

BRIEF THERAPY FOR ADDICTION-RELATED ISSUES
MILLER - CLIENT C

- Bill 1: So, fill me in a little bit. What is it that brings you here today?
- Client 1: Well, actually I'm doing a favor for a friend of mine.
- Bill 2: Uh huh.
- Client 2: And he told me about a study you guys were doing, and so I figured I would participate in it, and they told me you were basically an addiction counselor, and he thought I might be an interesting subject.
- Bill 3: Uh huh.
- Client 3 : Okay?
- Bill 4: Okay. Well, tell me about where you are now with the addictions that you've been . . .
- Client 4: Well, what do you want to know in particular?
- Bill 5: Well, are you in recovery now, or . . .
- Client 5: No, I'm not.
- Bill 6: Okay. Alright. So what are the drugs or what it is you struggle with?
- Client 6: Well, honestly cigarettes.
- Bill 7: Okay.
- Client 7: That's the biggest.
- Bill 8: Okay.
- Client 8: Alcohol to a degree, but I think I've had more of a problem with that two or three years ago, you know, it seems to have gone down to a degree and probably simply because of the environment.
- Bill 9: So that's kind of settled down.
- Client 9: Well, not all that much. Okay, but enough, that it's gone down simply because I'm getting too old to do this stuff anymore if that make any sense to you.
- Bill 10: It does. You can't keep up with it anymore.
- Client 9: I don't think I can. I really don't think I can.
- Bill 11: And then the cigarettes are still a real addiction for you?
- Client 11: Yeah, I really do. I think they are worse. In the past I've done cocaine. I've even done crack cocaine. I've heard that's one of the most addictive drugs

around quite frankly. From my own personal experience, I don't find it addictive at all.

Bill 12: Yeah, it's interesting how it is different for different people.

Client 12: Yeah.

Bill 13: Yeah, but for you it's tobacco and alcohol.

Client 13: Yeah. Yeah, and coffee.

Bill 14: Yeah.

Client 14: I mean if we want to get that specific.

Bill 15: How far do you want to go there?

Client 15: How do you want to go? I got a lady that's supposedly addicted to Chapstick.

Bill 16: So it's used for almost anything these days.

Client 16: Right.

Bill 17: Yeah. Well, how might you like things to be different. I guess that's a good place to start.

Client 17: Well, basically, you know, I don't, see that's my problem. I don't think I'm really all that committed to making things all that different because I'm not seeing that much harmful benefit. I was told that you are not able to slow down. It's progressive. You get worse and worse and worse and worse, and that just doesn't seem to be the case with me. Okay? I think that there are certain things in my lifestyle that just preclude me not using, okay?

Bill 18: Right.

Client 18: And that, and smoking has become a problem because I'm starting to play soccer, okay?

Bill 19: So you can't breathe.

Client 19: So I can't breathe. The kinds are younger and younger. They are half my age, twice my size. I'm having a problem with it.

Bill 20: You are noticing it.

Client 20: Yeah.

Bill 21: So, I mean the message that you shouldn't use at all is like somebody out there telling you that, but that doesn't fit your experience.

Client 21: I don't know. Use at all. What does that mean? What do you mean by that?

Bill 22: Well, I guess maybe I misunderstood you. I thought you were saying people tell you that you can't use or shouldn't use or whatever.

Client 22: Oh yeah. Yeah, they've told me that before, you know. I've been through, I guess you know nothing about me do you?

Bill 23: Nothing at all.

Client 23: Okay, I'm sorry about that. I thought at least they filled you in on some . . .

Bill 24: No, I asked not to be.

Client 24: Okay. Well, no. Alright, here's what happened. I got a DUI a while back. I think it was back in '93, and I had one prior to that in '85 and went through some counseling. It was mandatory state-driven. Basically you go through the counseling, and after you successfully complete it, you are rehabbed. Actually rehabbed.

Bill 25: Right.

Client 25: Then you get your driving privileges back. And I guess what I'm trying to say is that I've had some bad experiences. Not bad experiences with the counselors, but I found them to be not less than professional but just very rigid in their approach.

Bill 26: Okay. And that didn't work for you, that didn't fit.

Client 26: It didn't fit at the time, and at the time I don't think I was really all that committed to quitting, and then I was, but at another time, but the other time was because I was earning \$40 an hour, and I was working ten hours a day five days a week, so guess what? You're not supposed to be able to quit, you see? That's what those counselors told me. That was strange that I was, wasn't it? So I mean, I guess what I'm saying is that I do probably have a rather negative attitude about some of the things I've been through as far as the state program is concerned. I don't know how I could explain that more, or if you have any . . .

Bill 27: Well, I think I've got it. It sounds like your experience doesn't match what you were being told.

Client 27: No.

Bill 28: They are telling you this is how you are, and you look at yourself and say, no.

Client 28: Yeah, that's not necessarily true. And then there too you are supposed to say well I'm an alcoholic and I've always had problems and I have to quit and I can never drink again and this, that, and everything else. And you had to really say that, you see. Or else you weren't fitting in the role they wanted you to play. Without fitting in the role they wanted you to play you could not get your license back. So, you know, I played the game basically, and I went to AA, and I also found that just to be a little bit on the, you know, it didn't work for me. It's bumper sticker therapy. Fake it till you make it. Wow, how profound. Man, you guys are deep, you know.

Bill 29: Alright.

Client 29: And you know, yes seriously, I've been there and these guys didn't do anything all day, but they didn't drink that day. You know, I would rather, let's say, lift weights, maybe build a patio, maybe program R base, and then drink instead of just not drink and do nothing else. I just, I found that you

know, certain aspects of it I like, but I think you have to have a deep seated religious belief for it to work for you.

Bill 30: Well, and it sounds like you want to have an active life. Not drinking is not doing something, it's doing nothing.

Client 30: Yeah, it's doing nothing.

Bill 31: So, for you the question is what am I going to be doing? How do I spend my time? Playing soccer, and . . .

Client 31: Yeah, that's good. Actually I was thinking myself the way I can best quit smoking is not by quitting smoking but playing soccer three times a week. Okay? Now, I'm going for something, okay?

Bill 32: That's right.

Client 32: And then all of a sudden I'm having a problem breathing, okay? So guess what? You're gonna quit smoking. You're not going to say I gotta quit smoking, you know. But to me that doesn't work for me.

Bill 33: It might even less than not work. It might make it less likely.

Client 33: I think it's less likely. I quit smoking before for about four months. Then I blew out my knee, and you know, I went down to see my brother, and boom, right back to it. And you know, it's the same thing with drinking. I think I was actually more, how shall I say, I seem to have more of a craving when I was going through counseling.

Bill 34: Right?

Client 34: Then when I wasn't, okay? So, it's like okay, reverse effect. Guys you really helped me a lot, you know.

Bill 35: Well, I wonder if it isn't being told you can't or like being in prison in a way.

Client 35: Yeah, it could be just immaturity on my part. You know, if you tell me I can't do something, I'm going to do something.

Bill 36: Right.

Client 36: You know, maybe what they should say is you better drink every day goddammit. I want you to drink a fifth before noon time. Then maybe I'd say of screw you guys, you know. I don't know. Maybe there is something about my personality that is like that. So, you know, what shall I say. One size doesn't fit all.

Bill 37: Yeah, exactly.

Client 37: One size doesn't fit all.

Bill 38: And for you what matters is having something that you are going toward, not something you run away from.

Client 38: Right, right.

Bill 39: And one of those things is soccer.

Client 39: Yeah.

Bill 40: What else?

Client 40: Well, tennis. How 'bout backpacking. You know, how 'bout just waking up clear headed.

Bill 41: Yes, that's right.

Client 41: I mean, don't you think that's kind of . . .

Bill 42: That's great.

Client 42: . . . pleasurable, sometimes, you know?

Bill 43: So just getting up in the morning and being able to think clearly.

Client 43: Yeah but I'm telling you one thing right now. You know, sometimes I won't drink four, five, six days. If I smoke two packs of cigarettes, I wake up with a hangover. I thought it was the booze, but it isn't.

Bill 44: Even without the booze.

Client 44: Oh, yeah. It's carbon monoxide man. You got no oxygen in your system. So. I guess that's my real problem right now is the cigarettes.

Bill 45: Uh huh.

Client 45: So.

Bill 46: It sounds like you are not that worried about alcohol really.

Client 46: No, it's bad, but it's not as bad.

Bill 47: Not causing you problems . . .

Client 47: Well, it is. It will cause anyone problems.

Bill 28: Hm, how so?

Client 48: Have a six pack of beer, wake up, try to program a computer.

Bill 49: Okay.

Client 49: And so, have a six pack of beer, wake up, find out how alert you are for the first two hours of the day.

Bill 50: Right.

Client 50: It's going to cause anyone problems. You know, have a six pack, have a twelve pack, try to play soccer the next day.

Bill 51: Right.

Client 51: Okay. It's . . .

Bill 52: It's amount and the after-effects of that.

Client 52: Right. Right. And I think my tolerance is up so high that it takes me too much to get the same buzz, and unfortunately, the recovery, it's getting to the point where it is just not worth it. If I could get like a twelve pack high on three beers, then I only have three ounces I've got to process. If it's taking me twelve to get the same which I got three on, now I got twelve to process you see.

Bill 53: Yep.

Client 53: So we are at a balance point where we are getting diminishing returns on ever expanding, how shall I say, quantities.

Bill 54: Like the slot machine doesn't pay off so much anymore.

Client 54: Well, you know, it's addictions, so you're stupid, so you keep on playing it, you know.

Bill 55: It is amazing. How long you keep going.

Client 55: Yeah.

Bill 56: But you're, with alcohol, you are kind of hitting a point where this isn't worth it anymore.

Client 56: Yeah, yeah. But it is not because anybody is telling me from the outside, because I'm being forced to do that. It's just because I gotta wake up in the morning, and I know how I feel. Period, okay. And I think what has happened is before I used to drink all the time, and I was always drinking. And then I stopped and found out how good I felt, okay? Now I have a compare and contrast whereas before I never had a compare and contrast.

Bill 57: Now you know.

Client 57: Now you know. Now you know, hey wait, wasn't it a lot better when I was clear headed then when I was, so, and to me then it does become a problem because now at least you have something you can you know, you can relate to. You can say this is how I am without it. This is how I am with it. This is my performance without it. This is my performance with it, you know.

Bill 58: It's only when it's a problem for you, really, that it matters.

Client 58: Right.

Bill 59: If somebody else is telling you . . .

Client 59: Yeah, it doesn't work.

Bill 60: Or worse. More likely you back away from it.

Client 60: Well, then why is the approach the opposite? That's what I, I don't mean to be belligerent toward addiction counseling, but I can't help but be. Why, sometimes I wonder if these people didn't . . .

Bill 61: It doesn't make any sense to me. It's human nature to push against something when they push against you.

Client 61: Well, I always heard in AA too is the dumbest things I ever heard. Some of the comments I heard that were just god awful stupid. And these people were just complete idiots. We alcoholics don't like to be told what to do. I'm thinking wait. We alcoholics. What are you some special breed of people? No one likes to be told what to do. You know what, I really got tired of that kind of. The kind of like we're special because we have this disease or come feel sorry for us because we have a disease. And quite frankly, the more I read about alcoholism, no one knows what the hell it is. So I'm not going to say I am cause until there is a definitive area that we can agree on, you know, I could say alcohol dependent. Now that makes sense. It's a bit more . . .

Bill 62: That you can understand.

Client 62: Yeah, that's understandable, but that's one of the things I didn't like about AA is they wore it like a badge. It's nothing to be proud of, but it's nothing to be ashamed of. But you certainly don't do some reverse pride on it, and you know, we're special because we're this. We're different. I didn't see any difference between those people and normal people.

Bill 63: It seems to work for some people, but that's not going to help you.

Client 63: Well, who do you think it works for? Apparently highly religious people who believe in higher powers and miracles and some deity is going to come down and save them anytime they have problems. I'm not that type of person.

Bill 64: That's not you. And for you it has to be some reason that you see that persuades you, okay, it's time.

Client 64: Yeah, a little bit.

Bill 65: A little bit.

Client 65: A little bit more realistic, okay. No nonsense, no bumper sticker stuff.

Bill 66: And not being able to breathe on the soccer field is no nonsense.

Client 66: I think that's kind of, I don't know if you can get too much more guttural than that you know, and so that's where it is.

Bill 67: So, it's having something to pursue, having something to live for really.

Client 67: Yeah, yeah. That's it in a nutshell. I've read a couple of books, and the one thing I really enjoyed was the book Positive Addiction. You know, having been a runner before, being cross country, I can see exactly how that worked. Basically, this guy was saying what had happened is he was under the suspicions that a lot of people running were actually, had drinking problem and ran themselves out of those. Now I think that is actually true because after I run, I have about this much desire to drink, and I have about that much desire to smoke.

Bill 68: Yeah.

Client 68: You got endomorphins, you feel good, you are alert.

Bill 69: Yep, yep.

Client 69: Why would you want to pollute yourself, you know?

Bill 70: Makes sense to me.

Client 70: So, that's my deal on that. My read on who I am. But am I committed? No. Total abstinence? No. Not at all.

Bill 71: Oh, to total abstinence. Okay. Because I am hearing a lot of commitment in what you are saying, that it is worth it to me to, in order to be able to breathe on the soccer field. . .

Client 71: Right.

Bill 72: . . . to do something about cigarettes.

Client 72: Yeah.

Bill 73: To quit smoking even.

Client 73: Yeah.

Bill 74: So there I was hearing some commitment.

Client 74: Yeah, I think there is. You see when I quit smoking, I quit drinking too you know.

Bill 75: Is that right?

Client 75: Well, you have to. Well, I mean at least I have to.

Bill 76: Uh huh.

Client 76: Cause I can't like drink. If I drink I'll have a cigarette.

Bill 77: Okay, they are that tied together.

Client 77: Yeah.

Bill 78: You do them together so many . . .

Client 79: Well you . . .

Bill 80: tens of thousands of times.

Client 80: Yeah. Well, even coffee. You know coffee, cigarette, just association. Yeah, I think like when you drink, you lose your judgment and your willpower just goes down. I don't know if you call it willpower. I think it's just judgment.

Bill 81: Whatever it is.

Client 81: You are going oh a cigarette sure would taste good now. Oh, yeah, okay.

Bill 82: That happens with cocaine too. I mean people, drinking is the most common reason why people go back to using cocaine when they really wanted to stay away from it.

Client 82: Oh, really?

Bill 83: Yeah. So that's exactly what you are talking about.

Client 83: There is such an association between the two.

Bill 84: Well, whatever it is. Or it just kind of dulls down your judgment.

Client 84: Yeah.

Bill 85: Enough that you say oh that would feel nice.

Client 85: Should I ask if you drink?

Bill 85: I do. Yes, I do.

Client 86: Well, you know how the judgment goes. And let's face it, it goes. It goes on everyone, you know. They always say oh we alcoholics are different. No, no, no, no. You feed someone six beers and their judgment is going to go down.

Bill 87: It's going to have that effect.

Client 87: It's a physiological reaction to a toxic drug. You know, let's face it.

Bill 88: Yep.

Client 88: So, it is.

Bill 89: So, you really would be talking about stopping cigarettes and alcohol then.

Client 89: Well, yeah.

Bill 90: In order to breathe.

Client 90: But I don't want to think about it.

Bill 91: Oh.

Client 91: I don't want to think about that.

Bill 92: Meaning you just want to do it and not think about it, or you don't want to get serious?

Client 92: Well, I would rather do it and not think about it.

Bill 93: Yep. Not much point in thinking about it.

Client 93: Well, I mean, is there?

Bill 94: No, no.

Client 94: Do I think about working out every day? Do I think about brushing my teeth? If I did I wouldn't want to brush my teeth. I gotta brush my teeth tomorrow. That's going to be pretty bad, you know that. I gotta brush my teeth. You know that I'm saying?

Bill 95: I do.

Client 95: I think that's what happens when people do that, and I see more procrastination because it is worse to think about having to go to the gym and work out. My god it's going to hurt and oh I'm going to do those curls and my biceps are going to kill me and then I have to wake up and brush my teeth. I

think that when you think about stuff like that, I think it actually is more counterproductive than just saying, oh screw it. Just do it.

Bill 96: Thinking about going to sleep.

Client 96: Yeah.

Bill 97: As long as you are going that you are not going to be going to sleep.

Client 97: You're not going to sleep, no. I hope that makes sense to you.

Bill 98: Oh, it does. No, it wasn't what I had meant by think about it, but I see exactly what you mean, that if you are thinking about something or like trying. In other words if you are trying to do it, you are not doing it. You either do it or you don't do it. But you don't try to do it. You don't try to go to sleep. You just go to sleep.

Client 98: You just go to sleep.

Bill 99: So what would be great is if that was just natural. You're not thinking about it. It's just natural to do it.

Client 99: I mean, what do you think? I'm thinking basically the thing I could best do it just start running again and just start really substituting habits. I don't think, I think substitution of habit and making habits so counterproductive or contradictory I should say maybe which you just replace one habit with another habit rather than just try to get rid of one habit. I think it kind of comes up to a vacuum state. Now what do I do? I got rid of this habit. Now what do I replace it with? You know, so . . .

Bill 100: Well, you are clearly telling me that's what works for you. That's what is going to do it.

Client 100: Well, that's what has done it in the past. That's what's done it in the past. Actually I got to join another soccer team. I can play with even better people and that way I will really get pissed off at myself, you know. So.

Bill 101: And that's, did that work for you before?

Client 101: Mmm hmm.

Bill 102: Good indication.

Client 102: Yeah. Well, what hasn't worked for me is drug addiction counselors, sorry to say.

Bill 103: Yeah, yeah. No your reaction to that was . . .

Client 103: Well, you have to realize first off, most of the people there, and I'm not trying to apologize for them, but in a way I am. They were good people. Most of the people there were forced to be there. They weren't there on their own free will. So, of course, they are going to be resistant. And most of the people there, I mean you are basically, you have to talk a certain way, behave a certain way, do certain things so they think you are quote whatever, rehabbed.

So you learn real quickly how to play the game. What are you looking for? Okay, what's this counselor looking for, or what's this person want me to say? Okay. I'm supposed to feel this way about something because that's the way she's been told that we define this addiction. So what I'll do is I'll just play in her bullshit even though it isn't true, and as long as I can do it in a convincing way and fool her, boom, whappo, I got it, and I got my license back. And you know that's a game that I was playing the whole time, and actually, I kind of lost respect for people because they were so easy to fool. All I did was I read the addiction counseling books. I found out what they are looking for, what the traits were . . .

Bill 104: Played the game.

Client 104: Played the game. Found out, you know, what they wanted to hear. And to me that's really counterproductive. It, if anything, it's a waste of time, and it might even be more harmful than it is helpful.

Bill 106: It sounds like it was for you.

Client 106: Yeah. Does anyone quit anything if they are not committed to it?

Bill 107: My own sense is it's that internal reason that really make the difference. When instead of there being somebody out there . . .

Client 107: External.

Bill 108: . . . telling you, what's telling you is something inside of you. Your lungs or whatever it is.

Client 108: I think this time it's my body.

Bill 109: Hey, yeah right.

Client 109: My brain is saying hey, I'm stupid, but your liver doesn't like you too much. Your lungs are a little pissed, you know.

Bill 110: Yeah.

Client 110: So.

Bill 111: So, what gets in the way of your sticking with that? What gets in the way of running?

Client 111: You know, I don't know. I think it may be a fear of failure. I really do. Could be that. Could be just the amount of effort. Like I say it's been going down, going down, going down, but I seem to really have a problem totally committing to just okay this is the year man. Let's do it.

Bill 112: Yeah, well because it is pretty total. I mean, that was what I was picking up earlier. At least the way you are thinking about it. It means stopping cigarettes and stopping drinking.

Client 112: Well, you know, it used to be a fear of withdrawal with drinking, and when I quit I found out...

Bill 113: It's not a big deal.

Client 113: It's not. And that's another thing. Don't tell people about DT's because quite frankly that doesn't happen all that often.

Bill 114: It's pretty rare.

Client 114: I mean, what do you get? You get maybe higher energy level and that's it. And you feel better, okay? I mean, whoa, you are going to get DT's, you are going to go through withdrawal. Oh, you are going to have to have doctor's supervision. By telling someone that you are just scaring the fuck out of them. You know? Excuse my french, but that's what you do.

Bill 115: That is something that happens to some people but not very many.

Client 115: Yeah. Yeah. But I'm really worried about the smoking because I remember last time I got just violent. I mean I was bad to be around for five days. I mean really bad. I mean I was just blowing up on everything. Every little thing I was just, everything was just ticking me off. And then after five days I was pretty cool, and after two weeks I was real cool. And I was kind of, yeah, but I'm thinking my god, what if a client calls me up. What am I going to do?

Bill 116: Like five days in a mountain hut somewhere.

Client 116: Oh well, you think a kayak trip? Just throw me for five days out in a kayak.

Bill 117: That's a nice idea.

Client 117: No cigarettes, no booze.

Bill 118: Yeah, the Grand Canyon or something.

Client 118: Well, you see, that would be very good.

Bill 119: It would.

Client 119: I mean that's what I was thinking of doing.

Bill 120: Something physical.

Client 120: Yeah. Do something like that.

Bill 121: You're committed.

Client 121: Backpacking. 100 miles from nowhere. And maybe I could reward myself with a cigarette by the time I get there. By the time I get there it will be ten days and I won't want one.

Bill 122: Well, and the trip itself for you sounds like it would be a reward.

Client 122: Oh yeah.

Bill 123: Doing it would be fun.

Client 123: Yeah.

Bill 124: So it might be a way to get through those five days.

Client 124: Yeah. Yeah, like I say, I'm, how shall I say? I'm teetering on the edge where you know I've cut down, I've cut down, I know how it feels to at least not drink that much, but now I'm finding out, hey, it's not the drinking that's giving me the hangover. It's the cigarettes.

Bill 125: Mmm hmm.

Client 125: And the drinking only compounds it because when I drink I smoke like a son of a bitch. And one of the things is I think I'm cutting down on my drinking, not because I'm trying to cut down on my drinking, but because I don't want to smoke that many cigarettes which is weird, and you're not supposed to be that way. Not by the definition of drug addiction.

Bill 126: Well, you are breaking all the rules, huh?

Client 126: Yeah, I know. But I mean, I wish they would tell me rules there. If they are not sure, I don't want to hear them.

Bill 127: Uh huh.

Client 127: You know, I mean it's like I think a lot of this crap is self fulfilling prophecy. You have given people false information and they are taking this false information to heart because these experts in the field, so called experts, and it's really funny how many different variations of the definition of alcoholism we have. All of them almost contradictory. You get some poor slob that's going to say well so- and- so says this, and they've been a leader in their field for the last twenty years. So, therefore, because they say this, I have to be this way. And instead of defining themselves as individuals, they go into the stupid pattern or whatever type of behavior that is supposed to be attached to them, and they assume that behavior is theirs. And that's why I don't like, it's not, it doesn't work. And I don't think it ever will. I mean, do you agree with me, or am I . . .

Bill 128: Well, you know more about you than I do obviously.

Client 128: Well, that's the whole thing.

Bill 129: I believe you.

Client 129: Yeah, but I mean how many people have you counseled in your lifetime? I mean you've had to see certain things works for certain people and certain things work for other people, and it's not going to be one size fits all.

Bill 130: No it isn't.

Client 130: It just, it's not there.

Bill 131: I've worked with people who have done really well in AA. And I've worked with a lot of people who have said ah, it's not for me. That's not my cup of tea.

Client 131: And I'm not trashing them. I mean if it works for you, fine.

Bill 132: There you go.

Client 132: If it works for you that's fine. And I've seen it help a lot of people, and I know the type of person it is going to work for. It is not going to work for me.

Bill 133: Now, tell me about this teetering on the edge business.

Client 133: Don't know. I think it's, like I said, I think it's fear of failure. I think on my part it's a fear of failure, and it's also the fear of withdrawal, especially from nicotine. Because I know how I get.

Bill 134: Mmm hmm.

Client 134: And I'm committed and then I'm not. It's this ambivalent feeling.

Bill 135: Yeah.

Client 135: And I can't seem to, you know, and that's where I'm stuck. That's where I'm stuck. I'm stuck in that ambivalence which I guess is a good thing in a way. I mean, it's better than just being not committed at all.

Bill 136: Well, that's exactly right. It's a step forward.

Client 136: Yeah, it's a step forward, but it's still. . .

Bill 137: Becoming ambivalent is the first step toward change.

Client 137: Yeah, but let's face it, that's cognitive dissonance. The ambivalence I really want to get over it, but I can't seem to, I can't seem to just say okay, today's the day. This is it.

Bill 138: Right.

Client 138: So maybe, I don't know. See I don't know even what to do. I mean, quite frankly. . .

Bill 139: Well, you mentioned a couple of things.

Client 139: Yeah, see I'm thinking I could cut down slowly. See, lookit, if I quit cigarettes, drink is going to go. It's going to have to go.

Bill 140: Mmm hmm.

Client 140: Okay, so then that's it. That's out. Now that I know isn't that hard.

Bill 141: Right. You've done that.

Client 141: Yes, but the nicotine, ooooh, that's a scary thing for me man.

Bill 142: And you've done that before also. Yes?

Client 142: Playing. Yeah, I was playing around. I was playing two games a week.

Bill 143: Okay.

Client 143: Now I would have to start running every day, an hour a day five days a week. I would have to gradually cut down, okay? And then I would have to set a date, and I guess go on the patch, and I would have to stay away from anyone that wants to have a beer with me, because if I have one beer, boom. Right back to smoking. Now I'm telling you what happened with smoking. What

was it, four months? Whatever it was, blow out the knee. As soon as I started again, now this is, as soon as I started again, I was back up to two packs within a day.

Bill 144: That's scary isn't it?

Client 144: Within a day. It wasn't like this gradual oh I'll just have one. It was just like boom, and I was just right back in there, and then I feel the lungs quit on me, yeah I guess a fear of failure. I don't know. Maybe it was fear. I don't know what it is. Maybe it's fear of failure. I don't know.

Bill 145: How confident are you that you can do it?

Client 145: That's the problem. I don't know.

Bill 146: You're not sure.

Client 146: I'm not too sure. I'm really not too sure.

Bill 147: It's not so much the wanting to do it as I don't know if I could if I make the decision.

Client 147: Right, right, right.

Bill 148: Mm, okay.

Client 148: It's confidence probably.

Bill 149: Well, and that's what would help. Something that you could really be confident in. Like the way you lit up when we talked about the Grand Canyon or something. Like I could get through five days that way. I could do that.

Client 149: Am I supposed to spend maybe a year out there?

Bill 150: No, I'm just giving that example.

Client 150: Wait a second, if I made a lot of money, that would be a good . . .

Bill 151: How long would it be? Well, the first five days you said are the tough ones.

Client 151: Yeah, the first five are tough. But really what it is, what basically what it really is just not hanging around Chris because Chris will come over and he'll want a beer. I don't care if he has a beer, but if I have a beer, boom. I'm going to light up. I'm going to have to stay away from Bogden. That's another guy on my soccer team. It would have to be like really staying away from a lot of people I know. You know, maybe I'm just making excuses for myself. I don't know. I don't know. But I would have to do that, and then I would really, I would have to watch myself and not let myself talk to any clients for five days. Because I know how I get.

Bill 152: Oh that five day period. Yeah.

Client 152: Yeah, I don't know. I don't know. I'm still ambivalent.

Bill 153: Well, that clearly is where you are. And you are right that that's a normal place people pass through. You are saying well let's get through, you know.

Client 153: I still want to . . .

Bill 154: It's an unpleasant place to be.

Client 154: Yeah.

Bill 155: You either want to go back to not being able to . . .

Client 155: Which is more comfortable. Let's face it. Which is more comfortable. And I'll tell you that right now. That's a hell of a lot more comfortable saying ah, I'm not going to quit smoking. That's more comfortable.

Bill 156: Either side is more comfortable.

Client 156: Either side is more comfortable than the ambivalence. It's the ambivalence that's the hell.

Bill 157: It is.

Client 157: That's the hell. Okay, cause well I know I shouldn't but I will and I don't know if I should. Here's what it is. It's knowing that you are taking a carcinogen, a known carcinogen, and you are putting it in your lungs. You know that it's upping your blood pressure. You know it is increasing your chance of lung cancer. You know it's really screwing up your soccer. It's that, it's doing that is pissing me off. It's knowing that you are taking a poison, a poison called alcohol. You know the second drink your judgment is going to go to hell. And why am I doing this? Let's just bang that head against that brick wall some more too please. And that's what pisses me off. I mean if I was stupid, I could forgive myself for it. If I define myself as an addict, you know, and I think a lot of people do, then they can forgive themselves for it. But that's, no.

Bill 158: That is not a way out of you.

Client 158: No. That out doesn't work. That's a cop-out. I mean, and see I wish I was stupid and I could just say, didn't know any better.

Bill 159: And you could sit back here and . . .

Client 159: Yeah.

Bill 160: . . . be comfortable.

Client 160: Yeah, right.

Bill 161: Now the place where you are is real uncomfortable.

Client 161: Yeah.

Bill 162: And moving either way from it is more comfortable.

Client 162: Of course. Of course. Moving up or back.

Bill 163: But staying in the ambivalence, because you are conscious of it, you are conscious of taking in the poison or the carcinogen or whatever it is . . .

Client 163: That's the problem.

Bill 164: Boy.

Client 164: That is, what are you doing this for? You know, what are you doing this for?
And . . .

Bill 165: And that's the teetering then. Which way am I going to move off of this.

Client 165: Right.

Bill 166: Because I don't want to stay here.

Client 166: And not only that. You know the guys at soccer they always kill me. Hey you smoking again. Oh yeah. You're stupid, man. So I got a little peer pressure going there.

Bill 167: So they are not all pulling you into drinking and smoking?

Client 167: Oh, no, no. They wouldn't, well it all depends. This is the Polish soccer team. Most of these guys are right off the boat, okay? And they do drink a lot, so . . .

Bill 168: They just give you a hard time about smoking?

Client 168: Right, and they don't smoke.

Bill 168: Oh, okay.

Client 169: And I say well listen, you know, hey, if you want me to quit smoking, I'm going to have to quit drinking. Oh no you could. No, I says I can't. It doesn't work that way for me. And then having never done it they don't know. So I'm going to have to like, if I do this, I'm going to have to stay away from them at least long enough to establish some type of. . .

Bill 170: There you go. People who make it through change usually do it, I mean you've got it. Usually do what you are saying which is for a while avoid the valley of the shadow of death, you know. I mean avoid the difficult place. And then it gets more okay. You've got to not rush too quick back in there, but it gets to be okay. You don't then have to stay away . . .

Client 170: Forever.

Bill 171: Right. So it's not forever and ever. But for a while you are probably right.

Client 171: Yeah.

Bill 172: Or, somehow, get them to, say help me out guys. I mean, if they won't do it, then you are right.

Client 172: No, it's not like they are bad guys. They just don't know. See, they're not . . .

Bill 173: Haven't done it.

Client 173: You know, they don't know. I mean I think if you don't smoke, you don't smoke cigarettes, you don't know. You're not going to know. And how could they possibly help it?

Bill 174: Well, I only meant that if they could get it in their heads that what you are saying is right . . .

Client 174: Yeah, right.

Bill 175: That if they want to help you stop smoking, they've gotta also not encourage you to drink.

Client 175: Don't come over with the twelve pack and want something.

Bill 176: Yeah.

Client 176: You know, come on.

Bill 177: So if you could ask them to do that, help you out that much, then . . .

Client 177: They're guys. They're guys.

Bill 178: They won't. . .

Client 178: These are guys, okay? They're guys. I'm single you see. If I was married I could blame it on my wife. In fact, I'm thinking of getting married, well I'm just kidding. But I'm thinking of a rent a wife situation. See you rent a wife and you tell all your guy friends, hey, I'm married man. My wife will kill me if you guys come over. Then you get to get then the hell out of your place. If you are a bachelor, they're trying to get away from their wives, guess who they come over and hang around with? You.

Bill 179: Yep.

Client 179: And guess what. That excuse doesn't work. The only thing they understand is some bitchy lady with a skirt, okay?

Bill 180: That would work.

Client 180: And then you could clear them out of the place. Otherwise, you can't clear them out man. See, then you have no excuse but to do what they want to do.

Bill 181: Yeah.

Client 181: That's the way guys are. At least the guys I know are that way.

Bill 182: So, you are right. You would have to stay away from them for a while.

Client 182: Right. Right. I hope I'm not babbling here.

Bill 183: No, no.

Client 183: I seem to be all over the place here.

Bill 184: I mean you are giving me a real good sense of who your are.

Client 184: Yeah.

Bill 185: I mean I love to read a book to the end, and I'd love to know which way you are going to go from this place.

Client 185: I would like to know myself. I don't even know. You know, I don't even know. Like I say, I'm still at the ambivalent stage, and it's getting to the point where I'm going to have to make . . .

Bill 186: It's too uncomfortable.

Client 186: Well, yeah. But what do you want to go back? I mean, where's back. Where's back going to take you.

Bill 187: Yeah. You know.

Client 187: Yeah. Yeah.

Bill 188: But it's that can- I- do- it obstacle.

Client 188: Well, that's, it's a confidence problems.

Bill 189: So something that would help you be more confident.

Client 189: Yeah, well, yeah, yeah.

Bill 190: Could be able to look at it and say I could do that. I can see myself doing that.

Client 190: Well, yeah, but what's that going to do?

Bill 191: I'm not sure.

Client 191: It's going to have to be internal if it's going to work for me.

Bill 192: Mmm hmm.

Client 192: It can't be anything external. I can't deal with cheerleaders. I can't deal with oh you can do it you can do it. Hey, come on. I'm a little too old for that.

Bill 192: There is certainly nobody pushing you.

Client 193: Well, you know, I'm going to have to figure out that I can do it myself or just not going to be able to get done. And that's just, the long and the short of it is that's what it's really going to take.

Bill 194: That's the bottom line.

Client 194: Yeah. I mean for a person like me, that is the bottom line. And it has to be important enough. But I think it is important enough now or else I wouldn't be thinking about this in the first place.

Bill 195: That's how it sounds.

Client 195: You know, as far as I'm concerned, I don't care if I die tomorrow. This is not about my health.

Bill 196: Mmm hmm.

Client 196: Boy I can't stand, if I'm not the fastest guy out there, I have an identity crisis, okay? It's my arrogance, okay? It's my conceit. It's my pride, okay? So I am using all the negative stuff you're never supposed to have to help me. . .

Bill 107: Challenge. That's what will get you through. Sheer cussedness.

Client 197: Yeah just sheer, you know, if anything, arrogance. If anything, probably that's all it is. And it really has nothing to do with health. It really doesn't. I mean I hate to admit it, but as far as longevity and life, I don't really care about it. High quality of life? Well, everyone dies. Everyone makes such a big goddam deal out of it. I'm so goddam tired of these people who oh I eat these healthy food, and I do this, and I know God the Son, and yeah, yeah, you're 400 pounds overweight, you don't work out. You know, don't give me this live forever, but live what?

Bill 198: We're all going to die anyhow.

Client 198: We're all going to die anyhow. What are you going to do? Just never go out in the sun?

Bill 199: But while you are here, you want to be the best.

Client 199: Well, you know, it would kind of be nice to wake up, you know, and feel healthy and be able to do what you like to do.

Bill 200: It is.

Client 200: Uh, well, yeah, if you could do what you like to do forever, hey. I would like to do that. But I know that's not going to happen, and I accept that, and to me it's not so much a longevity issue as it is a quality of life issue. And so that's the deal.

Bill 201: You know the funny thing is it sounds to me like you have made up your mind.

Client 201: Possibly.

Bill 202: Maybe.

Client 202: Yeah. I think I'm swaying.

Bill 203: Leaning just a little.

Client 203: Swaying. I hope it's not a pendulum, you know.

Bill 204: I don't know though. It's kind of back there.

Client 204: Yeah, back there is more comfortable. At least it's known. It's known. See that's . . .

Bill 205: It's predictable.

Client 205: That's all it is. It's known.

Bill 206: It is predictable.

Client 206: That's all it is. It's known. Yeah, someone told me and it made a lot of sense. Bang your head against a brick wall, you start to miss that brick wall when you quit banging your head against it. You know, I think that's what everything is. Not just smoking, not just drinking, not just doing whatever, cocaine or anything else, but everything else. I think bad relationships are like that.

Bill 207: Mmm hmm.

Client 207: I think bad jobs are like that. I think living in bad areas of town are like that. I think, it's familiar. Because it is familiar it is predictable.

Bill 208: Right.

Client 208: You are comfortable with it. It's not that terrible change, you know, that's a scary thing. And you know, maybe that's what it is. So.

Bill 209: What if you stopped smoking and drinking and you still couldn't keep up with the young guys?

Client 209: Oh, I don't think that is going to be a problem.

Bill 210: That's alright.

Client 210: I already can. That's the thing. It's just that you know I'm getting older, and this is not going to last forever. I put a lot in a bank account. I had a scholarship, marathon scholarship, when I went to college which I didn't take. Ran a 4:32 mile, always been fast.

Bill 211: Really.

Client 211: But I always had, the way I'm looking at it, I always had a bank account, and I put a lot in that bank account, that cardiovascular bank account. Well, I've been drawing off that bank account for a long time. Now it's just about . . .

Bill 212: Balance is getting low.

Client 212: Balance is getting low. So I have to start kind of filling it up again. And. . .

Bill 213: That's a nice image.

Client 213: Well, I think that's exactly what's going on.

Bill 214: That works.

Client 214: You can only do this stuff so long before you are going to start feeling the effects. I'm starting to feel the effects. Maybe I always was but I was too stupid to realize it. I'm not too sure.

Bill 215: You don't want to go into debt.

Client 215: No. I don't want to go into debt.

Bill 216: Makes sense to me. Well, I'd love to know how the story comes out.

Client 216: Well, should we do a follow up?

Bill 217: I'd like to know.

Client 217: You know, I tell you. If I do this, it's going to be for two to three weeks, you know. Everyone says oh do it tomorrow. You know what? No.

Bill 218: You are going to set a date out there somewhere?

Client 218: Well, yeah.

Bill 219: Not tomorrow.

Client 219: Not tomorrow. Not tomorrow. Not today, not right now. I mean, you know, I'm just not going to do that you know. It's going to be, here's what happens to me. When I start doing shit that's contradictory to bad habits, the bad habits start disappearing almost naturally. And I start getting a roll.

Bill 220: Beautiful.

Client 220: And then I start getting to the point where I want to continue this good habit. Bad habits, I'm not really thinking about. They are starting to go away. So I want to kind of like steamroll this turkey, and then as soon as I got that steamroll thing going and I got this thing on the run, it's okay baby, and now we're going to get you. Now you are vulnerable. Now you're going to die. That's . . .

Bill 221: That's the plan that works for you.

Client 221: Yeah.

Bill 222: Good.

Client 222: Strange.

Bill 223: No, people are real different in terms of the way they _____, and it's kind of your personality and what grabs you and what's the thing that finally tips the seesaw for you.

Client 223: I was told that doesn't work. I was told well no, no. One size fits all. This is how we have to do this. This is the only way we do it. You know, that's what I was always told. It made no sense to me, and I just really lost respect for you know anyone in the industry because, do you have any intuition? Do you ever listen to your clients? Have you ever thought that there could be something called individuals out there. Hey, bell shaped curve guys. Hey, you know what it is. Guess what different IQ levels, different personality traits. Guess what.

Bill 224: People know something about themselves.

Client 224: Yeah.

Bill 225: Mmm hmm. Yeah.

Client 225: So, but I never got that far. Of course, like I said, it was state run. It was a little bit different, so.

Bill 226: Well, I wish you well. I'd like to know how the story comes out.

Client 226: You want to follow up with me?

Bill 227: I'd, well, at least let your friend here know.

Client 227: Yeah. I'll John know.

Bill 228: And then he can let me know.

Client 228: I'll let John know. We'll just take it from there then.

Bill 229: Yeah. Good luck to you.

Client 229: Thanks a lot.