

Exit Strategy

1450 words

Driving back to the apartment from Santa Monica, Pete conceded that the therapy session had at least been interesting.

The guy'd been ticked off at first, a Dr. Stride, since Pete was late, and he opened by addressing it.

“When a patient is dismissive of the time, as in *your* case,” Dr. Stride said, “that tends to be reflective of a larger issue.”

“You’re talking . . . a *major* larger issue, like they study in psychology classes?” Pete said. “Or was it that I *dissed* you? Even though I hate that word.”

“Yes, the second interpretation,” the therapist said, “which can typically be precipitated by the individual’s need to call *attention* to themselves, through the tardy behavior pattern . . . That aside however, shall we *begin*, in the time we *do* have left?”

Pete was thinking the guy didn’t necessarily know what he was talking about, but he was tired and feeling

chippy, and this Dr. Stride *meant* well, so you might as well blow off some steam, and see what happens.

He said, “The reason I was late--someone took me to an Italian restaurant--now that I think about it, it started with *her* having a coupon--and that’s where I picked up *your* coupon.”

“Unh-huh.” The doctor was about 55, tweed jacket, the patches on the arms, the kind of guy who might have been smoking a pipe as he was listening if that were still legal in an office like this.

Pete continued, “I tried to be discreet when I spotted your coupon, but she caught me, my *friend*. I had to concoct something, that, oh don’t worry about *this*, it’s not for *me*.

“Who *was* it for? In your version.”

“This kid I help out, who’s had some financial issues and was sleeping in his car . . . I keep calling him a *kid*, he’s in his *twenties*.”

“Why do you feel he needs therapy?”

Pete said, “Okay you’re not *listening* to me now. I *faked* it being for the kid, the free appointment.”

“So you *don’t* feel he needs therapy.”

“Jesus. How should *I* know? That was what popped into my head, is all.”

“And she believed you. Your lady friend in the restaurant.”

“I guess . . . I mean she didn’t *over*-do the subject at that point . . . You’re starting to piss me off actually.”

“Not a problem,” Dr. Stride said, and he cleared his throat, and looked down at his chart. “Mr . . . McGirk, how did the coupon make you twenty minutes late today?”

Pete thinking, wow, I was only *15* minutes late wasn’t I? Tops? Now he’s cutting it even *shorter* on me?

Though with the freebie business, how could you blame the guy, maybe. Probably tough enough sitting here all day with crackpots who are actually *paying* you.

Pete said, “Cutting to the chase? Which I know you guys hate, not massaging the daylights out of something first . . . But fine, there *was* the coupon dinner, we hit it off okay, she stopped over a couple times, and wouldn’t you know, when I was supposed to be on my way *here* an hour ago, we were busy banging each other.”

Pete figured that would get a little rise out of the guy, but Dr. Stride said, “Do you think your friend--for discussion purposes I’ll call her Robin--”

“I’m not a fan of that name on a woman. It’s Marlene, the *real* person.”

“Is it possible,” Dr. Stride continued, “that Robin suspected you were pulling the coupon for *yourself*?”

“I mean I don’t know, I don’t *think* so.”

“And *that* led to an increased interest in *you*, on her part?”

“Where the frig . . . are you *going* with this now?”

“The scenario that I suggest,” the doctor said, “is not uncommon.”

Looking at Pete and waiting. The way Pete *pictured* these psychologist types conducting business. Throw something out there, no idea where *they’re* going with it, despite several decades of training, and let *you* put your foot in *your* mouth and react like you’re a disturbed individual.

Okay . . . he was being a little hard on the guy.

Pete said, “I don’t like your scenario. That would mean, I showed vulnerability, and she was intrigued by it . . . is *that* what it would mean?”

“It could. There are a scope of instigating factors, which potentially lead one individual to wish to explore another’s psyche.”

“*Fuck* this shit, then,” Pete said.

“Now that’s interesting you present your reaction that way,” Stride said. “Are you typically angry at women?”

“You know something? . . . I’m getting the distinct feeling here, you’re getting your rocks off jerking my *chain* . . . Am in the ballpark with *that*?”

The doctor wrote something on the chart. “Your interpretation is a bit concerning,” he said. “Do you ever find yourself wrestling with violent tendencies?”

“Not towards women, that’s for sure, and you’re barking way up the wrong tree if that’s where you’re going with this, my friend.”

“Toward men then?”

“Sure, depending.”

“I see. Dependent upon what factors?”

“If the guy *deserves* it . . . you need me to spell it out beyond that?”

“And what would constitute deserving it?”

“Okay here’s an example . . . let’s say you have a wife-beater piece of scum. She has a restraining order, but you know those things never work. Plus people don’t change . . . *That* particular guy, you want to *injure*.”

“Unh-huh. And *have* you ever executed on such a premise?”

Jeez, that was a curious choice of words out of this guy--*executed*. Pete knew what he *meant*, which was more like *followed through on*, but still.

“Only the one time, and I regret it. The kid I’ve been telling you about. I went too far in assuming he was mistreating his girlfriend.”

“Unh-huh.”

Pete said, “Those unh-huh’s are getting obnoxious . . . What, you think that makes me think harder on my *own*, when you do that?”

“Please continue,” Dr. Stride said.

“You want to know the truth?” Pete said. “I feel like you got me jumping through hoops, but you’re not

finishing anything *off* . . . We're all over the place, nothing being zeroed *in* on."

The doctor scribbled something. "What is it you feel should be targeted?" he said.

"Okay . . . well since you ask, I'd like to know why I can't maintain a normal relationship. That'd be one thing."

"With men, or women."

"*Women. Jesus.*"

"Unh-huh. Tell me about it."

"Ooh boy . . . And this is just between us, right?"

The doctor nodded.

Pete said, "Well last year, I had a medical thing. A pretty major curve ball thrown at me . . . what am I talking about, *this* year. The *beginning* of it."

"I see. And that affected your ability to maintain a relationship?"

"You're supposed to tell *me*."

Doctor Stride looked at his watch. "We're going to need to end soon. Is there anything else?"

Anything *else*? This guy had to be kidding. Drawing stuff out of you, getting you to lower your guard . . . and then boom, that's *it*?

Which you kind of wanted to call the guy on, except what would that accomplish . . . so Pete said, "I'm surprised you give coupons for this stuff."

The doctor closed Pete's chart. "You mean it reminds you of the brownies at Costco?"

"Now I'm not following you . . . or are you saying, the free samples."

"Indeed," Dr. Stride said, seeming to be in regular-guy mode now. "If they don't *try* it, they won't know."

"Well I appreciate your half-hour," Pete said. "And I know I was a wise ass a few times . . . so, sorry about that. Let me ask you this--and I expect an honest answer, not you trying to work me like a cheap car salesman."

"Understood," the doctor said.

"Do you think I need more of these? Sessions?"

"Unquestionably," Dr. Stride said.

"See there you go," Pete said. "Immediately doing what I said *don't* do."

“That’s my honest evaluation,” the doctor said, standing up, and reaching out a hand.

Pete shook it but didn’t say anything more . . . and driving home his head was going a *few* different directions . . . and he’d never been to a therapist before and it wasn’t *altogether* surprising the way it played out, and yeah, fine it *was* interesting . . . but man, couldn’t they at least give you *something* to chew on.