtful" and asks P to elaborate:

T: Doubtful?

P accedes to T's request to elaborate on doubtful:

P: Well, I don't know whether I should have come here in the first place or not. I don't know if there is anything wrong with me. Probably there isn't. Maybe I'm just wasting my time here.

T first selects out "just wasting my time here" and requests P to elaborate, then T continues to topicalize "doubtful" by requesting more information from P:

T: Because? Why doubtful now?

P does not answer:

P: Well...

T challenges P's reluctance to talk:

T: Oh, you can talk quite openly here.

P accedes to T's request and topicalizes "wasting time" and "doubtful":

P: Well, I've seen a lot of fellows on my ward who are actually sick and they can't sleep and they are throwing up. I myself, I don't have any of those symptoms and I feel pretty good and I'm beginning to wonder probably there is nothing wrong with me, and I shouldn't have come at all.

T formulates P's utterance into:

T: Because, you mean, if you would throw up you would know why you should come.

T's formulation ignores P's typification of his "problem" as "feel pretty good" and tries to topicalize "throwing up".

P accepts T's formulation:

P: Yes, when I came, I used to have headaches but I don't have them now. About a week ago I had a couple of headaches. They have gone again, and they don't hurt so much that I can't work. I mean I could work if I tried hard enough.

T selects out "work" and asks P to elaborate:

T: What do you mean, work?

P accedes to T's request and elaborates on "work":

P: Well, it used to bother me quite a bit when I'd be working and I quit my job. They would stick me for a couple of weeks and I got kind of disgusted. I quit my job.

T selects out "disgusted" and asks P to elaborate:

T: What do you mean, disgusted? In what way?

P accedes to T's request and elaborates on "disgusted":

P: Well, I found it hard to keep my mind on my work when I got the headaches.

T continues to topicalize "disgusted" by formulating P's utterance about "disgusted":

T: And that disgusted you?

P disagrees with T's formulation and elaborates on the topic:

P: No, but I--I don't know, I'd just get tired of my work so I quit. Probably it was not the headaches that bothered me, but I usually quit my job because I got tired of it.

T continues to topicalize "disgusted" by formulating P's utterance:

T: Because you were disgusted?

P disagrees with T's formulation and elaborates on "disgusted":

P: Well, because I didn't have any interest in my work, and I started getting sloppy in my work and I started making mistakes. Usually I had jobs where I could cause a lot of damage if I wasn't on the ball, and I was afraid of making a bad mistake and either hurting someone or maybe even myself.

T requests that P formulate his previous utterance:

T: What do you mean?

P accedes formulating his previous utterance:

P: Well, this last job I had, I was repairing automatic oil burners, and toward the end I was getting rather careless and I made quite a few mistakes, and I tried to get out of it but I couldn't seem to do it so I quit before I blew up a house or something.

T tries to topicalize "blew up a house" by requesting more information:

T: That would be possible?

P agrees to topicalizing "blew up a house" by giving more information:

P: Oh, yes. I know toward the end there--when an oil burner is running, the first thing you are supposed to do is check the fire chamber to see if there is any oil in it, to see if it had been flooding, and I got so I didn't care if it flooded or not, I'd just start it up and there would be quite an explosion. Oh, I never caused any real damage but I know if I kept it up long enough some day I would blow up somebody's house.

T makes a formulation of P's previous utterances, suggesting there is a connection between his typification of his work and his feeling disgusted?

T: And you were disgusted then with yourself?

P agrees contingently:

P: (long pause) Maybe.

T continues his previous formulation but when that fails to elicit a response from P, T requests that P formulate his utterance:

T: That you quit? (long pause) Is that what you mean?

P accedes to T's request and formulates his previous utterance about "disgusted":

P: Well, I couldn't see why I always lose interest in my work, why I get careless all the time, and then I get headaches.

T selects out "always" and invites P to topicalize it:

T: You said always?

P accedes and typifies "always":

P: Well, it has been three or four years I've been like that. Since I got out of the Service.

T selects out "four years" and "service" and requests that P elaborate on them:

T: What happened four years ago? After the service?

This time refuses T's request:

P: Nothing happened.

T continues to request more information on "service":

T: How did you get out?

P accedes minimally:

P: How did I get out? I got discharged.

T selects out "discharged" and requests more information:

T: For what reason?

P accedes to T's request without elaboration:

P: Because I put enough time in and my time was up to go home, so I came home.

T requests more information "discharged":

T: They sent you away? They discharged you? Did you want to leave?

P accedes to T's request:

P: Well, when my time did come up, before discharge I signed up for three more months.

T begins to request more information but P interrupts:

T: You didn't--?

P: (interrupting) I wasn't sure I wanted to come home.

T continues to topicalize "home" by proposing formulations

to P and requesting his confirmation or denial:

T: What do you mean home. You mean you did want to come home except you were not sure. You were doubtful whether you should stay or you wanted to stay. Is that what you mean? You said three months more.

P rejects all T's formulations and repeats his previous utterance:

P: I don't know why I signed for a few more months, but I didn't know whether I wanted to go home or whether I wanted to stay there.

T continues to invite P to topicalize home:

T: What do you mean home? To whom?

P accedes to T's request and minimally typifies "home":

P: My family.

T selects out "family" and asks P to elaborate:

T: What is the family?

P accedes to T's request and elaborates on "family":

P: What is it? My father and mother, two brothers and a sister. (pause) For some reason I felt that I would have a hard time when I came home.

T selects out "hard time at home" and requests P to elaborate:

T: A hard time with all the members of the family--your father, mother, two brothers, and a sister?

P refuses T's request:

P: I don't get you.

T continues to topicalize "home" by formulating P's utterances in lines 90-92:

T: You didn't want to go home to them?

P neither accepts nor rejects T's formulation by refusing to answer:

P: (long pause) Well.

T challenges P's silence:

T: You know that nothing you say here leaves the room.

P agrees with T's statement but still does not respond to T's formulation:

P: I know.

T continues to try to get P to topicalize "home" by challenging his reluctance to respond to his formulation:

T: So you can--nothing that you say can be used against you. You have the right to say everything here. That is why you are here. You are not responsible for your feelings. So I asked you only because you said you weren't sure whether you wanted to go home. Why?

P continues to refuse to elaborate on "home":

P: I don't know why. I just---. (pause)

T continues to try to get P to topicalize "home" with the following formulation:

T: But did you not want to go home to see mother?

To which P disagrees without elaboration:

P: I didn't miss them?

T challenges P's utterance:

T: Mother?

P sticks to his utterance:

P: I didn't miss anybody!

T requests information:

T: Why not?

P does not accede to T's request:

P: I don't know.

T formulates P's previous utterances to answer his question in line 104:

T: Are you not like the others?

(P: Yeh, I guess so.)

T: They stayed at home, didn't you say? Both brothers and a sister at home? They liked to stay at home.

(P: Yuh, they like it at home.)

T: But not you? As if you had no feelings for them or did you say you didn't miss them? (long pause) You didn't get along with them?

But P rejects T's formulation of his previous utterances about not wanting to go home:

P: Oh, I got along with them all right. Oh, I mean, I just liked it overseas, maybe; there was a lot of excitement there, and at home it was kind of quiet. It was kind of dull at home and I wanted to stay over there.

T selects out "dull" and requests P to elaborate:

T: Dull, you said?

P, however, refuses to elaborate:

P: Yuh.

T formulates P's utterance:

T: You mean bored?

P agrees without elaboration:

P: Yuh, I was.

Not getting much information from P, T selects out "home" and requests P to elaborate:

T: What do they do at home?

P accedes to the request and his elaboration of "home" is consistent with his previous account of his home as "dull":

P: Oh, they sit home and listen to the radio, not much of anything.

T uses a continuer:

T: Hmhnn.

P continues in his account of his home as "dull":

P: Just sit around the house, I guess.

From line 133 to line 147, T and P continue to topicalize "home" with P responding minimally to T's requests for information on "home". Beginning in line 147, T and P topicalize "work":

P: Well, I can't stay home. I should be working. I worked.

T selects out "work" and requests elaboration:

T: You wanted to work?

P elaborates on "work" but in the future:

P: I'll go to work when I get out of here, I guess.

T requests that he elaborate on "work" in the past:

T: But before you came (here)?

P accedes to T's request without elaboration:

P: I was working until I came here.

And then T requests P to elaborate on "here":

T: And what happened that you came here.

P accedes to T's request by typifying his "problem":

P: (pause) I got kind of disgusted, I guess, because the same thing was happening all the time. I'd work about six or seven months, then get careless, get headaches, and I was wondering if that was ever going to stop. Then I thought I'd come down here (VA hospital) and check up to see if everything was all right. If not, then see if they could do something about it.

T topicalizes P's "problem" by selecting out "it" and requesting P to elaborate:

T: About what?

P elaborates on "it" from his previous utterance, further typifying his "problem" as headaches:

P: Well, I was wondering why I was getting the headaches all the time. That's what bothered me the most.

T continues the topic of P's "problem" by requesting information:

T: But you always had headaches?

P accedes to T's request:

P: Well, I guess I noticed them first about six months after I got home.

T continues on "headaches" and requests information:

T: You remember?

And P complies:

P: No, I don't. But I know I have been having them for quite a while a long time. I don't know just when they started. They are not bad though, I mean, just mild headaches. At times they can be bad.

T continues on "headaches" and requests information:

T: Do you know when they happen, when they come, why they come?

P accedes to T's request with elaboration:

P: No, I don't. (long pause) I don't think it's from working. I thought it was working at first so I kept--so I thought maybe if I got another job the headaches would go away--or I thought I had the wrong kind of work so I went to school after a while and I had them while I was going to school so I know it wasn't from work.

Then T selects out "school" and requests P to elaborate:

T: To school, you say?

And P accedes to T's request and minimally elaborates on "school":

P: Yuh, I was going to an electrical school.

T continues to topicalize "school" by requesting more information:

T: What did you do?

And P accedes to T's request:

P: I was taking up an electrical course, during the evening from 3:00 to 9:00. I was working then too. I worked in the daytime and I went to school evenings.

T continues to topicalize "school" by requesting information:

T: You always wanted to do that?

And P accedes to T's request for information and then tries to return to the topic of "headaches":

P: Yuh, I liked it. Probably if I had a job I would get the same results, the same headaches as at anything else, I don't know. I think I like it. (puts hand over forehead)

T selects out P putting his hand over his forehead and requests elaboration:

T: You get headache in the forehead?

P accedes to T's request:

P: Mostly in the forehead but sometimes in the back, the back of my head.

T continues to request information on "headaches":

T: Only you? Nobody else?

P refuses to give information:

P: I don't know.

T continues to request information:

T: Have you ever seen somebody who has this?

P gives a minimal information:

P: Oh, yuh, I guess everybody has it.

T selects out "everybody" and requests P to elaborate:

T: What do you mean, everybody?

P refuses:

P: I don't know.

T formulates P's previous utterances and offers to connect the topic of home and headaches:

T: At home they have headaches?

P refuses to agree or disagree with T's formulation:

P: I don't know about home.

T continues to topicalize "home" by formulating P's utterance:

T: You mean at home you don't know?

P agrees with T's formulation:

P: I didn't ask.

T requests more information:

T: Of whom do you think--who has the headaches?

P accedes and gives information:

P: My mother might have it. She's sick quite often.

From line 199 to line 638 T continues to topicalize "home" and the people at home. P either refuses to accede to T's requests or accedes to T's requests without elaboration as in the following examples so that very little information is generated by P:

T: Who took care of mother? Was nobody interested? Mother was in bed for three weeks as you said?

P: I guess my sister took care of her.

T: She knew more about stomach trouble? Women know more about stomach trouble than men.

P: Maybe.

T: Why are they vomiting?

P: I don't know.

T: But your idea, I mean. Certainly there are different reasons, but what do you think?

P: Maybe it was something she ate.

T: Who, mother?

P: Yuh.

T: Three weeks! Have you ever seen mother vomiting before?

P: No, I don't remember.

Many utterances later, in line 638, T tries a formulation:

T: But you have a good ;memory otherwise, haven't you? Or have you always had a bad memory.

P rejects T's formulation:

P: Oh, I just don't pay much attention, I guess.

T first tries a continuer but when P does not respond he tries another formulation (lines 641-642):

T: Huh? (long pause) Or do you only behave as if you don't know anything.

Since P has been refusing to give information in response to T's questions, T begins to challenge P's assertion that he "does not know" or "doesn't pay attention". T's formulation tries to establish that P actually knows the answers to his questions but is willfully refusing to answer them ("you behave as if you don't know anything").

P agrees to this formulation, but only conditionally:

P: Maybe you are right.

T challenges P's conditional response by suggesting that P only behaves "as if" he doesn't know anything in the current therapeutic setting. T's formulation further suggests that P is not answering his questions because he does not like to be asked "the questions" and therefore, he would like to "get out of here now". Since this formulation is coming from T who is a psychiatrist and therapist at the VA hospital and who has established himself as someone to "help" P, T is trying to establish that P's not answering his questions and wanting to leave the therapeutic setting is for some psychological reason such as not wanting to face certain facts or realities, presumably those which caused the problem which brought P to the hospital in the first place.

T: You mean only here? Hm? Would you not like to get out from here now? Is that not what you mean, you don't like to be asked the questions?

P agrees with T's formulation of his utterances however, without necessarily accepting his account of why he does not answer questions and why he want to "get out of here":

P: Yuh.

T continues to try to establish that P has a problem:

T: But you are here to be helped.

P suggests the possibility that he has no problem:

P: Yes, but maybe I need no help.

T formulates P's utterances about his "problem":

T: You mean because you already feel all right? Only if you would throw up you would know that it is necessary to be here like the other boys on the ward. Why are they throwing up?

P ignores T's formulation and responds to his request for information:

P: Oh, because they are sick I guess.

T requests information:

T: Of course. But what kind of symptoms do they have? You say there are those here who are throwing up?

P accedes minimally:

P: Yuh, I don't know, maybe a nervous stomach or something.

T selects out "nervous stomach" and requests information:

T: What is that?

P refuses to give information:

P: I don't know.

T continues to requests information:

T: What is a nervous stomach?

P refuses again:

P: I don't know.

T: Requests information a third time:

T: What do you call nervous stomach?

At first P refuses, then he accedes minimally:

P: I don't know. It seems to me I heard somebody mention something about it.

T formulates his own and P's previous utterances:

T: You heard what I said when you came in--we wanted only to know more, to help you. If you think you don't need it, then all right. Isn't that so?

P agrees with T's formulation without elaboration:

P: Yuh.

Failing to establish that P has a "problem" which can be

worked on in therapy, T comes to agree with P that he has no problem and formulates his previous utterances on this topic:

T: So I think you cannot be helped if you have no need for help. (pause) So something must have happened here that you are cured. Are you then not helped? Did you come because you were ill?

P agrees with the third part of T's formulation and elaborates:

P: Yuh, I had headaches before when I came but I feel all right now.

T selects out "help" from his previous utterance and requests information:

T: Who helped you?

P refuses to give information and elaborates on "help":

P: I don't know, maybe just the rest or something, I guess. Maybe just to get away from home, I don't know.

P and T say goodbye to each other after which P leaves the hospital to go home and work.

CASE #9, SESSION #1

Step I: Identifying constructs and typifications

In this case, the target construct I will track is introduced in line 1 when P tells T her "problem" in response to his initial request to say what comes to mind.

<u>line #</u>	<u>target construct</u>	<u>typification</u>
1	(my problem)	becoming pregnant
7	(my problem)	pregnancy may be detrimental to treatment
23	(my problem)	don't want to be sexually attractive
25	(my problem)	has been frigid for the last three weeks
31	(my problem)	fright about feelings towards therapist
47	(my problem)	afraid to show hostile feelings
50	(my problem)	afraid to show love feelings
100	(my problem)	felt anxious
101	(my problem)	afraid to start analysis
119	(my problem)	wonders if this (analysis) is the right thing to do
131	(my problem)	wonder if I'm is strong enough for this (therapy)
137	(my problem)	feels like I'm in a vise and that she's caught

141 (my problem)

easily suggested to; no
mind of my own

Discussion: In this case, the patient's typification of her "problem" changed from the beginning of the session ("What will I do if I'm pregnant) to worrying that "I just have no mind of my own."

Step II: Analysis of verbal resources influencing change in typifications

In the case of P and T in Case #9, session #1, P gives the initial elicitor and requests information--"What will I do if I'm pregnant?" P's request typifies her problem as "pregnancy".

However, T refuses P's request for information and makes a counter request. T's response not only refuses P's request, it rejects her typification of her "problem" as pregnancy. All of these responses would in effect fix her formulation of the "problem" and establish her version of the "problem" as a topic for further discussion. In this case, T postpones ("Before answering...") and requests that P "understand what's behind the question" (lines 2-5).

T: In analysis there will be time when you will have questions that you want to ask. But before answering them it's important for us to try to understand what's behind the question and see if it has other meanings than the question itself.

T does not state outright that he is opposed to P's typification of her "problem" as concern about becoming

pregnant, however, he is using what Eglin⁶ has described as an "interpretive device" used to discredit perceptual accounts. This particular device is labeled the "appearance/reality dichotomy". Implicit in the T's response (lines 2-5), "it's important for us to try to understand what's behind the question", is the notion that the typification the patient offers of her "problem" may represent only the appearance of things and that beneath the surface, reality may be perceived if the looker (in this case P) looks properly. In addition to not topicalizing P's typification of her problem T's response lays the ground work for eventually transforming P's typification of her "problem".

In response to T's request "to understand what's behind the question", P offers another typification of her problem (lines 6-8):

P: I don't think I have any special reason to be pregnant, but I do wonder if maybe it would be detrimental to my treatment. If I am pregnant I also wonder whether maybe I did have a reason.

P pursues her typification of her "problem" as the possibility of becoming pregnant and proposes this to T as a "reason" for her initial question.

T does not respond to P's typification, but rather requests more information (line 9):

T: What comes to mind?

⁶ Peter Eglin, "Resolving Reality Disjunctures on Telegraph Avenue: A Study of Practical Reasoning." Canadian Journal of Sociology 4, no.4 (1979): 359-377.

P accedes to T's request for more information about her "problem" (lines 10-13):

P: There can't be any other reasons and yet maybe I wondered that if I were to get pregnant that I wouldn't have to do this. I know that I did get pregnant within a month after I started my counseling with Mr. Harris.

T rejects P's typification of her problem as "jumping to conclusions" and requests more information (lines 14-15):

T: Rather than jump to conclusions as to whether or not there is a reason, let's just look and see what comes to your mind.

P continues to typify her "problem" as becoming pregnant (lines 16-17):

P: Maybe I had the wish that it would make me ugly. I think I have a desire for that.

T ignores P's typification and requests more information (line 18):

P: What's the detail?

P complies with T's request for more information by elaborating on the typification of her "problem" (lines 19-23):

P: I'm not sure whether that's my own thought or whether it is something that I was told. But I think that it would be an escape from any kind of sexual feelings. If I were pregnant and ugly then no one would be sexually attracted to me. I think that that is my biggest problem. (long pause)

T ignores P's typification of her problem. Instead, he selects out her silence and proposes it as a topic by responding with a formulation (line 24):

T: You seem to have some fear of talking about it.

P topicalizes "silence" by agreeing with T's formulation of

her silence as "fear of talking" and adds an elaboration of the typification of her problem (lines 25-28):

P: Yes, I can feel that. I've been completely frigid for the last three weeks and I can't even stand the thought of anything sexual. And yet, at the same time, I've had a lot of dreams with orgasm. (long pause)

T rejects P's typifications of her "problem" and tries to continue to topicalize her silence by focusing on it and requesting more information (lines 29-30):

T: What comes to your mind about the hesitation in your thinking?

P complies with T's request for more information and topicalizes reasons for her silence (lines 31-35):

P: I have a sense of fright about my feelings toward you. I was hoping that you could do my analysis. Then...I get a relationship here even though I know that that's ridiculous and that I'm just a patient. (long pause)

T continues to topicalize reasons for P's silences by requesting more information on her previous utterance (lines 36):

T: Try to pursue what comes to your mind about this.

T's request uses the pronoun "this" which creates the boundaries of P's response as any part of her previous utterance. P chooses to elaborate on her "feelings toward"

T (lines 37-39):

P: I have the feeling that you'll be mad at me if I don't say something, and so I just can't say anything. But the longer the silence lasts the worse it gets.

T selects out "mad at me" and requests further information (lines 40-41):

T: What comes to your mind about the idea that I would be mad

at you?

P complies with T's request for information and elaborates on "mad at me" (lines 42-48):

P: I think of the way Mr. Harris used to react if I didn't say anything. It also makes me think of my father and the way he would say "jump" and I'd have to jump or else he would call me "stupid." I have a sense of hostility about it. I know when I'm feeling love but I don't know when I'm being hostile. And it scares me most to show my hostile feelings. But I wonder if maybe I have that turned around.

T rejects P's typification of her "problem" and requests more information (line 49):

T: What comes to your mind?

P complies and continues to typify of her "problem" (lines 50-58):

P: Maybe I'm really afraid to show my love feelings. I have quite a bit of hostility that I'm aware of, and it's like my mother's. She takes it out on sales people. Last night I dreamed that I was going to do this but then I ran back to Harris instead of you. Somehow I felt so sorry for you. The person in the dream had a mustache so I figured it must be you. In the dream I thought, "I'm so sorry that I didn't go to him" and when I didn't, he cried. But then in the dream I said to myself, "You're not the first one and he's probably been hurt before."

T rejects P's typification of her problem and selects out her dream to propose as topic for P's next utterance by requesting information (lines 59-62):

T: Dreams are frequently useful in analysis, but we use them in a special way. After you've told me the dream itself, try to take each of the elements in the dream as it occurred and see what your associations are to each part.

P complies and gives her associations to the man in the dream (lines 70-75):

P: The man in the dream somehow reminded me of a boy that I used to go with. He got upset when I left him but he also got

over it almost immediately. Somehow there was a feeling of many women being in the dream and that reminds me of my father and all of his affairs.

T selects out "boy that I used to go with" and requests more information (lines 68-69):

T: What are the details of your thoughts about the boy that you went with?

P complies by "giving details" of her thoughts (lines 70-75):

P: That was really the worst time in my life and I turned into a terrible person. He was a horrible boy and he came from a very bad family but I would cling to him just as I clung to my life. I had lost all of my feeling of security when we moved to Springfield and so I grasped the nearest straw that I could find. I did lose that security that I had.

T responds by requesting more information (lines 76):

T: What was the detail?

P complies by giving more information (lines 77-89):

P: My father had left us just before we moved and I always had the feeling that my mother and father didn't care about me. I feel sick to my stomach just thinking of this. I grabbed hold of boys and I'd go steady but then we had to leave Evanston and I felt as if half of my life was gone. It was all something new for me but I felt so estranged and I also knew that what I was doing was wrong. I've never talked about this before. I would conquer something and then I would immediately start with someone new but it always made me so tired. Every time I grasp hold of somebody he slips away from me. That's the reason I felt so upset this morning about Tom's mother. Tom is my only stronghold and he was really the only one who would go with me steadily and he was the only one ever to really love me.

T selects out "upset this morning" and requests more information (lines 90):

T: What comes to your mind about the upset this morning?

P complies by further typifying "upset this morning" (lines 91-98):

P: I got the feeling that somehow she would think me an unfit

mother and then the whole thing began to snowball. I felt as if I had to call her and be sure that everything was all right. I had to convince myself that no one could take my children away from me. I wonder if maybe it was my own fear. I hadn't even thought about it until she suggested that maybe she should take the children for awhile. I felt as if I wanted something this morning, but I don't know what.

T requests more information (line 99):

T: What comes to your mind?

P complies and gives more information (lines 100-101):

P: I felt so anxious as if I couldn't stand it. I was afraid to start my analysis and I felt as if I was going to love something.

T selects out "afraid to start...analysis" and requests further information (line 102):

T: What are your associations to your fear of the analysis?

P complies and gives more information on "afraid to start...analysis" (lines 103-108):

P: I felt as if through starting analysis that I'd turned my back on my family and that somehow I would never return to my old world and that I would be dependent for my whole life. It all frightens me. I'm on my own for the first time in my life and I have to do this all by myself. My family are really opposed to it and I've never had to do anything by myself before.

T continues to topicalize "fear of analysis" by selecting out "it frightens me" and requests more information (line 109):

T: What was the detail of the fright itself?

P complies and gives more information of "it frightens me" (lines 110-116):

P: I feel like crying. I wonder what I'm thinking of? It's so hard to do something that you're not sure of yourself, especially when everybody else is trying to talk you out of it. My parents object. I tried to break away from them but I haven't. But then they didn't even contact me about this. I know that I'm going to be mad if they don't help me, but I

also know that they won't help.

T continues the topic of "fear of analysis" by requesting more information on "it frightens me" (line 117):

T: What's the detail?

P complies and gives more information (lines 118-123):

P: I think probably I'm going to change in some way, but I wonder is this the right thing for me to do? I don't know anyone who has ever been through analysis, and I wonder what about the results of analysis. I can't run away and yet I think that maybe my parents are right. I just don't know. I feel as if I'm hanging and I'm being pulled by both sides.

T continues to topicalize "fear of analysis" by requesting more information (lines 124-125):

T: Let's look at the details of your fears of analysis and your doubts about starting. What comes to mind?

P complies and gives more information about "fears of analysis" (lines 126-133):

P: I just don't know anything about it and I keep wondering what am I going into? I wonder will I be able to take it? At the same time I wonder what can be so frightening? But I sure do get frightened. I feel as if I'm completely placing myself in your hands and I don't even know you. I know that I'll probably be very dependent on you. I'm not sure that I'm strong enough for this and I know that I got awfully upset even while I was waiting to start.

T responds by formulating P's utterance and proposing a typification of her "problem" (lines 134-136):

T: So you feel as if you are starting something new that's completely unknown and frightening and you are doing it with someone that you don't know.

P rejects T's formulation and gives her own typification of her "problem" (lines 137-141):

P: I feel as if I'm in a vise and that I'm caught. It's as if there are all kinds of holes and I'm about to fall through and yet I really do know that this is the only way. I've

tried religion and I've tried running away and neither of them works. I'm so easily suggested to. I just have no mind of my own.

T rejects P's typification of her problem and ends the session:

T: We'll stop here for today.

SUMMARY OF VERBAL ACTIONS (Case #9)

- (1) P: requests information
typifies "problem" as pregnancy
- (2-5) T: refuses request for information
ignores information/typification
requests information
- (6-8) P: gives information/typifies problem
1. no special reason to be pregnant
2. worries pregnancy detrimental to
treatment
3. requests information re: reason to get
pregnant
- (9) T: refuses request for information
ignores information/typification
requests more information
- (10-13) P: gives information/typifies problem
1. wouldn't have to do this if pregnant
2. got pregnant during other counseling
- (14-15) T: ignores information/typification
requests more information
- (16-17) P: gives information/typifies problem
1. wish pregnancy would make ugly
2. have desire to be ugly
- (18) T: ignores information/typification
requests more information
- (19-23) P: gives information/typifies problem
1. pregnancy escape from sexual feelings
2. if pregnant, no one will be attracted to
me
stops talking
- (24) T: selects "stops talking"
formulates "stops talking" into "fear of
talking"
- (25-28) P: accepts formulation
typifies problem as "frigid"
stops talking

- (29-30) T: ignores information/typification
selects "stops talking"/proposes as topic
requests information on "stops talking"
- (31-35) P: gives information/typification of problem
1. has sense of fright about feelings
2. hope T could do analysis
3. I'm just a patient
- (36) T: ignores information/typification
requests more information
- (37-39) P: gives information/typifies problem
1. you'll be mad at me
2. can't just say anything
- (40-41) T: selects "mad at me"
requests information on "mad at me"
- (42-48) P: gives information/typification of problem
1. I'd have to jump or father would call
stupid
2. afraid to show hostile feelings
- (49) T: ignores information/typification
requests more information
- (50-58) P: gives information/typification of problem
1. afraid to show love feelings
tells dream
- (59-62) T: ignores information/typification
selects "dream"
gives information on "dream"
requests information on "dream"
- (63-67) P: gives information on "dream"
1. man reminded her of boy she used to go
with
2. boy got upset when she left him
3. many women in dream
- (68-69) T: selects "boy that you went with"
requests information on "boy..."
- (70-75) P: gives information/typification of problem
1. worst time of my life
2. horrible boy; came from bad family
3. I clung to him
4. lost feeling of security when moved
- (76) T: ignores typification of problem
requests more information

- (77-89) P: gives more information/typification of problem
1. father left us
 2. M & F didn't care about me
 3. feel sick
 4. grabbed hold of boys
 5. left Evanston
 6. life was gone
 7. felt estranged
 8. felt upset this morning
 9. husband is my strong hold
 10. husband is only one who loved me
- (90) T: selects "upset this morning"
requests information on "upset..."
- (91-98) P: gives information/typification of problem
1. mother-in-law will think I'm unfit mother
 2. fear someone will take children away
 3. may be own fear
 4. wanted something this morning but don't know what
- (99) T: ignores information/typification
requests more information
- (100-101) P: gives information/typifies of problem
1. felt anxious
 2. afraid to start analysis
 3. felt I was going to love something
- (102) T: selects "fear of analysis"
requests information of "fear..."
- (103-108) P: gives information/typifies problem
1. turned back on family
 2. would never return to old world
 3. would be dependent all my life
 4. it frightens me
 5. on my own for first time
 6. do this all by myself
 7. never done anything by myself
- (109) T: selects "fright"
requests information on "fright"
- (110-116) P: gives information/typifies problem
1. feels like crying
 2. hard to do something you're not sure of
 3. everybody trying to talk me out of it
 4. parents object
 5. tried to break away from parents but

- haven't
6. will be mad if parents won't help
 7. know parents won't help
- (117) T: ignores information/typification
requests more information on "fright"
- (118-123) P: gives information/typification of problem
1. going to change
 2. wonder if this is the right thing for me
 3. don't know anyone who did analysis
 4. wonder about results of analysis
 5. can't run away but think parents right
 6. just don't know
 7. I'm hanging and being pulled by both sides
- (124-125) T: formulates information/typification into
"fears of analysis and "doubts about
starting" requests information on formulation
- (126-133) P: gives information/typification of problem
1. don't know anything about analysis
 2. wondering what I'm going in to
 3. wonder if I'll be able to take it
 4. get frightened
 5. placing myself in your hands
 6. will be depended on you
 7. not sure I'm strong enough for this
 8. got upset while waiting to start
- (134-136) T: formulates/typifies P's problem
1. starting something new that's unknown and
frightening
 2. doing it with someone you don't know
- (137-142) P: ignores formulation
reformulates/typifies problem
1. I'm in a vise
 2. I'm caught
 3. there are holes and I'm about to fall
through
 4. this is the only way
 5. easily suggested to
 6. have no mind of my own
- (143) T: ignores information/typification
ends session

This summary is used to highlight the verbal processes which take place to some degree in each of the transcripts and to analyze their significance in transforming P's typifications. First, psychotherapy consists of talk and without talk Ts could not "do" formulations, selection, challenge evidence supporting typifications, etc. It is not surprising then that there are numerous techniques Ts use to elicit "talk" from Ps upon which they perform the above mentioned verbal operations. In this particular case, this T uses basically two verbal resources in this regard: questions which request information, and challenges to P's silences. He may use general questions, which are requests for information, such as "What comes to mind?", in which case P can select the boundaries of her response. Or he selects out of P's previous utterances a particular area on which he requests more information such as, "What comes to mind about the idea that I would be mad at you?" In this case, T selects the boundary for P's response. In almost every instance in this particular case, P responds to T's requests for information. On only two occasions P refused to give information to T by not talking. T countered this response by challenging her silences with questions which again request information such as "What comes to mind about the hesitation in your thinking?"

When it occurs that Ps accede to T's repeated requests for more information, rather than saying, "But this is what it is", or "haven't you got enough", or in some way

refusing to give T information, leads one to the conclusion that this relationship can be characterized as one of cooperation, and not of power or coercion. As Eglin and Wideman discovered:

The mere giving of an address, then, orients to, invokes and accomplishes the business of the encounter as servicing a trouble and the complementary identities of the parties as police and citizen. As such it exhibits cooperation and corroboration in a mutual endeavour, not a disposition to negotiating a bargain with a competitor.⁷

In the case of therapeutic dialogue, "the mere giving of an address" could be equated with P's repeated acceding to the demands of T for more information which establishes the complimentary identities of therapist and patient. Conversely, when patients refuse to accede to therapist's requests for information, no therapy can take place since there is no dialogue upon which therapists can perform their verbal operations such as selection, formulations, challenging evidence, etc.

After Ts get information from Ps, then they can perform further operations. In this case, T uses selection and formulation to influence P's typification of her constructs. T basically ignores P's typifications of her problem. Verbally this can be seen when T does not topically respond to any of P's typifications, especially in the beginning of the session when P talks about her concern about

⁷ Peter Eglin and Doug Wideman, "Inequality in Professional Service Encounters: Verbal Strategies of Control Versus Task Performance in Calls to the Police," Zeitschrift Fur Soziology 15, no. 5 (1986): 356.

becoming pregnant. For example, P opens the session by asking T what will happen to her analysis if she becomes pregnant. If T wanted to topicalize this issue he could answer her question directly, or talk more about her thoughts about becoming pregnant. Instead, T refuses to answer her question, does not select out any part of her utterance as focus for his turn at talk and requests more information. In fact, each time P talks about anything having to do with becoming pregnant, T ignores her talk and requests more information so that by the end of her turn of talk at line 23 P stops talking. At this point, T continues to ignore her typification of her problem as having to do with becoming pregnant and instead focuses on her silence and eventually, by lines 31-35, P is proposing a totally new typification of her problem, which is that she has a "sense of fright about my feelings."

At this point, T begins to respond to P's typification of her problem. He does this by selecting out of her utterances particular aspects upon which he requests further information. For example, in lines 37-39, P states among other things that she is afraid T will be mad at her. In his turn of talk, T selects out "mad at me" and requests more information from P in her next turn of talk.

In this session, T uses formulations only three times (line 24, 124-125, 134-136). Some of the work of formulations is done through what Sacks called the "adjacency

pair"⁸ and is thus sequenced in the same manner as greetings, and questions/answers and occasion a reflexive consultation of the "rest" of the conversation by the co-conversationalists, eventuating in a response which contains a "decision" contingent on such consultation. There are two primary alternatives for a decision occasioned by a formulation: first is confirmation (yes) and the second is disconfirmation which may be achieved with "no", "but" and other variations which may include re-formulations. Since formulations provide a gloss on "what we are talking about" , they have great significance for topical organization because "first topical analysis", or "reason for the conversation", is inseparable from doing formulations. The doing of formulations then is an integral part of rendering conversations "preservable and reportable". It is in this sense that formulations attempt to "fix" topics and are important for understanding how therapists transform typifications.

We begin with the obvious point that T, in summarizing the gist of P's prior turns, selects out and maintains particular reported experiences as the focus of a further current turn. This activity stands in contrast to, for example, moving the narrative along with a question directed at some selected element of P's previous utterance. T's formulation thus preserves, and stretches out the talk to,

⁸ Harvey Sacks, "An Initial Investigation of the Usability of Conversational Data for Doing Sociology," in Studies in Social Interaction, ed. Sudnow (NY: Free Press, 1972), 31-74.

the phenomenology of P's "problem" which has now been labeled as "you seem to have some fear of talking". In this way, by developing on rather than passing over this component of P's report, T emphasizes this aspect of P's experience.

In summarizing P's prior talk, T's reformulation represents knowledge and experiences that are originally and primarily owned by P. It minimally invites P to confirm or deny T's re-presentation of her experiences and, more generally, serves to solicit further information. In this particular case, P accepts T's first two formulations but rejects his third. P's rejection of T's third formulation (lines 134-136) is particularly interesting, since T is attempting to offer his typification of P's problem. P rejects his formulation and re-formulates her problem. T responds by rejecting her typification and ending the session.

This is not the end of the dialogue between this P and this T, however, since first sessions are only the beginning of the process of transforming P's typification of her problem.

APPENDIX B

- Case 1....Ten sessions from a case of short-term dynamic psychotherapy published in Psychotherapy in a New Key by Hans Strupp and Jeffrey Binder.
- Case 2....One session from a case of psychotherapy published in The Technique of Psychotherapy by Lewis Wolberg.
- Case 3....One session from a case of psychotherapy published in The Initial Interview by Merton Gill, Richard Newman, and Fredrick Redlich.
- Case 4....One session from a case of psychotherapy published in The Technique of Psychotherapy by Lewis Wolberg.
- Case 5....One session from a case of psychotherapy contributed by contemporary therapist in private practice.
- Case 6....One session from a case of psychotherapy contributed by contemporary therapist in private practice.
- Case 7....One session from a case of psychotherapy published in The Clinical Interview, vol. 1, by Felix Deutsch and William Murphy.
- Case 8....One session from a case of psychotherapy published in The Clinical Interview, vol. 1, by Felix Deutsch and William Murphy.
- Case 9....One session from a case of psychoanalytic-psychotherapy published in The Psychoanalytic Process by Paul Dewald.

APENDIX C

CASE #1,
Session #1

1 P: I don't know exactly where to start. I've been having
2 some real uneasy feelings about this whole thing and some
3 questions came up after we last talked that I felt I didn't
4 get answered, or else if they were answered I don't remember
5 the answers to them. But if you would, would you repeat to
6 me again so I'll have a clearer understanding about this
7 project and how it differs from what I would encounter if I
8 were to go to see somebody else, in the community, in
9 private practice as far as getting help with my anxiety and
10 depression. What is the difference, other than this is
11 shorter? Is that the only difference that its' compacted
12 into a shorter period of time or is there any other
13 difference?

14 T: I'll try to answer that as best I can in a while, but it
15 might be helpful first to get a little bit of understanding
16 of what your concerns are, what motivates the questions.

17 P: Well, I don't know why I'm so uneasy about it, except the
18 money is one thing. I haven't even talked to my husband
19 about it, which for some reason I'm having a really hard
20 time saying to him that I've looked into this and this is
21 what I'm doing. I don't know. I've just had some sleepless
22 nights about it. I don't really know what it is.

23 T: Can you say more about what this uneasy feeling is: What
24 goes through your mind and how you experience it?

25 P: It's hard to describe. I get kind of tied-up feelings
26 inside. A queasy stomach and I've lost some sleep over it.
27 I'll wake up in the night at 2 o'clock and start thinking
28 about it. I guess I'm worrying if I really want to do it
29 and I'm having some second thoughts.

30 T: What are those second thoughts? When you wake up in the
31 middle of the night what comes to your mind?

32 P: (silence) I guess part of it is I realize, maybe, I feel
33 there is some risk to what I'm doing and I'm wondering if
34 I'm ready to risk it and opening up some areas maybe that
35 I've kept squelched for a long time.

36 T: What risks?

37 P: In that it might make me face something I don't want to
38 face. I don't know if it's the unknown and I don't know

39 exactly what that is except that it probably has a lot to do
40 with what's going on between me and my husband.

41 T: What comes to mind that you would fear?

42 P: I guess maybe the question whether it's going to help
43 strengthen our relationship, which is what I hope it will do
44 in giving me a better insight into myself and maybe more
45 coping skills or whatever. Or is it going to make me, is
46 the situation not going to improve with us and is it going
47 to lead to a separation or divorce, which is something I
48 really don't want to look at right now.

49 T: You think that's one important contributor to your queasy
50 feelings and butterflies in your stomach? Fear that you
51 might find yourself feeling so dissatisfied with the
52 marriage, that something might happen that would destroy it?

53 P: Yeah, sure deep down that's probably something.

54 Summary of next few utterances: The patient recalls that
55 when she and her husband were dating, she made arrangements
56 to be away for several weeks for advanced career training.
57 She was reluctant to tell him, fearing that he would be
58 displeased and their relationship would be damaged.
59 However, as it turned out, what she expected did not happen
60 and her future husband accepted the news well.

61 T: So then it meant something to you that you wanted to do
62 this, get this training. It had some meaning for you, some
63 emotional meaning for your life that you felt would be, your
64 husband would take very badly.

65 P: Yeah, that's what I thought at the time.

66 T: And it sounds like a similar thing, coming here. Even
67 though, intellectually you feel it's to strengthen the
68 marriage, to bring you close together. Somehow emotionally
69 there's something about it that you fear is, what? An
70 attack on him? What comes to mind?

71 P: I guess I don't really want to--want him to think that--
72 I guess I'm afraid he'll interpret it as this is the
73 beginning of the parting process or something. And I don't
74 really want him to feel that way. But for some reason...

75 T: It's as though you're turning away from him.

76 P: Yeah.

77 The patient goes on to describe her angry behavior with her
78 children, and the therapist picks up on her characterizing

79 this behavior as instinctive.

80 T: What comes to mind about why you would respond
81 automatically that way as opposed to some other way?

82 P: Because I think that's the way I was treated.

83 T: By whom?

84 P: Primarily by my mother.

85 T: Your mother would yell at you and criticize you?

86 P: She is a very criticizing person, very critical, and I am
87 aware of that and I'm aware of how critical I am a lot of
88 times in the relationship to my husband and my children and
89 everybody, and that bother me and I've tried to work on it.
90 I've made some progress slowly and I don't want my children
91 to grow up being criticized all the time. I have to work
92 very hard to praise them for things they do that are worthy
93 of praise.

94 T: You feel you didn't get much praise from your mother?

95 P: Yeah.

96 T: How was your father different?

97 P: He wasn't a very critical person and he didn't have a lot
98 to do with disciplining us on a day-to-day basis. He would
99 get involved periodically. I can remember being spanked by
100 him one time and that was because I told a lie. He asked me
101 if I had washed my hands and I hadn't and I told him I had.
102 And he would say things line "don't talk back to your
103 mother," if I said something wrong, snippy. He would always
104 support her and not allow us to act that way toward her.
105 But mother is the one who would pick the switch off the bush
106 and switch us if we did something that annoyed her. I don't
107 remember getting a lot of spankings. It was a lot more
108 verbal: "Why did you do that? You shouldn't have done
109 that."

110 T: So on a day-to-day basis you felt that you were
111 constantly under gun of mother's criticism and didn't get
112 much support, much praise, and it sounds like you might have
113 liked father to be on your side and balance it but he
114 wouldn't. He was kind of in the background or he took
115 mother's side.

116 P: Supporting her, yeah.

117 T: You felt kind of ganged up on.

118 P: The way I think of him is he set the standards for what--
119 I think this is right, this is my perception but I may be
120 wrong--for how things were. But mother was the enforcer.

121 T; But what happened if you tried to stand up to mother?
122 Talk back?

123 P: Well, I was told I couldn't talk like that or mother
124 would hang up the phone on me, wouldn't allow me to
125 continue, or the conversation would be cut off. She would
126 leave the room.

127 T; What about father?

128 P: I never got into any confrontations with dad that I can
129 remember.

130 T: Why not?

131 P: I don't know why not. It seems like it always came from
132 mother. The decision were made and partly because probably
133 he wasn't there some of the time and he never seemed to be
134 that much involved in the arguments, about what was going
135 on, and I don't know why.

136 T: So your experience was that if you tried to stand up for
137 yourself, talk back when you were getting criticized, or
138 there was an argument, that if you did you'd be--mother
139 would turn away from you, and you'd just be left there.

140 P: Or she'd just say, "I don't want to hear anymore. That's
141 the end of it. I don't want to talk about it any more. I
142 said no." Period.

143 T: Do you think that influences your fear of speaking out to
144 your husband? That he'd do the same thing except maybe even
145 worse?

146 P: Well, I think it probably is my preconditioned pattern of
147 response and there've been times when we have gotten into
148 confrontations and he really overpowers me and I back off.
149 I get really upset with that kind of force.

150 T: I would say, "you ought to get out of that relationship,"
151 and you would say, "I'm not so sure," and I would get angry
152 and what do you imagine would happen? How would that hurt
153 you?

154 P: I don't know how it would hurt me except the anger. I
155 guess I just have this thing about anger. Just from our
156 last meeting when I said, "When did you want to get
157 started," and you said, "Right away," I felt really pushed.
158 I wanted to say, "No I've got to wait a couple of weeks,"

159 but I didn't say that. But you said, "I'd like to get
160 started right away." And that made me nervous for some
161 reason. I don't know why. Maybe because I was still
162 feeling a little unsure about the whole thing. Part of it
163 too is because I know my schedule is like unreal this week
164 and next week. But I felt when you said, "I want to get
165 started right away," I felt pressured. And I think I
166 probably thought, "Okay what other kinds of pressures are
167 you going to lay out on me that I'm not going to be able to
168 say, "Stop, wait a minute. I can't deal with that and
169 that's not for me."

170 T: Well, it sounds like, looking back over and kind of
171 pulling together what you've talked about today, our earlier
172 interchange about getting started right away stirred up in
173 you a feeling that once again you were going to be caught in
174 a situation that is very familiar for you, where you were
175 feeling like either the wife being dragged along with things
176 that she didn't want to do, but had to for fear of something
177 even worse happening, or like a child--"this is the way it's
178 going to be, and I don't want to hear anything from you."
179 Like you experienced when you were a kid. And once again
180 this would happen again here with me. And the only way you
181 would have, the most comfortable way at this point that you
182 would have in dealing with that, is to try to kind of pull
183 back, not speak up about it, but protect yourself and draw
184 back.

185 P: That's my pattern.

186 T: Which maybe is what's behind your concerns about can you
187 afford it, can you fit it in your schedule. All of these
188 things that are very reasonable, and behind that is really,
189 "Are you going to hurt me, are you going to get angry at me
190 if I don't want to do what you want me to do?"

191 P: Well, I think I have a fear of being boxed in.

192 T: That really seems like an important area to explore, why
193 it is that--I think we looked today at some of the things
194 that make you feel boxed in. You're being pressured or that
195 you feel like you're being told this is the way it's going
196 to be by someone who's important to you, whether it's your
197 husband, your parents when you were a kid, and you feel
198 pressured. But it doesn't explain why you feel so
199 overwhelmed by it. That you're boxed in, you can't do
200 anything about it, you can't stand up for yourself. That
201 might be an important area to explore. When we talked
202 before about one of the characteristics of this kind of
203 therapy is to try to find a circumscribed area of primary
204 importance emotionally and look at that carefully and this
205 certainly seems like that kind of an area. It's what

206 brought you in, or an important part of what brought you in,
207 and we also saw it emerge immediately in our relationship.

208 P: Yeah, I thought about--well I couldn't really talk when
209 you called me at home the other night because everything was
210 just in a mess, but I thought about calling you at home and
211 I thought, no I don't want to do that because he might not
212 like it. (laugh)

213 T: Yell at you?

214 P: Well, I don't know what I thought. I don't think I
215 thought you'd yell at me. I don't have that perception yet
216 of you. (laugh) I just--and then I'd wake up at night and
217 stew around.

218 T: Call me to tell me what?

219 P: To tell you I was feeling really uneasy about this whole
220 thing. I had some questions that I didn't feel like I'd
221 settled and couldn't we wait. Put it off a couple of weeks.
222 (laughs)

223 T: How do you feel now?

224 P: Well, I feel a little better except I still don't have
225 some of my questions answered.

Summary of the next few lines: There follows a discussion of the specific questions she has raised, and then the arrangements are made for payment and scheduling of appointments.

CASE #1

Session #6

1 T: You look like you're ready for me to begin.

2 P: I sort of feel that way this morning for some reason.
3 Usually I come in and have something on my mind, and I'm
4 sort of blank this morning. I don't know if it is the hour
5 of day.

6 T: You mean there's nothing at all...

7 P: Well...It's just that I don't know if I have anything to
8 say right this minute, and usually when I come in there is
9 something that I've been thinking about. Sitting around,
10 using my mind a little or thinking about this morning.

11 T: What comes to mind about why you might not have anything
12 to say? Anything from the last session come to mind that is
13 contributing to this?

14 P: I don't know if there is anything specific. It's just
15 that I have noticed that I haven't spent as much time
16 thinking about the last session as I have previously. I
17 talked with my husband a little bit about it. Some of the
18 things that have occurred, but...and I just haven't had it
19 on my mind like I usually do...the previous sessions.

20 T: What do you make of that?

21 Summary of next several lines:

22 The patient tries to tell the therapist why she finds it
23 difficult to express herself. She begins to press him for
24 answers to what bothers her. When he declines to answer her
25 questions, the patient accepts this. The therapist begins
26 to inquire how she handles his response.

27 P: Well, if you gave me an answer for every question, I
28 would probably fall right into the trap of saying, "Okay,
29 you're the authority. You know what's right. So, you must
30 be right." You have more knowledge than I do. If I try to
31 figure it out for myself, it may help with the problem I
32 have of forming my own opinion again, having something to
33 base it on.

34 T: Okay, well, that sounds like a reasonable rationale.

35 You get upset that I know and that I'm not telling you. But
36 how do you feel about the idea that I know and I'm not
37 telling you.

38 P: Well, it would be a lot easier for me if you would tell
39 me.

40 T: That's a thought.

41 P: That's a thought. How do I feel? I feel like I'm'
42 going to get flustered and confused just trying to answer
43 your question.

44 T: What's flustering or confusing?

45 P: I can't express my feelings!

46 T: Can you tell me what you're experiencing?

47 P: I'm trying to keep from crying.

48 T: There is a box of tissues.

49 P: Is that your private stock? (laughs) Well, I don't
50 know. I just have a terrible time trying to decide what I'm
51 feeling. It makes me feel about something about responding
52 to you and your behavior directly.

53 T: Well, is what you are experiencing now, does that ring
54 any bells for you? Do you feel that way at other times, if
55 so when? This confusion, kind of discombobulated, crying.

56 P: The thing that pops into my mind first is that same
57 thing that we talked about before. In wanting to talk to
58 him, get into some dialogue with him about something that's
59 important to me, and he squelches the discussion and that's
60 when I start getting all confused.

61 T; He doesn't tell you what his feelings are...what he's
62 thinking. You feel that you are angry at those times?

63 P: I don't think of it as anger, I think of it as more as
64 rejection or, "I don't want to...listen to you...I don't
65 want to talk about it. Don't bother me, go away."

66 T: You feel it's like a put-down, discounted? You feel all
67 confused, tongue-tied?

68 Summary of next several lines:

69 The patient describes her inability to cope with her

70 husband's alleged insensitivity. The therapist diverts the
71 discussion to another subject--the patient's impatience with
72 her children.

73 T: Let me point out something, where we should begin. You
74 see how you look and feel--very calm, working together, it's
75 very helpful, productive. I won't tell you what I'm
76 thinking. I won't help you out. Because I have good reason
77 for it, and you accept it as good reason, and yet when you
78 look at it, it's all camouflage. I mean that you pretty
79 well may find a kind of truth to it, which makes it even
80 better camouflage in that you say it's helpful for you to
81 figure things out for yourself. That's reasonable. But it
82 makes an even more effective camouflage for another part of
83 this. ONce again, someone you want to count on won't
84 support you, pushes you away, won't help you out. And you
85 are really very effective at camouflaging that other
86 reaction from yourself. Then that leads to the question,
87 why this particular reaction? Why feel all discombobulated
88 and confused?

89 P: (silence) I don't know. I mean I could say, okay, you
90 won't tell me, so what? That's your prerogative. Without
91 even, I don't know, sometimes I may, sometimes I don't think
92 I know really when I am angry. Maybe that's a part of the
93 confusion. I get so involved with it that I label it
94 something else.

95 T: That may be. You see the first reaction is for you to
96 see yourself as very reasonable and me as wanting to help
97 you, and also being reasonable. Two mature adults without
98 any feelings, working together. You ask and if I won't tell
99 you there is a good reason, you can see the reason and
100 that's fine. But when we get behind that, then, it was what
101 you said before, one way of looking at how you feel, at how
102 you present yourself is: "Why do you hurt me so, why do you
103 do this to me, look what you're doing to me. How can you be
104 so cruel, insensitive, not helpful?"

105 P: You see, I don't even put it into those kinds of words
106 in my mind.

107 Summary of next several lines:

108 As the patient's feelings are discussed, she recalls similar
109 experiences in childhood with her parents.

110 T: Does anything come to mind about the person you are
111 telling me about?

112 P: You mean confused thoughts?

113 T: Yes. In the context of feeling unsupported or pushed
114 away.

115 P: I don't remember a specific age. And I don't remember
116 specific incidents. It's just my mother coming across to me
117 as: "Don't bother me with that question." "I said no,
118 there is to be no more discussion." "You're asking too many
119 questions, go find something to do, get out of my way."
120 That kind of thing. There is one specific time I remember
121 she hung up the telephone, that's when I was more like a
122 teenager, that incident stands out in my mind and always
123 has. I called her to ask if I could do something with the
124 kids and she said, "no", and I said, "why?" She hung up the
125 phone. She didn't even answer the question. I can remember
126 just the general feeling that there were times when I was
127 reprimanded that I can remember just walking away and going
128 outside and talking to my dog, telling him what an awful
129 person she was and how I hated her and all this kind of
130 stuff.

131 T: You could get furious at her when she wasn't around?

132 P: But to show that in her presence would have been
133 horrible. If I had even expressed feelings or said
134 something back, it was this: "That's enough, you're not to
135 talk that way, there is no point in further discussion." And
136 if my father was around, he supported it. He said, "You
137 don't talk that way to your mother, period." So, I'd go
138 tell my dog how terrible I felt, how they treated me. And
139 I don't even remember a specific incident when I said that
140 to her specifically. I think that later these feelings of
141 being rejected began to come out with my husband, the
142 feeling of nonsupport.

143 T: I wonder if you don't feel that especially at those
144 times when you feel that I know something that would be
145 helpful to you and I'm not telling you, that you fear that
146 if you got pissed at me, "So why don't you tell me, look
147 what you are doing to me. Why do you make me feel worse,
148 instead of better." That I would not take that, I would
149 just make you get out and not come back.

150 P: I don't think you would tell me to get out, literally,
151 from the room. I think you might choose to not tell me.
152 Again, I may go back to this for a good reason.

153 T: You go back to excusing these...feelings, getting worked
154 up and angry.

155 P: Well, I feel that part of my expectation with some of
156 this was that you would tell me some things where it will

157 help. There may be times when you won't. And granted I
158 would like to not have to struggle all the time. I think
159 there is some obligation on your part to help me. but I
160 also think that maybe part of it is allowing some time for
161 me to process things and try to figure things out too.

162 T: That sounds very reasonable...but if you think about it,
163 isn't that really awfully reasonable for somebody who has
164 felt so unsupported from so many people and is so sensitive
165 to that, and looking for someone who will share the load and
166 help out, that you could then come here and be so awfully
167 reasonable and tolerant?

168 P: I think I have a right to be reasonable sometimes. In
169 some situations to have a reasonable, or to take a
170 reasonable attitude about it.

171 T: Sure, but you are all the time, aren't you? At least on
172 the surface. What we are talking about is the opposite of
173 that. That part of you feels that you don't have a right to
174 be unreasonable anytime...

175 P: (long silence)

176 T: You know, when I said that, I had the feeling that your
177 reaction was sort of to stiffen up. "I've got to watch you,
178 I don't want to get unreasonable."

179 P: Well, what I'm thinking was deep down I probably feel
180 that there are times when I am reasonable and probably feel
181 guilty about it.

CASE #1

Session #10

1 P: It's really amazing. I came in here feeling just
2 incredible. I came here feeling really good, confident, and
3 I felt like I was going to tell you what I felt like saying,
4 and I said it, and I just fell apart. And that's the
5 feeling that I have right now. It just feels like I came in
6 and it just went "phfft," and I was feeling good about
7 having thought about that and having been able to, feeling
8 that I could say it. It seems that once I said it I just
9 disintegrated.

10 T: Well, there are a couple of things about what you
11 experienced that are pretty striking. ONE is you felt that
12 you had a legitimate complaint, and once you voiced this,
13 your experience with me is somebody who is very intolerant,
14 that however legitimate you feel your complaint is, I don't
15 want to hear it, I don't think it counts for anything. It's
16 as though you have offended me, that you have no right to
17 say anything about how I treat you. And that my response
18 would be to dismiss it and to dismiss you, angrily. And if
19 I do that, you seem to fall apart. My attitude toward you
20 is very important to your well-being. And it's very
21 precarious.

22 P: Which is not news to me.

23 T: How do you mean?

24 P: That has come out before. NOT having enough confidence
25 in my own opinion, thinking I deserve a right to feel that
26 way. And, that what other people think of me determines to
27 a large degree what I do. It seems like too, that I try to
28 figure out ahead of time what the person is going to do and
29 how he can react, and probably as a protectiveness, to try
30 to prevent it, being rejected, feeling like I'm being
31 rejected.

32 T: This feeling that I was kind of sternly intolerant,
33 easily offended, easily rejecting person, where I do seem
34 angry at you, dismiss you, you say you are kind of left
35 floundering. Isn't that sort of like a little girl
36 struggling with a difficult parent? More specifically,
37 isn't that what you experienced in your relationship to your
38 mother?

39 P: Yes, I think so. And, it looks like I relate to most

40 people that way. But it seems to be more people who are
41 either in an authority position or who somehow seem to be,
42 or I perceive as being above me or having a power over me or
43 something.

44 T: Well, that makes sense, doesn't it?

45 P: Yes, because my mother was a very authoritarian sort of
46 person. Very controlling and dominating. And also, she was
47 the source of emotional support. It sort of seems to get
48 back to something that has come up before. Why have I not
49 been able to grow out of that?

50 T: Well, what are your thoughts about that?

51 P: I think it's something that I haven't really dealt with.
52 I guess it has taken this long for my life to just about
53 fall apart at the seams, to find some ways of dealing with
54 my feelings. Maybe I, it's been easier for me to behave
55 that way. It's obviously the way I learned to behave
56 growing up. Behavior is very hard to change anyway. To
57 some degree. It probably is something, I think, a lot
58 easier to behave that way. It's obviously the way I learned
59 to behave growing up. Behavior is very hard to change
60 anyway. To some degree. It probably is something, I think,
61 a lot easier to be dependent and blame other people for my
62 problems and lack of this and that and the other.

63 T: Why would it be easier?

64 P: Well, it's that I avoid confrontation which is a very
65 difficult thing for me to deal with. I think one of my
66 biggest problems is like I said, dealing with my feelings of
67 not being a worthwhile person and having the right to speak
68 up for what I think I must do.

69 (long silence)

70 T: Have you noticed that with just about anything you say,
71 you are very sensitive to what my reaction will be? That
72 is, I keep coming back to that comment that you alluded to
73 today that you made before, when you saw that I was looking
74 somewhere else in the room and your sense of that was that
75 I wasn't listening to you, dismissed you. I wonder if that
76 isn't a constant presence for you, what do I think about
77 everything you say.

78 P: I do want to know what you are thinking. I say a lot of
79 things to you that I don't say to anybody else. And which
80 I probably guard saying to other people just because I don't
81 want to risk what their reaction will be.

82 T: Does it seem to you that the feeling is that unless

83 there is proof otherwise you assume that someone is not
84 interested in what you have to say?

85 P: You're saying...(silence)

86 T: No matter how, like with us, no matter how, even when
87 you feel that I am interested and am concerned about what is
88 going on with you, even then there is still nagging doubt,
89 that's the best case, that you are always looking for some
90 indication that you expect to be there that, in fact, I'm
91 not. That any indication of interest in you and respect for
92 your opinion is really a very thin veneer, that's not really
93 how I feel. I would not say that's how you feel all the
94 time, in other words, if there isn't always a part of you
95 that wonders, a nagging doubt? You're looking stony faced
96 again. (chuckle)

97 P: I've done most of the talking about the way that I feel.
98 You ask me a lot of times, "What are you thinking about,
99 what are you feeling?" It leaves me wondering what you
100 feel. I don't know what you feel. (laughs) But I also
101 feel like I don't...this is another problem that I have. I
102 think a lot of times I behave or I say to myself: "I'm not
103 supposed to behave that way in this situation," and that
104 goes back to my childhood. The thing that brought it home
105 to me the most was listening to my mother talk to my
106 children and say, "You don't want to do such and such" and
107 "You don't feel like that" and "You don't want to do that"
108 and that kind of response. It suddenly hit me one day that
109 if she talked to me like that when I was a child, she was
110 constantly telling me something contrary to what I wanted to
111 do or what I was thinking at the time. And so out of that,
112 I got a lot of "You're supposed to do this" and "You're
113 supposed to do that" and "You're supposed to feel this way"
114 and "You're supposed to behave this way." And one of the
115 things I have been feeling here is, and I was thinking about
116 our relationship, and I think I've been thinking I'm
117 supposed to behave and act in a certain way and things are
118 supposed to be a certain way during the time that I am here,
119 and that is, you're the therapist and I'm the client, and I
120 talk about my feelings and you don't talk about yours
121 (laughs), you know, that sort of thing. And that has been
122 bothering me lately because I think it hinders me from
123 really knowing you as a person, as opposed to a therapist.
124 Is that clear?

125 T: Yes. There are a few things that you are saying there.
126 One it seems very pertinent to what we have been talking
127 about is this recollection of the repeated experience of
128 your mother telling you what you are really feeling. It
129 sounds like that may be one of the things that really
130 irritates you about what I say. That you come in feeling

131 one thing, in fact you said that right at the beginning,
132 you're feeling one thing and I tell you that you are
133 experiencing something, I tell you, you shouldn't feel that
134 way or you don't feel that way, this is what you really
135 feel. That I treat you like your mother did. THAT your
136 feelings don't count or they are wrong.

137 P: I hadn't thought about that. I think what I was trying
138 to do with that, see, I was saying to myself, okay, you're
139 the therapist, you have the skills to understand behavior
140 and interpret it, and so forth and so...I was thinking that
141 therefore, you must be right.

142 T: I'm your mother.

143 P: Yes, (laugh) right. Rather, until today, well
144 yesterday, when you did it again, I think I got more
145 irritated. I was able to say to myself, "I am irritated,
146 because he did it again." Whereas before, in the other
147 incidents, I cried, when I said, "Yes, he's right."

148 T: You cried again today.

149 P: Yes, but I think that was more related to the fact that
150 I said to you that I was irritated. In fact I was thinking
151 about saying it, and when I got here, even saying the
152 phrase, "You irritate me," I was trying to think, I was
153 trying to almost describe it in terms of the situation and
154 avoiding saying "you," pinpoint you directly.

155 T: Well, before when you would cry when I would point
156 something out, in the context of what you are remembering
157 now about your experience with your mother, I wonder if that
158 wasn't more of a feeling of being admonished and chastised
159 by me, like a little girl being chastised by your mother.
160 You cry because you felt hurt and disapproved of, rejected,
161 and today I wonder if it wasn't more crying and feeling of
162 falling apart because of the feeling of like criticizing
163 your mother. Then you feel like your mother would be
164 offended, like I would be offended. Like your mother would.
165 That I would say that you're a bad little girl. I don't love
166 you.

167 P: Which I was told as a child: never to talk back to my
168 mother.

169 T: It seems that a lot of feeling would be involved
170 in...The feeling that you hurt me, that I would dismiss you,
171 kick you out. Fear, loneliness.

172 P: Which rationally, I don't believe that. But, as you
173 pointed out before, emotionally, that's the way I understand
174 it. Automatic.

175 T: That's a good word for it: automatic.

176 P: I'm not even aware of it. When it happens and I respond
177 that way.

178 T: Which is part of the question that we asked before: why
179 is it continuously present: It's automatic.

180 P: I can't recognize ahead of time. I can't recognize how
181 I am going to respond ahead of time. It just happens.

CASE #1

Session #12

In the 12th interview, the patient continues from the previous session to relate that she experiences warm and sexual feelings toward the therapist and "guilty" feelings as well. She recalled an earlier memory in which she felt neglected by her husband while she was away obtaining further professional training. The patient was attracted to another man who paid attention to her but she felt guilty and refrained from getting involved. She said she realized that subsequently she had never allowed herself to feel even affection for another man and rarely feels it for her husband.

1 T: That recollection does have similarity to what you are
2 experiencing now, because there you felt that this man was
3 there, he was interested in you. You were feeling lonely.
4 You were away from home. And, you first had tried to
5 contact your husband and he wasn't there. He wasn't
6 available. You were disappointed, angry. It was in the
7 context of being angry at him and hurt and disappointed that
8 you feel this closeness and sexual arousal with this guy
9 that is there. It's the same situation that you are feeling
10 with me. In contrast to your husband, who is there
11 physically but you feel is not there emotionally. I wonder
12 how much of it is the sexual feelings themselves. Or could
13 they somehow be a way of expressing that you are
14 disappointed or angry at your husband?

15 P: And feeling guilty about being angry.

16 T: Yes. I was wondering about that. It's almost as though
17 the way you describe the contrast now between the way you
18 feel about him and me and this recollection you have. ONE
19 way of looking at it is that you're feeling warmly and
20 sexually about me, and sexually interested in me, while on
21 the one hand, it's a response to what you feel in our
22 relationship, it is also a way of putting your husband down.
23 He's not with you.

24 P: Because of the anger.

25 T: Well, anger is part of it, but he has disappointed you.

26 P: Now that makes me wonder what you feel. It sounds like
27 my feelings toward you could be more a result of wanting to

28 get revenge on my husband rather than a genuine feeling
29 toward you. I think the feelings are there and they are
30 genuine, but the source of those feelings may be more a way
31 of getting revenge.

CASE #1

Session #14

1 T: In addition to all that and whatever busy stuff that was
2 going on during the week, is there anything that you can
3 recall from our session Tuesday morning that might have
4 added to your pain in the head?

5 P: (Laugh) I was feeling really low from the previous
6 session and I didn't feel too good Tuesday either, mentally,
7 emotionally. And I don't right now recall anything specific
8 we talked about, I just was in one of those states where I
9 felt generally bad about myself and everything, and the
10 headache came on sometime after our session Tuesday in the
11 afternoon or later in the day. I remember having sensed
12 that it was coming. I came in here feeling rotten and I
13 didn't leave feeling a whole lot better, except that I
14 didn't feel quite as bad as I did when I came in. But I
15 wasn't feeling very good about myself.

16 T: How do you mean?

17 P: I think I can describe the feelings I had as inadequate
18 and ugly and generally ineffective and not happy with
19 anything. I vaguely remember and we talked a little bit
20 about your response to my feeling foolish and ridiculous,
21 about the feelings I had toward you. I felt better about
22 what went on here Tuesday than I had the previous time, but
23 I wasn't really clear. Sometimes I'll come in here and
24 things will be very clear and we talk and I understand what
25 you are saying and there are other times that you'll say
26 things that I'm not quite sure of, understand what you're
27 saying and I have a sense of confusion, no clear feeling for
28 what went on. I sort of had that feeling when I left
29 Tuesday.

30 T: This was this past Tuesday. Well, what was confusing?

31 P: Right now I can't think of anything specific. It's not
32 coming back to me very readily as to what we talked about.

33 T: I've given it some thought and the more I've thought
34 about it the more striking it seems what happened and it is
35 not surprising. It seems that you would feel foolish about
36 it as well as rotten because you had expressed some feelings
37 which in retrospect are really--and I should have realized
38 it at the time--are really difficult for you to express,
39 personal feelings, both your feeling warmly toward me as
40 well as sexually interested and my reaction was to--maybe

41 this is exaggerated maybe not too much but it is certainly
42 how you heard it--was to say, "Well, those feelings aren't
43 real, you're just mad at your husband and trying to take it
44 out on him." And given that's what you heard as my
45 reaction, it's not surprising you feel foolish and you feel
46 rotten about yourself. What's missing though and seems
47 equally reasonable that you would feel pissed off at me, for
48 responding that way.

49 P: For discounting the feelings. Did you intentionally do
50 that (laugh)...respond that way?

51 T: I'm not sure why I picked up on that and whether there
52 is a kernel of truth in it or not, which in a way is not as
53 important as the fact that I did, and could be seen as
54 discounting you. So for me it raises two questions. ONE is
55 you felt foolish and you felt rotten, but where is the
56 anger? The other question is why it happened as it did?

57 P: Why it happened as it did?

58 T: Yes. Whatever part I contributed to that is something
59 that I need to look at. But for our purposes, for you, we
60 need to look at what is going on between us.

61 P: But the time where you responded that it may be the
62 anger toward my husband.

63 T: Well, more generally, you reached out to me, expressing
64 feelings that are very personal, very important, and
65 intimate. And felt discounted. In terms of what is going
66 on there, I wonder if that is simply an experience that you
67 had with me.

68 P: Where I have reached out and gotten that kind of
69 response?

70 T: Yes.

71 P: Are you asking if I can remember anything specific, a
72 similar kind of thing?

73 Summary of next several lines:

74 The patient recalled her mother's disapproving attitude..
75 She then talked about a phone call she had made to the
76 therapist to reschedule the current session. She felt that
77 he had been perturbed. The therapist commented on her use
78 of his first name during this phone call.

79 P: Well, I've thought about that a lot...about what to call
80 you. And I've always had a tendency to call you Dr. L. I

81 don't know, for some reason I felt like calling you M. So
82 I did it. But I had a funny feeling about it and then you
83 weren't very friendly over the phone, and I thought, well,
84 you didn't like for me to do that. But, I did it.

85 T: What do you make of having experienced me in reaction to
86 your making overtures, your expressing a closeness to me?
87 That I seemed stern and detached?

88 P: What do I make of that?

89 T: Yes, did I disapprove of you, like your mother?

90 P: (silence)

91 T: What possibility is it of having the misfortune of
92 ending up with a therapist just like your mother, or
93 something else?

94 P: No, I don't think you are like my mother. I discount
95 that, immediately (laughs).

96 T: Let's see what else we could come up with (smile).

97 P: The only thing that comes to mind is that it is part of
98 that conflict I feel about what is appropriate behavior and
99 what isn't. Even though I think you are open to hearing
100 anything I have to say, and even though I have those
101 feelings, there shouldn't be anything wrong with it. But
102 you are a part of it and I don't know. It gets all mixed up
103 in my mind in terms of I am here to work out any problems
104 and that it's not appropriate to start having these feelings
105 about you personally. In that way. I don't know why I see
106 you as disapproving unless it's part of my problem of
107 dealing with my own self-concept. That I don't think highly
108 enough of myself to think that would be flattering to you or
109 be a compliment to you or whatever.

110 T: See, making a distinction between working out your
111 problems and the feelings you are having toward me, is there
112 any difference? Aren't those precisely what you've been
113 feeling toward me both before and then most recently,
114 precisely the things that have been causing you a problem?
115 The way you experienced me in the first few sessions was as
116 very bristly and disapproving and critical and you had to be
117 very careful. And you described that as like you mother..
118 Always ready to discount what you have to say. To
119 disapprove, to be critical. And then you began to feel more
120 warmly toward me. You felt that I wasn't that way. That I
121 listened to you in a way that your mother didn't and your
122 husband didn't. And you began to have feelings toward me,
123 maybe a lot of them were because you wanted to have a

124 closeness with me, maybe in a way you wanted to with your
125 mother. And that ended up again with you feeling rebuffed
126 and chastised.

127 P: I went back to sort out my expectation of coming here
128 and I, it looks like, I don't know how to say this, it looks
129 like I expected to come here and talk about what is
130 bothering me and try to figure out what the problems are
131 which started all of it without getting involved with you as
132 a person. It...I was thinking about that because I don't
133 think I ever thought about that too much. Does that make
134 sense?

135 T: Why would you ask me?

136 P: I am having trouble and I don't think I sound very
137 clear. I didn't anticipate or expect that I would relate to
138 you as a person or something. You are a therapist and you
139 are going to be off out here somewhere, listening to my
140 problems and everything and relating to you as a person and
141 getting involved with what is going on and how to feel in
142 relating toward you, I didn't even think about that
143 initially. Which is kind of ridiculous.

144 T: Why is it ridiculous?

145 P: Because you can't relate to people that way. There is
146 always going to be some type of interaction, some kind of
147 response.

148 T: You are the same person here that you are outside.

149 P: REgardless of who I am interacting with. It's just
150 exactly what you were saying. It would seem likely that the
151 same kinds of things would happen here as would happen in my
152 relationships with other people.

153 T: What we have seen is your expectation that around
154 feeling that in response to your overtures for closeness,
155 I'd be very detached or again, disapproving, discounting,
156 that somehow it happens again.

157 P: The interesting thing is that, intellectually, I can say
158 that it's probably not true, it probably would not happen.
159 But, that's emotionally that's the way I respond. It seems
160 like I'm always setting people up to be that way.

CASE #1

Session #16

- 1 P: I got up this morning feeling horrible, furious at
2 everybody in the world. And, I don't know what's gone
3 wrong, who I'm mad at, who I was mad at, who has made me
4 angry or what. I feel a headache coming on. The same kind
5 of physical symptoms I felt when I have been angry before.
6 I am really puzzled about how to figure out what is the
7 source of the anger and how to identify what is bringing it
8 on. I can't, nothing comes to mind about what we talked
9 about in our session that made me feel that way.
- 10 T: HOW would you put it into words?
- 11 P: HOW would I put it into words? You mean "I am furious"?
- 12 T: Yes, whatever that feeling is, just blurt it out.
- 13 P: I feel as if I am irritated. I am frustrated.
- 14 T: ABOUT what?
- 15 P: That's what I can't figure out.
- 16 T: Whatever comes to mind.
- 17 P: Well, the only thing that really comes to mind in terms
18 of looking back at what has happened in the last few days.
19 This is just terribly hard for me to say...when I talked to
20 you on the phone the other night, you said it was Dr. L.,
21 and it has bothered me ever since, and you are smiling as if
22 you expected that. (laughs)
- 23 T: I am smiling because I was going to ask you how you felt
24 about me doing that.
- 25 P: Why were you going to ask?
- 26 T: Well, it struck me again that you did call me by my
27 first name. And I called myself by my last name. It
28 happened a couple of times over the last few weeks. So, it
29 sounds like you're furious at me.
- 30 P: It sounds like it, but I keep saying that's ridiculous
31 and the same old thing. I keep saying to myself that if
32 that is what you prefer to call yourself to me, then why
33 should I get so furious, be so upset about it, be so
34 sensitive about it, try to rationalize the way I feel.

35 T: Rather than try to rationalize it, let's try to look at
36 it some more.

37 Summary of next few lines: The patient said she felt
38 "slapped in the face" but wished to avoid confronting the
39 therapist. Although she views her reaction as "ridiculous"
40 she proceeded to describe her dislike of using last names
41 with subordinates at work.

42 T: Are you feeling furious with me now?

43 P: I'm feeling teary when I talk about it (crying). It's
44 the same old thing. I bring up something that is very
45 uncomfortable, then I start crying, and I guess it's all
46 trying to express something that upsets me, the anger or
47 whatever, directly to you and I don't really expect any
48 particular kind of wrath to come from you as a result of it
49 or any kind of violent reaction, but I cannot understand why
50 I get so upset about it (crying harder). And, I knew if I
51 didn't say something about it, I would have the worst
52 headache ever was byu the time I got out of here.

53 T: You said it would be difficult, but it was a lot easier
54 for you to tell me you were angry at me, than it has been
55 before. But in crying, do you have a sense of what the
56 feelings are that are there? Is it that anger or is it
57 something else?

58 P: It doesn't seem like anger, it seems like hurt. That's
59 the only way that I can describe it.

60 T: So, we know that you feel hurt and really furious at me,
61 but what you can experience with me is just the hurt.

62 Summary of next few lines: T and P discuss the patient's
63 experience of parental disapproval when she expressed her
64 feelings. The therapist then brings the discussion back to
65 what has been happening between them.

66 T: Getting back to why, what came to mind for you was the
67 scenario about your employees and your becoming more
68 flexible about it and you figuring that when you felt that,
69 when you wanted employees to call you by your last name,
70 that's a way of keeping distance, pushing away. I wonder if
71 that is how you experience things here.

72 P: I think that is the only thing that I really had to
73 compare it to. I didn't think about that until this
74 morning, when I was walking across the street. Probably
75 that would be the initial reaction, based on my behavior.

76 T: And what we have been talking about in the last few

77 sessions is your desire to have a close relationship with
78 me, share with me affectionate feelings toward me, your
79 sexual feelings toward me, and before felt that I had pushed
80 you away. I wonder if again that's the same experience.
81 It's not a question of names, it's a question of that you
82 felt, a part of you felt, that this was the overture again,
83 for us to have a closer relationship. A more affectionate
84 relationship. A different kind of relationship than a
85 doctor-patient relationship. And that you felt that my
86 calling myself by my last name, I was pushing you away, and
87 that is why you were so furious.

88 P: I think that's probably what I felt but I think the
89 thing that bothers me most is, why should I get so furious
90 about it? It that...I just don't understand why I should be
91 so sensitive to that.

92 T: To be pushed away by someone you want to get close to?

93 P: Yes.

CASE #1

Session #20

1 P: Before we get started today, could we talk about the end
2 of this, or the continuation or whatever, in terms of the
3 timing in relations to the project?

4 T: Well, what are your feelings about it?

5 P: I'm feeling like I don't want to quit at the end of the
6 time period. I just need to talk about it, and I really
7 respect your input.

8 T: I think that is something that is certainly timely to
9 talk about. What are your thoughts about it?

10 P: Well, right now I feel like so much is happening and I
11 feel the sessions are not long enough. I always leave here
12 recently feeling there is so much more I want to talk about
13 and it seems like I am getting sort of a frenzied feeling,
14 I don't know if it is because I know time is catching up
15 with us. I just feel that I am just beginning to put things
16 together and get a sense of what is going on, but yet I'm
17 not really there yet. And I just feel like it is a mistake
18 to stop.

19 T: I didn't catch the word you said...what kind of feeling?

20 P: Frenzied.

21 T: Frenzied.

22 P: I come here and there is os much I wanted to say and so
23 much is going on and I know that I'm not going to have time
24 to get it all in this one session, and I can hardly wait to
25 get the next session. That is kind of the way I am feeling
26 right now. I don't know if that is related to stuff I
27 haven't thought of or whether it is because of a lot of what
28 is going on. But, I need to know what is going to happen at
29 the end of the three months, in terms of this. Is that an
30 option?

31 T: Sure, it's an option. But before, we should think it
32 over. Let us look a moment at what that experience is like
33 for you. This frenzied feeling that you have, the session
34 is not long enough, that there is too much to talk about,
35 you can't wait from one session to another. Also, you

36 mentioned the last time that sometimes you get cold feet so
37 you have mixed feelings about it. Can you say some more
38 about what it is like for you? What it is that you feel that
39 you need to get out of the session and why it is not long
40 enough?

41 P: Well, just like last time. I wanted to tell you what
42 happened over the weekend. I wanted to tell you about the
43 dream that I had and that it just seems like there are a lot
44 of things going on that I'm coming here to tell you about
45 and try to figure out what it means, if it means anything,
46 and how it fits into whatever and everything else that has
47 been going on. I also feel like I still have a lot of
48 tension about our relationship and what goes on here. I go
49 away sometimes feeling, I just have this sense of, and I'm
50 not sure about what is going on here with us, and I see
51 things getting better with my husband and this is nice, but
52 now I'm concerned that maybe I'm doing some of the same kind
53 of things with you here that I want to try and get
54 straightened out. I hate to see it just stop before that
55 time. I'm uncomfortable with that, I'm concerned about it.
56 I'm not ready to give it up. I think when I get this
57 feeling that you are not listening and you're not concerned
58 or whatever, I haven't really, at the time I'm getting the
59 feeling that a lot of times I don't really stop and say,
60 "What is going on with you right now?" I'm getting this
61 kind of message from you. And I need to check out whether
62 my perception is right, because I know I have a tendency to
63 draw conclusions and just go on and then stew about it, I
64 think that's what I've been doing. I get so wrapped up in
65 what I want to say and what I want to tell you about what's
66 happening that it's hard to think about the other.

67 Summary of next few lines: P and T continue to discuss the
68 patient's concerns about terminating at the stipulated time.

69 P: Another part of it is that in coming here I didn't, it
70 just never even occurred to me that that sort of thing could
71 happen...

72 T: What sort of thing?

73 P: That anything could happen between us. It was like, I'm
74 so puzzled by that, I guess. I have the expectation that,
75 well I didn't have the expectation that I would have
76 feelings about you, and I think that's kind of ridiculous
77 when I think about it. Intellectually, it's kind of
78 ridiculous because how can two people interact and not have
79 some feelings transmitted but I expected, I guess, that not
80 to happen here.

81 T: What did you expect?

82 P: What had I expected? That we would never talk about
83 what was going on between us. I didn't have that
84 expectation. I just thought it would always be external
85 factors, and I didn't expect to get caught up in feelings
86 that I had about you and what was going on between us.

87 T: What are your thoughts about why that's real important to
88 you now?

89 P: I don't know. As I said, it may not be, maybe I'm not
90 sure at this point that it needs to be brought up, but I
91 feel like I haven't had enough time to get assurance.

92 T: What do you feel is uncertain? What needs to get done
93 before you feel comfortable inside?

94 P: I think one thing that needs to happen, I need to be
95 able to react to my feelings when they occur here. And, not
96 just let it go by and stew about it later. Sometimes, I
97 have a sense that I would like to know if what I am sensing
98 from you is what is happening. Because I think I have a
99 tendency to misinterpret you a lot of times.

100 T: You feel you are able to do that better now in your
101 relationship with your husband?

102 P: I haven't really done it a lot. That is a whole area
103 that still needs a lot of thought. Last week was the
104 beginning, the first step in terms of my being able to tell
105 my husband about my feelings very easily and not get all
106 foggy in the head.

107 T: It sounds like what has changed most is that it's not as
108 automatic a thing and you're very aware of it now.

109 P: Uhm Humm.

110 T: In addition to your feelings about that there are
111 certain things that have started, that you have done some
112 work on. You feel it would be useful for us to do some more
113 in many ways. The things that you feel are important
114 changes that you are making. You have just begun.

115 P: Uhm, Hmm.

116 T; IN addition to that, in terms of your experience in our
117 relationship, the feelings that you have been talking about,
118 about me. What thoughts do you have about how that takes a
119 role in your not wanting to stop?

120 P: Initially, when we talked about my sexual feelings
121 toward you and I was terribly frightened by that, it's a

122 question I had and I was thinking about it, I couldn't
123 remember how it was that you happened to ask that, and I was
124 wondering if the whole thing about my behavior kind of lets
125 people, and I know I'm having a lot of trouble with the
126 sexual part versus the whatever. For some reason I seem to
127 want to separate the two out, and that whole thing is
128 unsettled for me. And I feel like all my inhibitions that
129 have been squashed since I came here are ready to explode.
130 (laughs) And I don't know what.

131 T: Well, what comes to mind?

132 P: Well, I don't know. I feel like I want to learn to play
133 the guitar, I want to sing, I want to fly away somewhere or
134 something. (laughs) I have these real light, kind of airy
135 feelings, to run around the house naked and carry on.
136 (laughs)

137 T; Sounds like fun.

138 P: (laughs) Yes. Well, I think I keep going back to the
139 sexual feelings I had, that being so unexpected, I just, I
140 get real hung up in relating to men on a sexual basis
141 versus...lately I relate to every man I see in the street,
142 sizing them up in terms of how good they are in bed or
143 something, and that is real bothersome to me. I think
144 that's a way I am relating to men.

145 T: Well, it's one thing to be sizing them up on the street
146 versus inviting them to proposition you, and the way you
147 respond to your attitude about it, it's as though they were
148 the same.

149 P: Yes. It looks exactly that way, as brought out about
150 the feelings I had toward you.

151 T: How would you experience men before you started feeling
152 this way?

153 P: Sort of avoidance. I didn't...difficulty relating to
154 them. I have always had trouble just talking, just
155 conversation.

156 T: Is that different now?

157 P: It's a little different now. In fact, I've noticed it.
158 I can even encounter somebody, a man, who I don't even know
159 and maybe I know a little bit, not well, and I can joke and
160 cut up, and sort of banter back and forth, which has always
161 been a real problem for me.

162 T: Well, now before, when you saw a man as attractive, that

163 would now be attractive to you, inside you're saying he
164 looks pretty good, how would you handle it before?

165 P: Before?

166 T: Before you started experiencing these feelings?

167 P: When I'd talk, I'd really need to control myself and be
168 careful about it, the way I looked and acted, and what I'd
169 say. Afraid I'd be transmitting a "come on" sort of
170 message.

171 T: So before you were also aware of being sexually curious
172 but you immediately had to squelch it, so that's not
173 different?

174 P: That's not really, no not entirely. That's part of the
175 problem. I think because I now just feel less need to
176 control it. I feel like more like I could be playful, but
177 I, it doesn't threaten me. It doesn't mean that anything is
178 going to happen.

179 T: It sounds like you have started to feel more comfortable
180 with men. You enjoy contact with men. What's bothersome
181 then? What I hear you saying is a little different from what
182 I thought you said before. What I hear you saying is that
183 you have always been sexually curious about men, now you
184 just feel more comfortable with it.

185 P: Well, I guess it's the whole thing of sexual interest,
186 I guess. And thinking about that before I even know the
187 person, it's like, that part of me that was always taught
188 that sex and intimacy and physicalness, was reserved for
189 someone you were very bound to, and were going to spend the
190 rest of your life with. That sort of thing.

191 T: That sounds like you still believe that. We are talking
192 about your curiosity.

193 P: Well, when I'm in a situation where I'm with a man, with
194 the person I'm supposed to spend my life with, and I should
195 not be having all these sexual feelings about other men.

196 T: Well, do you think that is pretty common?

197 P: Well, this friend I have, she feels the same way and she
198 and I have had a lot of discussions about that.

199 T: Then, there are two of you walking around.

200 P: There are two of us. (laughs)

201 T: Well, how would yo feel if you never had any sexual
202 curiosity about any other men?

203 P: Other than my husband? Well, recently I feel like it
204 would cut out a lot of time (laughs). Maybe that's why I
205 feel all of a sudden, it's a big thing with me. It's
206 becoming more fun. I'm not threatened by thinking something
207 is going to happen if I feel that way.

208 T: So if you were, felt like you experienced your parents
209 teaching you. You never had any sexual curiosity or sexual
210 interest in any other man, would that, in terms of what you
211 do, would that make life just a lot less fun?

212 P: Another thing that just popped into my head was I said
213 that with my husband the other night, I felt like I'd enjoy
214 being somebody's mistress and just being put up in a plush
215 place and not having to do any of the nitty gritty grimy
216 stuff related to everyday life. His response was, "Yes, I
217 think I'd enjoy being somebody's gigolo, too? (laugh) and he
218 said, "Is that one of your fantasies?" and I said, "Well,
219 yes, it's fun to fantasize about it" and he said, "As long
220 as nothing comes of it." I mean, just that flat out answer,
221 and I thought, I wonder if he thinks I'm going to do
222 something! My experience from him was that it was okay to
223 think about it as long as I didn't do it!

224 T: Because he does it, too.

225 P: Because what? He does it too.

226 T; It looks like we have two women and one man who walk
227 around here having these fantasies.

228 P: (laughs)

229 T: The population is growing.

230 P: You are very cynical.

231 T: (laugh) Going back to if we look at what we talked
232 about today, in terms of your initial questions, you're very
233 concerned about stopping. Try to understand a little more
234 about your concerns in terms of what you said today. It
235 seems like aside from the very real issue that you feel
236 you've worked out some important things, and they're not
237 done, and you don't feel you have done as much as you like.
238 By the way, parenthetically, the question is very realistic
239 that how do you know how much you've done. That's a very
240 realistic concern, but what went into that? It sounds like
241 it is also a feeling that our relationship has gotten to be
242 comfortable. Maybe you don't want to give it up for that

243 reason. I also wonder if there isn't a nagging feeling on
244 your part, even though it sounds like you feel very good and
245 confident, more confident, more optimistic about making
246 changes you feel are very good for you, and that you feel
247 the ball is rolling. I wonder if there is the nagging
248 feeling that somehow it is tied to my sanctioning it and
249 that if we stopped, it will all just collapse, maybe that is
250 not the best word, maybe it is like the barn door will slam
251 shut again.

252 P: Well, I think that I hadn't thought about it
253 specifically, your sanctioning it, but I had thought about
254 what would happen if we terminated this right now and not as
255 a point where its internalized: "It's my feelings and it's
256 okay with me." I'm not sure.

CASE #1

Session #22

1 At the beginning of the session P says she feels she has
2 regressed, and all of her old self-doubts and inhibitions
3 have returned. HER mother is visiting and P feels a great
4 deal of tension in their relationship.

5 T: It sounds again like you feel that this is not at all a
6 good time to think about ending.

7 P: That I'm sure of it.

8 T: So you give yourself some pretty convincing evidence
9 that, as we talked about last time, that maybe all of the
10 progress you felt you made was real tenuous, collapsing.

11 P: That's exactly what I feel like is happening today. I
12 feel like I can handle my husband a little better. I'm
13 beginning to feel better about that, but this whole thing
14 that came up with her again...

15 T: We also see that there is, especially the last time,
16 there are a number of reasons why you wouldn't want to stop,
17 end our relationship. Which I think raises the question of
18 how much you are trying to convince us, even at your own
19 expense, that this is a bad time to stop?

20 P: Why do you ask, well, what's wrong with trying to
21 convince us? I feel that I'm just relating what has
22 happened and that the doubt and questions I have about it
23 which I have a right to convince you.

24 T: You sound kind of irritated with what I said?

25 P: It sounds like what you are saying is that I am
26 deliberately trying to make my case and maybe I interpret
27 that in a wrong way, I don't know. I think right now,
28 today, I feel kind of desperate. And I guess I don't
29 understand, that when we talked about this and I was kind of
30 frantic up until we finally had the session where we finally
31 talked about it, and after that I felt better. Of course, it
32 still hasn't been decided. It hasn't been clear.

33 T: Part of that decision, an important part of it, is
34 looking at how you react and how you feel about how you
35 react to the possibility of our stopping. When you said,

36 for instance, that you recall that when you were a kid and
37 you and your mother were at odds with each other, that what
38 you could do was vow that you would not speak to her, which
39 must have upset and hurt you as much as her. Is it possible
40 that part of you is doing the same thing now? In other
41 words, that you are feeling that everything is collapsing,
42 that you are having the same problems that you had before,
43 the same inhibitions. That is a way of not speaking, an
44 expression of your disappointment and anger at me. We've
45 been thinking about stopping our relationship, but your
46 reaction is at your expense, because it hurts you.

47 P: Well, I hadn't really thought about that. What I keep
48 hearing you say is that I'm burying a lot of stuff in
49 relationship to us.

50 T: That you are what?

51 P: Burying. That there is a possibility that what I'm
52 saying, I am reacting to something I don't want to hear. I
53 am describing it as totally based on what is going on
54 outside of here.

55 T: Well, if you think of it that's kind of surprising and
56 striking because all along we have been doing that and it
57 has made sense and all of a sudden it doesn't.

58 P: That's why I'm saying if I just blocked it out, so it
59 never even occurs to me.

60 T: That's very likely. It's especially surprising since
61 what we are looking at now is reaction to something that is
62 very difficult for anybody--ending an important
63 relationship. So it's doubly surprising that you felt it
64 didn't have anything to do with us.

CASE #1

Session #24

1 P: Well, I've come out of my misery. I feel better today.
2 My husband and I had a talk the other night and he said
3 something to me about the spring of the year and that he had
4 noticed that at this time of the year, just about every
5 year, I get a real low and he asked me if I had thought
6 about it and he said when did I remember one of the first
7 times feeling that way, and I thought back to my illness and
8 that year he went off in the summer and so forth. He said,
9 "No, that's not the earliest time." I said, "When was it?"
10 He said it was the first year we were married, that it was
11 the spring of the year. I wanted to quit graduate school
12 and I was feeling really depressed and low and it was funny
13 because I thought all that happened in the fall. But, then
14 I got to looking farther back and trying to pinpoint
15 separation from somebody I had a very close relationship
16 with. And...

17 T: Go back over that again.

18 P: Well, I was trying to think farther back, because he was
19 telling me that he was very disappointed that I had
20 regressed and things were not going well and he had really
21 been happy the time I had been in a good mood and it looked
22 like we were working some things out, and I was trying to
23 think back farther and the next thing that I can think of
24 was a significant relationship I had with men I had been
25 closely involved in, it seems like at this time of the year
26 is when I terminated my relationship with the man I talked
27 about and had the dreams about. It's also the time I broke
28 off the engagement with the person before that. It's also
29 the time, I was thinking, my father died in January and just
30 after that was the time I was going through breaking up the
31 relationship with the older man. I was trying to go back
32 farther than that to see if I can think of anything else and
33 the next thing that popped into my mind that I hadn't
34 thought about was the time when I was a real small child and
35 something was wrong with my mother, she was ill, and I was
36 sent to an aunt's house and I knew, it was a terrible
37 experience, I remember being terribly unhappy the whole time
38 I was there, but I remember riding the bus home by myself,
39 and I always wondered if that was in fact what happened.
40 And I couldn't have been over four or five years old. I
41 know my dad met me at the bus station.
42 T: You rode the bus by yourself?

43 P: Yes, I rode the bus by myself back home and my dad met
44 me at the bus station. My mother, I don't know where she
45 was, whether she was still in the hospital or whether she
46 was home or what, but, so I asked her this morning. I was
47 just curious at what time of the year that happened and she
48 said it was in the fall. I was asking her what happened that
49 made me have to go off to this aunt's house and she said
50 that she probably had a nervous breakdown, because she was
51 very depressed and she was crying all the time and
52 apparently my older brother had broken his leg playing
53 football and she was experiencing a situation in which she
54 couldn't cope. And so, I was sent off, and I don't remember
55 where my sister was, I guess she was still at home. I just
56 remember the experience being very bad at this aunt's house
57 because she was very authoritarian, worse than my parents.
58 She was just mean. Mother was not real clear on the length
59 of time I stayed up there. She said she thought it was a
60 short time. What had happened was this aunt who was her
61 sister came down to sort of take care of things at home and
62 help mother, and mother said she couldn't stand her. She
63 felt that there was a conflict between them and so she just
64 told her to go back home and take me with her. So we rode
65 back on the bus together and I came back by myself. Mother
66 said she thought I was probably four years old. The thought
67 of putting my child on a bus by herself to send her
68 somewhere just appalls me, it is just horrible to me. And
69 now I'm thinking about the things we're talking about here,
70 terminating, and here it is, this time of the year again,
71 another relationship that has been meaningful and suddenly
72 it's going to end and I know, like when my daddy died, the
73 thing that I remember thinking, being the saddest about, was
74 that I felt that I never really knew him. And was close to
75 him. Never had developed that emotional closeness that I
76 would have liked to have had.

77 T: Which is exactly how you feel about me.

78 P: Uh-huh.

79 T: When did he die?

80 P: He died in January.

81 T: Of which year?

82 P: Sixty-seven. My husband seems to think that I go
83 through this cycle every year. We talked about it and he
84 thinks he has seen it since we have been married, not
85 necessarily every year, but he particularly related it to
86 the first year we were married and when I was in graduate
87 school.

88 T: You know, your earliest memory was of being left.

89 P: Yes, and I don't know what time of year that was. I
90 would suspect that it was spring or summer. BEcause the
91 weather was warming up and I know the weather was warm
92 because they were going fishing when I left.

93 T: In a way, it doesn't even matter what time of the year
94 it was. That memory seems to include all of the losses,
95 emotionally. It sounds as if it is a very important
96 experience for you.

97 P: YOU know the other day when you said, you made some
98 statement about it's hard when you terminate a relationship
99 that has been meaningful to you, I can't remember exactly
100 what you said, I almost burst into tears. And I thought you
101 were saying to me, I really thought you were saying, this
102 was the end. That's the way I felt. Even though that
103 decision hadn't been made specifically. That's how I felt.
104 My husband and I had a really good talk the other night.
105 But, I brought up the fact that did he expect me to make a
106 lot of changes, and he said no. He said it may take you
107 three years or something like that. I said, "Are you saying
108 that it's a hopeless situation?" He said, "No, I think that
109 the next few months will be critical in terms of what you do
110 and how you handle yourself. But I am willing to stick by
111 you through it all." He was really very supportive. I just
112 thought, unlike him. If he'd talk to me like that once a
113 month, our problems would be okay.

114 T: What are your thought about these memories that are
115 coming about various losses? How do you feel? What do you
116 make of them in terms of what you're struggling with about
117 ending our relationship?

118 P: Well, it's just the fact that that decision is going to
119 be made and my reaction to it has bee that I don't want it
120 to end, but I guess, I don't know, it just made me start
121 thinking about why I was reacting the way I was and what the
122 alternatives would be if we terminated, and what I saw would
123 be the consequences. And I guess what my husband said about
124 seeing this in me periodically at times of the year, I just
125 sort of started to think back and he made some comment about
126 that it could go back further--way, way back in my early
127 childhood.

128 T: What alternatives are possible?

129 P: Well, termination and see what happens. See if I can
130 cope with the problems I have any better. Looking at
131 whether I need to continue and if so, with you or with
132 somebody else or a different therapy of something like that.
133 I could demand my money back since I feel like I didn't make

134 any progress. That thought ran through my mind when I was
135 feeling bad. (laughs) I really didn't feel like I could do
136 it.

137 T: I know a part of you does.

138 P: (laughs) I am getting back at you if you say we need to
139 quit. (laughs)

140 T: You say that with a laugh and a smile.

141 P: I can't help it, that's just the way I do it!

142 T: That's a little more out in the open than before, the
143 angry feeling. You say it with a smile, at least it's said.

144 P: Another thing is that I decided that I wasn't going to
145 wallow in my self-pity. I've only got one session left, I
146 don't feel that way today. Other alternatives, well, I'd
147 like to know what do you think. I don't if I'll get that or
148 not. But, in terms of how you feel where I am, the problems
149 that I have mentioned.

150 T: Well, before I give my opinion, let's hear about yours.

151 P: About my opinion?

152 T: Yes. Why do you think mine is more important?

153 P: Not necessarily. I think it has a part. I'd like to
154 know what your perspective is. That might help me look at
155 the situation a little better. I guess part of the nagging
156 and wanting to continue is not opening myself up as much as
157 I'd like to and that sort of thing. Seeing that as just a
158 possibility. I think I've sort of tried to prepare myself
159 for the termination. Maybe I've gone through the grief over
160 what I felt the last two or three times. I feel like I've
161 gone through that, being sad about it and now sort of coming
162 out of it, and look at the future and, well, if it does
163 happen and what's it going to be. I've geared myself up for
164 that possibility. At least that, maybe that's trying too
165 hard to control how I feel, but still I have to do that at
166 this point.

167 T: This phase of therapy could be viewed as a potential
168 mourning period which is shaped by the central issues which
169 have been the focus of the treatment.

170 P: I only have couple of sessions. I just don't want to do
171 that. I can't function feeling like I did the last couple of
172 times. I had such a terrible stomachache, and had all the
173 physical ailments. It got abut to the point where I was

174 going to have an ulcer. But now today it's not too bad.

175 T: But as you say, grieving is not a pleasant experience.
176 It was like that when your father died. Even anticipatory
177 grieving. (silence) When you said that one of the things
178 you feel you haven't done up to this point is getting to
179 know me, opening up to me.

180 P: I think I feel maybe it's that same kind of feeling like
181 I had with my daddy in that I guess I tent to think, look
182 back and think, well, why didn't I reach out? Maybe if I had
183 made the effort and not been so protective of myself, he
184 might have responded to that. I couldn't for some reason,
185 obviously we talked about some of the reasons why, I did
186 reach out one time and got rejected. And, so it saddens me
187 to think, here, I've done it again. I've been in contact
188 with a person and I'm still protecting myself through that,
189 and now that it's about to end, I'm sorry that we are not
190 closer and, granted, you may not allow that to happen, but
191 I'm feeling more sad about my not having reached out or
192 wondering if I did reach out. I think the problem is
193 basically that I didn't.

194 Later in this session:

195 T: Certain things that you would like to do that you are
196 not sure you can do on your own, continue progress or being
197 more open and being more comfortable with your feelings, so
198 that the automatic reactions that you have cause you
199 difficulties, which you are much more aware of can still
200 happen. Also, parenthetically, is it possible that it is
201 pretty difficult to change and not really as important as
202 whether you can catch those things or not? STop yourself
203 when they get started. What we're also seeing is a lot of
204 feelings you have that have to do with holding onto, making
205 things different than they were before. Today we talked
206 about the experiences you had with your mother and father.
207 So, it's not really an easy decision to sort out what is the
208 right decision. My feeling is that one of the things that
209 was, I think, very strong in your experience of our
210 terminating in 25 sessions, if we did, was that it was
211 permanent. You never said that, but the quality of what you
212 said.

213 P: Yeah, something just popped into my head. I hadn't
214 mentioned...we could terminate and explore the possibility
215 of the future, if I got to the point where I was feeling I
216 needed help again.

217 T: That is something that clearly is very possible. Sure!
218 WHY not?

219 P: I was acting like it was the end of the world and there
220 was no other possibility to pick up pieces if I got to the
221 point where I was disintegrating.

222 T: Right. That's another facet which I think you were
223 picking up on today in terms of recalling your father's
224 death and when you were sent away which...being sent away at
225 that age, you must have felt like you would never come back.
226 An important part of your experience of this relationship is
227 it is like I was dying. Like you were being sent away never
228 to return. That's one of the things that makes it so
229 frightening and infuriating. When, in fact, sure, if we
230 stop now, and you saw how things went, there is nothing to
231 stop you from coming back.

232 P: What's interesting is the fact that I reacted that way.
233 That is was going to be final, no options.

234 T; RElated to that is the possibility that it doesn't
235 matter how long it is, three months, or three years, or
236 three centuries, given all the things that get stirred up
237 around ending a relationship, ending our relationship, how
238 would you ever know if you could do it? The only way to
239 know is to try.

240 P: I need to try.

CASE #2

Session #1

- 1 T: Hello. I'm Dr. Wolberg.
- 2 P: How do you do.
- 3 T: Won't you sit here in this chair opposite me so we can
4 talk things over?
- 5 P: Thank you. (pause)
- 6 T: Would you like to tell me something about your problem?
- 7 P: Well, doctor, I can't know what's wrong, but there is
8 something seriously the matter with me. I am upset, and
9 depressed, and I have pains around my heart. I'm frightened
10 that I have a heart condition. (pause)
- 11 T: I see. (pause) Have you had your heart checked by your
12 physician?
- 13 P: Yes. I have. He gave me an electrocardiograph.
- 14 T: Uh huh. What was your reaction to this?
- 15 P: I was upset, but he reassured me it wasn't serious.
16 (pause)
- 17 T: Do you feel that your heart condition is a serious one?
- 18 P: No, I don't. I don't think about it as being serious.
19 You know doctor, I don't feel very good. I don't feel
20 strong. I don't...(pause) well, maybe its nerves.
- 21 T: Nerves?"
- 22 P: That's right. I have a good doctor and I trust him as
23 far as my physical condition is concerned. (pause)
- 24 T: But?
- 25 P: Well, doctor, I know that there's something wrong. And
26 I don't know what it is. There is something wrong with me.
27 I can't seem to get interested in anything.
- 28 T: I see.
- 29 P: I don't have any interests...of course, I have the

30 theater, but I haven't been going. I've had no desire to
31 go. I just don't feel like it. I've been going to bed
32 every night about 9 o'clock 'cause I guess I think I'm sick
33 and I should go to bed and rest. I mean, I mean I don't do
34 anything that would be pleasant. I just sit home and read.
35 And I can do those things, but that isn't the way to live.

36 T: It must be very frustrating.

37 P: I have a feeling that life makes no sense. I suppose I
38 worry too much about things like my heart.

39 T: And you get little real please out of life.

40 P: That's right. And I tell myself it's because of the
41 heart, but I know it isn't a heart condition.

42 T: I see. (pause) You're sure it's not a heart condition?

43 P: I haven't had a pain in two months. I used to get a
44 pain across here, in my back. But that really doesn't
45 bother me.

46 T: I see.

47 P: Yes. And I was talking to an old friend of mine. She's
48 the one that recommended you. She said you helped her a lot
49 and she was sure you could help me.

50 T: You would really like to get rid of this trouble?

51 P: Doctor, there is nothing I wouldn't do to get rid of
52 it. Life doesn't mean anything, you know, the way things
53 are going. (pause)

54 T: How did you come to the conclusion that it was your
55 nerves that were at fault?

56 P: Well doctor, you know Mrs. Henshaw, and I'm very fond of
57 her, and I've seen how she's come along so nicely that I
58 thought that maybe I could get something out of it too.
59 (Mrs. Henshaw is that friend who referred P to T)

60 T: Mm hmm.

61 P: I said to her, "You know, really I should do something
62 for myself. This is awful what's happening to me, now."
63 This was only last week, because, really, I said I don't do
64 anything, but just sit at home. I don't want to see
65 anyone, and I get into bed and can't wait to get into bed.
66 I just look at my bed, and it looks so good that...but I
67 guess, I don't know whether it's health or what it is

68 doctor, whether it's mental or...I don't know. (Pause)

69 T: Well, let's see. You do seem to have a problem and
70 perhaps I can help you with it. First however, I should
71 like to get a little more information, and then we'll talk
72 things over and see what can be done.

73 P: Anything that I can tell you, doctor, that will be of
74 help, I wouldn't hesitate.

75 T: Do you have any ideas about what is causing this
76 trouble.

77 P: I really do not, except that I find that nothing really
78 matters, It's so discouraging, you know. I don't feel as
79 if I'm living. You know that...you know about that song,
80 "Old Man River?" Scared of living and afraid of dying?
81 Well, that's it.

82 T: Mm hmm.

83 P: It goes back further than I think, because while I was
84 in business my mind was occupied and I didn't think about
85 myself so much. You know, we had a book business, my
86 husband and I. We built it up into something very
87 substantial. And then when he died I was left with the
88 business. That was six years ago. (pause)

89 T; I see. (pause) Perhaps if I ask you a few pointed
90 questions, it may make it unnecessary to come back to
91 preliminary things later on.

92 P: All right, anything you say, doctor.

93 T: How old are you?

94 P: Fifty.

95 T; You husband died six years ago you say?

96 P: Yes.

97 T: How long were you married?

98 P: About twenty-three years.

99 T: Any children?

100 P: No.

101 T: And you were in the book business. When did you give
102 that up?

103 P: About a year ago.

104 T: Have you been doing any work since?

105 P: No, doctor, I've been retired and haven't wanted to do
106 anything. I gave up my business because I felt I couldn't
107 stand working any more.

108 T: Now briefly, what other symptoms do you have besides
109 those you told me about.

110 P: I don't know what you mean.

111 T: Do you feel depressed?

112 P: Very much so--most of the time.

113 T: Any panicky feelings that scare you?

114 P: (pause) No, not anything like that.

115 T: Any fears?

116 P: No.

117 T: Any thoughts that crowd into your mind that you can't
118 get out of your mind?

119 P: I don't think so.

120 T; How about compulsions? Do you feel compelled to do
121 anything over and over?

122 P: No.

123 T: What about headaches and dizziness?

124 P: I do get dizzy feelings from time to time.

125 T: Any stomach trouble?

126 P: No.

127 T: Any sexual problems?

128 P: Well...there just is no sex, and I don't seem to miss
129 it.

130 T: Upset by that?

131 P: I don't think so.

132 T: Any tension.

133 P: I am tense most of the time.

134 T: How do you sleep?

135 P: Very poorly. I average 4 to 5 hours of sleep a night.

136 T: Any nightmares?

137 P: No.

138 T: Do you dream a lot or a little.

139 P: I rarely remember any dreams.

140 T: Can you recall a dream that seems vivid in your mind?

141 P: (pause) No, not a single one.

142 T: How about drinking? I mean alcohol.

143 P: Just an occasional drink.

144 T: How about sedatives?

145 P: I take none.

146 T: Do you feel fatigued or exhausted?

147 P: A good deal of the time.

148 T: In other words, the chief problems are this lack of
149 energy, the exhaustion and depressed feelings.

150 P: Yes, if I could get rid of those, I would be happy.

151 T: You have no financial worries?

152 P: I don't have to worry. I mean, of course, I can't go
153 crazy, do a lot of stupid things with money, but I can get
154 alone nicely with what I got for the business. And
155 there's another thing. I like to do things. If I can get
156 things for someone else, I break my neck to go out and get
157 it. For myself I just haven't any interest. I'd walk
158 miles to find the right thing for a friend or any one that
159 I'd want to do something for, but I haven't...I don't even
160 want to go out and get anything for myself. I need a
161 hat, and one night I should go out and buy a hat. This hat
162 is about five years old. I should go out and buy a couple
163 of hats. You see what I mean.

164 T: I believe I do. You find this very annoying?

165 P: I do very much. It's about time I did do something for
166 this trouble.

167 T: To get back to the origin of this trouble, was there
168 ever a period when you felt happy?

169 P: That's hard to say. I suppose there were times.

170 T: How about your childhood?

171 P: Well, that was bad. We had a tough time. My father
172 died when I was five years of age.

173 T: Do you remember him?

174 P: No, but I do remember going to live with my mother's
175 cousin. I saw my mother though, occasionally.

176 T: What sort of person was she?

177 P: She was a sweet person. I was very close to her, a
178 wonderful mother, and understanding. She lived with my
179 sister and I before I was married, and with my husband and
180 I after my marriage. She passed away five years ago.

181 T: I see.

182 P: My husband liked my mother too.

183 T; What about your husband?

184 P: Well doctor, that's where a lot of my trouble was. He
185 was a playboy type, and didn't pay enough attention to me.
186 Well, it hurt, my pride was hurt, but then, I thought he's
187 probably seen so much of me, he's tired of me, you know.
188 You work with someone all day long, and you have all the
189 troubles together. You know, doctor, we've been through
190 so much, through the depression, and through so many
191 problems we had to work out. And I thought maybe he was
192 just tired of the whole thing. I don't know whether I
193 resented it or not. I don't know.

194 T: You attached to him?

195 P: I was crazy about him. And, of course, he was very
196 good, he was very good to my mother, see, and I
197 appreciated that. And after all, I got along with him.

198 T: And then he passed away, and after that your mother
199 died. Where you alone then?

200 P: Well, I had my sister, and I, we have a great deal in
201 common, and besides being a sister she's a good friend. I
202 can talk to her.

203 T: Do you see her?

204 P: Every week, she comes in to see me once a week and we
205 have lunch at my home together and we visit. She stays a
206 few hours and that's about all. I haven't anyone else. I
207 mean not anyone else to confide in or go over anything
208 else that I might feel.

209 T: How old is your sister?

210 P: A few years older than I am.

211 T: Any other children in the family?

212 P: Yes, and older brother who I don't see often.

213 T: How do you get along with him?

214 P: Very well, but we don't see each other often.

215 T: I see.

216 P: You see, doctor, while I was working I wasn't thinking
217 about how bad things were, but I haven't regretted getting
218 out of my business, doctor, not for one minute--that I
219 haven't, because it was too much for me. (pause)

220 T: It was too much?

221 P: And I wasn't too happy in there because I was forcing
222 myself, see. It was evening work too, and I'd find
223 myself, oh so depressed going in there every night from my
224 home, and then going home alone from there, and tired and
225 everything, don't you know? And I have not regretted that
226 for one minute in spite of the fact that I am very lonely.
227 But I haven't regretted selling it, not once. But, I
228 don't know, maybe I should get a little something to do.
229 Get out into something different again. I don't know.

230 T; You've been very lonesome.

231 P: Yes, as far back as I can remember. You see, my
232 husband was a playboy type, as I said, and he didn't pay
233 enough attention to me. Up until he had his kidney
234 condition he was a very strong fellow, but he got a
235 condition, and he had that for eight years, and of course,
236 I worried about that, and I never knew but that when I'd
237 come home that I'd, well, that he wouldn't be there. You

238 know what I mean. His doctor told me he might pass away
239 any time.

240 T; You worried a great deal about him?

241 P: Well, he was a wonderful man, but he was a playboy--a
242 lot of fun for himself, and toward the end I really was
243 neglected, in a sexual sense, and, and that went on for a
244 long time.

245 T: How come you stuck to him for so long? Did you feel a
246 loyalty to him?

247 P: Well, I did and I felt that he needed me, doctor, that
248 he was ill; and I felt that being with him I would
249 probably see that he would take better care of himself
250 than if I wasn't there. You know how it is, and I was
251 married to him for a good many years by that time.

252 T: You were in love with him.

253 P: Oh yes, definitely.

254 T: How did his not paying attention to you affect you?

255 P: Well, I felt very hurt about it naturally, because we
256 had been together so long, and we had worked so long
257 together.

258 T: And did you bring to his attention the fact that he
259 paid no attention to you?

260 P: Oh, yes, of course I did.

261 T: How did he react?

262 P: WEll, he said that he felt that we were together too
263 much, and that had something to do with it, because we
264 worked together in the business, you see. (pause)

265 T: And he tried to explain the fact that he was detaching
266 himself from you because you had been together so much?

267 P: WEll, that's the way he explained it, yes, and we took
268 vacations separately, which isn't' bad. That isn't
269 anything, a lot of people do that.

270 T: What about your own personal life? Had you become
271 interested in anybody else?

272 P: No.

273 T: During the period when you were sexually active with
274 your husband, were there any sexual problems?

275 P: Perfectly normal, I enjoyed it.

276 T: After he stopped having relations with you, didn't you
277 feel that you wanted to continue?

278 P: Well, yes, I did doctor, but you see, it was just
279 about that time, it was about in 1938 that I had had this
280 operation, and that also did something to me.

281 T: What operation was that?

282 P: A hysterectomy, removal of the womb because of
283 fibroids.

284 T: I see.

285 P: After that I felt I was out of things because it made
286 me feel there was something lacking. I was ashamed of it,
287 or something.

288 T: You were ashamed of this operation:

289 P: Yes, and then it took me a long time to recover from
290 it. It's quite a shock, it's quite an operation. And, of
291 course, that started during that time. From that time on,
292 doctor, that we weren't...ah...that I, that we, ah
293 weren't...

294 T: Together?

295 P: It's just that I had been ill, you see. I was in the
296 French Hospital for about five weeks with this thing. And
297 then when I came home, things seemed changed for me,
298 because my husband started withdrawing from me more than
299 ever.

300 T: There were no other people you could be close to as
301 friends?

302 P: Yes, I'll tell you, doctor. In that business you meet
303 a lot of people. It's all a part of the whole work. You
304 know what I mean. And my having, well my working with
305 my husband there, and all the help that had been with us
306 for so many years, I mean, that I felt that there was a
307 certain amount of dignity along with my position there.
308 And I didn't at any time give anyone any encouragement,
309 and even after I was a widow I just did what I should, and
310 I don't know why I just thought it should be that way.

311 T: You mean for six years you have been leading a
312 solitary life?

313 P: Yes, isn't that awful?

314 T: You feel that's pretty bad.

315 P: Well, I guess it's myself doctor.

316 T: Do you think that you could be very attractive to men?

317 P: I don't know...(pause) I suppose if I had a child
318 things would be different.

319 T: Did you want children?

320 P: Yes, but I suppose I couldn't have them. I never used
321 contraceptives, but just couldn't have them, and the, of
322 course, after the operation it was impossible.

323 T: And now there doesn't seem to be any person with whom
324 you are close?

325 P: No.

326 T: Is it possible that a block exists in you that
327 prevents a relationship from starting? Is it possible
328 that such a block made you more and more discouraged toward
329 getting intimate with any person?

330 P: Well, you see, now even in this present time, when
331 I've so much time on my hands, time to think, which I
332 didn't have before, that is to think about myself--I didn't
333 have any time before to think about myself--now I can't
334 imagine myself being married again, which would be the
335 logical thing to think about now when I haven't any other
336 responsibilities or problems that I had had in the past. I
337 can't imagine it, that I would meet someone now, someone
338 that I could care for, which would be a wonderful thing, but
339 I just can't conceive it. I can't imagine how I could do
340 it, doctor.

341 T: You can't find within yourself any possibility of
342 this?

343 P: I've met many men, but can't get interested.

344 T: You've met a lot of men--probably many of them that
345 would want to take you out?

346 P: Yes, yes.

347 T: But could you warm up to them?

348 P: No, no. I didn't believe it, and I don't know what it
349 was.

350 T: What is it about a man that would appeal to you, what
351 type of may particularly?

352 P: Someone that would be understanding and sympathetic, a
353 nice person.

354 T; A nice person. And haven't you met any such people?

355 P; No. Well, I don't know, it seems to me that...well, I
356 know some married men--and I resent that sort of thing, and
357 I mean, that someone would think as little of you as to
358 think that, you know, that you'd go out with them, and
359 they were married.

360 T: Primarily your desire is not to have a pure sexual
361 affair.

362 P: No.

363 T; Companionship and understanding.

364 P: Someone you know that you could be with. I'm
365 absolutely alone, because my sister is married, my brother
366 is married, and he has his daughters, and they all have
367 their lives, and I understand that, and I don't expect
368 them to give me their time, because they have their
369 interests. But I should have mine too.

370 T: You would like to be able to have your interests too.

371 P; Yes, yes.

372 T: So it seems that you have been frustrated a good deal.
373 You were a loving wife and were rejected. You wanted love
374 and companionship and these were not forthcoming. You had
375 your business on your mind to divert your attention; but
376 after you gave that up all your frustrations piled up on
377 you. And now nothing seems worth while.

378 P: That's it exactly, doctor; that's exactly how it is.

379 T; The important thing is doing something about it.

380 P; If there is anything you can do to help me, doctor, I
381 do need help. You can see that.

382 T: Do you have any ideas about psychiatry or
383 psychotherapy.

384 P; No, nothing other than I've read in the appears, and
385 what Mrs. Henshaw told me. I think it's a wonderful thing
386 to be able to help these problems.

387 T: Well, then we can get started. WE will meet once
388 weekly. How would Tuesdays at 4:30pm suit you?

389 P; That's fine, doctor.

390 T: You say there is no financial problem?

391 P: No, not really.

392 T: I should like to obtain a psychological examination.
393 Often this can be of help in expediting treatments. If
394 you agree, my secretary will give you the name and address
395 of a good psychologist.

396 P: Anything that you say will help, doctor. Do you think
397 I can really be helped?

398 T: All people can be helped. The extent to which they
399 can be helped, however, varies. The most important item is
400 the desire for help, which enables a person to do what is
401 necessary in the treatment process to get well.

402 P: I know--I do what to do all I can because things are
403 no good the way they are.

404 T: All right the, we will meet next week. One thing
405 more, in the event you have any dreams, try to remember
406 them and mention them to me next week.

407 P: All right, doctor, I'll try.

408 T: Good. So, I'll see you next week. Goodbye.

409 P: Goodbye, doctor.

CASE #3

Session #1

- 1 T: Will you sit there.
- 2 P: (Sits down)
- 3 T: What brings you here?
- 4 P: (sighs) Everything's wrong I guess. Irritable, tense,
5 depressed. (sighs) Jus'...just everything and everybody
6 gets on my nerves.
- 7 T: Nyeah.
- 8 P: I don't feel like talking right now.
- 9 T: You don't? (short pause) Do you sometimes?
- 10 P: That's the trouble. I get too wound up. If i get
11 started I'm all right.
- 12 T: Nyeah? Well perhaps you will.
- 13 P: May I smoke?
- 14 T: Sure. What do you do"?
- 15 P: I'm a nurse, but my husband won't let me work.
- 16 T: How old are you?
- 17 P: Thirty-on this December.
- 18 T: What do you mean "he won't let you work?"
- 19 P: Well (clears throat) for instance I...ah...I'm supposed
20 to do some relief duty two weeks (sighs) this month...next
21 month, September, and he makes it so miserable for me that
22 I'm in a constant stew. (sighs) And he says that my place
23 is home with the children. I agree, but I wa...I need a
24 rest. I need to get away from them. I need to be with...oh
25 with people. I can't stay closeted up in the house all the
26 time.
- 27 T: How many kids are there?

28 P: Two.

29 T: How old are they?

30 P: Three...five months.

31 T: Mmmhnn.

32 P. Oh it isn't only that. It's a million things.

33 T: Tell me some of them.

34 P: Well to begin with, there are a lot of things I didn't
35 know about him before we got married that I should have
36 known--at least I feel I should have.

37 T: You've been married about four or five years?

38 P: Four years.

39 T: Mmm.

40 P: ...in November. And (sighs) I think he's a chronic
41 alcoholic. He drinks every day, and he just can't seem to
42 let the stuff alone. He says he can, but he can't. He
43 never has been able to except (sighs) the one time the
44 doctor had him on a diet and then he ate candy bars. Candy
45 bars, I suppose he had to have sugar. But it's just I feel
46 that it's...it's either going to ruin me or the kids or all
47 of us. It...

48 T: What does he do?

49 P: He's a truck driver.

50 T: One of these long-distance hauls or what?

51 P: No. He used to do it. He doesn't now. They just
52 do...ah...hauling within the state. And about mm...five or
53 six months ago he went on trailers. Well I know it's hard,
54 but he comes home and he takes it out on all of us. He
55 starts nagging the minute he gets in the house.

56 T: Is he away a good deal?

57 P: He eats and he sleeps in the house, and that's all there
58 is to it. And it's an insult to me naturally.

59 T: Mmmhnn.

60 P: Once in a while he's decent. (pause) I keep thinking
61 of divorce, but that's another emotional death. And I

62 don't want to do it with the kids right now. They're too
63 young.

64 T: Divorce is an emotional death?

65 P: I think so.

66 T; I don't quite understand what you mean. (short pause)

67 P: Well it's...I think it's a...worse than death. If he
68 died I think I'd be happy. I honestly would. (tearful)

69 T; Mmmhnn. I didn't understand...

70 P: (interrupting) And he won't get help. That's the
71 trouble. He won't admit that it's any problem.

72 T: I would like to hear more about that, but first...I
73 didn't quite understand that about divorce being an
74 emotional death.

75 P: I don't know whether I can explain it. (short pause)

76 T; Are you opposed to divorce...ah...generally or?

77 P: Yes, I am.

78 T; On what grounds?

79 P: (interrupting) That's why I'm here because I think a
80 lot of marriages can be salvaged.

81 T: Now on what grounds are you generally opposed to
82 divorce?

83 P: Well I think that the children...

84 T: Mmmhnn.

85 T: ...are the ones who suffer really. It's still a stigma
86 to divorce in our family. It's very strong.

87 T: Yes. What's your religious background?

88 P: (interrupting) Plus the children being taunted about
89 it.

90 T: What's your religious background?

91 P: Protestant Episcopal.

92 T; Mmmhnn.

93 P: (short pause) I just feel that if I divorced him, I
94 know it would be hard for me to readjust. It's hard enough
95 now to keep my head above water.

96 T: Yeah?

97 P: I think it would be hard for the children. I know it
98 would. And it would be hard for me to work and support 'em.
99 You have to pay baby sitters so much that you're lucky if
100 you have enough to eat on after the week's over. All I can
101 think is that if I can stand it a few more years. And then
102 I get to the point where I didn't think I could stand it a
103 few more years. And that's why I came here.

104 T: Nya. What...what were you going to do if you could
105 stand it a few more years?

106 P: I'm going to school to get my B.S.

107 T: You're going now?

108 P: Yes.

109 T: Yes?

110 P: And then I just figured if things got too much I'd pack
111 up my traps and leave if I had a good job where I wouldn't
112 have to break my neck.

113 T: You mean if the kids were a little older then you could
114 make it?

115 P: Yes. Well if the kids were in school.

116 T: If they were in school then you would consider a
117 divorce.

118 P: Yes. And then I wouldn't...Then I would.

119 T: I see.

120 P: But I'm still generally opposed to it...

121 T: Yes.

122 P: ...because I think that...that I can be straightened
123 out.

124 T: That you can be straightened out?

125 P: Yes.

126 T: I didn't get the impression that you thought it
127 was...ah...your problem.

128 P: Well it's affecting me. It's making me unstable. I
129 never used to be like this.

130 T: Yes.

131 P: Things didn't used to bother me this way. I used to be
132 depressed. Occasionally. Sure! Who isn't? But not the
133 way I am now. Not so that I wanted to turn on gas and jump
134 out of the window.

135 T: How long have you been feeling that way?

136 P: Ever since I've been married. And on the honeymoon he
137 drank every night. He didn't want to go anywhere. All he
138 wanted to do was sit in and drink. And I couldn't see
139 that.

140 T: How long did you go with him before you married him?

141 P: Four or five months.

142 T: And he wasn't doing it then?

143 P: Well he was drinkin', but I was under the impression
144 that it was social. I never had seen him drunk.

145 T: Mmmhnn.

146 P: WE used to go out and have a few beers together, but
147 only once did I see him drunk. And that's when a friend
148 came down to celebrate, and they really did celebrate. And
149 I asked his friends, and they said, "Oh, he just has a few
150 drinks. I've never seen him drunk." Nobody told me that
151 his father was a chronic alcoholic. His father went to ---.
152 HE was only there two weeks, but apparently they
153 straightened him out. Something did because he hasn't had
154 a drop to drink in twenty years. I think it's twenty.
155 His father's disgusted with him. He seeks older men for
156 companions. He's down in the gin mill every night of the
157 week. The only way I could have him stay with the kids at
158 all is to force a showdown and have a temper tantrum like a
159 kid.

160 T: He doesn't care much for the children?

161 P: He apparently cares for them when he's with 'em. But
162 that's all. He just doesn't seem to want to be bothered
163 for any length of time. He comes home at night. He eats
164 dinner. HE reads his paper and he falls asleep. He doesn't

165 want to be bothered with the kids when he's reading his
166 paper. He might play with 'em a little while. Then he goes
167 out and he drinks, and he comes home and he goes to bed. He
168 gets up. He won't even eat breakfast. I used to make
169 breakfast for him. What'd he do? He couldn't eat it. He
170 had to go...I don't know. I think he has an allergic
171 rhinitis. He hacks and cough, and even though I have one of
172 those foam pillows for him he still does it a lot. Then if
173 he's eaten his breakfast, he goes and vomits it. Now he's
174 gotten so he gets out of bed at the last minute, eats
175 breakfast on company time. (short pause) It's just
176 that...I wasn't brought up like that. We had a very happy
177 life...I mean comparatively happy. With five kids in the
178 family my father had to work hard, but he still spent a
179 lotta time with us. I dunno. I expected him to be the same
180 way I guess. He wanted a home and he wanted kids. Never
181 spends any time i the house. It's fixed up comfortably.
182 I've gone out and worked part time. And I worked while I
183 was pregnant and bought things for the house. In fact most
184 of the stuff in our house I bought anyway. I'd saved money
185 before I'd gotten married. He never had saved anything
186 much. And that's a thorn in my side too. (short pause)
187 It's just everything...I'd...it's getting so that the older
188 girl is wetting the bed again. And she was...well she
189 started after [the baby] was born. I expected that, but now
190 it's worse than it ever was.

191 T: Why did you expect it?

192 P: Well there's usually some sibling rivalhood...rivalry,
193 at least I understood there was.

194 T: Mmmhnn.

195 P: Naturally with a new baby she didn't get quite as much
196 attention from me.

197 T: Mmm.

198 P: It's gotten so I have to lie down with her at night,
199 and lie down with her in the afternoon to get her to take a
200 nap. She won't take a nap. She's on edge all the time, and
201 running. And she's a very active child, but she seems tense
202 to me.

203 T; Didn't you have a lot of doubts about whether to have
204 a second baby?

205 P: Yes, I did. It was an accident.

206 T: Oh.

207 P: I felt very low when it happened for the simple reason
208 that the first four months I...well I did with the other
209 one too...I was wretchedly sick. I vomited morning, noon,
210 and night.

211 T: Was the first one planned?

212 P: Yes. (short pause)

213 T: Does...

214 P: (interrupting) And I really didn't expect it quite so
215 soon. I mean I was using a preventative. I
216 had...want...not...she wasn't really planned. I wanted
217 one, but I wanted to wait about a year so that there'd be a
218 period of adjustment.

219 T: And how soon after your marriage was she conceived?

220 P: Oh it must've been about three weeks.

221 T: Oh.

222 P: It was very soon after.

223 T: Oho. Where were you reared?

224 P: ----- . Came from a very small community. I lived on
225 an island.

226 T: Your family back there?

227 P: Yes.

228 T: What family you got?

229 P: My mother and father. One of...sister lives home with
230 her son. One lives in ----and one lives in ----. My
231 brother's just gone to Germany.

232 T: In service you mean?

233 P: Yes. He's back in the Army again. Has his own choice.

234 T: How'd ya get in this neck of the woods?

235 P: Well I met my husband down home. My family had known
236 him for about a year before I did.

237 T: Yeah. Were you at home?

238 P: Yes.

239 T: You trained out there?

240 P: No. There isn't any hospital there.

241 T: Yeah. And...

242 P: Oh I ...I guess I was just bored with everything and I
243 wasn't really in love with him. I know that.

244 T: You know it or you knew it?

245 P: I knew it then.

246 T: You did?

247 P: I did.

248 T: Then why did you marry him?

249 P: Well I figured if you lived with a man long enough
250 you'd come to love him. I did love him. I still love him.

251 T: You do? WHAT do you mean by that?

252 P: I do. I love him, but he...at times I hate him. I
253 know I love him, but he's so miserable that I can't love
254 him sometimes. He's always trying to make me feel...I
255 dunno. I suppose he's trying to project his inferiority
256 complex into me. He's always telling me that I'm not any
257 good as a nurse. He doesn't see why I want to go out and
258 work. HE doesn't know anything about my work in the first
259 place. If I say anything when I know he's wrong, he said,
260 "Oh you're full of baloney. You think yuh know
261 everything." Even though the statements I made were
262 documented.

263 T: And how did you happen to move to ----?

264 P: Well, he lives in ____.

265 T: His family is in ----.

266 P: Yes.

267 T: Does he have a big family?

268 P: No. His mother died when he was twelve or thirteen,
269 and he was shifted around from one relative to another. He
270 played hookey from school. He went to work when he was old
271 enough. He's been on the same job every since.

272 T: You got any friends?

273 P: Yes. I have a few in ----, but they're friends that I
274 met through him. I have a few other friends, but I have no
275 time to go out.

276 T: You have to stay with the kids all the time?

277 P: I have to stay with them all the time except when I go
278 to school, and it's fight enough to go there. I just don't
279 feel like making any more scenes.

280 T: Where are you going to school?

281 P: ----College.

282 T: How much time do you spend there?

283 P: Well, I went for eight weeks this summer, I
284 spent...ah...let me see, my first class was nine twenty-
285 five until twelve-five, and then I go part time at night,
286 two nights a week. And it's usually for about three hours
287 at a time.

288 T: You going to continue that through this school year?

289 P: If I can.

290 T: They're night classes are the?

291 P: Yes.

292 T; How long will it take for you to get your degree?

293 P: Mmm, years.

294 T; How many?

295 P: Oh about three more years.

296 T: And he fusses about your going to school?

297 P: He makes it miserable.

298 T; So how do you get away with it?

299 P: Well, I started to hire baby sitters, and then that
300 would bring him into the house 'cause he wouldn't trust
301 anybody else with the kids at night. See, the house we
302 live in is a...is very tense. The landlord was a ...has
303 been a mental patient. He was up at ----. I think he's
304 paranoid schiz. We had a very rough time. His wife has been
305 in the hospital twice. WE don't know what's wrong with her.
306 She just seems to be sort of moron I guess. She doesn't

307 seem very bright. She's good-natured, but she's jittery,
308 silly, giddy.

309 T: You have...you have an apartment or what?

310 P: Yes. WE have an apartment upstairs. Every time he
311 hears a noise he has to run up, "I hears a noise. What are
312 yuh doing now? What are yuh doing to my house?" HE
313 gets...always running through the house and pulling stuff
314 out of the cupboards and moving furniture and...

315 T: I didn't quite expect to hear you say that your husband
316 was so concerned about the children that he wouldn't let
317 anybody stay with them. Isn't that a little bit strange in
318 view of what you've told me?

319 P: Well, at night...see he won't...in the daytime it's all
320 right because then he can go out at night.

321 T: Hmm?

322 P: It's perfectly all right with him if I go to school in
323 the daytime because I can go...he can go out at night. It's
324 staying in at night that he objects to. He wants to go out
325 every night of the week.

326 T: Yes. But what I mean is why is he not satisfied then
327 for a baby sitter to be there?

328 P: I don't know.

329 T: Well, you said he wouldn't trust the children with a
330 baby sitter.

331 P: Yes. That's what he told me, but it was apparently all
332 right for them to come during the day. He didn't want a baby
333 sitter there at night.

334 T: Why not?

335 P: Well, I don't know. I think because of the landlord,
336 because he runs up in the house all the time. He doesn't
337 want us to have any company of anything. In fact
338 everything...way I...when my sister came down with her two
339 kids he was up in the house three and four times a day to
340 see what was going on. Well we're making too much noise; we
341 were using too much water--this is the landlord. Then my
342 husband forbade me to have any company. He didn't want any
343 of my family to come. He forbade my sister to come. And I
344 had to write home and tell my mother that the plans had been
345 changed, and she told me...wrote back and said that my
346 husband would not be welcome there anymore, which I

347 expected. That went on for two months. I argued with him
348 for two months before. I thought probably I could argue him
349 into having her come down and take care of the kids for the
350 summer, and bring her little boy. He didn't want her there.
351 He was afraid she'd be out at night, goin' out on dates and
352 so forth. And then the landlord came up and he said that I
353 couldn't have anybody there, living there in the house,
354 taking care of the kids. I would have to...In fact, he said
355 I couldn't have anybody, and I said, "Well I'm going to hire
356 somebody to come up during the day and you can do what you
357 want to about it." So I called the REnt Area Control
358 Office, and they said that he had the last say, but to go
359 ahead and do it anyway, that he probably wouldn't do
360 anything about it. Well he didn't, except to walk up and
361 ask the baby sitter what her name was and carry on as usual
362 runnin' up and down around the house.

363 T: Does your husband come home drunk?

364 P: Occasionally.

365 T: Is he ever physically abused you?

366 P: No. He made a pass at me once, but I got outa the way.
367 I grabbed a knife and I guess he knew I'd use it. I was so
368 mad.

369 T: Does he get verbally abusive?

370 P: Yes. Very noisy. The whole neighborhood can hear it.

371 T: But why have you put up with all this?

372 P: Well frankly because, as I said before, if I had to go
373 out and work and hire a baby sitter, I don't know how we'd
374 live. I don't.

375 T: Mmmhnn.

376 P: It's very difficult. Baby sitters are expensive.

377 T: Does that mean if you could manage it financially you'd
378 leave him?

379 P: Then again I don't know. Sometimes I think I would.
380 Other times I don't think I'd even be able to stay away from
381 him. I know he'd come crawling back, and I'd probably take
382 him back.

383 T: Why?

384 P: I don't know. I had...I guess because I love him.

385 (tearful)

386 T: I'm not sure I understand exactly what you mean when you
387 say that. Or do you mean that you'd sort of want him back
388 under any circumstances?

389 P: No, not under any. I want to be treated decently.

390 T; Yes, but the prospects for that don't look very bright,
391 do they?

392 P: No, they don't. According to what our family doctor
393 said, I should...well he didn't tell me to pack up and
394 leave. He said that probably, eventually, I'd have to...to
395 get myself ready to...to get a better job. He told me to go
396 on with my school.

397 T: Has anything happened recently that makes it...you feel
398 that...ah...you're sort of coming to the end of your rope?
399 I mean I wondered what led you...

400 P: (interrupting) It's nothing special. It's just
401 everything in general.

402 T: What led you to come to a...

403 P: (interrupting) It's just that I...

404 T: ...a psychiatrist just now?

405 P: Because I felt that the older girl was getting tense as
406 a result of my being stewed up all the time.

407 T: Mmmhnn.

408 P: Not having much patience with her.

409 T: Mmmhnn. (short pause) Mmm. And how had you imagined that
410 a psychiatrist could help with this? (short pause)

411 P: Mmm...maybe I could sort of get straightened
412 out...straighten things out in my own mind. I'm confused.
413 Sometimes I can't remember things that I've done, whether
414 I've don 'em or not or whether they happened.

415 T: What is it that you want straightened out? (pause)

416 P: I think I seem mixed up.

417 T: Yeah? You see that, it seems to me, is something that we
418 really should talk about because...ah...from a certain point
419 of view somebody might say, "Well now, it's all very simple.

420 She's unhappy and disturbed because her husband is behaving
421 this way, and unless something can be done about that how
422 could she expect to feel any other way." But, instead of
423 that, you come to the psychiatrist, and you say that you
424 think there's something about you that needs straightening
425 out. I don't quite get it. Can you explain that to me?
426 (short pause)

427 P: I sometimes wonder if I'm emotionally grown up.

428 T: By which you mean what?

429 P: When you're married you should have one mate. You
430 shouldn't go around and look at other men.

431 T: You've been looking at other men?

432 P: I look at them, but that's all.

433 T: Mmmhnn. What you mean...you mean a grown-up person
434 should accept the marital situation whatever it happens to
435 be?

436 P: That was the way I was brought up. Yes.

437 T: You think that would be a sign of emotional maturity?

438 P: No.

439 T; No. So?

440 P: Well, if ;you rebel against the laws of society you have
441 to take the consequences.

442 T: Yes?

443 P: And it's just that I...I'm not willing to take the
444 consequences. I...I don't think it's worth it.

445 T: Mmhnn. So in the meantime then while you're in this very
446 difficult situation, you find yourself reacting in a way
447 that you don't like and that you think is...ah...damaging to
448 your children and yourself? Now what can be done about
449 that?

450 P: I dunno. That's why I came to see you.

451 T; Yes. I was just wondering what you had in mind. Did you
452 think a psychiatrist could...ah...help you face this kind of
453 s situation calmly and easily and maturely? Is that it?

454 P: More or less. I need somebody to talk to who isn't

455 emotionally involved with the family. I have a few friends,
456 but I don't like to bore them. I don't think they should
457 know...ah...all the intimate details of what goes on.

458 T: Yeah?

459 P: It becomes food for gossip.

460 T: Mmmhnn.

461 P: Besides they're in...they're emotionally involved because
462 they're my friends. They tell me not to stand for it, but
463 they don't understand that if I put my food down it'll only
464 get stepped on.

465 T: Yeah.

466 P: That he can make it miserable for me in other ways...

467 T: Mmm

468 P:...which he does.

469 T; Mmmhnn. In other words, you find yourself in a situation
470 and don't know how to cope with it really.

471 P: I don't.

472 T: You'd like to be able to talk that through and come to
473 understand it better and learn how to cope with it or deal
474 with it in some way. Is that right?

475 P: I'd like to know how to deal with it more effectively.

476 T: Yeah. Does that mean you feel convinced that the way
477 you're dealing with it now...

478 P: There's something wrong of course.

479 T: ...something wrong with that. Mmmhnn.

480 P: There's something wrong with it.

481 T: But then I'm not quite clear. Does that mean that you
482 think that if you behaved in the...the right way or whatever
483 way, that you could get your husband to change?

484 P: No, I don't think I could get him to change. But I
485 think that I wouldn't be so nervous and upset myself.

486 T: Uhn. You think it wouldn't upset you so. You'd find some
487 way of managing it.

488 P: I think so.

489 T: I see. I suppose you've gone round and round with him
490 about the idea of his straightening himself out or going to
491 see somebody? How does he react to that?

492 P: Well he takes a negative attitude that he has no problem.
493 It doesn't exist. It's all in my head.

494 T: You asked him to go see a psychiatrist?

495 P: yes.

496 T: He denies that drinking is a problem?

497 P: He does. He denies that his...he has any
498 emotional...ah...immaturity, which he does have, I feel.

499 T: Mmmhnn. Hmm.

500 P: He's constantly around men. Sometimes I wonder if he
501 isn't homosexual and doesn't realize it.

502 T: Mmm.

503 P: I wouldn't say it to him.

504 T; I notice that you've used a number of psychiatric terms
505 here and there. Were you specially interested in that in
506 your training, or what?

507 P: Well, my great love is psychology.

508 T; Psychology?

509 P: Mmmhnn.

510 T: How much have you studied?

511 P: Oh (sighs) what you have in your nurse's training, and
512 I've had general psych, child and adolescent psych, and the
513 abnormal psych.

514 T: Mmmhnn. Well, tell me...ah...what would you say if you
515 had to explain yourself what is the problem?

516 P: you don't diagnose yourself very well, at least I don't.

517 T: Well you can make a stab at it. (pause)

518 P: Well, for one thing I hated to grow up. I remember when
519 I was twelve I was on the beach and I had the top of my suit

520 down, and we were playing in the sand, all five of us. And
521 my mother said, "You must put your top up. You're a big
522 girl now." Well, I had...my breasts had started to grow
523 then. And I remember how I resented it. And I resented the
524 fact that I wasn't a boy because my mother wanted a boy. I
525 tried to be a boy. I tried to...well compete with them. And
526 I hated them because they always beat and...you know, at
527 their games, at their sports. So then whenever one
528 aggravated me, I tried to beat him up, which I usually did.
529 And I remember I didn't want to go out with them because I
530 didn't like any of them my age. Well, there weren't too
531 many. It was a small town. And I resented the fact that
532 they were a little bit too...ah...well they wanted to be
533 intimate and I resented that. I didn't like to be pawed and
534 petted. And then I finally was roped into it. My si...the
535 sister next to me wanted to go out, and in order for her to
536 go out I had to go along on the double date. And she begged
537 and pleaded with me. And so I said all right I'll go with
538 her, but the boy that I went with never danced. And he was
539 strictly a clod. And I didn't like him. I only went out
540 with a couple from home. And then I went to the city to
541 work. I took care of a mentally deficient child before I
542 went in training, for four months. And I started to go out
543 with men. I don't even remember how I met half of 'em. I
544 guess I picked the first one up, or he picked me up. And I
545 started to drink, and I got so I drank quite a lot over a
546 period of years. Now I don't touch it. I'm afraid of it.
547 (short pause)

548 T: And what conclusions do you draw from all this about why
549 you're not adjusting now the way you think you should?

550 P: Well, I wasn't adjusted then. I feel that I've come
551 along way, but I don't think I'm still...I don't still don't
552 feel that I'm adjusted.

553 T: And you don't regard your husband as being the
554 difficulty? You think it lies within yourself?

555 P: Oh he's a difficulty all right, but I figure that
556 even...ah...had...if it had been other things that...that
557 this probably--this state--would've come on me.

558 T: Oh you don't think so:

559 P: I don't think he's the sole factor. No.

560 T; And what are the factors within...

561 P: I mean...

562 T; ...yourself?

563 P: Oh it's probably remorse for the past, things I did.

564 T: Like what? (pause) It's sumpin' hard to tell, hunh?
565 (short pause)

566 P: (pause; moves around; pause) I've had one psychiatric
567 interview before, but it wasn't anything like this.

568 T: Where did you have that one?

569 P: Oh down ---- ----- . I was depressed, and this doctor
570 took a history on me.

571 T: This quite a while ago?

572 P: Forty-three. So, anyway, I had a vaginal discharge. And
573 I had been working in V.D. section up there, and naturally
574 the first thing they as...they all ask the boys was "when
575 was the last time you had intercourse?" So just said I
576 hadn't had intercourse in three months. So anyway he wrote
577 refer...he wrote me out a psychiatric referral. And as far
578 as the psychiatrist was concerned then, he said there was no
579 mental illness at the, you know, present time. But I was
580 depressed. I ...well I had B.M.R. of minus thirty at the
581 time. And I was...wonderful escape sleeping fifteen to
582 sixteen hours a day. In fact, every minute that I wasn't
583 working I was sleeping. Wouldn't even go out of the
584 barracks.

585 T: So how is this interview different?

586 P: Oh he asked me routine questions.

587 T: Mmmhnn.

588 P: How...then he asked me how I like the Army and so forth.
589 But you know...I dunno. I think I had a tendency to cover
590 things up.

591 T: Yeah. What is this thing you had so much remorse about.
592 (pause)

593 P: It seem to me I'm going around in circles. In nineteen
594 forty-six I met a man. He was married, but I loved him
595 anyway. I became pregnant. I left him first. Went to the -
596 ---to get away. And then I cam back, and I saw him once
597 again. That's when it happened. I was pregnant when I met
598 my husband. He offered to marry me, and I said I didn't
599 want to. And I didn't think it was far to marry a man under
600 these circumstances. At the end of the fourth month I lost
601 the baby. Two months later I married him. I always felt
602 that he held that little bit of information above my head,

603 that he's blackmail me if he didn't get his way.

604 T: Mmm.

605 P: And I guess that's why I married him.

606 T: If he didn't get his way in what?

607 P: He wanted me to marry him, period. He just wanted a
608 wife to like the rest of the fellows. They all had wives.

609 T: Yeah?

610 P: He wanted a home and he wanted kids. Just sort of like
611 people want cars and televisions.

612 T: Yeah. So you thought he'd hold this information over
613 you?

614 P: I did. I still do.

615 T: Mmm. How come it took you so long to tell me that?

616 P: It's hard for me to talk about.

617 T: Sure it is. I know. I'm real glad you did tell me. Got
618 a lot of things on your chest you think you need to get off?
619 (short pause) Yes I think you should be talking to
620 somebody. Ah...I don't know if they explained to you that we
621 have this initial interview, and then there's a...an intake
622 conference where we consider the suitability of the person
623 for psychotherapy. And I'm sure that you can benefit with
624 psychotherapy. It's just a question of how soon we can take
625 you. And I'll try to see that you get in as soon as you can.

626 P: (crying)

627 T: OK?

628 P: (sobbing)

629 T: Hmm?

630 P: My husband says that every time I want to go to the
631 doctor with something wrong...I hurt my back years ago. I
632 have a congenital deformity. Every once in a while I get a
633 back sprain. Anyway, I went for two months. I was having the
634 thing baked, and I was emotionally upset. It wasn't doing me
635 any good. I know darn well it wasn't. But the doctor
636 insisted I have 'em. Every time I went down there was a hue
637 and a cry. It'd be the same way every time I go to a
638 doctor. It's a hue and a cry.

639 T: Yeah.

640 P: (sighs)

641 T; You mean you think he's going to object to your seeing
642 a psychiatrist bec...

643 P: I know he is! I told him I was going. He thinks that
644 I'm just a lotta hot air. He told me that. He said, "Oh
645 you're not going. You talked about it so long you'll never
646 go."

647 T: Nyeah.

648 P: (sighs)

649 T; Is there anything else you want to tell me? (short
650 pause)

651 P: No now.

652 T: You'll be able to manage a while if it takes a little
653 time, won't you?

654 P: Yeah.

655 T: Sure. I'm sure you will.

656 P: All I need is somebody to talk to, but I can't...I can't
657 tell my friends these things. My God they'd never...

658 T: Yeah.

659 P: They'd be shocked to say the least.

660 T: Mmmhnn. All right the, you'll be hearing from a social
661 worker.

662 P: Thank you. (attempts to open the door)

663 T: Mmmhnn. That works very hard. Let me.

664 P: Goodby, Doctor.

CASE #4

Session #1

- 1 T: Are you completely satisfied with your present life and
2 adjustment?
- 3 P: Yes.
- 4 T: It's very gratifying to be well satisfied.
5 Understandably you wouldn't want any treatment if there is
6 nothing wrong.
- 7 P: No.
- 8 T: Your mother thinks you ought to get treatment. I wonder
9 why?
- 10 P: I don't know.
- 11 T: Maybe you're angry that she sent you here, if you didn't
12 need treatment.
- 13 P: I'm not angry.
- 14 T: Mm hmm. (pause) But there must be some area in which
15 you aren't completely happy.
- 16 P: Well...(pause)
- 17 T: Are you satisfied with the way everything is going in
18 every area of your life?
- 19 P: (pause) No, not exactly.
- 20 T: Mm hmmm. (pause)
- 21 P: It's that I don't go out much, not much. I don't go out
22 with boys.
- 23 T: I wonder why?
- 24 P: I don't know. I don't have a desire to go out, I mean
25 the energy. I get tired.
- 26 T: Would you like to want to go out more?
- 27 P: Oh, yes. I often wonder what I could do to make me want
28 to go out.

29 T: Well, if you really would like to work with me on that,
30 maybe I could help you with it.

31 P: But could you do anything to make me want to go out?

32 T: I wouldn't make you do anything, but if you were
33 interested, we could explore this area and find out what it
34 was that held you back.

35 P: I think I would like that, if you could do it.

CASE #5

Session #1

- 1 T: Tell me Ms. S, what brings you here to me.
- 2 P: I haven't been able to sleep lately.
- 3 T: Is this only lately or have you been having difficulty
4 sleeping for many years.
- 5 P: No. It's just the last little while.
- 6 T: It is unbelievable that you have it only the last little
7 while because the way you behave shows that you have
8 difficulty relating to sleep from the earliest childhood on.
9 I spoke to your mother. And your mother said you have great
10 difficulty falling asleep from the age of 10 on.
- 11 P: Well, I don't remember it that way.
- 12 T: That's perfectly all right. You don't have to remember
13 it but your mother has informed me that you have difficulty
14 falling asleep from earliest childhood on.
- 15 P: Why do you believe my mother and not me.
- 16 T: Because she is your mother. She was there when you were
17 not even, ah, you were, you don't know anything about
18 yourself except what your mother and father tells you.
- 19 P: Well I remember times when I slept very well.
- 20 T: That's not what you're mother and father, I had your
21 mother and father here together with you and that's not what
22 they say.
- 23 P: Well, I remember a few years ago when...
- 24 T: (Interrupting) But one thing we are getting aware of
25 something. You're a stubborn, contrary person, you would
26 like to have it your way. Ah, you insist that it should be,
27 that it should be that way you say it is and we have
28 evidence to the contrary that, by the way your sister, a
29 lawyer, has said the same thing.
- 30 P: (pause) Well, what can I say if you don't believe me?

31 T: It has nothing to do with belief. It has to do with
32 your sister and your mother and your father have made
33 statements...what am I in the belief business. I have to
34 believe you. You have to believe me? Your mother and
35 father and sister who were here in my office just last week
36 insist you have always been contrary.

37 P: Well I can remember times when I used to sleep pretty
38 well.

39 T: Well that might be true but that is not what they say.
40 I'm not questioning that you experience reality the way you
41 experience it.

42 P: Yeah--

43 T: Have I denied that? But the idea that you're reality as
44 you have experienced it is shared by your mother and father
45 and sister is not true. In fact, one of the biggest
46 problems you have is to cooperate with anybody else, always
47 wanting it your way, never getting it your way because what
48 you want you cannot get.

49 P: So to cooperate I have to believe that I didn't sleep
50 well since age 10.

51 T: No. We don't care about that. You make a big fuss over
52 the sleeping. We can say that you honestly believe that you
53 slept all the time very well and that's what you believe.

54 P: But you don't think that's true.

55 T: That has nothing to do with me. How do you get me into
56 it. What I believe? You know it's a very strange thing
57 that you're trying to create a situation in which what I
58 have to believe or disbelieve you. I'm not in the business
59 to believe or disbelieve you.

60 P: So we can leave it that I feel like I've been sleeping
61 well up until a little while ago and that my mother and
62 father and sister believe something else.

63 T: Yup.

64 P: What it actually is doesn't matter.

65 T: I didn't say it actually doesn't matter. It's what you
66 believe and that's what they believe.

67 P: What do you think it really is?

68 T: How do I know? What am I? Guessing what really is? The

69 word is "really"? How the heck can I deal with "really"?
70 I can only say that the history of you is that you're a
71 stubborn, contrary person. You always want it your way.
72 For example, if you wanted to do your underwear to pick it
73 up you never pick it up. You don't pick up you're clothes
74 that lies around in your room. You always do the opposite
75 of what your mother and father said. You can listen to her.

76 P: That's what makes me stubborn and contrary?

77 T: Yup.

78 P: In your mind.

79 T: Not in my mind. How do you get me into it?

80 P: Then how come you say I'm stubborn and contrary?

81 T: I didn't say your stubborn and contrary. According to
82 what they have communicated me about you.

83 P: They say I'm stubborn and contrary.

84 T: Well. With whom do we deal.

85 P: I can't think I'm stubborn and contrary.

86 T: Fine. We acknowledge that you don't think you are
87 stubborn and contrary. And now.

88 P: So I have--

89 T: (interrupting) But the sheer fact is that your underwear
90 is lying around. The tunnels have to be built to go from
91 one room to another one. That all the things, you, you, you
92 want is, it's unfortunately, ah, but you are not be able to
93 cooperate when your mother says, "Would you kindly get your
94 underwear together?" You don't do it.

95 P: Well, maybe there's another label one could put on it
96 rather than being stubborn and contrary, another way of
97 explaining it.

98 T: Well, that's how they say. I always have the feeling that
99 what you think is more real than what people say in the
100 group. You said in group, you said it in private session,
101 your said it with your girlfriend, M---, in the group, and
102 that how, that's what gives you a feeling that they're lying
103 to you.

104 P: Well, they see it their way and I see it my way.

105 T; So what should that mean? What are you coming in
106 therapy for?

107 P: What do I come in therapy for?

108 T: I don't know? If you don't know what you're coming in
109 therapy for...

110 P: I thought I came because I wasn't sleeping well at
111 night.

112 T; Well, here you are. And your relatives tell me you have
113 a problem sleeping from earliest childhood on.

114 P: And I say I haven't.

115 T: So. What should this be? What should they say. You say
116 one thing. They say another. I'm not involved in this. I
117 don't give a fig, if you or not. You are according to your
118 expression in the group, and what M--- says, you are not a
119 person who pulls herself together and can do the things
120 which an adult intelligent person can do.

121 P: That's her view of me. That's her experience of me.
122 Doesn't anybody have nice experiences of me?

123 T: I'm not, ah, don't get me off on a side issue. We're
124 speaking about that you have difficulty sleeping (P: YEah)
125 lately and that's how they claim, that you're a liar. You
126 have difficulty sleeping from childhood on. According to
127 them. I wasn't there you know.

128 P: But why do you listen to them? Why don't you listen to
129 me?

130 T: Why do you come in therapy?

131 P: Because--

132 T: (interrupting) To have it your way? To have, I mean,
133 I don't get it. What are you in therapy for? What are you
134 coming for?

135 P: (pause) I feel like we're going around and around on
136 this.

137 T: There's no round and round, that's what they said,
138 that's what you said. How is this around, around, around.

139 P: OK. So then I haven't been sleeping well since age 10.

140 T: According to them. No according to me, I wasn't there.

141 P: Well, maybe that's right.

142 T: Well, let's assume that you have difficulty going to
143 sleep, only recently. Let's go to the next extreme.

144 P: OK

145 T: So what should that mean?

146 P: What does it mean?

147 T: Yeah. You claim you have not been sleeping recently.
148 There must be a reason for feelings, for behavior, for...

149 P: I have all these thoughts that go through my mind.

150 T: What?

151 P: I have all these thoughts that go through my mind.

152 T: Well, you never told me that. I don't know what thoughts
153 go through you mind.

154 P: Yeah.

155 T: What thoughts go through your mind. I can't read your
156 mind.

157 P: What thoughts go through my mind?

158 T: Yeah. You say you have thoughts that go through your
159 mind which hinder you from sleeping lately.

160 P: (laughs) Maybe always?

161 T: I don't know that. You see an analyst doesn't double
162 guess. That's what father and mother says. That's what
163 sister says.
164 That's what...

165 P: Well, maybe that is what is. Maybe I haven't been
166 sleeping well all...

167 T: (interrupting) Well, there must be a reason.

168 P: (pause) I don't know. I hate the idea of falling asleep
169 at night.

170 T: Well, fine...

171 P: (interrupting) I can't quiet my...

172 T: ...why should you enjoy falling, not falling...

173 P: (interrupting) I always like...

174 T: (interrupting) Are we talking about what you are glad?

175 P: (with above) I would like...

176 T: Are we talking about that you would be happy?

177 P: That I would like to be able to fall asleep?

178 T: Do we talk about what you would like to?

179 P: That's what I would like therapy to do for me.

180 T: I'm sorry. Therapy wasn't designed for this.

181 P: What is it designed for? I don't quite understand.

182 T: What is it designed for? Psychotherapy is a method of
183 helping you to understand the unconscious reason if humanly
184 possible. The way you go about it you don't want to
185 understand unconscious reasons. You want to be Miss
186 Contrary. You fight with your therapist in the first
187 session.

188 P: (long pause)

189 T: It's alright with me. What do you think I will do? I
190 will write down that Miss S is picking a fight with her
191 analyst insisting that what she said is more important than
192 what her sister, her brother, ah, her sister, her mother,
193 her father, and Miss M--- said. And she insists that her
194 version is it. Now what do you think I will write?

195 P: Oh, I don't know. Maybe therapy's not right for me.

196 T: That's absolutely possible. I haven't said it is. It's
197 possible it isn't. You'll be disappointed.

198 P: IN therapy?

199 T: Yes. You'll be disappointed. You just said it. There's
200 no way for you...

201 P: YEah.

202 T: ...having it right for you when you believe it shouldn't
203 be right for you.

204 P: SAy that again.

205 T: There is no way to be right for you when you believe it
206 isn't right for you.

207 P: There's no way it could be right for me when I believe
208 it wouldn't be right for me.

209 T: That's right. So let's say goodbye to each other. I
210 see no evidence why you should go into therapy. Give me a
211 call in two or three weeks and think, ah, discuss it with
212 your mother and father, and your sister, and let's find out
213 why you feel one way and you think you have to be right and
214 they are wrong, and the whole thing has nothing to do with
215 the issue at hand. You're a very unhappy person.

216 P; (pause) Well, I don't think I'm that unhappy.

217 T; I'm not saying that unhappy. I said, you are an unhappy
218 person. It's my value person.

219 P: Well, I thank you Dr. H--- for a stimulating...

CASE #6

Session #1

- 1 T: Well, Mr. A--, Dr. T-- called me. Dr. T-- that you
2 might be interested in psychotherapy.
- 3 P: Yes, I'm interested in psychotherapy.
- 4 T: Why?
- 5 P: (pause) Well, I've been having some trouble with my
6 love life.
- 7 T; Would you elaborate on it?
- 8 P: Well, I'm in love with this wonderful woman, E--, and
9 she lives in Other Country, and I don't get to see her very
10 much. I just think about her all the time, and I don't
11 really know whether to marry her and bring her to Eastern
12 City, or what. We have such a wonderful relationship but I
13 don't know where to go from here.
- 14 T: Where should you go?
- 15 P: Well, it doesn't seem like a wonderful relationship.
- 16 T: Well, make up your mind. Is it a wonderful relationship
17 or isn't it a wonderful relationship?
- 18 P: Well, yes, I mean, she's just an ideal woman. She's got
19 everything I want in life.
- 20 T: What does she have you want in life?
- 21 P; She's, she's sweet, and...
- 22 T: She's what?
- 23 P: She's sweet.
- 24 T: Sweet.
- 25 P: Yes, you know, she's...
- 26 T: I don't know anything. You say she's sweet.
- 27 P: Yes. And um, she's just very nice. I don't know what

28 it is about her but, it, I just think about her all the
29 time.

30 T: When did you see her the last time.

31 P: Well, we haven't seen each other for two years. We've
32 been writing to each other.

33 T: You're writing to each other.

34 P: Yes.

35 T: You actually haven't seen each other. And you think you
36 have a sweet, wonderful relationship but you haven't seen
37 each other for two years.

38 P: Right.

39 T: Now, how does this jive with you. You don't see her,
40 you haven't' seen each other, ah...

41 P: Well, you know it's like one of those old fashioned
42 relationships when you write to each other. It's a
43 correspondence, you know when...

44 T: Well, would that satisfy you, just having a
45 correspondence with this woman in Other Country?

46 P: Well, I really want to get married and settle down.

47 T: But what evidence do you have that she wants to get
48 married and settle down.

49 P: She said she loves me too.

50 T: Of course, you can love each other without getting
51 married and settling down.

52 P: Well, I don't see it, I really think if two people love
53 each other they should get married.

54 T: You bet they should. If they love each other they
55 should get married...

56 P: And be together.

57 T: ...and be together and be full of love and affection.
58 It just doesn't apply.

59 P: What doesn't apply.

60 T: This woman hasn't seen you for a long period of time.

61 For two years straight.

62 P: Well, that doesn't matter.

63 T: Well, if you set up a relationship in which id doesn't
64 matter, you won't see each other for two years straight
65 that's your choice.

66 P: My problem is how to get E-- to marry me.

67 T: She doesn't want to marry you.

68 P: How do you know that?

69 T: BEcause she doesn't come and marry you. We have no
70 evidence whatsoever that she picks up the phone, or you pick
71 up the phone and say, "DEar E---, let's get married."

72 P: Well, you just don't do things that way.

73 T: Which way? How do you do things? I speaking how do you
74 do things? How you do things.

75 P: How do I do things.

76 T: You're speaking about marriage.

77 P: I never asked anybody to marry me before. I don't know
78 how I do it.

79 T: If you've never asked anybody you haven't much
80 experience.

81 P: NO.

82 T: So what do we have now?

83 P; I haven't much experience and I have nothing to go on
84 how...

85 T: Except your wishes hopes, fears, desires of wanting
86 something.

87 P: THat's how anybody else does it if they...

88 T: Do they?

89 P: HOw do people go about doing it?

90 T: Don't ask me. How do you go about doing it?

91 P: (silence)

92 T: It's a very peculiar way of relating. Having a
93 girlfriend in Other Country and not having met for two years
94 and you claim you want to marry you.

95 P: Oh, she loves me, I know it.

96 T: Of, course she loves you. I made a clear distinction
97 between love and marriage.

98 P: Yes, but if a person loves you they want to marry you.

99 T: Now, that's one who doesn't

100 P: Doesn't want to marry me.

101 T: Yes, doesn't want to marry you.

102 P: SHe wants to marry me.

103 T: Have you called her on the phone?

104 P: Yes, but she wasn't' home.

105 T: Have you spoken to her father and mother?

106 P: NO.

107 T: Oh. But I spoke to her father and mother and they say
108 that the whole thing is in your fantasy.

109 P: No. That's impossible.

110 T: No. It's not impossible. They said so. I spoke to
111 them in Other Country and they told me that she has no
112 interest whatsoever in marrying you.

113 P: NO. E--- loves me and wants to marry me.

114 T: There's no doubt about it that she loves you...

115 P: (interrupting) And wants to marry me.

116 T: That's not what we're talking about. But we're talking
117 about, you want to call her right now.

118 P: No. She wouldn't be home now. She's working.

119 T: Aha. Well, could we pick a time when she's home and
120 she's available to you.

121 P: I'll find it out at home.

122 T: How about now.

123 P: I don't have her number on me.

124 T: I have the number.

125 P: (silence)

126 T: You notice how your mind works?

127 P: What do you mean?

128 T: Not what I mean. How does your mind work.

129 P: My mind works that I'm in love with E-- and I want to
130 marry her and...

131 T: (interrupting) And E-- has not shown, for practical
132 purposes...

133 P: (interrupting) Yeah, she's shown me that she wants to
134 marry me too, but I haven't said just the right words to
135 make it happen. I haven't...

136 T: And what would the right words be, Abra Kadabra?

137 P: I don't know, maybe I should get down on my knees and
138 ask her in the traditional way...

139 T: In the traditional way.

140 P: ...in front of your woman...

141 T: In front of your woman.

142 P: ...and ask her to marry me.

143 T: You bend down in front of her and ask her to marry you.

144 P: Right.

145 T: Well, you have a problem. It cannot be solved
146 analytically.

147 P: Why not?

148 T: Because it's not an analytic problem.

149 P: What kind of problem is it?

150 T: It's a mental illness problem.

151 P: What do you mean, mental illness problem?

152 T: I mean it is an expression of mental illness. We have
153 no evidence that this woman wants to marry you. Until I
154 don't get in writing from her a letter saying, Dear Dr. H--,
155 I would like to marry Mr. A, I insist I cannot deal with
156 this. In fact I sent you to Dr. T--- who says that your
157 problem is a psychotic problem and might be able to be
158 solved by medication. HE does not believe that your problem
159 is a marriage problem. So I cannot see you.

160 P: Well, thank you anyway.

CASE #7

Session #1

1 T: How are thing going, Mr. L---?

2 P: Well now, uh, I don't know. We seem to be getting in
3 deeper and deeper into all kinds of symptoms and, uh, signs
4 and reactions, and things which to my mind have little or no
5 connection with the, uh, causation of my illness which, as
6 I have expressed to you, is a bona fide narcolepsy. I have--
7 --as you know and as I have already stated--letters to attest
8 to this fact from some of the most eminent neurologists in
9 the country. Now yesterday I was down having a recheck of
10 my electroencephalogram, and there was a medical man there
11 present among the rest who were able to witness me when I
12 had a spell which I think is going to help me to establish
13 my claim, that I was perfectly OK before I went into the
14 Service. Now, what I want to say is, in view of the fact
15 that uh, these things which are evidently of importance in
16 reference to their making, uh, some decision one way or the
17 other--I don't hold back. There are some things I'm not too
18 sure of, for instance concerning things which may or may not
19 be necessary--such as this spinal fluid business. I'm not
20 ready to yes; and I'm not ready to say no. The only thing
21 I wanted to find out was whether or not I could get a
22 temporary postponement of, uh, uh, whatever is going on now,
23 so as to let them gather everything together that they have
24 and decide what they want to do, uh, to continue on. I want
25 in other words some idea of how long it would possibly take
26 to do that, so I could go back home and make arrangements at
27 home; that is, whatever arrangements could be made, and then
28 come in here and stay here with a clear mind and await the
29 completion of the tests. My only alternative consequently
30 is to come in as an outpatient where I would not be
31 concerned, as I was, about this waiting around and, uh, this
32 uh, talking about things which, uh, I consider, highly uh,
33 irrelevant in respect to my narcolepsy. In fact I might
34 come in a couple of days in and in a couple days out. I
35 realize you do not have any outpatient service and having
36 realized beforehand, uh, whoever it was who told me I don't
37 know, that three or four days was sufficient. Well, I would
38 have tried to make contact to find out how long it would
39 take, so I would know how long it would take, and they might
40 say it may be a month before I can get somewhere, but I know
41 positively I can't stay away from home any longer. There
42 are troubles pending there; there is all kinds of work that
43 has piled up on top of my wife. We have nobody to help us
44 as it stands. (pause)

45 T: How about the spine.

46 P: Well, I'm on the fence as far as a couple of the tests
47 are concerned, i.e., as far as the pneumoencephalogram and
48 the spinal tap are concerned. I've always been afraid of
49 letting any--uh--anybody, uh, monkey with my spine. It's
50 just one of those things, you know. I don't want anybody
51 sticking things into my back.

52 T: What do you mean always?

53 P: Well, there was a neuropsychiatrist who wanted to do it
54 to me, uh--and--uh, he worked on me for three or four months
55 trying to talk me into it. He insisted that I go through
56 it, and I stopped seeing him. I had no confidence in him at
57 all.

58 T: You were afraid of him?

59 P: That's right.

60 T: Afraid of what?

61 P: Well, uh, I know, uh, that it used to be quite a
62 difficult thing and now it's got to be a--a real science, a
63 sort of 1-2-3 thing; but I just don't like, uh, any trouble
64 of that kind.

65 T: What do you mean by trouble?

66 P: Well, I know that there are possibilities if something
67 slips or goes wrong, well, there are possibilities of things
68 happening to me that, uh, might be a hell of a lot worse
69 than, uh, what I'm like now. (pause) And it's one of those
70 things that I have a fear of. Yes, sir, I have a fear of it
71 and that's just the way I am.

72 T: You've always been afraid of "things" happening to you?

73 P: Yes, just one slip of the wrist and there you are with
74 complete paralysis. Then you'd be in a fine fix flat on
75 your back.

76 T: Not able to move:

77 P: Yes. Undoubtedly there have been cases of that
78 happening, and you see, uh, that I just wasn't interested in
79 the risks.

80 T: What do you mean? You've seen such cases?

81 P: Why yes, I know cases of partial paralysis and cases of

82 complete paralysis.

83 T: What cases do you mean?

84 P: Well, now, this dates back to some years ago, and so
85 they are paralyzed for life because someone placed the
86 needle in the wrong position, and I know all this, not from
87 hearsay, but from actual contact.

88 T: What happened?

89 P: I don't know just exactly what happened, but--uh,
90 someone made a slip and it went in the wrong place--and
91 that's the way it is. I have had physical contact with
92 several of them who have done such things in the past. Of
93 course, it doesn't happen to anybody, uh, my own mother-in-
94 law had one of those, a pneumoencephalogram and spinal
95 puncture, and she wa up and about, uh, soon after it. It's
96 just one of those things. When I talked to Dr. X. about
97 that, Dr. X was under the impression that it was just a
98 waste of energy and that they would find nothing they didn't
99 know already know. He was pretty confident that it was
100 nothing else, that there was no obstruction or, or that
101 even, uh, uh, an encephalogram, uh, was not needed. (pause)

102 T: So you say you were always afraid of people monkeying
103 around with your back?

104 P: That's right. Uh--of course, this is only since this,
105 uh, trouble came up, uh; in the first couple of years, there
106 was no question of, uh, doing a pneumoencephalogram.

107 T: Do you mean trouble with your father?

108 P: It was only in the last, uh, of course, uh, two or three
109 years that he developed a heart condition and had to be
110 treated with kid gloves.

111 T: You were afraid that he might otherwise have a stroke?

112 P: That's right, but of course even without that heart
113 condition you have to be very careful, uh--uh--with people
114 who have had one stroke. At least, that is the way it was
115 explained to us. Uh, of course, that is with people who
116 have had a stroke, but then when you have a heart condition
117 added on, then you've got to really be on your best. That's
118 the way it is now; so I have to be on my best behavior.

119 T: And you are careful for yourself, too, in your own
120 condition?

121 P: Well, I look out for myself, uh--uh--well, not to that
122 extent. (long pause)

123 T: You have to on your best behavior?

124 P: Yes, I have to be on my best behavior for him, that is,
125 of course I don't aggravate him or do anything that would
126 cause him any trouble. I was irritable myself on benzedrine
127 and when I'd come in the first thing in the morning to him,
128 and even just say hello to him, he would almost lose his
129 head.

130 T: What do you mean?

131 P: Well, he;d be irritable. He was a hard guy to get along
132 with.

133 T: But, as you said, you were irritable too when you took
134 benzedrine?

135 P: That's right. That's why I stopped taking it. Of
136 course, I wasn't mad at anyone in particular. I was just
137 irritable in general; uh, even if anyone else had come in
138 and said hello to me, it would have been the same. They all
139 had to be very careful, uh, that is, I had a condition that
140 I didn't ask for or want, but it was there. I took those
141 little doses of benzedrine for--uh, for the effect, and as
142 a...as a result it was pretty rough on everyone. It's a
143 condition that is present when benzedrine is taken to any
144 extent. It really makes you, uh, nervous and puts you in a
145 state of frenzy, uh, and if people, uh, don't know you've
146 had it, they will think you're always that way. Of course,
147 I got that way, uh, mainly in between doses, then--uh, just
148 when the old one was wearing off and the new one was coming
149 on.

150 T: How do you mean?

151 P: Well, it was in between the periods from the time one
152 wore off until the new one took effect; in between that
153 period, I would be that way. You see, I took them four a
154 day, one in the morning, one at noon, one mid-afternoon, one
155 evening. They lasted about eight hours. The effect of
156 benzedrine on the body lasts eight hours. It didn't, I'd be
157 in trouble. Of course, I'd take one in the morning at 8
158 o'clock, and it would be an hour before it took effect and
159 it was in that period that I was so irritable, that is, from
160 7:00, the time I was up, until 9:00 or 10:00 when it took
161 effect, I was irritable. That is why I went to ephedrine..
162 Then I had nightmares about bats coming out of the walls and
163 a lot of people crowding around and trampling over me.

164 T: What do you mean by a lot of people.

165 P: Well, members of my family were there. There were lots

166 of people present. I don't know who all of them were.
167 Well, not, for instance, here's an example, uh, this is,
168 before I was married. I, uh, was asleep on my back as
169 usual, and about 1 o'clock I woke up. I could swear on a
170 stack of Bibles that I was wide awake and I heard something
171 creeping across the floor. I couldn't get up out of bed to
172 investigate. I just couldn't get my legs to move, but I
173 did hear this creeping. I yelled for my folks. We lived in
174 a bungalow, so we looked all over the house and in the
175 kitchen, and there was no one there; yet I swear I was awake
176 at the time I heard this creeping or creaking sound, so when
177 I got up enough strength to get out of bed--so my parents
178 said you mean to tell me that someone got in here, and they
179 took me over to the kitchen door which was bolted so that if
180 anyone came through they would have had to sneak in under
181 the threshold.

182 T: You mean--no matter what they said--you had heard it?

183 P: Yes, that's right. I felt there was something going on.
184 This is an example of things that have been happening during
185 that period. This is a concrete example of things that have
186 been going on.

187 T: A nightmare?

188 P: No, not a nightmare, because I swear I was awake at the
189 time it happened. A nightmare hits you when you are asleep
190 and wakes you up.

191 T: You said your family were walking all over you?

192 P: Well, lots of time when I woke up, I'd find myself
193 talking back to them. ONE night, uh, uh, I saw them coming
194 out of the wall right into the room. That wasn't a regular,
195 uh, uh, dream.

196 T: What do you mean?

197 P: Well, the thing that bothered me more than anything else
198 was the fact that as I went to sleep, well the people that
199 crowded into the room, well it was the thing that happened
200 more than anything else, that happened regularly.

201 T: It happened more than once?

202 P: Oh yes, several times.

203 T: You mean they walked all over you more than once?

204 P: That's right, uh, at least, uh, twenty or thirty times.
205 I remember the first time I woke up and I tried to go back

206 to sleep and it was terrible. It was worse than this "bat
207 business".

208 T: In what way?

209 P: Well, that happened a couple of times, in fact, two or
210 three times. Of course, as I say--uh, these--uh, uh,
211 hallucinations were due to, well, were--at least took place
212 the time I took four benzedrines a day. I think it happened
213 around six years ago.

214 T: You mean just after you came back from overseas?

215 P: Uh, let me see,--I think that, uh, was about uh, yuh,
216 about a year before I first discovered just what the trouble
217 was. (long pause)

218 T: Overseas you slept all right--you weren't having
219 nightmares.

220 P: No, in fact it was just the opposite. I was sleeping,
221 uh, uh, well, sleeping was my main trouble. I was sleeping
222 too many hours a day. In fact, I was sleeping fifteen to
223 eighteen hours a day.

224 T: That's a long time.

225 P: It is. There's no question about it. There wasn't
226 anything else to do. That's what I attributed it to when I
227 got back home, uh, that I had gotten into a rut like that,
228 and I hoped I'd snap out of it all right. Here I'd come home
229 at night and I, uh, I'd sit down to read a newspaper and
230 without knowing how long it took here I'd find myself
231 sitting in the same position, holding a newspaper the same
232 way, and I would have been sound asleep for five or ten
233 minutes or more. When it first hit me, I, I didn't
234 attribute it to anything. Now let's put it this way;
235 supposing you were my doctor and I came in to you and I said
236 to you, Doc, I don't know what's the matter with me, but I
237 can't stay awake. Now, uh, I mean, well, uh, uh, you being
238 well acquainted with conditions as they were in the Army,
239 with not having much work to do, uh, in a place like I was
240 where, uh, well, for instance they had three hundred men to
241 do the work of ten; there just wasn't much work to be done
242 anyway. I was not like those fellows who were looking for
243 a chance to do nothing and draw pay without doing anything..
244 Of course, these conditions go right on today. You can't go
245 out and try to hire people, and you can get them when they
246 want to come in on payday and collect their pay envelope,
247 but they won't show up any other day. You know that. It's
248 the, uh, condition of the times. They want to take it easy;
249 they don't want to work. Now suppose you were acquainted

250 with all of this, and someone came in and said to you, look
251 I can't stay awake. What would you say. Would you say this
252 man was sick, or would you say he's got a condition that
253 everybody else has got. After all, the way conditions were,
254 where could you go, what could you do? You couldn't go into
255 town by yourself. The thugs would beat you up, and you had
256 no way of protecting yourself. You're not armed. There was
257 nothing else to do but sleep.

258 T: They did such things?

259 P: You're darn right, uh, if you carried anything in there
260 to protect yourself and you got slugged and you were found
261 laying in the road there with any kind of weapon, that is,
262 anything at all to protect yourself--you were taken before
263 a court-martial. You had no right to carry those things.

264 T; No right to carry what?

265 P: Absolutely, a gun, a knife, or a club, or anything. You
266 couldn't even have a little stick. At first, of course, we
267 had carbines and they gave us five rounds of ammunition, but
268 a little thing like that is nothing at all. What could you
269 do with it? My whole outfit was just made up of men who
270 knew how to stay out of trouble.

271 T: And do nothing?

272 P: Absolutely. You see, by the time we were ready to go
273 over, well, they didn't need us and so we were sort of
274 obsolete and they just sent us over and we did next to
275 nothing. (long pause)

276 T: You always like to work--all the time?

277 P: That's right. Just as much fun to work as to play, and
278 I have never, never regretted it. IN fact, I never even
279 considered it work.

280 T: Of course, most children don't feel this way.

281 P: Let's put it this way--if it wasn't for the fact that
282 there was such a large family, we might have tangled up with
283 the neighbor's kids and been spoiled. We would have found
284 that they enjoyed life a little differently. We did those
285 things because we liked them and we didn't know anything
286 else.

287 T: You didn't know any better.

288 P: In my family, five did the work that twenty ordinarily
289 do, and nobody complained. There in the ARmy, twenty did

290 the work five could do.

291 T; And you didn't like that?

292 P: No.

293 T: You didn't care about that?

294 P: That's right. (pause) Of course, as a child from the
295 fifth to the seventh grade, I was pushed ahead quite a bit,
296 skipped a couple of grades.

297 T: You were with older boys?

298 P: That's right--and I had to compete with boys that were
299 a lot older and bigger. I certainly wouldn't allow that to
300 happen to any of my children. It's not right. I recall
301 when I was a senior in high school a lot of them were
302 seventeen or eighteen. Of course, those were the days when
303 they had quite a time. They were seventeen or eighteen and
304 they held pajama parties and they did all kinds of things.

305 T: That you didn't do?

306 P: Yes, and that was when--uh, uh, my rival was smarter.
307 He knew enough to take advantage of the situation. He
308 loved my girl and he let her know it, and I didn't. The kids
309 then used to have a lot of fun. Of course then I didn't
310 have any idea what was going on. I was not only a couple of
311 years younger than them, but I didn't have any idea that
312 these, uh, sexual things went on during these pajama
313 parties. I was quite innocent, but with the passage of
314 years when you begin to realize the difference between male
315 and female you realize what you missed.

316 T: What do you mean?

317 P: I never took part in anything like that; I didn't know
318 what it was all about. I was too young. I was busy,
319 anyway. I was working all the time. (pause) I'm no angel.
320 I wouldn't have objected to going on these things. I know
321 what they did to these girls. They held these parties in
322 private homes, but, uh, I just didn't know. No one told me
323 anything at home. I didn't know about those things.
324 (pause) No, I never went out on any of these petting
325 parties like a normal person would do.

326 T: You were cheated out of those things.

327 P: No, I never classified myself as being cheated at all.
328 (pause) I didn't mind working at home for my parents. I
329 loved it and the whole family did it, but nevertheless,--if

330 I had it over again, I...I...I...uh, would have been smarter
331 and would have taken advantage of my opportunities. A lot
332 of fellows grow up and they miss the youth that they should
333 have, and they miss the good times that they might have had.
334 I don't feel particularly that way, but I know that there
335 are many, many people that do. Supposing, for instance,
336 that uh, uh, young fellows have opportunities to do those
337 things, have intercourse and petting parties and all those
338 kinds of things. They don't mind it then. They don't feel
339 that, uh, that uh, well, for instance, put it this way--
340 suppose you get into an environment where you were too young
341 and you don't know what it's all about. It just means that
342 you're going to miss out on life. The kids nowadays are
343 different. They take advantage of situations; they are able
344 to do things that I wasn't able to do, or the people in my
345 time. No, I wouldn't let any of my kids who were sixteen
346 years old be doubly promoted and made to live and work and
347 play with eighteen-year olds. NO sixteen-year-olds should
348 mix with eighteen-year-olds. It just shouldn't be. It
349 shouldn't be!

350 T: How do you mean?

351 P: Well, an eighteen-year-old can already talk marriage.
352 Take that guy I was telling you about [his rival]. That guy
353 knew what it was all about. I didn't have a chance. I just
354 had to look at this girl, uh, well, sort of worship her from
355 afar. A guy who is sixteen in that crowd is,--is in a field
356 by himself. He's all alone. He's too young to be married. He
357 feels isolated and inadequate, in fact so much that he
358 doesn't even think of those things. I was damn near thirty
359 years old before I got married, but of course that doesn't
360 mean that I didn't fool around like everybody else. I was,
361 well, I was really twenty-nine years old when I got married.
362 It's now my third anniversary today.

363 T: But you still feel you've missed a lot?

364 P: Yes, I did. I missed all of those things in high
365 school. I didn't go to college. I couldn't go. I wasn't
366 allowed to. I had to work. Not that I regret it; it made me
367 an independent person. Believe you me, there is not complex
368 in there. I don't mind it. My father and my grandfather
369 didn't go, so I've never held it against them. That is why
370 I felt, well then, that I might as well go right into the
371 business with them and learn as much as I could about it.
372 I wanted to do it as quickly as possible, so I could take
373 their place when I had to.

374 T: But in doing this, you missed things.

375 P: I could talk in here for two days to tell you what I

376 missed.

377 T: How do you mean?

378 P: I couldn't tell you briefly. NOW, for instance, I don't
379 blame my parents for--uh, uh, missing the uh, only love
380 affair of my life, outside of my wife, of course. I wasn't
381 forced into anything though. I wanted to work. I don't
382 blame my parents for it at all. We all did it. The things
383 that I didn't do that I could have done, it was because of
384 me and not anybody else. Well, this is beyond what we're
385 talking about, uh, this is beyond anything that has to do
386 with my narcolepsy. But I...I, uh, didn't miss anything
387 that affected me today, but I did miss a lot of things. I
388 didn't, for instance, well, I missed going to football
389 games, I missed going to high-school dances, I missed going
390 to those pajama parties; not because anybody prevented me
391 from going; because I didn't know about those things. I was
392 in a hurry to grow up. As an individual among the group, I
393 was a stand-out. I was s kid of sixteen, and they were
394 eighteen, with a different outlook on life and different
395 means. Had I not skipped a grade or two, I would have been
396 with kids who had the same outlook on life that I did, and
397 I would have been able to lead the same life. We would have
398 all lived together and been in the same uh, group, so as to
399 speak, and at the same level. I wouldn't have been in a
400 hopeless position. NO matter how hard I worked, they were
401 always ahead of me.

402 T: You brothers were always ahead of you?

403 P: That's right. We were all different ages, so if we, uh,
404 uh, all lived together, we all missed the same things one
405 way or the other.

406 T: Pajama parties?

407 P: No, definitely. I know that. In fact, I had one brother
408 who didn't find it necessary to go to pajama parties. He
409 was two years younger than I was, but he found out about
410 life because of the fact that he mixed with older people,
411 people who are twelve or fourteen years older.

412 T: Twelve or fourteen years?

413 P: That's right. He like to play golf, so in order to play
414 golf, he became a caddie, and so, becoming a caddie, he
415 became a member of the older group. He got in with the
416 older crowd and he mingled with them and he learned the
417 facts of life.

418 T: Did he?

419 P: Well, they let him in on things. My brother was young,
420 but he was old enough to know how to mix with them and to
421 take advantage, well, that is, follow through like the same
422 as anybody else did.

423 T: More than you?

424 P: More than I did. That's right. In fact, he educated
425 me.

426 T: How was that?

427 P: Well, before I went away. I can't remember how but I
428 know he did.

429 T; He taught you the facts of life?

430 P: No, it was deeper than that. We might have gone out on
431 a double date or something like that. He didn't tell me the
432 facts of life. He just told me the missing links.

433 T: What do you mean?

434 P: Oh, I can't remember--but anyway there were things that
435 I didn't know, that I wanted to know all the time; things
436 that I should have found out myself. Why, when he was
437 sixteen, he was practically twenty-five years old, or at
438 that level, while I was eighteen. But listen--I don't want
439 to talk about these things. They're not very pleasant, and
440 this has nothing to do with why I came here. You're getting
441 me into a position where I'm going to blow my stack and I
442 don't want to. I can go with you so long and I know what
443 you're driving at, but I'm not going to give in. If you
444 want to listen to me, you can, and you can make the most of
445 it, but I'm in here for one specific purpose. It's not to be
446 psychoanalyzed. You can make whatever you will out of it.
447 (pause) It's very easy for me to tell you all these things
448 that are on my mind, but nevertheless I do not want to, as
449 it has no bearing at all upon my illness. (long pause) AS
450 far as I'm concerned, I am in a hurry--I'm in a big hurry.
451 I have to do many things, and I simply haven't got time to
452 wait around this hospital with nothing to do in between
453 these tests and interviews. It kills me to see time go by
454 with me doing nothing, and I just can't stand for it. I
455 will go out of the hospital and when you want a test, you
456 announce to me the time the test will be held and I will
457 come back in for the test, but I will not hang around, uh,
458 in the way that I have here. This is not the way to run
459 things as far as I am concerned. They should have the tests
460 in the form or appointments, and I would be on time, and
461 then they could be run off on time, and everything would be
462 okay. If I didn't realize that an AMA discharge would be a

463 blot on my record, I would have walked right out of here
464 already. (Patient gets up and angrily stalks out of the
465 room.)

Following the above interview, the patient demanded a two-week's leave of absence to arrange his affairs at home. Three weeks later, he wrote a letter stating he was not returning, as he could not see having a spinal fluid test, and he would rather do without a pension than submit to one.

CASE #8

Session #1

1 T: Perhaps you can tell us something because it is already
2 several weeks since you were here. Isn't it?

3 P: That's right.

4 T. So we might find something to help you. If you want.

5 P: Well, I was rather doubtful when I came in here whether
6 there was something wrong with me or not, and I still am so-
7 -there hasn't been much change.

8 T: Doubtful?

9 P: Well, I don't know whether I should have come here in
10 the first place or not. I don't know if there is anything
11 wrong with me. Probably there isn't. Maybe I'm just wasting
12 my time here.

13 T: Because? Why doubtful now?

14 P: Well--

15 T: Oh, you can talk quite openly here.

16 P: Well, I've seen a lot of fellows on my ward who are
17 actually sick and they can't sleep and they are throwing up.
18 I myself, I don't have any of those symptoms and I feel
19 pretty good and I'm beginning to wonder probably there is
20 nothing wrong with me, and I shouldn't have come at all.

21 T: Because, you mean, if you would throw up you would know
22 why you should come.

23 P: Yes, when I came, I used to have headaches but I don't
24 have them now. About a week ago I had a couple of
25 headaches. They have gone again, and they don't hurt so
26 much that I can't work. I mean I could work if I tried hard
27 enough.

28 T: What do you mean, work?

29 P: Well, it used to bother me quite a bit when I'd be

30 working and I quit my job. They would stick me for a couple
31 of weeks and I got kind of disgusted. I quit my job.

32 T: What do you mean, disgusted? In what way?

33 P: Well, I found it hard to keep my mind on my work when I
34 got the headaches.

35 T: And that disgusted you?

36 P: No, but I--I don't know, I'd just get tired of my work
37 so I quit. Probably it was not the headaches that bothered
38 me, but I usually quit my job because I got tired of it.

39 T: Because you were disgusted?

40 P: Well, because I didn't have any interest in my work, and
41 I started getting sloppy in my work and I started making
42 mistakes. Usually I had jobs where I could cause a lot of
43 damage if I wasn't on the ball, and I was afraid of making
44 a bad mistake and either hurting someone or maybe even
45 myself.

46 T: What do you mean?

47 P: Well, this last job I had, I was repairing automatic oil
48 burners, and toward the end I was getting rather careless
49 and I made quite a few mistakes, and I tried to get out of
50 it but I couldn't seem to do it so I quit before I blew up
51 a house or something.

52 T: Before what?

53 P: Well, I was liable to blow up a house or something.

54 T: That would be possible?

55 P: Oh, yes. I know toward the end there--when an oil
56 burner is running, the first thing you are supposed to do is
57 check the fire chamber to see if there is any oil in it, to
58 see if it had been flooding, and I got so I didn't care if
59 it flooded or not, I'd just start it up and there would be
60 quite an explosion. Oh, I never caused any real damage but
61 I know if I kept it up long enough some day I would blow up
62 somebody's house.

63 T: And you were disgusted then with yourself?

64 P: (long pause) Maybe.

65 T: That you quite? (long pause) Is that what you mean?

66 P: Well, I couldn't see why I always lose interest in my

67 work, why I get careless all the time, and then I get
68 headaches.

69 T: You said always?

70 P: Well, it has been three or four years I've been like
71 that. Since I got out of the Service.

72 T: What happened four years ago? After the service?

73 P: Nothing happened.

74 T: Huh?

75 P: Nothing important happened.

76 T: How did you get out?

77 P: How did I get out? I got discharged.

78 T: Huh?

79 P: I was discharged.

80 T: For what reason?

81 P: BEcause I put enough time in and my time was up to go
82 home, so I came home.

83 T: They sent you away? They discharged you? Did you want
84 to leave?

85 P: Well, when my time did come up, before discharged I
86 signed up for three more months.

87 T: You did?

88 P: Yuh.

89 T: You didn't--?

90 P: (interrupting) I wasn't sure I wanted to come home.

91 T: Home?

92 P: Yuh.

93 T: What do you mean home. You mean you did want to come
94 home except you were not sure. You were doubtful whether you
95 should stay or you wanted to say. Is that what you mean?
96 You said three months more.

97 P: I don't know why I signed for a few more months, but I
98 didn't know whether I wanted to go home or whether I wanted
99 to stay there.

100 T: What do you mean home? To whom?

101 P: My family.

102 T: Family?

103 P: Yuh.

104 T: What family?

105 P: What?

106 T: What is the family?

107 P: What is it? My father and mother, two brothers and a
108 sister. (pause) For some reason I felt that I would have a
109 hard time when I came home.

110 T: Why? With all the members?

111 P: What?

112 T: A hard time with all the embers of the family--your
113 father, mother, two brothers, and a sister?

114 P: I don't get you.

115 T: You didn't want to go home to them?

116 P: (long pause) Well.

117 T: You know that nothing you say here leaves the room.

118 P: I know.

119 T: So you can--nothing that you say can be used against
120 you. You have the right to say everything here. THAT is
121 why you are here. You are not responsible for your
122 feelings. So I asked you only because you said you weren't
123 sure whether you wanted to go home. Why?

124 P: I don't know why. I just---. (pause)

125 T: But did you not want to go home to see mother?

126 P: I didn't miss them.

127 T: Mother?

128 P: I didn't miss anybody!

129 T: No?

130 P: No!

131 T: Why not?

132 P: I don't know.

133 T: Are you not like the others?

134 P: Yeh, I guess so.

135 T: They stayed at home, didn't you say? Both brothers and
136 a sister at home? they liked to stay at home.

137 P: (pause) Yuh, they like it at home.

138 T: They? They like to stay at home?

139 P: Yuh.

140 T: But not you? AS if you had no feelings for them or did
141 you say you didn't miss them? (long pause) You didn't get
142 along with them?

143 P: Oh, I got along with them all right.

144 T: Huh?

145 P: I guess I got along with them all right.

146 T: You--

147 P: Oh, I mean, I just liked it overseas, maybe; there was
148 a lot of excitement there, and at home it was kind of quiet.
149 It was kind of dull at home and I wanted to stay over there.

150 T: Dull, you said?

151 P: Yuh.

152 T: You mean bored?

153 P: Yuh, I was.

154 T: What do they do at home?

155 P: Oh, they sis home and listen to the radio, not much of
156 anything.

157 T: Hmhnn.

158 P: Just sit around the house, I guess.

159 T: What do they do? What kind of work--at home?

160 P: Yeh, my father works out.

161 T: OUT?

162 P: Yuh, and my two brothers are working.

163 T: THEN there are only mother and sister at home.

164 P: My sister goes to school.

165 T: School?

166 P: Yes.

167 T: What do you mean? What's her name.

168 P: Virginia.

169 T: She goes to school still?

170 P: Yes, she's about sixteen years old.

171 T: AND there is only then mother at home?

172 P: Yuh, during the daytime.

173 T: And you didn't want to stay with mother?

174 P: WELL, I can't stay home. I should be working. I
175 worked.

176 T: Who said that?

177 P: (pause) I did.

178 T: Hmm. You said you should work?

179 P: Yes, certainly.

180 T: You wanted to work?

181 P: I'll go to work when I get out of here, I guess.

182 T: But before you came.

183 P: I was working until I came here.

184 T: And what happened that you came here.

185 P: (pause) I got kind of disgusted, I guess, because the
186 same thing was happening all the time. I'd work about six
187 or seven months, then get careless, get headaches, and I was
188 wondering if that was ever going to stop. Then I thought
189 I'd come down here (VA hospital) and check up to see if
190 everything was all right. If not, then see if they could do
191 something about it.

192 T: About what?

193 P: Well, I was wondering why I was getting the headaches all
194 the time. That's what bothered me the most.

195 T: But you always had headaches?

196 P: Well, I guess I noticed them first about six months after
197 I got home.

198 T: You remember?

199 P: No, I don't. But I know I have been having them for
200 quite a while a long time. I don't know just when they
201 started. They are not bad though, I mean, just mild
202 headaches. At times they can be bad.

203 T: Do you know when they happen, when they come, why they
204 come?

205 P: No, I don't. (long pause) I don't think it's from
206 working. I thought it was working at first so I kept--so I
207 thought maybe if I got another job the headaches would go
208 away--or I thought I had the wrong kind of work so I went to
209 school after a while and I had them while I was going to
210 school so I know if wasn't from work.

211 T: To school, you say?

212 P: Yuh, I was going to an electrical school.

213 T: What did you do?

214 P: I was taking up an electrical course, during the evening
215 from 3:00 to 9:00. I was working then too. I worked in the
216 daytime and I went to school evenings.

217 T: Yo always wanted to do that?

218 P: Yuh. I think so.

219 T: You remember? You said you think so. What interest--

220 P: Yuh, I liked it. Probably if I had a job I would get
221 the same results, the same headaches as at anything else, I
222 don't know. I think I like it. (puts hand over forehead)

223 T: You get headache in the forehead?

224 P: MOSTly in the forehead but sometimes in the back, the
225 back of my head.

226 T: Only you? Nobody else?

227 P: I don't know.

228 T: Have you ever seen somebody who has this?

229 P: Oh, yuh, I guess everybody has it?

230 T: Hmm.

231 P: I guess everybody has it.

232 T: What do you mean, everybody?

233 P: I don't know.

234 T: Who do you know, I mean, who do you think?

235 P: Well everybody has headaches.

236 T: At home they have headaches?

237 P: I don't know about home.

238 T: You mean at home you don't know?

239 P: I didn't ask.

240 T: Of whom do you think?

241 P: What?

242 T: Of whom do you think--who has the headaches?

243 P: My mother might have it. She's sick quite often.

244 T: Who?

245 P: My mother.

246 T: Your mother?

247 P: She might have them, yuh.

248 T: What do you mean, sick?

249 P: I didn't say she was sick. I said she might have
250 headaches.

251 T: She might?

252 P: Yuh.

253 T: Because she behaves as if she had?

254 P: Well, she's in bed quite often, says she is not feeling
255 well. She has had trouble with her stomach.

256 T: What do you mean, stomach?

257 P: I know before I came here she was having--she was
258 throwing up some of the time. Every time she would eat, she
259 threw up.

260 T: She did?

261 P: Yeh!

262 T: Why?

263 P: Why?

264 T: Yes.

265 P: I don't know. I no doctor!

266 T: I mean what did you see? You saw her throwing up.

267 P: No, I was very seldom home but I knew she was. My
268 brother told me. I guess she was in bed about two or three
269 weeks.

270 T: As long as that? And what are your ideas about it? You
271 do not have to be a doctor in order to be--why is somebody
272 throwing up. You say whatever you want. You know better
273 because you were home. You say, you know, mother.

274 P: Well, maybe she had a bad stomach, I don't know.

275 T: In what way bad? Did she ever have it before, that you
276 said bad?

277 P: (long pause) I don't remember any. I'm very seldom
278 home. I do know what's going on. I just come home and eat
279 there.

280 T: What did you say?

281 P: I just stay home long enough to eat.

282 T: That's all?

283 P: Yuh.

284 T: Then somebody must cook for you?

285 P: Yuh. My mother cooks for me.

286 T: Your mother?

287 P: Yes.

288 T: Do you like what she cooks?

289 P: It's good enough.

290 T: Good enough. (laughs) You could eat something better?

291 P: I've eaten better, and I've eaten worse. It's just
292 average.

293 T: What did your father say when she was vomiting? What
294 was his idea?

295 P: I don't know. I never asked him and he never said.

296 T: Beg your pardon?

297 P: I don't know. I never asked him.

298 T: But he told you that mother was throwing up. Did he not
299 say what he thinks, why she is throwing up?

300 P: NO, he never said why.

301 T: Huh?

302 T: He never said why she was throwing up. I don't think
303 he knows any more about it than I do.

304 T: Who took care of mother? WAS nobody interested? Mother
305 was in bed for three weeks as you said?

306 P: I guess my sister took care of her.

307 T: Your sister?

308 P: Yeh.

309 T: She knew more about stomach trouble? Women know more
310 about stomach trouble than men.

311 P: I don't know.

312 T: Huh?

313 P: Maybe.

314 T: What do you mean, maybe--because? Is that what you had
315 in mind?

316 P: I don't know what you mean.

317 T: Why are they vomiting?

318 P: I don't know.

319 T: But your idea, I mean. Certainly there are different
320 reasons, but what do you think?

321 P: Maybe it was something she ate.

322 T: Who, mother?

323 P: Yuh.

324 T: Three weeks! Have you ever seen mother vomiting before?

325 P: No, I don't remember.

326 T: Never?

327 P: Well maybe, but I don't pay much attention. I'm not
328 home very often.

329 T: What do you mean? You were at home when you were small
330 at least. When did you leave home?

331 P: When I was seventeen or eighteen.

332 T: SEventeen or eighteen?

333 P: That's when I went in the SErvice.

334 T: When you went?

335 P: Yuh.

336 T: You wanted--is that what you mean?

337 P: WEll it didn't make much difference to me whether I went

338 or not.

339 T: Beg pardon?

340 P: It didn't make much difference whether I went or not. I
341 didn't care.

342 T: What do you mean, it makes no difference? If they
343 didn't care, you didn't. Is that what you mean?

344 P: Yuh, maybe.

345 T: And what did they say when you left?

346 P: I don't think they said anything. They didn't care
347 much.

348 T: THat was eight years ago?

349 P: Yuh.

350 T: They didn't care? They don't care for you? What have
351 you done that they shouldn't care for you?

352 P: Maybe they did, I don't know.

353 T: Huh?

354 P: I never asked them what they thought about it.

355 T: You mean--well at least mother must have cared. Don't
356 you think so? Doesn't your mother love you?

357 P: I don't know. Maybe.

358 T: What, she never showed it? Do you know such a mother
359 who would not love her son?

360 P: Yuh.

361 P: What?

362 T: No, I guess not.

363 T: How about your mother? Why should she not love you?

364 P: I didn't say she didn't.

365 T: But you said she didn't care whether you leave, whether
366 you stay, whether you are there or not. Is that what you
367 wanted to say? Did she not ask you to stay?

368 P: I know they didn't want me to go but I wanted to go

369 anyway.

370 T: They didn't, you said?

371 P: Well, I don't know. They never said don't go, bit I
372 didn't feel like staying home.

373 T: That is what I mean. You were thinking of leaving for a
374 long time.

375 P: Maybe I was but I never did anything about it until I
376 had a good excuse.

377 T: You mean using the enlistment for getting away?

378 P: Yuh, I guess so.

379 T: But at that time mother was all right?

380 P: Yuh, I felt all right then.

381 T: And mother too?

382 P: Yuh, I guess she was all right.

383 T: Huh?

384 P: I think she was all right then.

385 T: T: But when you came home did you not ask mother what
386 was wrong with her? Did you not ask her whether she was
387 better?

388 P: NO.

389 T: AND at home nobody talks with the other one?

390 P: Yuh, I guess they do but I'm never around.

391 T: I mean when you were around.

392 P: What?

393 T: When you were around. (long pause) Were you angry with
394 them? (long pause) What happened?

395 P: I don't know.

396 T: Huh?

397 P: I've got no reason to be.

398 T: You had no reason to be angry with mother?
399 P: No.
400 T: Have you been angry with your sister?
401 P: No.
402 T: Sister wasn't sick?
403 P: No.
404 T: ONLY mother?
405 P: Yuh. She's all right now I guess.
406 T: T: Did you ask if she was all right?
407 P: Yuh, I think so. I don't know.
408 T: But she thought she might have eaten something that she
409 shouldn't?
410 P: I don't know what made her sick.
411 T: But you said that somebody throws up because he might
412 have eaten something.
413 P: Yuh.
414 T: Have you ever? Have you thrown up?
415 P: Yuh, I guess so.
416 T: When was that?
417 P: I don't know. I know I did a couple of times but I
418 don't keep track.
419 T: (laughs) Of course. When you were a boy.
420 P: Yuh.
421 T: When you were a boy?
422 P: Yuh.
423 T: What had you eaten?
424 P: Well, I smoked some cigars when I was young.
425 T: You did?

426 P: Yuh.

427 T: Who gave them to you?

428 P: Nobody.

429 T: You took it, you mean, huh? Is that what you did?

430 P: Yuh.

431 T: Whose?

432 P: WEll I picked it up somewhere off the road or something.

433 T: On the road?

434 P: Yuh.

435 T: Because at home you couldn't smoke?

436 P: Yuh.

437 T: You could?

438 P: No, I couldn't, no.

439 T: Your father didn't smoke?

440 P: NO, he doesn't smoke.

441 T: He doesn't smoke at all?

442 P: No.

443 T: None of them?

444 P. No.

445 T: Father?

446 P: No, he doesn't smoke.

447 T: Nobody smokes?

448 P: Well, my younger brother smokes but not around the
449 house.

450 T: NOT at home?

451 P: No.

452 T: What do you mean?

453 P: Well my father would get sore if he saw us smoking.
454 T: If somebody smokes, he gets sore? What do you mean?
455 P: He said if he ever caught him smoking in the house he
456 would throw him out.
457 T: He said?
458 P: Yes.
459 T: Why, because it is bad?
460 P: No, it isn't bad but probably the way he looks at it is.
461 T: And you still don't smoke at home?
462 P: NO.
463 T: Huh?
464 P: No, I don't.
465 T: But nobody else vomited at home because he smoked?
466 P: No.
467 T: Only mother?
468 P: Yes, but she don't smoke.
469 T: What? (laughs)
470 P: Yes, but she doesn't smoke cigars. She doesn't smoke at
471 all, anything.
472 T: You said the reason you wanted to leave was because
473 father didn't allow you to smoke at home?
474 P: Yes.
475 T: Did you not smoke when you were in Service?
476 P: Not much, I don't think I smoked at all. Well smoking
477 isn't a habit with me anyway.
478 T: But you said your younger brother doesn't care. He
479 smokes?
480 P: Yuh, but he doesn't smoke in the house; he does care.
481 T: I thought he did.

482 P: No, he doesn't.

483 T: But he drinks then?

484 P: ONce in a while but not at home.

485 T: NOT at home.

486 P: Oh, no.

487 T: No drinking, no smoking?

488 P: NO.

489 T: ANd what can you do at home?

490 P: Sleep.

491 T: (laughs)--and that's all!

492 P: I guess so, yes.

493 T: But mother also would not allow it?

494 P: It doesn't make much difference to her. She does not
495 have much to say.

496 T: She does not have much to say--what do you mean? Who has
497 the say?

498 P: I think my father.

499 T: And such a tyrant?

500 P: No, he's not.

501 T: But you mean mother has nothing to say or she has
502 something to say but--.

503 P: Well she doesn't care much.

504 T: Hm?

505 P: Well she doesn't want us to smoke but as a rule she
506 doesn't have much to say. She just does her work.

507 T: What kind of work?

508 P: Just house work.

509 T: She does it all?

510 P: Yeh, my sister helps out once in a while.

511 T: Not you?

512 P: No.

513 T: Even if she asks you?

514 P: Well I have other things to do that I can do better so
515 I do those.

516 T: You don't like to wash dishes?

517 P: NO, I don't think I ever did.

518 T: But she must have asked you?

519 P: She probably did, yuh.

520 T: Why not?

521 P: That's what my sister is there for, to wash dishes.

522 T: It is for women?

523 P: Sure.

524 T: (laughs) Men never wash dishes?

525 P: Oh, they could but.

526 T: But you said not washing dishes and not smoking? Do men
527 smoke?

528 P: Oh yuh, they'd smoke.

529 T: But where did your father get the idea not to smoke?

530 P: I don't know, you'd have to ask him.

531 T: Where did he come from?

532 P: I think he was born in Syria. He lived in Canada most of
533 his life.

534 T: Mother too?

535 P: Yuh, I think so. She lived in Canada most of her life..

536 T: You do not know if she came from Syria?

537 P: I think she did, yes.

538 T: FATHER talks in English or--

539 P: English, yuh.

540 T: Or Syrian?

541 P: Most of the time in English, but sometimes in Syrian if
542 she doesn't want us to know something. Or when they are
543 arguing, I guess they speak Syrian.

544 T: So that you couldn't understand what they are arguing
545 about?

546 P: Yes, I guess so.

547 T: ANd you were born in?

548 P: Maine.

549 T: Not in Canada?

550 P: No.

551 T: You said they lived most of the time in Canada?

552 P: Well they moved to the United States when they got
553 married.

554 T: Mother told you, or father?

555 P: (long pause) No. Maybe they did, I don't remember.

556 T: Hm?

557 P: I think they did anyway.

558 T: Have you ever been sick?

559 P: NOT very often.

560 T: AS a child?

561 P: WEll I guess I've been sick, yuh, but not very often.

562 T: What do you mean? What sicknesses?

563 P: I don't remember what I had.

564 T: You don't remember.

565 P: WEll probably I had the mumps and the measles, sore
566 throat.

567 T: Who took care of you?

568 P: Mother.

569 T: She did?

570 P: Yuh.

571 T: You remember?

572 P: Yuh, I remember.

573 T: And you have never been sick since then?

574 P: Yuh, I've been sick a couple of times but nothing
575 serious.

576 T: Who took care of you?

577 P: Well I usually don't tell anybody when I'm sick.

578 T: WHy not?

579 P: Well I feel I can take care of myself?

580 T: How can you?

581 P: WEll if it was something bad I'd tell somebody but if
582 I'm not seriously sick why I don't tell anybody.

583 T: ANd when you were seriously sick, then you told it?

584 P: Yuh, well I know about seven months ago, I had pretty
585 bad pains in my side. It bothered me for about a week and I
586 didn't tell anybody until I couldn't take it any more and
587 then I told my mother. She called the hospital and I went
588 in next day and they took my appendix out.

589 T: On what side did you have pain?

590 P: Yes, on my side.

591 T: On your left side?

592 P: Yes.

593 T: SEven months ago? What happened?

594 P: I didn't go to work the next day and she wanted to know
595 why and I told her my side was hurting me pretty bad so she
596 called a doctor and I went down to the hospital and they
597 took the appendix out the same day.

598 T: On your left side?

599 P: Yuh. No, the right side. I don't remember now.
600 T: Huh?
601 P: But it's out anyway.
602 T: (laughs) You don't remember, is that what you said?
603 P: No, I don't. I know I had pains, so he took it out
604 anyway.
605 T: But the pain, as you said, was on the right side?
606 P: Yes, the right side.
607 T: Have you ever had pain on your left side?
608 P: I don't think so.
609 T: When they took out something?
610 P: No, on the right side they took it out.
611 T; But have you ever had pain on your left side?
612 P: I don't think so.
613 T: And you went to mother. You said when you had the pain
614 you asked mother.
615 P: NO, I didn't ask her. I told her that I had the pain in
616 my side. I could hardly take a step.
617 T: Was it a terrible pain?
618 P: Yuh, it was pretty bad. It was bothering me for about
619 a week.
620 T: A week?
621 P: Yuh.
622 T; You didn't go to bed?
623 P: No.
624 T: How could you eat?
625 P: For the last couple of days I didn't eat.
626 T: You didn't?

627 P: NO.

628 T: Did you work? Could you walk?

629 P: NO.

630 T: Couldn't?

631 P: Well I did the last day when I went to the hospital.

632 T: And what did you think was wrong with you? What did you
633 think?

634 P: Well I thought it would go away after a while but it
635 kept getting worse.

636 T: What did you think was wrong with you before you were
637 operated on? When you had the pain and when you were
638 vomiting, nauseated?

639 P: I didn't think about it at all. I just knew it was
640 bothering me. I thought maybe it would go away after a
641 while.

642 T: Because you had it before?

643 P: NO.

644 T: And mother had also such pain?

645 P: No, she never complained about pain.

646 T: When she was in bed?

647 P: I don't know if she had any pain but she was throwing
648 up.

649 T: How did you know that she had no pain?

650 P: I don't know.

651 T: Hm?

652 P: I don't know, but you said she had pain.

653 T: I asked whether she had.

654 P: Oh, I don't know. I don't know if she had any pain.

655 T: But you knew about appendicitis?

656 P: Oh, yuh, my brother had his out when he was about four

657 years old so I knew about it.

658 T: When he was four years old, you say?

659 P: Yuh, I guess so, he was kind of young.

660 T: Which one?

661 P: My oldest brother.

662 T: He told you?

663 P: NO, but I could see the scar on his stomach. Oh, I
664 guess he told me, I don't know.

665 T: But you saw the scar?

666 P: Yuh.

667 T: And did you ask him? But you were already three years
668 old, isn't that true?

669 P: What?

670 T: You were already three years old when he was operated
671 on?

672 P: I don't know how old I was, probably was three years
673 old.

674 T: When he was four?

675 P: I wasn't even born then. Well, I might have been. He's
676 about four years older than I am.

677 T: How old is he now?

678 P: I guess he's around twenty-six or twenty-seven.

679 T: How old are you?

680 P: (pause) Twenty-four.

681 T: When were you born?

682 P: In 1926.

683 T: When was your birthday?

684 P: October 12th, 1926.

685 T: So you were not born when he had the operation?

686 P: (long pause) Well, maybe he was two years old, I don't
687 know how old he was.

688 T: Huh?

689 P: I don't know how old he was when he had them taken out.

690 T: Four years, you said.

691 P: Maybe he was younger, I don't know. I'm just taking a
692 guess.

693 T: Yes, but you don't remember, that is what I mean.

694 P: Oh, no. I don't remember.

695 T: When he was operated on, only he told you?

696 P: Yuh.

697 T: He had stomach trouble?

698 P: He didn't know, he didn't know he had stomach trouble.
699 He was too young to know. He was just a young kid.

700 T: But he told you--or who told you? You saw the scar, as
701 you said.

702 P: Yes.

703 T: Then you asked him what's wrong?

704 P: (pause) Yuh.

705 T; But you are not sure?

706 P: I thought it was appendicitis but I let it go.

707 T: You mean your own pain now?

708 P: Yes.

709 T: Nobody else was operated on. What operation did mother
710 have?

711 P: I don't think she had any.

712 T: NO. Who else?

713 Just me and my brother, that's all.

714 T: But now you are not throwing up?

715 P: Well I (pause) for a while there, after I got through
716 eating, about one mouthful would come up.

717 T: Sometimes?

718 P: Yuh, not any more. It used to.

719 T: What do you mean? AFTER eating you did?

720 P: Yuh.

721 T: It came up and then you swallowed it again?

722 P: No.

723 T: You--.

724 P: Threw it out. When I was about fifteen or sixteen years
725 old it happened.

726 T: It came up--one mouthful?

727 P: Yuh, just about one mouthful.

728 T: At the end of the meal?

729 P: Probably ten or fifteen minutes later.

730 T: And what came up:

731 P: Fluid.

732 T: NOT fluid only? The food too?

733 P: Yuh.

734 T: And it was disgusting?

735 P: No.

736 T: BEcause you said you didn't swallow it. You spit it
737 out.

738 P: Yeh.

739 T: Where?

740 P: OUTside.

741 T: You had to go outside?

742 P: Well, I was outside, probably because I was walking
743 around or something after a meal and maybe I figure exercise

744 right after a meal is no good--
745 T: After any kind of food?
746 P: Usually sour foods.
747 T: So it happened sometimes at the table?
748 P: No.
749 T: Never?
750 P: No.
751 T: You wouldn't have done it, huh?
752 P: I don't know, it never happened.
753 T: And for a long time you had that? When you were
754 fifteen, you said.
755 P: Will I don't know what age I was. Well, I guess I had
756 it for a couple of years.
757 T: A couple of years. And whom did you tell?
758 P: NObody.
759 T: You didn't tell anybody. But they must have known it,
760 or didn't they?
761 P: Well I think I told my mother I didn't like sour foods
762 because they come up on me.
763 T: And she should not give you sour foods--is that what you
764 meant? She cooked for you then something else usually?
765 P: No.
766 T: That was when you were fifteen or sixteen, you mean?
767 P: Yuh, I guess I was around that age.
768 T: And what did you think was wrong?
769 P: Well I didn't care. It was nothing serious, so I didn't
770 pay attention to it.
771 T: NOT for several years? You mean before fifteen or
772 sixteen you already--
773 P: I don't know. I lasted a couple of years.

774 T: And disappeared then?

775 P: Yuh, I don't have it any more.

776 T: You never stayed in bed?

777 P: Oh, I never stayed in bed for throwing up.

778 T: THat's what I mean.

779 P: No.

780 T: Do you throw up very easily?

781 P: No. No, I got no reason to throw up so I don't throw
782 up.

783 T: Now?

784 P: My stomach is all right.

785 T: Only that time?

786 P: Yuh.

787 T: You don't know what mother was throwing up?

788 P: I don't know. I don't think she was.

789 T; What do you mean--that she never was throwing up?

790 P: I don't remember if she did.

791 T: But you have a good memory otherwise, haven't you? OR
792 have you always had a bad memory?

793 P: Oh, I just don't pay much attention, I guess.

794 T: HUh? (long pause) Or do you only behave as if you
795 don't know anything.

796 P: Maybe you are right.

797 T: You mean only here? Hm? Would you not like to get out
798 from here now? Is that not what you mean, you don't like to
799 be asked the questions?

800 P: Yuh.

801 T: But you are here to be helped.

802 P: Yes, but maybe I need no help.

803 T: You mean because you already feel all right?

804 P: Only if you would throw up you would know that it is
805 necessary to be here like the other boys on the ward. Why
806 are they throwing up?

807 P: OH, because they are sick I guess.

808 T: Of course. But what kind of symptoms do they have? You
809 say there are those here who are throwing up?

810 P: Yuh, I don't know, maybe a nervous stomach or something.

811 T: What is that?

812 P: I don't know.

813 T: WHat is a nervous stomach?

814 P: I don't know.

815 T: What do you call nervous stomach?

816 P: I don't know. It seems to me I heard somebody mention
817 something about it.

818 T: You heard what I said when you came--we wanted only to
819 know more, to help you. If you think you don't need it, then
820 all right. Isn't that so?

821 P: Yuh.

822 T: So I think you cannot be helped if you have no need for
823 help. (pause) So something must have happened here that
824 you are cured. Are you then not helped? Did you come
825 because you were ill?

826 P: Yuh, I had headaches before when I came but I feel all
827 right now.

828 P: Who helped you?

829 P: I don't know, maybe just the rest or something, I guess.
830 Maybe just to get away from home, I don't know.

831 T: Let's hope it will not come again.

832 P: Yeh.

833 T: All right.

834 P: Is that all?

835 T: Sure.

836 P: Thank you, Doc.

CASE #9

Session #1

1 P: What will I do if I'm pregnant?

2 T: In analysis there will be times when you will have
3 questions that you want to ask. But before answering them
4 it's important for us to try to understand what's behind the
5 question and see if it has other meanings than the question
6 itself.

7 P: I don't think I have any special reason to be pregnant,
8 but I do wonder if maybe it would be detrimental to my
9 treatment. If I am pregnant I also wonder whether maybe I
10 did have a reason?

11 T: What comes to your mind?

12 P: There can't be any other reasons and yet maybe I
13 wondered that if I were to get pregnant that I wouldn't have
14 to do this. (Elaborates conflict) I know that I did get
15 pregnant within a month after I started my counseling with
16 Mr. Harris.

17 T: Rather than jump to conclusions as to whether or not
18 there is a reason, let's just look and see what comes to
19 your mind.

20 P: Maybe I had the wish that it would make me ugly. I
21 think I have a desire for that.

22 T: What's the detail?

23 P: I'm not sure whether that's my own thought or whether it
24 is something that I was told. But I think that it would be
25 an escape from any kind of sexual feelings. If I were
26 pregnant and ugly then no one would be sexually attracted to
27 me. I think that is my biggest problem.---

28 T: You seem to have some fear of talking about it.

29 P: Yes, I can feel that. I've been completely frigid for
30 the last three weeks and I can't even stand the thought of
31 anything sexual. And yet, at the same time, I've had a lot
32 of dreams with orgasm.---

33 T: What comes to your mind about the hesitation in your
34 thinking?

35 P: I have a sense of fright about my feelings toward you.--
36 -I was hoping that you could do my analysis (Elaborates)
37 Then...I felt as if I had found someone who cared and that
38 somehow I would get a relationship here even though I know
39 that's ridiculous and that I'm just a patient.---

40 T: Try to pursue what comes to your mind about this.

41 P: ---I have the feeling that you'll be mad at me if I don't
42 say something, and so I just can't say anything. But the
43 longer the silence lasts the worse it gets.

44 T: What comes to your mind about the idea that I would be
45 mad at you?

46 T: I think of the way Mr. Harris used to react if I didn't
47 say anything. It also makes me think of my father and the
48 way he would say "jump" and I'd have to jump or else he
49 would call me "stupid." --I have a sense of hostility about
50 it. I know when I'm feeling love but I don't know when I'm
51 being hostile. And it scares me most to show my hostile
52 feelings. But I wonder if maybe I have that turned around.

53 T: What comes to your mind?

54 P: Maybe I'm really afraid to show my love feelings. I
55 have quite a bit of hostility that I'm aware of, and it's
56 like my mother's. She takes it out on sales people. Last
57 night I dreamed that I was going to do this but then I ran
58 back to Harris instead of to you. Somehow I felt so sorry
59 for you. The person in the dream had a mustache so I
60 figured it must be you. In the dream I thought, "I'm so
61 sorry that I didn't go to him and when I didn't, he cried."
62 But then in the dream I said to myself, "You're not the
63 first one and he's probably been hurt before."

64 T: Dreams are frequently useful in analysis, but we use
65 them in a special way. After you've told me the dream
66 itself, try to take each of the elements in the dream as it
67 occurred and see what your associations are to each part.

68 P: The man in the dream somehow reminded me of a boy that
69 I used to go with. He got upset when I left him but he also
70 got over it almost immediately. Somehow there was a feeling
71 of many women being in the dream and that reminds me of my
72 father and all of his affairs.

73 T: What are the details of your thoughts about the boy that
74 you went with?

75 P: That was really the worst time in my life and I turned
76 into a terrible person. He was a horrible boy and he came

77 from a very bad family but I would cling to him just as I
78 clung to my life. I had lost all of my feeling of security
79 when we moved to Springfield and so I grasped the nearest
80 straw that I could find. I did lose that security that I
81 had.

82 T: What was the detail?

83 P: My father had left us just before we moved and I always
84 had the feeling that my mother and father didn't care about
85 me.---I feel sick to my stomach just thinking of this. I
86 grabbed hold of boys and I'd go steady but then we had to
87 leave Evanston and I felt as if half of my life was gone. It
88 was all something new for me but I felt so estranged and I
89 also knew that what I was doing was wrong. I've never
90 talked about this before. I would conquer something and
91 then I would immediately start with someone new but it
92 always made me so tired. Every time I grasp hold of
93 somebody he slips away from me. That's the reason I felt so
94 upset this morning about Tom's mother. Tom is my only
95 stronghold and he was really the only one who would go with
96 me steadily and he was the only one every to really love me.

97 T; What comes to your mind about the upset this morning?

98 P: I got the feeling that somehow she would think me an
99 unfit mother and then the whole thing began to snowball. I
100 felt as if I had to call her and be sure that everything was
101 all right. I had to convince myself that no one could take
102 my children away from me.---I wonder if maybe it was my own
103 fear. I hadn't even thought about it until she suggested
104 that maybe she should take the children for awhile. I felt
105 as if I wanted something this morning, but I don't know
106 what.

107 T: What comes to your mind?

108 P: I felt so anxious as if I couldn't stand it.--I was
109 afraid to start my analysis and I felt as if I was going to
110 love something.

111 T: What are your associations to your fear of the analysis?

112 P: (Laughs) I felt as if through starting analysis that I'd
113 turned my back on my family and that somehow I would never
114 return to my old world and that I would be dependent for my
115 whole life. It all frightens me.--I'm on my own for the
116 first time in my life and I have to do this all by myself.
117 My family are really opposed to it and I've never had to do
118 anything by myself before.

119 T: What was the detail of the fright itself?

120 P: I feel like crying. I wonder what I'm thinking of?--
121 It's so hard to do something that you're not sure of
122 yourself, especially when everybody else is trying to talk
123 you out of it. My parents object. I tried to break away
124 from them but I haven't. But then they didn't even contact
125 me about this. I know that I'm going to be mad if they
126 don't help me, but I also know that they won't help.

127 T: What's the detail?

128 P: I think probably I'm going to change in some way, but I
129 wonder is this the right thing for me to do? I don't know
130 anyone who has ever been through analysis, and I wonder
131 what about the results of analysis. I can't run away and
132 yet I think that maybe my parents are right. I just don't
133 know. I feel as if I'm hanging and I'm being pulled by both
134 sides.

135 T: Let's look at the details of your fears of analysis and
136 your doubts about starting. What comes to mind?

137 P: I just don't know anything about it and I keep wondering
138 what am I going into? I wonder will I be able to take it?
139 At the same time I wonder what can be so frightening? But
140 I sure do get frightened. I feel as if I'm completely
141 placing myself in your hands and I don't even know you. I
142 know that I'll probably be very dependent on you.
143 (Elaborates) I'm not sure that I'm strong enough for this
144 and I know that I got awfully upset even while I was waiting
145 to start.

146 T: So you feel as if you are starting something new that's
147 completely unknown and frightening and you are doing it with
148 someone that you don't know.

149 P: I feel as if I'm in a vise and that I'm caught. It's as
150 if there are all kinds of holes and I'm about to fall
151 through and yet I really do know that this is the only way.
152 I've tried religion and I've tried running away and neither
153 of them works. I'm so easily suggested to. (Elaborates)
154 I just have no mind of my own. (Elaborates)

155 T: We'll stop here for today.

REFERENCE LIST

- Bales, Robert F. Interaction Process Analysis. Chicago: The University of Chicago Press, 1950.
- Berger, Peter and Hansfried Kellner. "Marriage and the Construction of Reality." Diogenes, 46 (Summer 1964): 1-23.
- Bieber, Irving, M.D. Cognitive Psychoanalysis. NY: Jason Aronson, 1980.
- Beck, Aaron, and Gary Emery. Anxiety Disorders and Phobias. NY: Basic Books, 1985.
- Churchill, Lindsey. Questioning Strategies in Sociolinguistics. Rowley, MA: Newbury House, 1978.
- Benjamin, Lorna Simth. "Operational Definition and Measurement of Dynamics Shown in the Stream of Free Association." Psychiatry 49 (May 1986): 104-128.
- Coulter, Jeff. "Perceptual Accounts and Interpretive Asymetries." Sociology 9 (1975): 385-396.
- Crits-Shristoph. "The Efficacy of Brief Dynamic Psychotherapy: A Meta-Analysis." American Journal of Psychiatry 149, no. 2 (February 1992): 151-158.
- Cronen, Vernon, Barnett W. Pearce, and Karl Tomm, "A Dialectical View of Personal Change". In The Social Construction of the Person, eds. Kenneth Gergen and Keith Davis, 203-224. NY: Springer Verlag, 1985.
- Davanloo, Habib, ed., Short-term Dynamic Psychotherapy. NY: J. Aronson, 1980.
- Deutsch, Felix and William Murphy. The Clinical Interview. NY: International Universities Press, Inc., 1955.
- Dewald, Paul. The Psychoanalytic Process. NY, London: Basic Books, Inc., 1972.
- Eglin, Peter. "Resolving Reality Disjunctures on Telegraph Avenue: a Study of Practical Reasoning." Canadian Journal of Sociology 4, no. 4 (1979): 359-377.
- Eglin, Peter and Wideman, Doug. "Inequality in Professional Service Encounters: Verbal Strategies of Control

- Versus Task Performance in Calls to the Police." Zeitschrift Fur Sociologie 15, no. 5 (1986): 341-362.
- Festinger, Leon. The Theory of Cognitive Dissonance. Stanford, CA: Stanford University Press, 1974.
- Garfinkel, Harold. Studies in Ethnomethodology. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1967.
- Gill, Merton, M.D., Richard Newman, M.D., and Fredrick Redlich, M.D. The Initial Interview in Psychiatric Practice. NY: International Universities Press, Inc., 1954.
- Greenberg, Leslie, and William Pinsof. The Therapeutic Process: A Research Handbook. NY: The Guilford Press, 1986.
- Heritage, J. C. and D. R. Watson. "Formulations as Conversational Objects." In Everyday Language: Ethnomethodological Approaches, ed. G. Psathas, 123-162. NY, London: Irvington Publishers, 1979.
- Hochschild, Arlie. "Emotion Work, Feeling Rules and Social Structure", AJS 85, no. 3 (1979): 551-575.
- Humphrey, Laura Lynn and Lorna Smith Benjamin. "Using Structural Analysis of Social Behavior to Assess Critical but Elusive Family Processes." American Psychologist 11, no. 9 (September 1986): 979-989.
- Keisler, D.J. The Process of Psychotherapy. Chicago: Aldine, 1973.
- Kuhn, Thomas. The Structure of Scientific Revolutions, 2d ed.. Chicago: University of Chicago Press, 1970.
- Labov, William, and David Fanshel. Therapeutic Discourse. New York: Academic Press, 1977.
- Lennard, Henry, and Arnold Bernstein. Patterns in Human Communication. San Francisco, CA: Josey-Bass, Inc., 1969.
- Maynard, Douglas and Zimmerman, Don. "Topical Talk, Ritual and the Social Organization of Relationships." Social Psychology Quarterly 47, no.4 (1984): 301-316.
- Parsons, T. et al. Towards a General Theory of Action. Cambridge, Mass: Harvard University Press, 1951.
- Pollner, Melvin. Mundane Reason. NY: Cambridge University

Press, 1987.

- Pollner, Melvin. "'The Very Coinage of Your Brain': the Anatomy of Reality Disjunctures." Philosophy and Social Science 5, (1975): 411-430.
- Sacks, Harvey. "Hotrodder: a Revolutionary Category." In Everyday Language: Ethnomethodological Approaches, ed. G. Psathas, 7-14. NY: Irving Publishers, 1979.
- Sacks, H. "An Initial Investigation of the Usability of Conversational Data for Doing Sociology." In Studies in Social Interaction, ed. Sudnow, 31-74. New York: Free Press, 1972.
- Scheff, Thomas. "Micro-linguistics and Social Structure." Sociological Theory 4 (Spring 1986): 71-80.
- Schutz, Alfred (1962) Collected Papers vol. 1, The Problem of Social Reality. The Hague: Martinus Nijhoff, 1962.
- Schutz, Alfred and T. Luckmann. The Structures of the Life World. London: Heinemann, 1974.
- Schmidt, Frank L. "What Do Data Really Mean?" American Psychologist 47, no. 10 (October 1992): 1173-1181.
- Strupp, Hans and Binder, Jeffrey. Psychotherapy in a New Key. NY: Basic Books, 1986.
- Wolberg, Lewis. The Technique of Psychotherapy. NY: Grune and Stratton, 1954.
- Wittgenstein, Ludwig. Philosophical Investigations. Oxford: Basil Blackwell, 1958.