

Appendix 1

Note: the following is a conversation taken place between the therapist and a client. Therefore no changes had being made to the sentences or language used during the conversation. These are the direct words of the therapist and the client.

SESSION 1

Client: I don't like the format of the office.

Therapist: How would you like to change it?

Client: I wouldn't know how.

Therapist: Where would you like to start?

Client: (*laughing*) This is unfair. You as therapist should have a diagnosis.

Therapist: You are the expert on your life.

Client: Some people say you can become addicted to therapy.

Therapist: You are wondering about this?

Client: I don't know. I'm totally lost. It seems as though all my ideas about therapy has fallen apart.

Therapist: You are confused. You don't know which direction to take.

Client: Actually I'm trying to find out whether there is a direction. I've been through so much therapy. Everything seems like a big blur at the moment. The problem is getting through one day. I've tried various methods. It is difficult cutting off completely.

Team: The team wants to know how it is that you have been in therapy for so many years? What worked and what not?

Client: The only method that really seemed to have worked was to be removed from the environment completely to a rehabilitation centre. That kept me away from the stuff. The next best method was going through withdrawal on my own. This was very scary. I couldn't think of anything helpful in therapy as such. Nothing in therapy has been of such an extent that it pushed me to the point of quitting totally.

Therapist: You seem to be looking for an external method.

Client: Yes, a magic wand.

Therapist: A miracle answer?

Client: P l e a s e. (*patient almost begging*). Maybe I'm looking for the wrong thing – a step by step approach – guidelines – like a computer programme.

Team : The team expresses their concern about the client wanting a miracle answer. It also seems to them that people and methods seem to be very powerful in his life. The team is wondering where the client finds himself in terms of therapists and methods. The therapist is requested to leave the office for a while.

Client: There is Antabuse for the alcoholic to help him part with his preferred substance. I can discipline myself for five minutes but to part for twenty –four hours is a different story. In terms of people – it is difficult to communicate with people. I loose track of what I want to say. I can't think properly. Methods – I expect therapy to be like going to a doctor – symptoms and a diagnosis and you follow the prescription.

Team: The team observes that the client is very relaxed talking about prescriptions, methods and addiction, but that it is not so easy to talk about himself.

Client: I don't know what you're actually looking for. *(client becomes nervous)* Yes, it is difficult to talk about myself. I don't have the foggiest idea what people expect.

Therapist: You are wondering what we would like to know about you?

Client: Yes. *(Client switches to talking about psychiatrist and computer programmes).*

Team: The team says it is important for the client to know that we are not using the methods that he is referring to. The team doesn't have specifically worked out methods. The client will find out how the team works as time goes on.

Therapist: It seems hard talking about yourself. *(therapist moves a third chair closer)*

Client: That makes me totally paranoid.

Therapist: Who knows you best at this stage?

Client: Nobody.

Therapist: Pretend we use your mother. How would she describe you?

Client: That isn't going to work, because the first thing that will happen if she sits there, she would go into a panic attack.

Therapist: Let us pretend she will not go into a panic attack. What would she say about you?

Client: My mother will probably say I'm frustrating and disappointing.

Therapist: To her?

Client: Yes. I think she sees me as fairly helpless, like immature.

Therapist: Almost like a child?

(silence – client nodding his head)

Client: She is so tolerant.

(silence)

Client: Yes. She doesn't understand why I haven't followed the path of an average person. She feels I should be well-established and successful.

Team: The team observed that the client almost became like a child when talking about how his mom sees him as a child. The team also observed that the client is not so relaxed anymore.

Client: Really?

Therapist: What are you maybe doing to help her think that you are a child?

Client: I'm not earning a living and thus cannot feed myself. My mom feeds me.

Therapist: So your mom supplies and takes care of you as a mother would take care of a child?

Client: Yes. I manipulate her. I behave like a child. I throw temper tantrums.

Therapist: How do you set it up?

Client: I slam the door and raise my voice. She also plays a part in maintaining this relationship.

Therapist: How are you helping her to maintain the relationship?

(Client becomes side-tracked)

Therapist: What ways are you using to manipulate her?

Client: Procrastination. Promises. But there she provides money.

Team: It seems to the team that you and your mother need one another and that you have a very special relationship. You both are working very hard to keep the relationship going. She is the provider and you are the child. The team is also very concerned, because your mother is already 80 years old. The team is wondering what will happen if she is not there anymore?

Client: I don't actually know. Maybe it will force me to behave properly. Part of the problem is that she is going into frail care in a few months time. If she dies or becomes seriously ill, I'll probably have to supply to survive.

Therapist: It will put pressure on you?

Client: No. It will remove inhibitions and allow me to behave more aggressively.

Therapist: It will give you space to do what you would like to do?

Client: Yes. At the moment she is a parachute for me. I rely on her for support and finances.

Therapist: She is your rescuer?

Team: The team is concerned. What will happen if you stop your addiction? Your mom supplies in terms of your addiction – she provides money, but she also comes to your rescue. What will happen to you and your relationship with your mother if you quit?

Client: It does worry me a little bit. (*client nervous*) It seems as supporting me is the only reason for her to carry on. If she loses this function she will die.

Therapist: You give her some purpose in life?

Client: Yes.

Therapist: Stopping the addiction thus is a matter of concern?

(*silence*)

Client: A psychiatrist once diagnosed me with separation anxiety. I wonder if maybe she suffers more from it than me.

Team: The team respects the diagnoses of the psychiatrist, but they are concerned that you and your mother are going to lose each other if you quit your addiction. . The team is wondering whether there are other children in the family as well?

Client: I have a sister. She is the eldest – married and has children. My mother is very involved with the grandchildren and helping my sister to cope with her husband and she sometimes provide for them as well. She has regular contact with them – about four times per week. I also have a brother. He is in the middle and a real pain in the xxx – successful, stable, goodie-goodie and straight.

Therapist: Mr. Perfect?

Client: No.

Therapist: How did your brother and sister manage to become so independent?

Client: My mother and father had more time for me. There is a radical age gap between

my brother and I, more than ten years. My father kicked my brother out of home.

Therapist: He had to swim and survive?

Client: Yes. My sister – I think she got tired of looking after everybody. My dad was an alcoholic and my mother was very soft. My sister did babysitting with me and looked after my brother – like a mother.

Therapist: You had some special treatment from your parents?

Client: Yes.

Team: The team observes that you are still getting very special treatment from your mother. The team would like you to think about this.

The therapist leaves the room.

Client: Why are you smiling? There must be something good?

Therapist: The team would like to give you some homework. We are not going to discuss the questions now.

1. Observe what is going on between you and your mother.
2. How old does your mother think you are?
3. Are you always the same age?
4. Are you ever your real age in her eyes and when, if so?
5. The team is wondering whether you really need to change as a person. It seems to the team that you are surviving quite well and they are concerned that change will entail quite a few losses in your life. What could you possibly lose if you decide to change?
6. You need to guess how old the team thinks you are. Substantiate your answer.

Team: The team observed that you are a very hard worker and they are looking forward to the next session. They also say thank you for coming today.

SESSION 2

Team: The team says good afternoon. The team would like to know what you are studying in the library?

Client: I study the brain and computers. The human mind is very fuzzy and unpredictable.

Therapist: It is easier to work with computers.

Client: Yes. You can switch it off.

Therapist: You would like to do that with yourself?

Client: Yes. That is the most difficult thing in my life. It is incredibly difficult.

Therapist: Is that maybe one of the reasons for coming here?

Client: Yes. You are supposed to have all the answers.

Therapist: We are the experts?

Client: You have to be.

Therapist: Has there been any crisis since our previous session that we have to know about?

Client: I am still using every day, but I must admit that after the first session I felt highly

motivated.

Therapist: What was valuable to you?

Client: It maybe opened a release valve to a certain degree.

Therapist: Did it maybe have a link with the homework?

Client: Yes. I've never had such a strong effect of a therapy session.

Therapist: What type of effect?

Team: The team is happy to hear that the first session had some positive effect. They would like to know what you did with your homework.

Client: *(very nervous)* I'm not sure how much I had to write. I didn't write anything about the relationship between my mother and I.

Team: The team observes that you seem to be very busy in your mind. They would like to give you a few minutes to orientate yourself.

The therapist leaves the room.

Team: The team observed that you've been rather nervous now. What would you normally do to calm you down?

Client: Cough medicine. I'm generally nervous with people.

Therapist: You've managed to calm down quite well now. How did you do it?

Client: I watched the paper and the questions and answers.

Therapist: What did you observe?

Client: Can we do the other questions first?

Therapist: Okay. It seems difficult to share about the first question?

Team: There are no right or wrong answers.

Silence.

Client: When I go to my mom there is no real talking. I sit at the computer and work and she just dumps lunch in front of me.

Therapist: General stuff.

Client: Yes.

Therapist: It follows the same pattern.

Client: She is routine orientated.

Therapist: You seem to fit in quite well with this routine.

Client: Yes. It is comfortable. I'm on auto-pilot.

Therapist: There is not much stress and responsibility on you.

Client: Yes. At present everything seems to be uncertain and on hold - not knowing when my mother is moving into frail care, or when maybe I'll be miraculously cured. The only feature of the day is "what are you going to spend the money on?" And she knows on what.

Team: The relationship between you and your mom seems a very stable one. The team would like to know if you would like to see this relationship different and if so, how?

Client: In terms of the day to day I would not like a change. I would like to change being dependent on my mother. There seems to be an underlying waiting for disaster or something to go wrong.

Therapist: You have the need to change but also a fear of change.

Client: Yes. There is no safety net. It is like being on a see- saw: hoping for recovery on the one hand versus awaiting disasters on the other hand. It is so easy to get into the computer and setting up an account with a medical aid.

Team: You are working very hard to keep things the way they are. Getting into medical aid would also be part of maintaining things the way you are.

Client: Although the situation at present is comfortable, I'm not in control. I'm a passenger being controlled by the cough medicine.

Team: You see yourself as a passenger on a bus and the addiction being the bus. On this bus you are writing a particular life story. Your mom is also a passenger on this bus. This bus is a safe haven. You know where you are going. You mentioning changes, will mean getting onto another bus. Would that be such a good idea? Continuing with the addiction could lead to admission to an institution that is another safe haven.

Client: No ways! The medication is hellish. You can't shave. I can't dry my hair properly or shower on my own. It will be like traumatic.

Therapist: So you wouldn't like that extra care?

Client: No way! That's not care!

Team: The team is convinced that you don't like the idea of an institution. What will have to happen to get onto another bus?

Client: Controlling the use of the medication. Stopping.

Therapist: That seems like a major priority for you.

Client: Yes. If I'm paranoid going to work, I cannot do my work properly.

Therapist: So you can't perform as you wish.

Client: No ways!

Team: There seems to be different views in the team. The one person is very concerned about the addiction and the rest are very concerned that there are many other areas in your life that you would like to control.

Client: The first step in taking control over the other areas is to get control over the cough medicine.

Therapist: That is the starting point?

Client: My mother keeps on pointing out that I'm fine until I get my first salary and then start using cough medicine again.

Team: The team gets the feeling that you find it difficult to deal with life without the medicine. Stopping will mean facing reality and that is scary.

Client: It doesn't allow me to cope.

Team: The team feels while you are on the present bus you are working very hard to keep it going. The team would like you to take a few minutes and think how your life –

you and your mother's position would be different without the medicine.

Therapist leaves the room.

Therapist: What did you come up with?

Client: Lots of nice things. *(client sounds excited)* Being responsible, having goals, a job, do what I want.

Silence.

Team: You talk quite a bit about having a job. We would like to know if you have a dream?

(Client seems surprised and laughs)

Therapist: Something that you would really like to achieve.

Client: To develop my area of interest. I've had goals in the past. I was a journalist, worked in a laboratory and computers.

Team: We would like to know if there was ever a time in your life when you had a dream and things were really going well. What was different then?

Client: Yes, sort of. I had goals.

Therapist: Was it different then than now?

Client: Yes. I'm still working towards goals. I don't know how other people think. I've met my goals: journalism, working in a laboratory and computers. I challenge myself. I don't see myself in ten years time with a Porsche.

Therapist: How then do you see yourself?

Client: I don't have a particular picture.

Therapist: Everything seems hazy?

Client: My idea is not concrete.

Team: The team would like you to take a few minutes to think about your picture.

The therapist leaves the room.

Team: The team experiences you as an interesting person and would like to get to know the person behind the addiction better. The team is worried about you, but they also believe that you can make the right decisions about your life. For the next two weeks the team would like you to keep a diary. To assist the team in enhancing their understanding of you, it will be of vital importance to make detailed and specific notes in your diary.

You are kindly requested to keep a diary on the following:

2003 observe yourself in terms of your age: how old are you in different situations

2004 what do you do to stay addicted /how do you manage to keep the addiction alive?

2005 What are you doing to enhance a life without addiction?

The team says thank you for coming today and they are looking forward to the next session.

SESSION 3

Therapist: Has there been any crisis or anything that the team should know about?

Client: Just that I was like extremely paranoid over the past two weeks. It really interfered with putting together a diary.

Therapist: So it has been a very difficult two weeks for you?

Client: Extraordinary. I like slept two hours last night. I take the same dosage but once I get paranoid I don't sleep.

Therapist: So it really interferes with your general coping?

Client: Totally. Like I said, I didn't do the homework properly. What I did do, is write down a couple of things that kept recurring, whenever I was thinking about the, like you know, thinking in terms of age and that kind of thing. So, I could read you the notes, but the notes are like, kind of trash. They had coffee and doughnuts all over them. I can't read the things for myself.

Therapist: So how does that affect you the fact that you cannot sort of make out what is happening there?

Client: I'll tell you, it is actually quite scary. There were days, I only wrote down notes the following day, because I'm most sort of lucid in the mornings. There were days where there was nothing. I couldn't remember the day at all. I mean I knew I had woken up, walked up to Klipfontein, you know, gone to the library, that kind of thing, but to try and get it detailed. Nothing. Really scary.

Therapist: Scary?

Client: Yes. I've never noticed it before. I'm sure it must've been happening, but until now I haven't noticed it.

Therapist: So this must have been quite shocking to you as well, only to be able to recall the major happenings of the day and not the detail?

Client: Yes, it has. I wouldn't even go so far as to say the major sort of things, you know. I think I currently only really recall what I normally do. I don't sort of recall interacting with people. I mean must've.

Therapist: So this diary was then sort of an eye-opener of what is happening, of what is really happening.

Client: Yes. In terms of coping, yes, definitely. I was trying to get through some of the stuff that I took back from the library here and I was typing it up, but it wasn't really happening in my head. There wasn't any comprehension.

Therapist: It was like you were there, but you were also not there, not part of what was happening.

Client: Yes. I was dislocated. Okay?

Therapist: You have mentioned about the age thing. Would you then like to start with the age issue?

Team: To the team it seems as though you have been observing yourself as sort of standing outside yourself, looking down onto yourself and what is happening and actually learning a different part of you, learning who you are.

Client: Yes. It's been pointed out to me, like, previously how different I am when I'm straight to when I'm stoned. I've never really, you know, paid attention to it,

but it is almost like a different person.

Therapist: So you now actually had the personal experience, you are not just being told about it, you personally experienced it?

Client: Yes. The age thing. There are a couple of things that happened to me that still left me feeling, sort of, ineffectual, you know. Sort of like watching a TV programme but not being able to alter what is sort of happening in the programme. I was about like being seven years old, I think, and my dad got a bit violent with my mom and I was like behind him. I was like beating him on his back and I couldn't, like, you know, he wasn't paying attention, I wasn't there. I couldn't stop him. I think it must be connected to this age thing, because as I say it occurs so often when I tend to think in those terms.

Therapist: So, I'm wondering if I'm understanding you correctly. Are you meaning that you were watching something on TV and then you related it with your mom and dad and you standing behind him?

Client: No. When I was taking the notes, you know, and I was thinking in terms of my age in given situations, then I would remember this. It sort of popped up, so I assume it must be connected. Another time I was about fourteen, fifteen years old, this friend of a friend became a bit physical, it was quite funny, partly because I was like interested in this girl, who was interested in him, who was trying to get off with me. I was trapped in the room with like a guy who was drunk and all that kind of stuff and he was older than the friends and myself. This was something else that recurred quite a lot when I was thinking in terms of this. So, once again I think it must be points of importance. Sort of the impression there I get is, I can't alter circumstances, sort of. I don't know if it's at all valid.

Team: The team is wondering whether now that you've mentioned about the circumstances, that you maybe feel like a victim of circumstances?

Client: Yes, to a degree. A lot of what I've done in my life has been intended to be able to alter reality, to alter circumstances. On the one hand I've had experiences like this and on the other hand I had, I sort of was protected by my mother. There were never consequences to what I did. A hell of a lot that I've been doing has been an attempt to get in contact with reality.

Therapist: When do you actually feel or experience that you are in control of circumstances.

Client: It is difficult to get there, because it really freaks me out when I start going in that direction, when I start asserting myself, other people, whatever. The times when I feel I'm most in control is when I'm sitting in front of the computer. It is like ideal. You're given the work, you're put in front of the machine, you do the work. It is either going to work or not. You don't get a halfway.

Therapist: You can sort of control the machine and you can switch it off whenever it pleases you?

Client: Yes.

Therapist: But humans are a different cup of tea?

Client: Yes. I'm sort of trapped between not wanting to hurt people and on the other hand not wanting to be manipulated by people. I really hate manipulation. I can't tolerate it when somebody tries to manipulate me.

Team: So it seems it is quite difficult to trust people and maybe fear that one might get hurt when you get involved with people?

Client: Yes, quite often. I'm just blank now. Exam stress.

Therapist: Difficult to continue? Would you like to take a couple of minutes.

Client: No, it's okay. The problem is, asserting myself. I sort of have to rock the boat. Generally I find that people do not like to be.....They seem to have a script in their heads that they run to - how a day is going to work out; how ideas should be accepted or executed and if you alter that at all, people tend to become upset.

Therapist: And in terms of yourself?

Client: I don't know. Once again I'm trapped between feeling good and feeling bad. For instance, with this homework thing. I know that I had real problems doing it, but I was trying like everyday to get something together. I felt like you wouldn't accept it, you know.

Therapist: So it was sort of you wanting to please us, not sure that you've done it the right way?

Client: Yes, sort of. I'm not here to please you people.

Therapist: You were not sure what we were expecting?

Client: No, you were expected a diary, but.....

Therapist: You were wondering whether you did it in the right way? Was it good enough?

Client: No. Were there reasons that I didn't do it in the right way. I know there were valid reasons intellectually, but when I approach it from a more emotional level, I don't know how other people will react. I have no idea of how to even anticipate, you know, what a valid reaction would be. My response to somebody getting angry with me, I used to lose my temper, which is stupid, it is daft.
(*silence*) Next? I've run out of things to say.

Therapist: If you just think about the previous session, the team also said it is okay, there are no right or wrong answers.

Client: Yes, I understand that, but on a different level, I mean I had two weeks to do something. If I had to go to work for two weeks and not do anything.....It's like, you know?

Therapist: It's as if you didn't do enough?

Client: Yes, well I didn't do anything. You know, there is no demonstrable product for what sort of happened. I haven't got a graph that I can show you, like you know, that I was going through a really difficult time emotionally and it was related to try and do the homework and that kind of stuff. I can't show it to you, I mean I don't have proof of it.

Therapist: And you feel bad about that?

Client: A little bit. Once again I'm sort of trapped in the middle. I mean I know what kind of effort I put into it, but then to try and be objective about it, how can you possibly know?

Therapist: I think the team has taken note of the fact that it has been a difficult two weeks for you and I think we've also taken note of the fact that you've also discovered something about yourself. Although maybe you haven't met your own expectations in terms of what you thought should be in the diary, you have learnt something about yourself.

Client: Yes. I don't know if one could call it progress or a better focus on my part.

Therapist: There was some difference for you?

Client: Yes and quite radical.

Team: The team has taken note of what you've mentioned a little bit earlier on, that people seem to have sort of a script according to which they live their lives. The members in the team are now wondering if your addiction is maybe your script of life? Maybe take a few minutes and think about this issue and then we can talk about it.

(Therapist leaves the room).

Client: Like everything else, it is not simple. On the one hand, yes, it is like a script, sort of like a mask and a set of behaviour that I can follow sort of mindlessly. On the other hand the entire drug thing and the drug culture, subculture if you want, and what goes with it, is interesting as well. Drug addicts listen to different music than other people do, some of the music that normal people listen to, will drive me mad. It's not entirely sort of assumed, the role isn't like assumed. There is quite a lot of natural sort of, enjoyment with it. Like listening to the music, I can sort of relate to the lyrics and that kind of stuff, whereas I couldn't relate to other things and I can quite often relate to other drug addicts whereas I wouldn't be able to relate to the average person.

Therapist: So it is sort of safe and you know what to expect when you are in the drug culture. It's hard to think how you should relate to so called normal people.

Client: Yes. There shouldn't really be that separation, that's what I feel. I should be able to relate as easily to normal people as I do to drug addicts.

Therapist: But in the end it doesn't seem that easy?

Client: No, it doesn't. It is a pretty broad sort of cultural thing. I've seen that drug addicts tend to group together, whereas there are alcoholics who are separate. There is a very definite dividing line. Even though it is a drug. People have a sort of self-image, sort of gone in a particular direction. Even within drug culture you have situations in

rehab where people have used needles, refused to talk to anybody else. They separate themselves entirely.

Team: It seems to the team that you actually feel you belong to a very special group. In that group you also feel that you are a special kind of person.

Client: I don't know about that. I don't think it's actually done like that. I think what actually happens is that culturally you'll find that, okay, I'm not saying all drug addicts, but a large number of them – while they are growing up, they become to a degree excluded from mainstream. I don't think it is necessarily a choice of the addict. I think in terms of society it is almost like created for them.

Therapist: So where do you find yourself at this stage?

Client: I don't know. As I was speaking I thought at the same time there are a couple of people that I'm most friendly with and they are not drug addicts. They are pretty mainstream, married, children, careers, accepted. But then again, they are all in the computer section.

Therapist: I'm wondering how do you manage to relate to these so-called average people, because as you've said, you actually see yourself as different from the average person?

Client: Firstly they are not judgemental. First they were judgemental, but for some reason they stopped. They actually accepted me and actually became my strongest allies, socially, because for instance at my last workplace people there are.... a friend of mine says they have a certain work mentality. They are doing a job that's been done for a hundred years and it's always been done that way, they don't want to change, so consequently they tend to be pretty conservative. I think it was more on their part that the change occurred. At the same time I was thinking, sort of, identity seems to be a sort of a process of exclusion. Sort of grouping yourself – putting yourself into a particular group and then drawing the

line of who's within the group and who's without the group.

Therapist: How old are you when you are with these average people that you are talking about? How old do you see yourself when you are with them?

Client: They get a straight 43 year old reaction.

Therapist: And what is a 43 year old reaction?

Client: Responsible, having work ethics, behaving morally, sort of accepting society to a degree. It was one of those guys who came up with a thing that changed me quite a lot. He said that nobody signed a contract with God that they are going to get fair treatment in life. That actually influenced me quite a lot. I stopped winching about a lot of things. I simply went forward and did things.

Therapist: So when you are with these so called average people you tend to be different. You tend to act your age.

Client: Yes, to a degree.

Therapist: In what other situations would you be 43 years old?

Client: Anything that needs to be dealt with properly that isn't dealt with properly. Like the journalism thing. I was writing stories about things that I thought should be written about and I thought people were avoiding it. When there is a definite line – somebody is doing something, I've tended to withdraw.

Therapist: So, with intellectual stuff it is easier to act your real age?

Client: Yes. Emotionally I've had a lot of dislocation. I think when I was going through formative periods, I would get halfway through and then we moved to another colliery or something like that. Then all of a sudden all the relationships

that had been developing normally were terminated.

Therapist: So there was a lot of hurt involved with this moving process.

Client: Yes and a bit of guilt as well. My father also tends to lose his temper instead of behaving rationally. The reason why he moved on one particular occasion was because he wouldn't accept criticism of me. He told the manager to go to hell and he went and looked for another job and started as an artisan again. I never actually thought of it in those terms. It was actually quite a sacrifice.

Therapist: And painful for you in terms of friendships, relationships?

Client: Yes. It's not exactly that easy for me to form a relationship in the first place. We've been pretty stable up to that point and I had a definite place within that sort of little society. Then we moved to the other place and I was like floating, you know? I started drinking. They let me into the bar. I was only 15 years old. So I started drinking.

Therapist: So it was very difficult to cope with these changes of moving?

Client: Yes. You see, my dad's position at the same time within the workplace – he wasn't academically qualified to go into engineering and his position put him in an isolated sort of section – sort of halfway into the official direction and halfway cut off from the artisans. We were pretty isolated as well.

Therapist: As a family?

Client: Yes. The same thing happened previously. I think it took him about three years to get back up and once again we were very isolated.

Therapist: It seems to me that at one stage in your life you were able to start forming

meaningful relationships.

Client: Yes. It's strange. Once again, I've never actually thought of it. There was this period, I think I was about 11 or 12 years old. Everything was normal. I was a grown up with people. They didn't think I was strange or that kind of thing. Then moving to the new place – it was dislocation. I don't think I've actually recovered from it.

Therapist: So you took that hurt and pain with you?

Client: Yes. I don't really experience it as hurt or pain, but as sort of being lost. I think I was having a recurrent dream at that stage – about being in an aircraft and landing and not being able to find anybody.

Therapist: And how does that affect you being in that position?

Client: I don't know. Now it is normal.

Therapist: Is it at this stage maybe almost like that dream, that you were describing – really feeling lost?

Client: Yes. (*silence*) I'm running into these intellectual blocks again. I don't think I feel lost now. I live inside my head, I live intellectually to a large degree and logically I know pretty much where I am, but I think that maybe I became emotionally separated from other people.

Team: The team is wondering how is it that in how you operate you seem to read into other people's interaction with you, their feedback to you, that you are a strange, different person, but the team is saying that to them you seem a very normal person. They don't experience you as a strange human being, but they do see you as a human being operating differently than other people.

Client: Okay. Well, I've lived here for just about my whole life. I mean I've lived in other places, but this community is pretty conservative and I think the culture there seems to notice differences more than similarities. So, I think I find that kind of strange.

Team: The team is actually wondering what will happen if you start seeing yourself as a normal person?

Client: *(laughs)* I don't know. It is an interesting idea. It is something I'll have to work through. It is not something I can give an answer on. That's an interesting idea.

Therapist: Would you like to have some time to think about it?

Client: No, this would take a rather long time to think about. It will take days.

Therapist: So we should maybe give you some time to go and work that one out?

Team: The team agrees that we will then give you that for homework for next time.

Therapist: It seems as though it is really something that sets your mind off thinking?

Client: Yes, it's got little repercussions kicking in already.

Therapist: It seems as though one tends to think a lot about what other people say about me, but what do I say about myself and how do I see and experience myself.

Client: Yes. I actually, sort of.....the whole paranoia that I experience. I've often

thought that it's, you know, when I like hear like voices, I actually think it is more projection than anything else.

Therapist: The team says thank you very much for coming today. They appreciate you being here and they say goodbye. We are going to give you quite a bit of time before the next session. The next session will be on the 25th of August.

SESSION 4

Therapist: So, we haven't seen you for quite some time. I think it is about a month.

Client: Hmm.

Therapist: On behalf of the team I would like to greet you and say welcome back. Seeing that it has been such a long time, has there been any crisis or something that the team should take note of?

Client: No. I nearly, nearly had a couple of days without drugs. I actually think it is going to happen some time this week, that I'll stop. Other than that, like the paranoia has been beating me up. It's pretty stiff. I'll tell you something, it is extremely difficult to try to feel normal when you are paranoid.

Therapist: So it's been the normal difficulties that you experience, nothing out of the ordinary?

Client: No, not really.

Therapist: What I would like us to start off with today...As you know, today is already our fourth session and we have contracted to have six sessions, so we basically have two sessions left. Me and the team were wondering if you would like to tell us today what your experience has been in the three therapy sessions that we have had up until now?

Client: Yes, they have actually been pretty good. I'm quite impressed. They were penetrating. It tended to go to the root fairly quickly, but it is a little bit weird when the telephone rings halfway through – sort of slamming on the brakes and that kind of thing. But it has been good as therapy sessions.

Therapist: Would you like to tell me more?

Client: Well, maybe it is because you worked with me before, but there wasn't such a pre-amble. It went straight into the root of the matter. It's been direct. Sometimes when I sit down in therapy, I waffle for half an hour and I haven't really sat down here and waffle. It is like compacted. It's pertinent.

Therapist: It sounds as though you've been working quite hard in the sessions.

Client: Yes, but from your side as well. It's been as I say, direct and content intensive.

Therapist: I wonder how this therapy is different from all the other therapy that you have had for the past twelve years.

Client: Firstly, in rehab you don't really have personal therapy. It is like they take the average problem and concentrate on that, but it doesn't address the individual needs of a person, especially if you are not average. I find also in other therapy sessions that when I get to sensitive areas, I start changing the subject. That hasn't happened here. As I say, it's been very content intensive. It's been very direct and to the point.

Therapist: You said that we touched the roots and the needs very quickly. Tell me more about what has been touched that has been helpful to you.

Client: Seeing myself in terms of what age I am presenting to the other person and seeing myself in terms of, like, basically how I deal with people. How I manipulate them and what sort of effect different people have on me and which ones get the best reaction out of me and why. What is the difference in attitude between what they do and what other people do.

Therapist: So you've had sort of the opportunity of looking at yourself from different angles and in different situations with different people, observing yourself sort of from the outside to the inside?

Client: Yes. The entire thing has taken me out of myself. I've been able to sort of take a step back and watch what I'm doing in situations. This diary stuff as well.

Therapist: I'm sorry, I'm just wondering what effect did it have on you, standing outside yourself and looking to the inside?

Client: Actually quite a bit more self-confidence, because when I used to just sort of grade the interaction between me and somebody for instance as hostile, I could never really break away from the point where I might have been in the wrong or irrational. But when I can compare two different people and their approach objectively, I can see between the two of them who actually addressed whatever point in a better way. That allowed me to be more objective about why I was getting hostility or whatever from people.

Therapist: So you sort of had the idea of evaluating your own input in terms of relationships, interacting with people?

Client: Yes, actually more other people. You know, I've always actually overanalysed what I say and I've never really been objective about how other people have been treating me. Now that I've been able to compare positive and negative responses from other people, I'm able to make a more objective inventory of what is good or bad, sort of removed from myself.

Team: The team says hi again and they just want to remind you that the phone will ring every so often. The team has made the observation that you've been very busy observing other people and their reactions, but it is almost as though you've neglected looking at yourself and your input into the interactions.

Client: I currently have a problem with my lifestyle. I don't really interact with many people at the moment. I don't have that much to examine and quite frankly I've analysed myself to death. I'm actually a bit sick of myself. But any sort of input may have stabilised me a bit, but I haven't really.....I don't know, it's been standard. I'm doing what I've always done. There is no variation to observe. There is no sort of real new perspectives on myself, other than like indirect. I might have been right in places where in the past I wouldn't have bothered to make a value judgement.

Therapist: But what I hear from you this afternoon is, that in these sessions it almost seems as though you've started thinking differently about things.

Client: Hmm. For some other reason there has been more continuity. I don't know why, but I'm more likely to be able to connect the dots between individual sessions than I have been before. Because I know I've gone to therapy sessions where I couldn't remember what happened in the last session and for some reason this has been connected, which is curious, because the period between sessions has actually been longer than generally.

Therapist: What connections were you able to make?

Client: What do you mean, what connections? I mean it was like we started in the first session, thinking about my age and how it altered interacting with other people. The theme has sort of carried through. It hasn't been a matter of different topics in every session.

Therapist: So there has been continuity?

Client: Yes, it's been more like a serial on TV.

Therapist: So, you've now said that there has been some change in your way of

thinking about yourself. I'm now wondering how this is affecting your life, the fact that you are thinking differently.

Client: Well, one of the things is I really have decided to stop using. It is not just an abstract idea. I've noticed the past year how my life is going down the drain. I actually want to stop for particular reasons, because I'm not getting my own sort of continuity from day to day. As I said in the diary, I've noticed the difference between myself before I take and after I take and I think I'm a bit more objective, a bit more stable.

Therapist: So that experience was worthwhile, a sort of eye-opener to you?

Client: O, yes. It has been. I've actually got direction.

Therapist: If you think back of the previous sessions, where you spoke about you being on a bus, the addiction bus, it almost sounds as though you are thinking of getting off that bus.

Client: Pretty seriously. I'm actually waiting for the next stop.

Team: The team takes note of your plan of getting off the addiction bus, but they are also worried about you getting off that bus, because on this addiction bus you are not the driver. You are just a passenger. Being on this bus, you sort of know where you are going, but getting off this bus, that is going to imply quite a couple of things and the team just wants to let you know that they are a bit concerned about you wanting to get off this bus so quickly.

Client: Yes, unfortunately it is a nice analogy of being on the bus, but it is very rare that anybody gets off it in one step. You know it will more likely be like doing without it for like two days or three days, using again, going without for a few days and so on. But I think that once I stop, or have pauses, it is going to escalate very quickly.

Therapist: I notice that you've been working very hard on your diary. Could we talk about it?

Client: I don't think you will be able to read it. There isn't as much as there should be, because as I say I was still paranoid. About eight or nine days ago, I finally started doing it day by day. It didn't work out quite the way I wanted it to. I ended up rambling quite a lot. When I looked at it on Thursday, I realised that I wasn't really describing my day and my feelings. I was sort of fixing onto one or two points that led my thoughts. This weekend I was supposed to actually sit down and formulate the whole thing.

Team: The team has made the observation that when you started talking about the homework and your diary, that you are very critical about yourself in terms of how you think things should be done.

Client: I just think it should have a certain content and it didn't have enough of that content.

Therapist: That is sort of your own standards that you lay down or whose standards are they?

Client: I think they are objective standards. You need data from it and there is not a day to day sort of continuous mapping. It is unstructured. I think it is difficult to get information out of it. It is sort of waffling.

Therapist: You sort of would like to have a set structure of, this is point 1,2,3.

Client: Yes, a set guideline.

Therapist: But it seems as though you are very critical of yourself and thereby putting a lot of stress on yourself.

Client: I don't know. I think it would be easier that way. I was thinking of dividing the day up into hours and every so many hours to go and write up the past few hours, because I get days that I can remember only the general things, but the detail is gone.

Therapist: It is sort of not a normal day that you are having?

Client: No. It is a normal day. That's the problem. I know I went to the library and I had breakfast and lunch, but whom I ran into on the way to the library and who I spoke to and what I felt about it, is gone.

Therapist: So you feel uneasy about those parts that you cannot remember? You would have liked to recall that and put that into the diary?

Client: Yes. I would have liked to record that, because I think that is a pertinent part. I think that hour to hour interactions with other people enables you to determine what is working and what not.

Therapist: So it is quite important for you to recall those interactions so that you can see what happens when you interact with people?

Client: Yes.

Therapist: So at this stage you feel disappointed that you haven't managed to do it as you would have liked to?

Client: As I was going to say, I wanted to do that on Saturday and Sunday, but the guys came back from Botswana and there was a massive party and I got sloshed. Unfortunately I've been mixing cough medicine with alcohol and Sunday morning I was paranoid.

Therapist: So what did you gather about this diary in terms of yourself? Did you come to some sort of a realisation?

Client: Yes. I haven't come to a realisation, but I've noticed that I have zero structure in my own life and I think that lack of structure – it is sort of like marginating the day – it's just one long – there is a difference between having carrots, peas and broccoli on your plate and having it all smashed on your plate.

Therapist: So that's the part you would like to recall, what you've actually eaten e.g. potatoes and peas and carrots, but now it all seems smashed and you cannot differentiate what is going on?

Client: Yes. Other than that the diary has also given continuity that has definitely been lacking. I know how much I haven't done. What I also wanted to do was – as I recorded what I was feeling and how I was reacting to people. I also wanted to try and alter it to see if it had a better effect or not. That didn't happen. That is something I'm really disappointed about. On the other hand, the past week in comparison to the two previous weeks, I think I feel more stable, because I know what I did. I feel more secure because I have a sort of a foundation. Does it make sense?

Therapist: Would you like to tell me more about the foundation?

Client: Somebody knowing what I did on a particular day – has crystallised the way I see things. Does that make sense?

Therapist: You are wondering whether I understand?

Client: I'm wondering if I'm communicating. Actually it has cut back on the procrastination. It's cut back radically, because now I have a sort of an agenda. Does that make sense? I mean knowing what happened the day before helps you with the day that's coming.

Therapist: Sort of as though you feel more in control, knowing what happened the day before?

Client: Yes. It is getting there.

Therapist: So, it is almost a sense of starting to feel empowered?

Client: Yes, but also anxiety, because like being in control, means taking responsibility for oneself.

Therapist: And that sounds scary?

Client: *(laughing)* Yes, it is much easier to blame other people than blaming yourself.

Therapist: I think you know that is also what makes the team concerned at this stage, getting off the addiction bus. I mean, there is a lot of pay-offs being on this bus. As you've said, not taking responsibility, being able to blame others if things go wrong. There is a lot of comfort by being on this bus.

Client: Yes, there is.

Therapist: And control is, as you say, scary, threatening.

Client: Yes.

Team: The team says that they actually see you as being on a see saw at the moment. On the one end it is you with your cough medicine that gives you a lot of stability, you know where you are heading, but it also sometimes becomes scary – the paranoia, the not being in control. On the other end it is you being in control without the cough medicine, but also that can become scary. So, it is

cough medicine on the one hand and no cough medicine on the other hand, but it is as though both parts can be scary at times. It is almost as though you can jump from the one end to the other end.

Client: Yes. That is what is happening at the moment. I'm caught in absolution. They both have, like, scary aspects. Just doing the cough medicine everyday – I have to get money everyday. It involves a bit of uncomfortable sort of manoeuvring. As to the other, yes it is scary. If I go out on my own and I fail, I know I will relapse big time and there are always these little problems of maybe making and selling the stuff.

Therapist: So, it is almost as though there is always a way out. If things get too scary on the one side of the see saw, you do something to go to the other side?

Client: Yes.

Therapist: So you move between the two sides.

Client: I think what I actually have to do, is start making projections of what I'm going to do. I've got to start setting up ways of measuring, because I know if I start failing at something, I might get locked into the immediate sort of perception of the failure. Instead of looking at it a bit objectively, you know, thinking that, okay, it was a failure, but it wasn't a complete failure. It could've been worse.

Therapist: So, you could maybe see it as a way of learning if you do make mistakes?

Client: Yes. I've just got to get myself in the right mental attitude, to see it in that way, because I know from experience that I can jump all the way back, especially when I'm paranoid. Then everything is bad.

Team: It seems as though there is a bit of a disagreement in the team at this stage. The

one part of the team feels that you know exactly what steps you should take to make changes in your life. You are actually a very good planner. The other part of the team feels that you have done much planning in your life, working out steps, but it seems as though there hasn't been any action.

Team: The team wants to add that you plan, but there doesn't seem to be action and they are wondering if you are maybe battling with the action part? It almost seems as though you are planting a tree, but you don't know how to help that tree to grow, how to keep it alive. We want you to think this over for a while.

(Therapist leaves the room).

Client: They are both right. The problem I have with the planning, is, I'll set up plans but I won't set up disaster recovery for if plans go wrong. In the past if the plan didn't work completely, I would fall apart. I don't have means for recovery in case it doesn't work. Instead of having this idea in my head that I should have these steps, work towards that and instead of hanging everything on, like, succeeding, I should look more at what previous steps influenced the end result and if it was bad, analyse it properly instead of just wanting to try something completely different.

Therapist: Not just saying it was a failure and I'm not going to succeed. As you have said, you can look differently at it by saying it is a way of learning. What has worked and what not and make adjustments.

Client: Yes. I was actually thinking. Everyday I try to stop and one of the most difficult points is, I wake up in the morning with this resolution "I'm not going to use" and then I start walking up to my mother's place and by the end of the walk I have a total different idea. So, I would like to analyse what's happening there, in that section.

Therapist: So, this must be very frustrating to you, having these good intentions,

just to find yourself slipping back into what you don't want.

Client: Yes. It is irritating. It is like a computer programme. If something goes wrong, you can put in little markers so that you can isolate when it is going wrong. You sort of narrow it down. I haven't really done that.

Therapist: That will actually mean getting in touch with yourself very closely.

Client: Yes. It is scary. Totally. (*silence*) I can remember in the past week there were times where I actually got to a point where I were isolating between: I'm going to stick to my resolution not to use and a few seconds later I would think it would be so nice to phase out for an hour or two and then switching back again. But after a while when I switch back I could feel this sort of an undercurrent of, like, I'm not going to stop, I'm definitely going to use.

Therapist: It must be very confusing what's happening with you throughout the day, sort of opposites all the time.

Client: Yes. I would actually like somebody to observe me and tell me exactly what I'm doing, but that is not possible, because nobody can see directly into my head.

Therapist: You are the only expert who will be able to tell what is going on inside, but it is scary. You are sort of confronted with yourself and what is really happening.

Client: Yes. I've got a limited period of life left, so I've got to get off my butt and start doing something. I think one of the problems in the past has been that the time ahead had been so long and there hasn't been any urgency.

Therapist: I'm now wondering with which part of the team are you agreeing.

Client: Both. I do set up.... I can plan to a certain degree, but when it comes to the actual finishing of it – there it goes all blurry and a mess. So it is not a complete plan.

Therapist: So, the intellectual part is sort of the okay part? The easy part?

Client: Yes. The more emotional it gets, the more out of focus it gets.

Therapist: So, that “know how part”?

Client: Yes. I haven't really had experience in that kind of stuff. I've been like in a groove, like a stuck record. I don't actually get to the end of the song. So, I don't actually have any experience in handling of failure.

Therapist: So, are you maybe saying you've had failures, but that you've dealt with it differently in the past, because earlier on you said that maybe you should look at failures differently in future?

Client: No. I was thinking of failures entirely in this context of not stopping my drug use, but previous, everything was like on cruise control.

Therapist: So, let's see how do you actually keep your addiction bus going. What inputs do you have into this bus? What does this bus need to keep going?

Client: There is one very, very strong input and that is..... (*silence*). The drug creates a different sort of reality where sort of – this is not really accurate. The old fashioned way of analysing how one lives ones life and achieves something – that doesn't have that much power. It's like a paradigm shift. It's (*silence*) a different way of – I think when I'm stoned I actually change personality to a certain degree.

Therapist: I think you are losing me now. I'm wondering what does this bus need to

keep going?

Client: This input that I've been talking about is a very powerful reason. It's like slipping into a different reality. Imagine if there are two parallel lines and in one life one set of values hold and in the other another set of values hold. It is like really nice to analyse the high, to perceive. Do you know the song "getting away with it all"?

Therapist: No, but what does it say to you?

Client: The lyrics are that they were able to succeed even though they have been stoned out of their heads all the time. They've been able to achieve objective success, financial success. The one sort of life line is getting away with being anti-establishment, ant-authoritarian, rebelling. The only way of succeeding. Then the other life is like succeeding in having a proper career, buying the things you want to and that kind of stuff.

Therapist: You know, this is now getting so intellectual to me, that I'm not following you anymore. I'm almost sensing....you've mentioned earlier on in the session that when things come too close to you, you become intellectual and that is your way of moving away from yourself. I'm just wondering how you keep this bus going? If you wake up in the morning, how do you get this bus to start?

Client: Okay. The first thing that I do when I wake up in the morning. I don't go near the bus. The bus is not there.

Therapist: The bus is not at the bus stop yet?

Client: No. Then when I start interacting with the world, I start thinking that's not necessarily the best way to do things. Look, I interact with my sister, her husband, children – a sort of an acceptable life – they've done all the right things. Then I start thinking, but that's not necessarily what it's all about. What one

should do with one's life is to explore.

Therapist: I'm now wondering, you said that when you wake up in the morning, the bus is not at the bus stop yet. So what do you do in order to get dressed to go to that bus stop? What happens with you until the bus comes?

Client: That is the difficult part. That is when the two lifelines converge and start mixing in with each other.

Therapist: So let's hear how do you actually get dressed to wait for that bus.

Client: Okay. Imagine a movie. This is difficult to explain. (*silence*) I can't even think of a movie that will explain it. Have you ever read Steven King?

Therapist: No.

Client: (*silence*) Okay. Imagine you start out in the morning and things are in monochrome – a movie shining black and white and as you move through the movie, you get flashes of colour until the entire movie is in colour. That is how it happens. It's not a voluntary thing, almost involuntary.

Therapist: Sort of when you get dressed. You get your clothes out of the cupboard and you don't necessarily think of every step that you take.

Client: Yes. I don't actively try and prevent it from happening. When I start feeling that it would be nice to be stoned, I should actually, sort of, put a roadblock there and deliberately move away from that feeling. I don't do that. It's like I'm walking down the road and there is no bus and then all of a sudden you get this flicker, like a ghost, of the bus being there, but it is gone. The ten metres further on, you get a stronger picture and then eventually after all these little extended pauses there is only the bus. The bus is there completely.

(*silence*)

Therapist: What happens then?

Client: Then the day is decided.

Therapist: It almost sounds as though you are a victim of this bus.

Client: Yes. It is a horrible way to say it, but, yes.

Therapist: When it is there, it is almost as though you can do nothing but get onto the bus?

Client: Yes.

Therapist: It seems as though it is something that you don't have control over. The bus comes out of nowhere. You are the victim and you don't know how to say no to this bus.

Client: Yes. I've tried physical ways of avoiding walking past the chemists. I walk around for a couple of blocks. I don't even see a chemist and that hasn't helped. I stopped listening to rock music for a while. That didn't help. There must be something else that triggers me.

Therapist: It seems as though you are even a victim of the chemists. The chemists are just there and you cannot say no. You are completely out of control once you are in the vicinity of the chemist.

Client: Yes. It's like the chemist opens at 8h00 and there is nothing you can do to stop it.

Therapist: So, it seems as though you don't have control over the bus passing by and you don't have control over the chemists being there, opening up and

trading. I'm wondering, do you have control inside you or are you just simply reacting?

Client: I may simply be reacting. So what do you suggest? A new brain?

Therapist: That is sort of the know how part that the team has mentioned earlier on? That part is creating stress?

Client: Yes. It's always been a feeling that crept up on me, not an intellectual thing. It's a feeling that takes over and once that feeling is in force, nothing is going to alter it.

Therapist: Then you are again the victim, out of control.

Client: I can't see any way of practising to avoid it.

Therapist: It seems as though there isn't much space for getting off this addiction bus?

Client: Yes. Except that it has to happen. Somebody can't continue like this.

Therapist: If you had to pretend that your addiction has stopped. Let's pretend you wake up one morning and you are a normal person. Describe to me how your day will flow.

Client: A lot less fun. It will be routine.

Therapist: Take me through your day.

Client: Wake up, wash, get changed, feed old food to the dogs, plug in the radio, walk up to my mom's place, have breakfast, go to the bookshop and read, go back and have lunch, work on the computer, go back to my place, go to the

library and then decide to read fiction or non-fiction, supper and then sleep or read.

Therapist: You have now described a routine day to me. How would this day be different from a drugging day?

Client: By 9h00 I would be stoned. The ephedrine generates enthusiasm and energy. By 14h00 I would be paranoid. I don't eat as much. Little things irritate me. Mostly the days are pretty much the same. Mine doesn't work so efficiently.

Therapist: It seems a day with and without cough medicine is similar in terms of the routine. The difference is a change in personality.

Client: Yes. One major difference is when I am not stoned, I have to weigh whether I'm going to read fiction or non-fiction.

Therapist: There is more stress on you when you are not stoned, making choices, faced with reality. When you are stoned, you are on auto-pilot.

Client: And it involves being disciplined when you are not stoned.

Therapist: I now seem to wonder if it is such a good idea for you to get onto another bus.

Team: The team seems to agree with my concern about you getting onto another bus, because the addiction bus still has a lot of pay-offs for you and they don't know if you are ready to get onto another bus.

(Therapist leaves the room).

Therapist: The team has written you a letter and I'm going to ask you to read it when you leave the room. We are not going to give you any homework and we

will see you again on 8 September. The team says thank you for coming.

SESSION 5

Therapist: Welcome back today. Is there anything that the team should take note of that might have happened over the past two weeks?

Client: Well, I actually skipped last Sunday and that's it.

Therapist: Is that all that you want to share with the team?

Client: Yes. Oh, I've also come to the conclusion that I've got to get more people in my life. Not because I want to, but because it stabilizes me. I need to go out and do something that I haven't done before, like join a club or something.

Therapist: That is an interesting thought.

Client: No, it is a horrible thought. It might work.

Therapist: I wonder if we could have some feedback on the letter that the team has written to you.

Client: I did read the letter, but I cannot remember the letter.

Therapist: Would you like me to give you a copy of the letter?

Client: Yes, then I can glance at it.

(client spends time reading the letter)

Client: I'm okay with this. I think the letter is nice and accurate mostly - about being two people being trapped in a bottle. One thing that I'm scared about this growing up is....Isn't the idea of growing up some kind of normative thing?

Something that provides more for society than for me?

Therapist: You are wondering what growing up really means?

Client: No. I just see being grown up as very much like a machine.....It's still like that thing.....It sort of feeds society more than it feeds me. It's like a question of standards. I mean when you are grown up you are like responsible, which is okay, but when responsibility comes down to conformity is that not - I mean don't you lose more than what you gain?

Therapist: So in a certain sense you know there is responsibility involved in being grown up, but on the other hand you are also scared that you will conform with norms and standards that are being laid down by other people and that you don't have a choice?

Client: Yes. I don't have to choose what those standards for being grown up are going to be.

Therapist: You sort of have to fit into a little box?

Client: Yes, pretty much. It is also like being fed an image of yourself and your surroundings. You don't really see what is going on around you, until you step out of your little box.

Therapist: It almost sounds like....You remember last time when we spoke about how you get your day going with the addiction bus, that things just tend to happen and you are just a victim and now it sounds as though growing up will also mean becoming a victim of society, falling in with their expectations and standards and not having a mind of your own.

Client: Yes.

Team: The idea that the team is getting is that once again you are very much influenced by what other people do and say. It is though you have this picture of what a grown up should be like and that one should sort of conform to certain standards and certain norms. If you look at your present situation you sort of have conformed with a certain culture as well. Although you are not into a drug culture as such, because you are very much a loner, as you have described yourself to us, you still to a certain extent conform to certain standards, ways of doing that are expected of a person that is supposed to be an addict.

Client: Yes, I understand. You know one thing about that particular culture is that it has had a lot of good effects. It's stopped the Vietnam war, Green Peace, Amnesty International, all that kind of stuff. I don't really think I have conformed as such. I think that a lot of what I am has been a deliberate and informed choice of my own and it is not bad. It is actually good. As you say I don't associate with drug orientated people. I think the whole drug culture thing, mainstream drug culture is permeating.

Therapist: I have picked up that you said that a lot of what you have become is your own choice.

Client: Yes, a lot of it. I think the only real bad choice that I have made, is the drugs. But now I am stuck in a place where I cannot get rid of the drugs and I don't know what to change to get rid of the drugs. Superficial changes like not listening to rock music and that kind of stuff doesn't work for me at all.

Therapist: Yes, you have mentioned before that you have tried so many things and nothing seems to work.

Client: Yes. I think there has to be a very fundamental change in my personality.

Therapist: I'm wondering, I've read through your diary and you constantly talk about the paranoia, the voices talking to you, how it is influencing you on the one

hand. I was just wondering if there has really been enough pain for you to change, because if I look at your diary it seems that you carry on despite the paranoia. You keep reading, working on the computer. You still survive.

Client: You have to. About ten, fifteen years ago I was really a non-conformist. The kind of person I were, did not fit into society and I had to learn to deliberately continue in spite of criticism. So I think it is just an expression of that.

Therapist: In your diary it just seems as though it has not been so bad that you felt that you had to stop completely.

Client: Yes. I wouldn't mind having an experience like that, quite frankly, but I can't imagine what it would be like. I really can't.

Therapist: You mean, like, being totally without your medicine?

Client: No, to be shocked or to be hurt so much that I stop using. I can't even imagine what that has to be.

Therapist: I have also picked up in your diary that the gains or pay-offs in terms of your medicine are very big.

Client: Yes, I don't know. I am assuming there are pay-offs. There is a guy called Phillip Deck. He is a writer. He became addicted to amphetamines, because he had to produce so much writing to stay alive, you know, just to pay the bills and that kind of stuff. When he finally stopped and he continued with his writing, he found that he got exactly the same feelings.

Therapist: That makes you wonder?

Client: Yes. That is something that keeps me going on trying to stop.

Team: It seems to the team that you are waiting for some miracle to happen, the perfect conditions. In your diary you also mentioned that you cannot make that choice on your own. You have to wait for conditions outside of yourself, before you will get moving.

Client: That is the one huge failure that I identify in my character. It is like, I sometimes needs a radical kick and that is a very depressing idea. To have to rely on something outside of myself to give me a kick – I'm spending most of my time trying to isolate myself from the outside world. It is weird. It is a catch twenty two situation.

Therapist: It is again this idea of being a victim. You cannot make things happen. You have to wait for inspiration. You have to wait for things to be better before you can do something.

Client: Now you guys tell me how I create something outside myself to do that.

Therapist: So that is the know how part that we spoke about last time.

Client: Hopefully. That's why I say, I've even given thought to trying ECT. What do you think?

Therapist: So that is something outside of yourself once again.

Client: Well if it works, it works.

Therapist: So it seems there is little belief in yourself and your own personal strengths in terms of change.

Client: Yes.

Team: The team seems to think that you have become an expert in waiting for miracles to happen, for the perfect conditions before you can make a move. The team also feels

that you have also been coping very well with this waiting. You have been surviving in an excellent way and to me as an outsider it seems like a wonderful life to have. I don't have to get up at 6h00 in the morning. I can get up whenever I want to, do whatever I want to, I don't have to go to a job. The team also thinks that you seem quite capable to wait for another ten years.

Client: Yes, which is totally terrible. It is not viable. I mean, you say that you don't have to get up at 6h00 to get to your job, but if I want to get something productive done on the computer, I have to get up at six. I have all this motivation, but just before I start, I have to go to the chemist and for an hour it is totally cool, guaranteed pleasure, but after that my brain sometimes freezes. The rest of the day is useless. It is sort of maintained on a treadmill, sort of trying to control the paranoia.

Therapist: So you don't get much done anyway.

Client: No. That is the really bad thing.

Therapist: It is almost as though you deliberately prevent yourself from achieving something for the day.

Client: Yes, sort of. One of the things that have occurred to me now, is the people that I would identify with are all in characters in books. They cruise through the book. They are in this semi-crisis state through the whole book and then something happens at the end and they have this release. Fortunately in a book you don't have to write after the last page. That is the end, but in life that doesn't occur.

Team: The team is very interested in what you've said now and they would like you to tell them about a few of these characters in the books that you would like to identify with.

Client: Well, the one book is by Phillip Deck and it is about drugs. It's about an

undercover narcotics officer. He was under deep cover, trying to trace the origin of a drug and he doesn't know it, but the police are manipulating him so that he becomes schizophrenic so that they can get him legitimately into a clinic where they think the drug is originating from. He goes schizophrenic in the end. It is scarily realistic, but basically the character is a nice enough guy. He has compassion for the addicts. He is in a nice position, because he is starting to identify with the addicts, but he can still be a policeman. Until the last couple of pages, then I can't identify with him anymore, because then he goes schizophrenic. He describes the one instance where he is in the clinic. He is told to mop the floors in the bathrooms, but he doesn't know how to start and this Philip Deck actually like really gets intense on it. The last page is a list of his friends who died of drugs.

Therapist: So you only partly identify with this character. The last bit seems scary. If you look at this character, it almost seems as though this guy was very useful.

Client: Yes, but not to himself. It is achieving the aims of the police force, but he gets destroyed in the process. The other character has had a sort of cybernetic component implanted in his skull so that he could interface with the new generation of fighter aircraft. That requires such a quick interface that you cannot do it manually, but unfortunately the way that it is linked into the brain causes a separate personality to develop.

Therapist: So this character is actually very powerful if he can do this with the brain.

Client: Yes, but he is also like a tool. He is a sort of soldier and all soldiers are just there to die. That is their primary function. Their only use is if they are prepared to go out and die. So, he is very much a tool. Okay he has got control over the fighter aircraft. He can do anything with it, but he gets dropped from the airforce, because of this broken feedback. He gets pulled into a programme for

an artificial intelligence. It is also somebody in a crisis situation.

Therapist: Are there any other characters?

Client: Yes, there is this hacker and he has had certain components installed into his body so that he can interface directly with his computer, except the people he has hacked has developed a computer virus that can be transferred via the interface into a person's brain.

Therapist: This really sounds complicated to me.

Client: Anyway, the virus starts working like multiple sclerosis. Then at the end he gets an assignment to hack somebody and if he manages to do that the people will give him the cure for the virus.

Therapist: So with what in this character do you identify?

Client: That this man carries on in spite of the fact that he is dying of sclerosis.

Therapist: Say for instance your mother had to describe you as a character in a book, how would she describe you?

Client: It will probably be something from Mills and Boons. A black sheep scenario or a Heathcliff effect. *(client appears uncomfortable)*

Therapist: Let's pretend your mother was sitting here and she had to describe you as a character out of a book.

Client: I suppose..... I don't know. Look her dealing with me is irrational. I think she's got a similar problem to me. She can lay down the rules but she cannot stick to.

Therapist: But how will she describe you?

Client: I don't know.

Therapist: You mentioned something about Mills and Boons.

Client: I just meant a stereotype character.

Therapist: What is a stereotype description?

Client: Let me put it this way. I don't think she can usefully place me in a situation in reality. Inexplicable. She grew up in the thirties and they had the depression and everything and if you got offered a job and you took it, you did your absolute best to keep that job. You used everything you had to do well at that job. I think she sort of looks at me and she thinks you got the ability and you had the jobs so why should you be failing. Even my dad, he was an alcoholic, but he never lost a job. I think I am largely inexplicable.

Therapist: So she will describe you as an inexplicable character.

Client: Yes, a mystery. Like Heathcliff, Wuthering Heights. He leaves home and he's always been moody, but when he comes back, he's become criminal and I think you have people like Cathy looking ahead and thinking. They can understand and operate with him up to a certain point, but after that he destroys them. They can't actually place and use him. He is inconsistent.

Therapist: So it sort of helps to keep distance between himself and the rest.

Client: Yes, which is actually impossible, because they get married I think, so the distance is impossible to maintain. Their identities are sort of linked in with each other. If one of them can't sort of predict and understand what the other one is doing, then that one is inevitably going to get damaged.

Team: We see you as a person with a lot of emptiness within yourself and that you are constantly looking at other people, books, machines and things outside of yourself to fill that emptiness. It seems as though there is nothing that you can fill yourself with on your own.

Client: I think it is more accurate to say I am trying to find a bridge, because I am definitely not empty inside, but to try and relate what I am to society is extremely difficult. So, I think to a certain degree I am looking for a bridge.

Team: We can see that you are working very hard in trying to build bridges to affect change. It also links with what you said earlier on in the session, that you've been thinking of bringing more people into your life. That is maybe also part of building bridges.

Client: What I've actually been thinking lately is that my expectations of how well I should fit into society are maybe a bit accentuated and that people I see around me are not so smoothly integrated into society as I'm assuming. Everybody has got this little distance.

Therapist: So there is nobody that is perfect. They all have their flaws, their battles and their problems.

Client: I would imagine a whole lot of people like me and how we interact and if I had to place myself in various sort of different persons, having slightly different perspectives and seeing how they fit into society and how they integrate into it, I think that I'm looking for too much. I am looking for this very sort of smooth transition.

Therapist: Sort of problemless transition.

Client: Yes. I've been thinking that maybe I am looking for too much and that

everybody is actually experiencing the same sort of problems.

Therapist: Interesting idea. You should hold onto that. The team is also thinking in terms of Steven King that you've mentioned last time. I want you to think of yourself as one of the characters in Steven King's books and let's pretend that Steven King has actually planted a microchip into your brain and that microchip is controlling your whole life. I am going to leave you for a while to think it over.

Client: Two things that popped up. How do you reach this author that's planted this chip into your brain? How do you get to him and remove him? How do you take control of him? Secondly, it is a matter of exploring what he's allowed you to do and exist with him in that framework.

Therapist: So, do I understand you correctly? Do you mean that with this microchip in your brain you feel that you would like to get rid of this author?

Client: Yes, first and foremost.

Therapist: Tell me more.

Client: Anybody that tries to control anybody is a monster and should be eliminated. I don't think that there is anybody who has got the right to that sort of control. This is the first thing that makes me feel I want to get rid of the guy.

Therapist: So you detest this idea if him controlling you?

Client: Totally.

Therapist: did you maybe think of ways of eliminating him?

Client: No, that will take time and experimenting. You'll have to work out what you could do that will affect his behaviour.

Therapist: What I'm hearing is that this is going to take a long time to try and figure that out.

Client: Yes, I don't know until I've tested it. Even the thought of trying to eliminate him might be part of his control.

Therapist: It seems to me that you do have the idea that you need to do something. You can generate ideas of how you could maybe eliminate him.

Client: It is actually quite an interesting idea, because when you create characters in words, the characters sort of decide by themselves where they want to go. It's as though they come to life and they start to dictate the story.

Therapist: So they make their own decisions.

Client: Yes. It's weird.

Therapist: The second thought that you had on the microchip idea?

Client: Is to learn to live with it as comfortably as possible.

Therapist: That is two quite contradictory ideas. The one is getting this guy out of your life that is controlling you and on the other hand you say that you should find a way to live with this microchip.

Client: Yes. It will depend on the type of control that is exerted on you.

Therapist: This sort of links with what we as a team were saying as well. They believe strongly that you are not addicted to cough medicine.

Client: *(laughing)* What am I addicted to?

Therapist: Would you like to take a guess as to what they think you are addicted to?

Client: No, you'll have to tell me.

Therapist: They believe that you are addicted to your way of life.

Client: To a fair degree, yes, but I'm also addicted to cough medicine.

Therapist: Although the team doesn't think you are addicted to cough medicine, they do think that the cough medicine is your link with people.

Client: It actually does form that quite often. The people whom I talk to most are the people at the chemist.

Therapist: It is also a link with your mother.

Client: Yes, but I think that link would be there anyway.

Therapist: But she takes very special care of you because of this so-called addiction if yours. It also forms a connection with you and the therapist.

Client: I saw that one coming.

Team: The team wants to emphasise their belief that you are not addicted to the cough medicine, but rather that you are addicted to your way of life and that the medicine is your link with people.

Therapist: We want to give you some homework for the last session.

Client: Just one more thing. In the past paranoia has always been a problem -

it's never been part of therapy. I've noticed recently that the ideas that I'm addressing through the paranoia are the things that are coming up here.

Therapist: I wonder if we could maybe make that part of your homework as well. You've mentioned earlier on that you want to bring more people into your life, but you also have very set ideas about people. In this process of opening yourself up to other people, we want you to test your ideas that you have about people. The second thing I want you to think about is the paranoia. I want to make a statement that many people are paranoid without taking cough medicine or any kind of drug. The last thing is, we want you to think what things could happen to force you into changing your life style. Thanks for coming today. We'll see you in two weeks time at the same time.

SESSION 6

Therapist: The team says hi, and welcome to our sixth session. Is there anything that the team should take note of before we start?

Client: Yes, the harder I try to stop taking, the more I seem to take. When I set myself a limit, the closer I get to that day, the more I seem to take. It's bizarre. That's about all. You had three questions from last time. The one about other people being paranoid. First of all I thought, what has that got to do with me? Then I was actually thinking, from their perspective I must be something close to a monster, because I'm actually flirting with paranoia and they've got it already. And I was thinking how I would actually have to live to be able to cope with paranoia, sort of mechanisms I have to bring in to cope with paranoia. What has actually occurred to me is, I hate saying this kind of thing, but anyway, the perspective that I should take on the drug addiction is start thinking in terms of how to keep it out, of how to deal with it to minimize the effect of it on me, because it is really starting to have radical effects where I'm starting to lose entire weeks entirely due to the paranoia. That's not viable.

Therapist: And as you have said before, the paranoia is due to the cough medicine.

Client: Yes.

Therapist: So, can you maybe sort of see that people who do not use cough medicine could also be paranoid?

Client: In terms of personal interaction with me, no. I really don't see people from that angle. Maybe I should. Maybe I should stop focussing entirely on myself. I have been in psychiatric wards where they've had schizophrenic people and I really feel sorry for them, because they are really locked in.

Therapist: But what about the so-called normal people. Do they become paranoid as well?

Client: No, I cannot imagine that. Not the way it hits me.

Therapist: What do you understand when you refer to paranoia?

Client: Well, it largely hits me as a conspiracy thing. I don't actually feel fear. I don't know if it is supposed to be related to fear. I used to think that way. Now, I lose my temper more than what I get afraid. I start getting paranoid, like angry. I don't go and sit in a corner and cuddle and that has had a negative effect on this whole drug-taking thing, because instead of encouraging me to stop, the anger has actually driven me to take more.

Therapist: So you are experiencing a different emotion now?

Client: Yes. Once upon a time I smoked dagga and I got paranoid then and it was totally different. There was real fear. Sort of embarrassment of thinking everybody is watching me, but not with this.

Therapist: And now this anger, at what is it aimed?

Client: Look it is a conspiracy, so, I can't really say it is aimed at something or someone in particular. It usually results in my saying it is a conspiracy to stop me taking drugs so I'm even going to take more drugs.

Therapist: So you can swing it whichever way you want to, depending on your needs?

Client: No, I don't think so. I cannot imagine somebody like you becoming paranoid.

Therapist: Maybe I could at some stage think that someone is just out to get at me and hassle me.

Client: Yes, but that is not real paranoia.

Therapist: Maybe a milder form of what you experience?

Client: No. Paranoia is like a conviction that comes from within. It shuts everything out of the way. Everything that you see and interact is coloured by that paranoia. You dramatically change in how you see the world. You become completely irrational. It is like brain cells misfiring.

Therapist: So it upsets your whole functioning. Which of the other two questions would you like to move onto now?

Client: Okay, what is actually going to force me to stop? I can only think of one thing that will actually force me to stop and that is if the stuff gets taken off the shelves. That would be very nice. I don't see myself going out onto the streets to buy anything else.

Team: We actually see you as a complete victim of this cough medicine. There is just no way that this medicine will be taken off the shelves.

Client: I don't know. There are countries in Europe that have banned codeine.

Therapist: But is there really any way that you could get that medicine off the shelves if we think realistically about it? The team also says that it seems as if there is no way out of this. They want you to think about the possibility of we teaching you how to live with the problem, because you have been working so hard in trying to combat this problem, but as you say, the harder you try the more you want to use.

(Therapist leaves the room).

Therapist: I don't know how to say this to you, but it seems as though the team is torn in two at this stage. The team says that even if you remove this cough medicine off the shelves as you have suggested, there will always be an alternative to use. At this stage the team really feels hopeless with your situation after all these sessions and I actually felt quite bad when I heard that. To a certain extent there is one part of me that agrees that the situation is hopeless, but there is also a little part in me that says that there is still hope. Seeing that the team is feeling so hopeless at this stage, they were wondering if there is anything or any reason that they should be hopeful about you?

Client: Okay, I've got two parts to answer. Yes, it is probably likely for them to react negatively. Hmm.....*(silence)*.

Therapist: You mean that you can understand that they feel hopeless?

Client: No, I'm saying that you shouldn't present somebody with that, because somebody like me would automatically be bloody minded and say shove it and walk out the door. That is a very real reaction. Look I can understand that they feel hopeless but there must be some kind of techniques.

Therapist: Thinking of a method again?

Client: Yes. There has to be.

Therapist: So that is the part that is keeping you from walking out the door?

Team: The team is also confirming what I'm saying and that is that you are looking for answers outside of yourself. They also feel that you've been coping fairly well and there is actually no reason why you cannot carry on this way for another ten years.

Client: No, it is totally unpractical. That means I will have to resort to something like dealing.

Therapist: There is no external method that will bring a miracle answer for your situation.

Client: Therapy is supposed to be the introduction of at least insight from outside. It is not functional to say to a person that there is something inside you that can cure you, but you've got to find it. That is no help.

Therapist: I just want to get back to what we've mentioned earlier on. Is there any way that you could give this team some hope in being less hopeless?

Client: No, I don't think so.

Therapist: So are you saying there is no hope?

Client: What I'm saying is that I'm at a stage where I cannot find the route myself. If you take that route you are going back to that old thing of one third of people get cured, one third of people stay the same and one third gets worse. That is what people say about psychiatrists and psychologists since Freud.

Therapist: In which of those categories do you place yourself?

Client: I don't know. Until they've come up with this hopeless thing, I had a couple of ideas.

Therapist: Tell us about those ideas.

Client: No, no. It seems a little like more of the same. It is just a couple of ideas that I thought might have some sort of application, but I don't think these ideas

will change your minds.

Therapist: So you don't think that the team will think that it has a chance of working?

Client: Well, apparently not.

Therapist: So what if we assume that things are not static, that there is room for new ideas, new ways of looking at things.

Client: The problem of addiction has been around since about 1830. Hmm....

Therapist: I'm sorry for interrupting, but it seems to me that you are upset about the feedback from the team that they feel hopeless about your situation.

Client: It carries a couple of moral judgements, but I've got to be realistic about it. I mean possibilities have always been there. I've known that for decades. I remember of research by American groups.

Team: The team said they were a little bit more hopeful when they saw that you were upset about their hopelessness. They could see a little bit of you being a human being and a human being that they got to like during the past couple of sessions. So, they felt that we were getting a little bit closer to you.

(client laughs nervously)

Therapist: You seem nervous when we talk about this.

Client: Yes, well it seems like standard kind of therapy, a bit manipulative.

Therapist: So, it was good for the team to see your human side and that actually gave them some hope, but then you started talking about facts, statistics and

intellectual stuff and that gave them the feeling that you are moving away from yourself again. That sort of just reaffirms their feeling of hopelessness.

Client: (*moving uncomfortably in his chair*) I just feel that when I come into therapy I don't know what directions are possible. I think it might be a good idea to tell people at the beginning of therapy that there is a distinct chance that there isn't going to be a solution. I think that might help.

Therapist: So, to tell people in the first session that there is no hope for them. It seems to me again that you put a very high value on what other people seem to think and say about you. I wonder what you say about yourself?

Client: Therapy is a little bit up in the air as far as I'm concerned. I've always seen it as methods and routes out.

Therapist: It seems as though you've had a different experience of therapy this time. There were no methods, specific guidelines.

Client: Let's put it this way. From the last session, yes, it seems to go directionless, but especially the first couple of sessions had a strong direction.

Therapist: So, I'm now wondering, I've said that you place a high value on what other people think and what they say about you, but what do you say about yourself and your situation?

Client: Well, obviously I cannot walk out that door and give up hope. That is not possible.

Therapist: How is it that you would not walk out that door and give up hope. What gives you hope?

Client: I'm breathing. There are other people that are not addicted. So,

therefore there must be a route through.

Therapist: Anything else that gives you hope?

Client: That's it.

Therapist: So, just being alive?

Client: No, I think if one is still alive, I may just find a method. That's about it. There have been definite periods in my life that I did not use.

Therapist: Do those periods that you didn't use, maybe give you hope as well?

Client: No. Not if the methods that seemed to have worked, fails. It becomes then sort of hopeless. Then I feel hopeless.

Therapist: That was the feeling that I was picking up when you were talking.

Client: Hmm. Maybe my idea of being healthy is not feasible.

Therapist: Tell me more about your ideas of being healthy.

Client: Hmm. I've been existing without using drugs, but the thing is you have a basic dichotomy there that is a sort of nature nurture thing. If I've learnt to be addicted, I can unlearn it, but if it is genetically programmed, I cannot unlearn it.

Therapist: Then you would be the victim again who cannot change anything.

Client: Yes. I've not yet seen anything in nature beyond hair colour, height and that kind of thing that are absolutely genetically controlled.

Therapist: I wonder what would you be like if you were not using cough

medicine.

Client: I don't know. I don't have any picture of that. I have no idea. I'm just trying to get to the so to speak, winning line. I cannot focus further, I'll lose it completely.

Therapist: So your winning line is no cough medicine. You don't have the slightest idea of what would happen.....

Client: I don't know what kind of person I am without it. I have no idea whether I would be able to live without it. I got to get there for six months at least for once, to make sure it is true.

Therapist: That is a scary part, that you don't know what to expect.

Client: Yes. You go to all the trouble of getting straight and when you get there, it seems as though there is no reason to be straight.

Therapist: You are scared that what you land up with is not what you expected or what you wanted. So, it could be a disaster.

Client: Yes.

Team: The team says that you just seem to see yourself as a person using cough medicine, but without the cough medicine, you are no person. It is almost as though there is nothing beyond you and the cough medicine.

Client: *(silence)* No, there is obviously something beyond. The idea of being able to project to that point is just so impossible. I have no idea.

Therapist: It would be like going on a discovery.

Client: Look, if I consider it coldly, then it is to a certain degree going back to a condition that required cough medicine in the first place, which is something I don't want to think about. I think that will break it up completely.

Team: We are still feeling very hopeless.

Therapist: I can see that this is quite unsettling for you to hear from them.

Client: I'll tell you why, in a second.

Therapist: The team would like you to take a break and think if you have any dream for yourself and if that is difficult, pretend that you are having a dream for yourself. In the meantime I will consult with the team and see if they can come up with some sort of a dream for you.

Client: I'm not going to take somebody else's dream.

(Therapist leaves the room).

Client: I want to be able to function commercially with computers without drugs destroying it. That is my dream. Just to be in the computer sphere and functioning there. I don't have a dream beyond that.

Therapist: That is as far as you can see at this moment. Just to achieve that would be a major thing for you?

Client: Yes. At the moment just being able to go and study without lapsing into paranoia and being useless for a week, yes. There is not a family and that kind of stuff in the future.

Therapist: That is not in your picture at this point in time.

Client: No.

Therapist: The team has written you a little card.

Team: The team wants to say goodbye to you at this stage. They also appreciate the fact that you don't see them as the normal everyday scientists and that you actually see them as operating completely different to what you would expect. They wish you good luck and they hope that you will find a way to achieve what you have set yourself out to do. They want to give you this card and you can read it when you leave the room.