

Transcript-Dr. Arnold A. Sheuerman, Jr. & Richard Berberian-July 6, 1996

[Message: "Richard, this is Doctor Sheuerman. I'm calling, uh, tell you what's been happening about your request, uh, the absence thereof. I plan to be home most or all of the day, so, if you get back, give me a ring. Uh, phone number is (-----). Thank you."]

Doctor: Hello

Richard: Doctor Sheuerman?

Doctor: Yeah

Richard: This is Richard Berberian

Doctor: Hold on for a minute, so I can get a better phone, huh?

Richard: Uh-huh

Doctor: You on?

Richard: Yes

Doctor: Uh, I called you because, uh, I didn't want to write you a letter for several reasons, which I'll tell you about. And uh, so we sort of get organized. First of all, of course, I have no regular secretary to type things for me anymore. And uh, I haven't found one that can spell three simple words psychiatrically. *[Hold that thought, Doc. "Spell three simple psychiatric words" is the correct terminology, unless there's a way to psychiatrically spell, 'see Spot run.' Speak up or forever hold your peace. Or is it "piece"? A gun? Piece of what? A girl? Oops! My mind's in the gutter. Erase that one. And what peace, if it's "peace"? A non-warlike attitude? Doc, you've already got me thinking and we haven't even gotten started. You've got a gift, my friend. Yes, yes you do!]* And there's a lot of difficulty about this. Anyway, that's part of it, getting it transposed or transcribed or whatever the words are. The other thing is, uh, my files have been, all of 'em, have been moved, uh, oh, I don't know, two, three times in the last several years. And uh, 'course, that's resulted in some disturbance in the files. Uh, I've, I spent considerable time trying to find yours, and uh, to make it simple, can't find them. Uh, the uh, your comment about the lapse of, uh, whatever they call it, you know, when the files can't be used for, oh, whatever, confidentiality or, you know what I mean? Uh, after a certain number of years, the files are kaput? *[Kaput -Merriam Webster: "dead, done, doomed, done for, finished, utterly finished, ruined, sunk, defeated or destroyed, unable to function, hopelessly outmoded." That's a pretty nasty sentence you pronounced on my files, Doc. This isn't World War II. Aren't you being a bit rash for my poor helpless files? What did they ever do to you?]*

Richard: Yeah

Doctor: Uh, that, that's irrelevant here, Richard

Richard: Well, it's a seven-year statute, isn't it? And we're at 'bout six and a half years?

Doctor: I don't know. But as far as I'm concerned with you, that, that's irrelevant. That's, uh, I'm not gonna [chuckle] say, uh, "I lost the files and besides, uh, you don't get any." [Say what? "Get any"?? How would you know now that you're retired and I'm not telling you my deep dark secrets anymore? Interesting terminology. Right out of the box and you go Freudian on me. (Not

gettin' lucky, Doc)] You know, that's ridiculous. *[It most certainly is]* I don't look at it that way. *[Well, I should hope not!]* But anyway, uh, I thought of, uh, uh, reducing a summary rather than the whole thing. Incidentally, one of my side effects from the surgery is, my handwriting isn't worth a damn anymore. And the more I write, the worse it gets. So, that's a problem. Uh, even to do it by hand. Uh, but I don't know what to do now except to, uh, try and figure out *[try to figure out]* where they might've gone. *[Oh, they have feet. Or maybe they crawled away on their hands and knees?]* Uh, uh, if you can think of any other, you know, alternative, uh, you know, I'm willing to discuss it with you and see if we can work something out

Richard: Alternative to what?

Doctor: Well, in your letters, in essence, you say, "I'm curious" and "I'd like to know about what happened in the therapy up here" *[Wrongo. You quoted me in my letters. You're up north in Stockton. I'm down south in Modesto. I would've said, "what happened in therapy up there." Not here. If you're gonna quote me, get it right. Even if you have to say it in Igpay Atinlay]*

Richard: Uh-huh

Doctor: And that's, you know, I can understand that. Uh, but one of the problems is that the communication pathways are a little screwed up, as I've been saying to you today. And uh, I don't know, uh, really what to do. Uh, uh, I answer these things uniformly. *[One big exception, coming right up]* And uh, the only time I don't is when somebody calls up, not you, somebody calls up and says, "I saw you five years ago, ten years ago and blah, blah, blah," but he doesn't know when he saw me or, you know, there's no way to get his folder. *[Doc, you unorganized guy you. Let me do some deep thinking. It'll be a while...Got it. Here's what you should've done. With all of the various subdivisions to achieve pinpoint accuracy, it's called "alphabetical order"--from the first patient to the last patient, A to Z. All you would need is the patient's name in order to find his folder/file. Whew! Rocket science always tires me out]*

Richard: Uh-huh

Doctor: At least, the way I, uh, you know, whether we have 'em here. Well, that's not the case here. Uh, now, one thing *[slight chuckle]* which is secondary, but I'll mention anyway. In, in my system, it isn't really a system, but in, the way I kept records all those years was, I separated the, uh, payment/billing records from the clinical records. And that was, uh, deliberately so that, uh, if somebody subpoenaed the clinical, subpoenaed the, uh, records, I could, if I needed to, I could first subtract the financial records. You understand what I'm saying?

Richard: Yes

Doctor: And if I could get away with that, then there would be just a little less, uh, problems as far as your situation goes. *[Are you saying that you thought my records might be subpoenaed by somebody? And you wanted to make sure that if they were, you wouldn't be able to find the clinical ones? Doc, you're giving yourself away. You'd better go undo that surgery]* But uh, and I found those. I found part of those

Richard: The billing records?

Doctor: Yeah. I didn't find 'em all, but I found part of 'em. *[Let me guess. You found the portion of the billing records that pertain to the ten years prior to my discovery of fraud. That is, those records prior to September 2, 1980? (To be technically correct, the records prior to September 9, 1980 when I first saw you*

after the fraud discovery and I told you about the matter, whereupon you referred me to Rudy Bilawski) We're talking about billing records allegedly lost which would reveal exactly which days I saw you within the timeline of my legal matter? Not to worry, Doc. Let not your heart be troubled. I can reconstruct that info from my letters and cancelled checks and whatnot] And uh, when I went to look at the same place where I found them, couldn't find the rest of 'em. So uh, at this point, all I can do is say this, uh, in business [sic] of finding records, uh, the way I found records in the past, uh, you know, when I, when they weren't, weren't immediately available, is, uh, I'd let up on it. [I'll bet a dollar to your ding-dong that you'd like to 'let up on it' for life vis-à-vis the next six months when it comes to my records, wouldn't you, Doc? The statute would lapse and you could make my records go "kaput" at your hands and in your shredder or down the toilet where my life went thanks to you, my father, Rudy and Larry and the boys] This is always in my head. [What, as opposed to your feet?] Uh, and sooner or later, you know, bang!, I say, "well, maybe that's, maybe that's where they are." [Oh, the "(big bang!)" theory for retrieving medical records? "Kaboom" instead of "kaput"? Come on, Doc. Don't try to get my hopes up. I'm not banking on kaboom. The smart money's on kaput] And most of the time, that's the way I, I find 'em. Now, that, I know that isn't, uh, really satisfactory, but this is, this is the way I've done it. Uh, so, I don't know. I understand your, your prior therapist died [Those communication pathways have you wording your implied question as though you came into the data within your implied question in some way other than by way of my letters to you, Doc. Are you preparing to do some kind of communication pathways razzle-dazzle?]

Richard: Well, he was a, he, he was a Marriage, Family and Child Counselor, yes

Doctor: Treatment man, huh?

Richard: **Right** *[I guess he qualified under that title as opposed to a cardboard cut-out therapist sitting opposite me not saying a word as I talk to myself. Or a real therapist sitting there, charging me \$100 an hour to talk about the weather. And Treatment Man thought you were not the right psychotherapist for me back in the day. I thought that his saying so was unethical. Still do. But he was right if the therapy we're talking about were that period of time beginning on September 9, 1980. Hey, wait a second. Doc. You bugger you. You sly dog. I know what you're up to. Well, not exactly. But let me set the record straight. Jim Malone, MFCC, was a marriage counselor that my wife (now my ex) wanted us to see. So we did. After a time, we started seeing him separately. He was a psychologist, an MA. Not even a Ph.D. And he was not my shrink. And he wasn't "treating" me. He was not a "treatment man" in the sense that you're trying to make him out to be. Giving him credentials that he didn't have, are you, Doc? Go ahead and call him a "therapist," if you please. See if I care. But please don't play whatever manipulative game it is that you're playing. Whatever you're up to, smells like hell and stinks to high heaven. I didn't have to see the man. Nice try, Doc. They say that a man should keep his friends close and his enemies closer. So I'd better keep a close eye on you. Or is it "closer"?)]*

Doctor: That's too bad. Was he young [sic] fella?

Richard: Yeah, he was, uh, he was forty, I guess. Forty, forty-one

Doctor: That's young! *[chuckling]* From my standpoint, that's young. Uh, that's too bad. Uh, have you found anybody else? *[Doc, you've been receiving letters from me since I left your care. And the letters leading up to this conversation make it quite evident that I haven't "found anybody else." If I'd "found anybody else," you'd have found my records. Are you playing dumb or are you playing to a gadget or gizmo of some sort on your end? What do I mean by this? I have no clue. That last sentence was the result of some kind of brain fart. (So poo on you. Two can play this game, ol' buddy, ol' pal, ol' ex-doctor o' mine)]*

Richard: No, I, uh, I was just hoping you would, uh, uh, refer me to somebody that you trusted. So, it would be, I thought that was the best option

Doctor: Yeah, well, you know, all the years that I was in practice, uh, there were, uh, two or three psychiatrists that, you know, I, I, I felt I could refer to with, uh *[chuckle]*, cutting [sic] my own throat and then the therap, and the, uh, patient's too. I don't think, uh, any of them are in, in private practice anymore. You know, it's been a

big, big changeover with this managed care and everybody shifting around, and a lot of psychiatrists and other doctors are going into these HMO's. And so, you, you, you don't know who's who anymore, unless you're right there all the time

Richard: So you, you haven't kept in contact with anybody that you used to know

Doctor: Well, in, in, in, in, what I'm saying is, in the greater Modesto area, uh, I don't

Richard: Well, I was, no, I'm willing to go to Stockton. I mean, I'm willing to go wherever, because, you know, anybody that you know that you would feel comfortable sending a summary and, and any records to, is who I'd wanna go to

Doctor: Yeah

Richard: You know, any city

Doctor: Well, leaving out the records for a minute *[For a minute? You want to leave them out for all eternity, Doc]*, because, if I could send you the records, we wouldn't be talking about this part of it, you know *[Say what? If you sent me my records, what part of it would we then be talking about? Depends upon what the meaning of the word "it" is, right?]*

Richard: Uh-huh *[No. I'm going to "un" my "uh-huh" right here and now. Ergo, a reversal is in order. And "huh-uh" is my official after-the-fact response. You cannot "reduce a summary" without referring to the clinical records. The two are part and parcel, Doc. You know that better than I do. And you neither want to send me my clinical records nor a reduction of a summary thereof, nor my financial records, particularly those pertaining to the years 1980-1984 during which you became all but a lawyer, not to mention the records with reference to the few times that I saw you in 1987 and 1989, which I'm mentioning anyway, especially because you really don't want to hear about any of it. Right, Doc?]*

Doctor: Uh, uh, I think there's, uh, leaving aside too, you know, whether you and he hit if off *[What about a "she"? Are you gender-biased, Doc?]*, because you have to be able to relate to each other sooner or later, or it's no good; uh, uh, let me think, huh. Let me look in, let me look in my file and see if, you know, find somebody who I'd wanna go to if *[silent pause]*; hold on, I, uh, it just strikes me, uh, you know, I used to, uh, for a while, long while, I had my, uh, I had a, uh, a thing in the, uh, phone book, you know

Richard: Uh-huh

Doctor: Address and all. Let me look in the phone book and see if, if uh, somebody else is doing that, and uh, it'll jolt my memory. Hold on...

Richard: 'kay...

Doctor: Okay. Uh, there's a Randall Stenson, S-t-e-n-s-o-n, M.D., who's uh, pretty good guy. And his phone number is 9-5-1-4-6-6-6. *[Doc, you didn't even ask me if I have pen and paper in hand. Do you know something that only I'm supposed to know? Have you got some of that Hannibal Lecter extra-sensory perception? Remember the opera scene in "Hannibal"? That's some pretty scary shit, I mean smarts!]* And another in the same building, uh, you know, they use a common secretary or whatever, would be Gary Cavanaugh, C-a-v-a-n-a-u-g-h, M.D., just like, "Cavanaugh." And he, he's got the same address and all that. Let me see what else. There's a fella, a nice fella named "Ruggles," R-u-g-g-l-e-s, James, and he's, uh, 4-6-5-0-7-7-2. Uh, now there's, let me see now. There's some

others who I don't even know, who moved in since I retired. Uh, Ruggles is, uh, an experienced, uh, child psychiatrist. That's his, that's his, uh, additional training. And, but most of those doctors do take, you know, regular adults. *[Turning away those who are constipated?-Heartless. Us anal-retentives need therapy too from time to time. So forget Ruggles. He can stick with his normally-pooing adults]* Uh, so you might try those. Uh, hasn't been a large amount of turnover in psychiatrists over the last year or two. But uh, aside from that statement, I can't, I'm looking at a phone book, uh, that lapses March 1997. I, I think that, uh, that would be the best way to do it, because, if you're going to see someone, uh, you gotta find somebody anyway, aside from all these other things. *[Are you saying that I need a shrink? How so? It's been nearly twelve years since you were doing your thing with me. How do you know? What do you know? Your implication is that my mental health could not have improved without my having been under your care over the previous decade or so. Or minimally, I have not changed, not to imply that I needed to continue therapy at the time that I walked out your door. Or perhaps you know something from reading the infrequent letters that I wrote to you before and after your retirement? Or the more frequent courtesy-copied letters that I sent to you written to other players? To tell you the truth, Doc, two Treatment Men were quite enough for me. I can't get my records from those handling Treatment Man's estate either, you know. And I'll bet you do know. No more Treatment Men in my life, Doc. I've had my fill. Oh, and one more thing. If you recall, you threatened to discontinue therapy one time if I didn't cease and desist talking incessantly about my legal matter. Were you bluffing, Doc? You were in essence implying that, when it came down to it, I didn't really need therapy any longer and that I would do just fine handling the stress and distress of my legal and other matters. So, put that in the pipe you used to smoke and smoke it. Sorry, Doc, I win. You lose on this one. And one more one-more thing. I have no time for a shrink. I do that by the decade and I've only got one or two left in front of me. It's go time. And I've got a legal mystery/psychodrama to figure out]* That might be a good idea, to check on some of these people and see if they have time, and if they feel they can help you, and if you feel they can help, if they can help you. *[Help? You think I need somebody's help? Do you want to know a secret? I'm looking through you. And I can cope with the long and winding road. It no longer leads to your door. I'll follow the sun. I'm not saying that I don't need somebody's help in any way. I'll get by with a little help from my friends. I speak my own words of wisdom now, Doc. So, let it be. (Yes, my friends include The Fab Four)]*

Richard: Well, I'm, I'm basically just wanting somebody to, uh, consult with, once you do a profile or summary. Uh, I, I didn't plan on having extended therapy

Doctor: Well, well, I didn't know. *[Well, well, I just told ya. Well, well, now ya know. And you're a big fat liar. Liar liar, pants on fire. You did too know before I just told ya so, because I sent you several letters leading up to this conversation. I said that I wanted my records and a summary, period. I asked for nothing else, nada. But since you say you didn't know, point taken. And adopted. And therefore, let the one who does know make the decision. And since I'm clairvoyant and I know that in a short while, you're gonna tell me that indeed, it's my decision, let me make that decision right now. No shrink need I. Actually, that's too hasty a decision. Let me analyze the situation. "Eenie meenie miny mo, catch a therapist by the toe, if he hollers, let him go, eenie meenie miny mo." Just a little more analyzing. "Eenie meenie miny mo, need I a shrink, the answer's 'no.'" It's a done deal. I was right all along. No one can mess with me once I've put my thinking cap on]*

Richard: And

Doctor: Uh

Richard: Unless I need it in the future, but, uh

Doctor: You think you need it now? At the moment, anyways? *[Yes, because you're getting on my nerves! You're supposed to make me un-crazy!! Instead, you're driving me nuts!!!]* Your choice, you know, Rich *[Yes, Doc, it's my choice as you try to manipulate me into thinking that I may need a shrink. You're "suggesting" it, as psychiatrists say, right? Hey, how about this. I'll go see a shrink, "when the suit money comes in." You remember that line, Doc? Ring any bells?]*

Richard: I, I, I don't know. I, I, I'm surviving without it, so, uh

Doctor: Well, why don't you go to one of these doctors, uh, in Modesto; well, those doctors that I read you was [sic] in Stockton. Uh, I don't have the Modesto book. Why don't you go to one of 'em and discuss that first, you know

Richard: Whether I need therapy?

Doctor: Well, whether you, no, discuss it, I wouldn't put it that way, 'cause I think, if, the question of whether you need therapy or not, is your choice. *[And, in so many words, I made that choice a second ago. But selectively deaf you are as you continue toward your goal]* But, to have somebody to kind of clarify the whole situation might be, uh, quite helpful

Richard: Which, which situation?

Doctor: Well, whether you feel, really feel like you're okay now, and can make it, or, you know, or would help to see somebody once in a while. *[I've been, quote, "making it," unquote, without therapy for five years prior to your retirement 6 1/2 years ago. That's eleven and a half years total and you know it and I told you so a minute ago. And I don't have \$100 an hour for anybody's time. Actually, it's probably more like \$200 an hour these days. What's your problem? You're trying to use the same brain to perform the same old psychiatric tricks. But those so-called "screwed up communication pathways" of yours are screwing things up. Or maybe I'm having cognitive problems, eh, Doc? Didn't you once say so? Yeah, you did. In a letter trying to get me out of jury duty in a murder case. I didn't use it, Doc. I kept it folded in my jacket pocket. And although I was scared shitless prior to voir dire, once I got up there and was being questioned, I didn't want to leave. I told the lawyers, the judge, the murderer, and the jury pool that when I was in the courtroom, I found myself thinking about and therefore distracted by my own lawsuit. One of the lawyers asked how much I thought about it in there. I looked at him (or her-the prosecutor being a female) straight in the eye and said: "I'm obsessed with it." Good-bye potential juror. One guy in the last row of the jury pool high-fived me on my way out. I'd aced the situation. But I told the truth. That's the way I do things. How about you, Doc? Is that the way you do things? Was your get-Richard-out-of-jury-duty letter accurate? Hey, after all of this time, perhaps I've grown all the cogs I need. Or now that I'm older, perhaps I lost some more? Maybe "delusional" is a more accurate term for me these days? Do you recognize the monster you created? Not to worry, Doc. I can make it (psychology), bake it (baking), take it (burgling), rake it (gardening), stake it (gold mining), fake it (orgasm-not!), shake it (dancing), break it (karate), wake it (the sleeping giant), and merry-make it (throw a party). I can undertake it all, Doc. So let not your heart be troubled. I won't forsake it.-I've got your back]*

Richard: Well, that's, that's not really the reason I contacted you. I just, I contacted you to get my records, the ones that, uh, you feel comfortable releasing to me. And also to get a summary or profile, so I will know, uh, what my situation was in, in the past. And we needed a psychiatrist to receive that, because that's who best handles that kind of thing. And that's who you felt best that I go to, is a, is a psychiatrist. And so, I'm just looking for somebody to receive the summary and the records and, and maybe explain to me, uh, what you put in your profile or summary of me, such that I don't misinterpret what's in there

Doctor: Well, what I can do, let's try this on for size. *[What, a dunce cap?]* Uh, if you wanna go down to, to a psychiatrist down there *[Down here? What about Stenson, Cavanaugh or Ruggles up there?]* and, and tell him just what you told me now, just a minute ago, I'll be glad to talk to him and, and tell him what I know. You know, just from my memory, which I think is pretty good in your case, uh, and then he can talk it over with you. *[Likewise Doc. And this tape recording is the best memory that I can have about this conversation. (Wait, forget I said that, Doc. "You did not hear that." There, I telepathically erased that comment from your memory) In fact, I'm cooking up the recipe for having a perfect memory thereof, thereat, therefore, thereto, thereby, therefrom, therein, therewith, thereupon, and thereabout. There ya go, Doc. A little lawyer-speak for ya. And regarding your memory about me, even though you saw me twice in 1987 and once in December of '89, right before you retired and maybe one other time, your memory is of the old me. I'm twelve years older and wiser now. But you don't seem to think so. I'm reading you like a book. And it used to be the other way around. I'm no longer the one with cranial-rectal inversion syndrome. Notwithstanding, your memory is good with regard to me? Tell me, Doc, do you recall, remember, recollect and recognize the*

following statements/declarations that you said to me, all of which were stated before and most of which, years before, I had a lawyer and a lawsuit?: "1-I don't care how many things your father signed, he could not sign away fraud! 2-Your uncle isn't going to die on you. 3-Something's going on. 4-Perhaps you're approaching this matter from the wrong premise. 5-Your father was screwed, blued and tattooed. 6-You have so much truth on your side! 7-Between your father and your uncle, Bilawski's gonna have to earn his money. 8-These things just inch along and inch along, especially when they're trying to get twenty-one different lawyers from four different cities into the same room at the same time. 9-Some lawyers like to consider a case their own once the client signs on. 10-Your father may not know any more about this matter than you do. 11-It sounds as though your father dropped his case. 12-I don't think this is a matter of if you're gonna get any money out of this thing. I think it's a matter of how much. 13-I wish I could be there when Bilawski and Askew are taking Haig and Jeppsons' depositions. 14-It's your father who's suing! 15-Bilawski said that it came down to a matter of whether or not your father was going to do it. 16-They're getting ready to do something. 17-You were born with a silver spoon up your butt. 18-I didn't say anything about what your father did or didn't do. 19-I am not now nor have I ever been a part of any conspiracy." Do you remember these choice gems, Doc? As you can see, I do. This is what it's all about, ain't it, Doc] Uh, you want, if you want me to, I'll tell you some of the things I think is [sic] important right now

Richard: Uh, important for what? *[Pulling the rug over my eyes?]*

Doctor: For you. You, you talk about profile and conditions and

Richard: Well, I, I, I just wanted a summary or profile, the way you normally do them, and the kind that you put in your retirement letter *[dated December 16, 1989, of which you had given to other patients before me, but curiously and conveniently did not have a copy to give me during my final visit with you immediately prior to your retirement]*

Doctor: Well, I'm not sure if we're on the same wavelength at the moment. *[Right. But we're on the same tape recording, thank God. ("You did not hear that") And we're both clear as a bell. I want a normal, hard-copy summary of my case-history, and you don't want to give me one. I also want my medical records, assuming that they didn't scamper away somewhere on their prickly little feet]* Uh, if you want me to give you a summary of how I saw you and my conclusions about the results of treatment, which are gonna be, you know, they're not, they're not gonna be 1, 2, 3, they're gonna be generalized, I'm perfectly willing to do it right now. *[Hey, Doc. Did you forget about your communication pathways? What if you're thinking that I'm crazy, but you say instead that I'm lazy? Just for spite, I'd go out and run a 10-mile marathon instead of popping a Thorazine tablet, caplet or capsule. Regarding the latter, do they come in any other form? How about a soft or liquigel? And what about time-released? Perhaps those would keep my cognitions on a steady wavelength, closer to yours and other normal people. Can you find some of those for me, please? If you can get back to me on that, I'd surely appreciate it.--No drive-by/drive-thru profile/summary for me, Doc. I'm a detail-oriented, thorough kind of guy]*

Richard: Well, why, why don't you wanna dictate that? And

Doctor: Because there's nobody to dictate it to! *[chuckle]* *[Sure, I understand. Traveling notaries exist, but traveling medical stenographers got pushed out of business in the 60's when Domino's started delivering pizzas. Is that what happened? [It's called a non-sequitur] Hey, everyone's got their price. I'll pay some voluptuous stenographer to take your dictation, Doc. When the old lady's gone, of course]*

Richard: Well, it would be some, it would be one of the psychiatrists that either I pick or you pick. And then, that's who you would give it to. And then they would, uh, have their sec, secretary type it, I would assume *[Shit! I mean, shoot! Even though a tape recording is inferred, it kinda sorta looks like I'm saying that I want you to dictate your findings to another psychiatrist. Verbal dictation onto a tape inside of a tape recorder with the red light on is what I'm talking. Send that tape to another shrink to have his secretary type. In reality, your world, Doc, in reality this whole thing is nutso. As if you can't get anyone to type it up for you. You're fibbing to me, Doc. Don't fib. No white lying. Honesty is the best policy. And besides, since you last saw me, I've become a Bullshit Detective. My brain is one big bullshit detector now. And my meter is reading way up there currently]*

Doctor: Well, I'm not sure that, uh, psychiatrists would wanna do it that way. Uh

Richard: Well, I don't know what the problem would be

Doctor: Well, the problem is that, uh, doctors are especially, uh, careful about information and all that, and they don't know you, and I feel I do know you enough, so I trust you. *[Trust me? With what? Not my records, obviously. The information in a summary that I would post ten years from now on this website, whatever a website is, were you to give it to me? Doc, I'm just delusional at the moment. Forget about that website thing, whatever it is. You can trust me to go public with a summary, yes. I need to show the world a bona fide account of just how crazy I am or amen't. You can't trust another psychiatrist to publicize such information, no]* But, you know, they don't know you. Uh, and uh, but, I don't know how else to; if you want to; alright, let, let's reverse it. If you can find a psychiatrist down, down there *[There you go again, Doc. What's up with the "down there" business? Enough already with the "down there" thing or I'll be forced to conclude that your "down there" subconsciously refers to something other than Modesto. Is this a fetish that needs addressing? Are you having some "down there" issues, so to speak? Would you like to discuss it with me? I promise to keep it on the "down low."-Get it? Let's consider this.-For me and maybe for you, how about one of those three fizeekeeatrists "up there"?* *(A little Ricky Ricardo for you there, Doc. And if you knock off this little game you're playing, I might even sing Babalu!)]*, and tell him what the situation is, what we're talking about, and he agrees to talk to me about you, I'm perfectly willing to talk to him. You know, I'm not saying I won't do it. *[If "it" means to talk to another shrink about me, I didn't ask you to do "it." If "it" means to dictate into a tape recorder what you want to tell another shrink (with transcript to follow), then "it" is what I want you to do. Once again, it depends upon what the meaning of the word "it" is. You're offering me up some red herring here, Doc. I prefer salmon and all of its good heart-healthy oils. But I'm open to a nice white-inside fish, perhaps halibut or cod or even Pacific red snapper (don't be fooled by the name, Doc) with a nice sauce Mornay. Oh, and don't forget some capers, I like capers. As far as washing it all down, would it be okay for me to drink a glass of Cabernet or Merlot? They're more heart-healthy than white wine. Or would the waiter look down on me? Dang it, maybe I'll just order some medallions of beef and be done with it. No, Beef Wellington! Then the waiter will know I've got class!! Yeah, that's the ticket.--Doc, you're driving me nuts!]*

Richard: I don't, so if you talk to him, how, how do I get my profile or summary of my

Doctor: Profile, you want something on paper? *[Well, duh, Bingo, and cock-a-doodle-do]* Is that what you're saying? *[Hello. Earth to Doc. This is news to you? Is that what you're saying? No, this isn't news to you. Your communication pathways may be a little screwed up, but your thinking pathways aren't. As far as I can tell, that genius brain of yours is still working. Or maybe it's slipped from 160 to 140. You've still got 25 points or more on me. So, advantage Dr. Sheuerman!]*

Richard: Basically

Doctor: Well

Richard: You don't wanna do that? I mean

Doctor: Well, how can I do it? If I don't have somebody to dictate it to; can't write it in longhand. *[Where there's a will, there's a way. Since you have no will to do it, your answer to me is, "no way, Jose." But I'm not Hispanic. I'm Armenian and I have a big nose. And with it, I smell something rotten in Stockton right now. With all due respect, my proboscis detects bullshit. Pardon my French. This isn't rocket science, Doc. Nor brain surgery. You would do it the way I've been suggesting all along. You dictate the summary into a tape recorder and then have someone type it up. Then you look it over to see if he or she could at least "spell three simple psychiatric words" correctly and if anything is spelled incorrectly, correct whatever might need correcting, correct? Sound like a plan? Hey, it's called "correctional medicine." A little bad humor for ya there, Doc. Then you give the error-free transcription to me or another shrink. And then everyone lives happily ever after. Except you. You don't want it on paper for reasons known and unknown to me. You're doing your conniving best to keep the summary/profile verbal, directly to me or directly to another shrink. Too much room for misinterpretation, errors and omissions that way, Bro. I want it in black and white. Or white and black. White copy on black paper might look nice. Ya think? "The page is black, the ink is white, together we learn to read and write." Hey, Doc, you just gave me a great song idea! Maybe we'd make a good team after all! No law. No psychiatry. Songwriting! Music!! Showbiz!!!]*

Richard: Well, you would, I guess you would dictate it into a, a, a cassette. And then, uh

Doctor: A psychiatrist isn't going to take dictation! *[Hey, take a chill-pill, Doc. With all due respect, no need to get your panties up in a bunch. We're just havin' a discussion here. (How about putting on your schizo hat, sit across from yourself, and take your own dictation. You're still a psychiatrist, aren't you? Even if your handwriting "isn't worth a damn anymore," you can still read your own writing, can't you?) Did I say anything about a psychiatrist taking dictation?! No, but clumsy me almost did when I mangled my words a couple of minutes ago. And you're itching to make it a reality. The tape recording doesn't lie, Doc. ("You did not hear that") You can't switch things back around to the way it almost looked a few moments ago. I'll give you the benefit of the doubt about manipulating our conversation until you clearly hang yourself. No, I take that back. You already hung yourself. No benefit of the doubt for you. You see, Doc, there's no doubt about the matter at all. I clearly corrected my fumbled words from before, stating that it is a cassette onto which your dictation would go and you swiftly, calculatingly cut me off and tried to switch the inference of my words back to another psychiatrist taking direct dictation from you. Give it up for Doc!! Communication pathways, communication shmathways. You've still got it goin' on. You go, guy. Way to go. Score some points for Doc. But you can't make up your own reality. You can make your mind up, but you can't make up your own facts, or whatever the saying is. You don't wear something like this as well as someone such as me. Just us crazy people do that the right way. You're the shrink or ex-shrink. I'm the patient or ex-patient. This isn't the right psychodrama for role-reversal, Doc. Maybe we can do that some other time. "I would submit that role reversal in a psychodrama can bring significant abreactive and mental catharsis, insight and transformation." Sound like an intellectual, do I, Doc? I Googled it. (No, wait. Google doesn't exist yet. "You did not hear that") I looked it up] And uh, my experience with, uh, you know, people who take dictation and type things for other, for people that want it, uh, it comes back, uh, a big mess, because the vocabulary is different. I tried that when I first came in the practice in, in Stockton, and it was useless. It just cost a whole lot of money and, and it came back without, you know, wasn't, wasn't of any use to anybody. When I had, uh, when I had, uh, I had a couple of, uh, girls who did, uh, took dictation for me. *[Doc, you almost slipped! You devil!! Naughty you!!!]* And the one that I had the longest *[And you say this with a straight face?]*, it took her quite a while *[Doc, now just stop it! Someone might be listening in. You don't wanna sully your reputation]* to learn how to spell things, you know. I'd dictate something and I'd spell it, and she was smart, she, you know, she picked it up. *[Then call her, Doc. You just contradicted yourself. Call her! She'd probably be about my age now, right? Maybe a couple, two, three years older. And if she's a looker, I could use a date. I haven't gotten lucky in a long long time. My id and libido are still in the game. Would you put in a good word for me? And tell her that given what my profile says, I can still be a nice guy. Women want nice guys, Doc. I'm a nice guy, aren't I? But if she's kinky, tell her that I'm a beast. Hey, wait a second here. Wait one darn second. I just remembered what you said a while ago. Whoa! I'm not into sloppy seconds, Doc, even if it's forty years hence. And even if she was and still is a hottie. So, never mind]* But uh*

Richard: Well, I mean, if there's spelling errors, it wouldn't matter, I, I, I don't think

Doctor: Well, I don't know about that. Uh, see, I, it, it, it is not, uh, I hesitate at the idea of dictating anything about you to, to some non-professional, uh, person. And uh, that's a little outside the limits. *[And this conversation has put me into The Twilight Zone, One Step Beyond. Look, you say that you don't want some non-professional person to know personal things about me. But you don't seem at all concerned that my actual hard copy psychiatric records which you say are lost, may be in God knows whose hands! Additionally, you're talking as if I have something to hide. You're trippin, Doc. Don't you know from the courtesy copied letters that I sent to you over the years that I have absolutely nothing to hide? Are you not "projecting" a bit, Doc? Who's got something to hide here? It ain't me]*

Richard: No, I was thinking that maybe you would dictate into a, a, a, a cassette. And then get, send that to whatever doctor I end up going to. And then he would have his secretary type it

Doctor: Well, what's he gonna type? What's she gonna type? *[Doc, are you implying that I should go to a bi-sexual shrink or a shrink with a secretary who's bi? A he/she? Or a she/he? What about a transsexual shrink? A she to a he? Or a he to a she? Or are you suggesting that the new doctor sit next to his secretary and they type together as a typing couple, him using his left hand and her using her right? Of course, if he's sitting on her right side, he'd use his right hand and she'd use her left. But not if he's left handed, which could screw everything up. Unless, like many lefties, he's ambidextrous. Or she is. But if they're both*

ambidextrous, there wouldn't be a problem. Come to think of it, all typists are ambidextrous when it comes to typing. Never mind.--Hey, are we speaking English here or what?!

Richard: She's gonna type what you dictated into the micro, uh, into the cassette. *[It wouldn't be good for me to limit the type of cassette recording to a microcassette recording that you would make. This would give you the excuse that you don't have a microcassette recorder and therefore you can't do it. So, I corrected myself midstream and brought it back to the generalized "cassette recording." And that's bullshit, isn't it, Doc? I plead guilty. I didn't want the word, "microcassette," anywhere near the scene of the crime.(But I'm not gonna tell you why) See Doc, I'm getting good at bullshitting. I've had four years' worth of experience with you, 1980-1984, and sixteen years' worth of experience with the attorneys, 1980-1996. Like I said before, Doc, I've got a good B.S. Department right smack dab in the center of my frontal lobe]*

Doctor: No, it has to go direct. Uh, uh, the law is that, uh, you have to have, you have to have permission from the patient *[click/phone hang-up sound]* *[Someone else is/was listening in?]*, you have to have law, you have to have a patient, wait a minute, there's some phone problem. *[Or maybe you're recording me? Hope so. I have nothing to hide, and a lot to reveal about our relationship]* Uh, you have to get written permission of you for me to release information, okay?

Richard: Right *[Is there some question about this? I'll sign 10,000 releases!]*

Doctor: Alright. Now, let's forget about the written business. *[No, let's not. That's why I have this recording and hard copy of your B.S., with all due respect. ("You did not hear that")]* Uh, but that doesn't include, uh, information, uh, to uh, somebody else. Now, in, in, in medical practice, there's a lot of communication. Uh, like when, uh, one doctor refers another to another specialist, say, and he, he puts down the details of what he found, okay? Now, that, that's, that's okay. That's from doctor to doctor. And that's for, you know, presumably for the treatment of the patient, for the health of the patient. *[What about a situation where a doctor has legalities and lawyers on his brain and he's talking in circles and drives an ex-patient insane?]* But, to, to dictate it to, to dictate it to a, a typist, uh, without knowing who to dictate it to; I don't, I don't even know what, who I would address it to, see. *[Well, why don't we just fly a typist in from Central Casting? Maybe we'll steal a name from Austin Powers and call her Alotta Fagina. Or Pussy Galore from Goldfinger. She'll look the part. Pretty, bleached blonde-hair up, tight pink sweater, big mams, black-rimmed glasses, pencil clenched in teeth. She'll have to know how to type or she wouldn't get typing parts. She won't know me from Adam. She ain't gonna tell nobody, 'cause we'll pretend we're making a movie. And to sweeten the deal, on top of all this, you can do that thing you did with that other secretary of yours, the one you "had the longest," the one who took "quite a while." You in a frisky, procreative mood, Doc? Wanna do a little propagatin'? Yea or nay, not to worry. This girl could probably fake any result you want with ease being from Hollywood and all. Pretty hep idea, if you ask me]* And there's also the problem of, uh, how would I substantiate it, uh, in terms of, uh, being a, a function of your, uh, your, uh, medical care. Can't do it that way. *[Bingo! That's why you need to find the "missing" records. And that's why you're not about to find them for me. And furthermore, Doc, let's take a good look at your last sentence. Cutting out all of your hemming and hawing, you said: "And there's also the problem of how would I substantiate it in terms of being a function of your "medical care." Doc, you almost said, "medical records." Which is what follows from the first part of your sentence. The word, "care," doesn't cut it. You're so used to talking about things being a function of medical "records" that you almost slipped up in this conversation wherein the topic is toxic. But you rescued yourself. You sneaky devil you]*

Richard: So, uh, I, maybe we are on a different length, wavelength. I'm, I, I'm, I'm really not understanding the problem. Uh, I can sign a release to any doctor that, for any, for you to send, or talk to another doctor, and do a

Doctor: If you want me to, if you want me to, to, uh, dictate a, something to another doctor *[See, your wording is as if you're going to dictate it directly to another doctor, the same wording mistake that I made earlier]*, you have to get the doctor to request the information, written, a written request, see

Richard: Okay

Doctor: And uh, then, uh, my tape recorder works. *[Is it working right now, Doc?] I'll dictate, you know, whatever. [No, not "whatever;" a "summary"!] Uh, and uh, send it down [There you go again, Doc, with the 'down' business. We gotta break your habit. Won't you join me in song? And we're not singin' about maryjane or punctuation. Here we go: "Down doobie doo down down, comma comma, down doobie doo down down, comma comma, down doobie doo down down, breakin' 'down' is hard to do"] to, to, to his address, whatever, you know, whatever his address is, his office, and that's, uh, that, I think that's, that, that's a practical way to do it. (Check) [Facts are stubborn things, Doc. What happened to: "It has to go direct"? I think that you're finally directing the matter according to my directions. But you showed up in an indirect way, if I can be direct with you]*

Richard: Well, that's what I've been suggesting all along. (*Checkmate*)

Doctor: No, you're, you're suggesting that I pick a doctor and I dictate a note to him! *[Temper, temper. A little pissed, are we now? You're trippin' again. No need to get into a snit. The truth is irritating, is it, Doc? The truth shall set you free. You pick a doctor? No, from those you recommended and/or to whom you referred me up there, or "down here," wherever, I'll pick a doctor. Or he'll pick a doctor. Or she'll pick a doctor. Or they'll pick a doctor. I'll pick, he'll pick, she'll pick, they'll pick-let's call the whole thing off. And a "note"? A "note"?? Say what?! Who said anything about a note!! A "note" doesn't even make sense within the context of our conversation. Are we having "cognitive problems"? Did you have a little brain fart goin' on there, did you, Doc? What I want is called a "summary," the term that you mentioned right out of the gate and did not know that I'd seize upon and stick to like white on rice, stink on a skunk, ugly on an ape. And you've got serious intentions of avoiding your original correct name for it. A "summary" is what I want. A "summary" is what you have dictated umpteen times over the years for the patient, the court and others. It's called a "summary," a detailed one which cannot be accurately done on stationary or a note-pad or a stone tablet without clinical records to which you can refer and functionally reflect and reduce the summary from. That's why mine are "missing" and you know it] And I'm saying that, uh, uh, it has to be done the other way around. [The other way around? Oh, I get it. I should pick a doctor and have him dictate a note to you! But what's he going to say to you if he doesn't know me? If I quickly go see him, can he tell that I'm nuts by just looking at me and tell you that in a more than noteworthy way? And why should he dictate a note when he is perfectly capable of writing and his secretary is perfectly capable of typing? Doc, you're making this awfully confusing]*

Richard: What, me pick a doctor? And then have him call you? Is that what you're saying?

Doctor: I'm saying that if a doctor wants information from me about you

Richard: Uh-huh

Doctor: then you have to get him to write a written release *[“write a written release”? That's a double somethin' or other, Doc]* to get the information. That's what I'm saying

Richard: Okay

Doctor: Alright? That's the, that's the, the usual way, anyway, uh, Rich. You know

Richard: In

Doctor: The opposite way is ass-backwards. *[Are you insinuating that I'm an ass, Doc? For your information and edification, the ass is always backwards. You'd look pretty ridiculous if your ass was frontwards. Using a urinal, you'd be peeing "ass-backwards," because you'd be facing ass-frontwards as you watch other men come through the door to do their business. And they'd think you're mooning them, for cryin' out loud!]*

Richard: So, you're, okay, so I should contact one of these three psychiatrists that you told me about

Doctor: Yeah, it, it, it should be a psychiatrist. *[Hmm, stuttering and stammering, are we, Doc? Slick maneuver just the same. But Doc, why don't you want to continue referring me to any of the three Stockton doctor/psychiatrists you referred me to who are up there and not down here? You're trying your darndest to un-refer me to your referrals]*

Richard: Go see them and have them request the information from you

Doctor: Go see one and tell him *[Un-referring me to Stenson, Cavanaugh & Ruggles and correcting my grammar in one fell swoop. Doc, you sly one--I knew you still had those smarts of yours. You can't go incognito on me. You're still you alright. Doc is in the house!]* what the situation is, and ask him to sign a release, send it to me, yeah

Richard: Have, have who sign a release?

Doctor: Huh? Have that doctor sign a release, which he will address to me for the information

Richard: Isn't it me that has to sign the release?

Doctor: Pardon?

Richard: Isn't it me that has to sign the release? I'm the one that's giving permission for you to recei, uh, release the information to the doctor. As opposed to

Doctor: You sign the, you sign the release

Richard: Right

Doctor: too

Richard: Oh, okay

Doctor: It's, it's a simple thing. There's no big deal about it. *[Hey Doc, I got news for you. You're the one who's making a legal mountain out of a psychiatric molehill. What you don't want to release to him for me to have and to hold--that's the big deal. But more importantly, the big deal is what I'll do with the information. And it's no big deal figuring this out, because it's as obvious as the egg on your face. Eggsactly that easy to figure out. So, the yolk's on you]*

Richard: And then, then you're gonna dictate a

Doctor: I'll dictate whatever. *[Sharp as a tack and faster than lightning, you cut my saying "summary" off and persist in saying that you'll dictate "whatever."/Give a shout-out to Dr. Sheuerman/perspicacity sound!- "Que sera sera, whatever will be, will be, the future's not ours to see, que sera sera, what will be, will be." From the movie: The Man Who Knew Too Much. Plot-"A vacationing family accidentally stumbles onto an assassination plot and the conspirators are determined to prevent them from interfering." Change a couple of things and, nah. Too much of a stretch. Forget that one, Doc. But the song is still fitting. Dictating "whatever," is still que sera sera-ish to me. But most important of all, there is no question at all that there is indeed a conspiracy in my legal situation and the conspirators did not and do not want me interfering with their dirty little and big secrets. No question at all. (How about you, Doc? Are you a conspirator?)]* Uh, see, the problem is, I can only dictate, uh, the information I have. And if, if I can't find that other material in a reasonable length of time *[You've had months, Doc, months since I first brought this request to your attention. How many places can my files be? Are your files strewn all over town? Or just mine?]*, then

I'm gonna have to dictate it, uh, you know, in a generalized way, which I'm willing to do. *[Oh, I'm sure you're willing to do it that way, because it's the un-generalized summary that fills in the blanks about me. "The devil is in the details," as they say. Therefore, you would be dictating a bunch of gobbledygook. Wait! If the devil's in the details, then I'll come out looking like an angel in your generalized summary. Hold up, Doc. I might have to reconsider my request]*

Richard: Do you ever do a summary by just talking to the doctor on the phone? And telling him what he needs to know? *[How embarrassing. Way to go. Stupid me. I finally ask you an asinine question. As stupid as stupid gets. Though keep in mind, it was just a question, neither a request nor a suggestion. Notwithstanding, opening up such a possibility undermines my desire for you to give me something on paper. I almost fell into your previous trap. I don't want an interpretation of what you verbally say to another doctor. I don't want anything from another doctor when it actually comes down to it. You engineered this some-other-doctor thing by suggesting that I should see another shrink as opposed to his being the recipient of your reduced summary. You're the guy. You're the witness. Just an idiotic thing for me to say. Hey, I don't claim to be a genius. Simple-minded me now wants the actual tape that goes with its transcription. Then I'll know that there is no second-generation bullshit involved. I want the direct bullshit from you, Doc. Like in this conversation. The bullshit is going directly from you into the tape-recorder. ("You did not hear that") Well, that's my interpretation. Let's let the people decide. You do believe in democracy, don't you, Doc?]*

Doctor: No, what you wanna know isn't gonna work that way. *[Whew! What a relief. I almost put my foot in it. You didn't seize on it, Doc, though I know that you're just humoring me anyway with this whole conversation. You don't intend to give me diddly squat. Even though you've been feeding me Kibbles 'n Bits during this telephone get-together, not once have I salivated like Pavlov's dogs during this quest for my records and a summary. And not once have I thought that there was going to be a reward coming out of this conversation except for the one being recorded as we speak. ("You did not hear that") I'm glad we did this, Doc. I can't thank you enough. And by the way, I prefer Alpo. -Yum]*

Richard: Oh

Doctor: You want, you want the material for yourself. You don't want it for the doctor

Richard: Right *[Wrong. I want it for the world. I want the information, the summary as evidence in this psychodrama. I want it to have its proper place with respect to this tangled web you weaved when first you psychiatrically-practiced to deceive. You and the lawyers wanted me in a lawsuit as the plaintiff acting like the defendant. - Guilty as charged. And as far away as possible from the crime of this scene and others in the movie version of Berberian Mystery Theatre. You wanted me in and out at the same time. Some kind of perverted jurisprudence interruptus. You wanted your cake and eat it too. And like I said, what you've got now is egg on your face. There's egg in cake batter, you know. You can't taste it, but it's in there]*

Doctor: So, it's, it's gotta be done the other way

Richard: Okay

Doctor: Okay?

Richard: And then, what, what about the records? Uh

Doctor: I will dictate what I can remember of our contacts and send that to him. *[Do the screwed up communication pathways include the eardrums?]*

Richard: Right. But what about the, my, my, my records, my *[My oh my, I've caught your stutter, Doc. You got anything to say for yourself?]*

Doctor: What records? *[My Johnny Mathis records, for heaven's sake! You know: "Look at me, I'm as helpless as a kitten up a tree, not knowing my left foot from my right, my hat from my glove, I get misty and so much in love"] [You can't make this stuff up! The conversation is scripting itself!!]*

Richard: The ones that are in storage

Doctor: I don't know where they are right now

Richard: Oh

Doctor: I can't give 'em to you [*chuckle*], if I don't have 'em. [*Then who does have them? No concern on your part, just so I, me, my and moi don't have 'em. Hey, Doc, I don't believe any other person went to you for fourteen years. Just look for the file that is bulging and busting at the seams. It must be pretty conspicuous even if you did separate the clinical from the billing. Aren't they still joined at the hip? They were separated, not divorced. Pretty lame metaphors. I'll shut up for now. But I want my records! Ich will meine Datei! P.S. If you didn't have the records, you'd be getting pretty pissed off at me by now since I keep harping on them. But you chuckle instead. I guess it's a laughing matter to you, eh? Or maybe you're showing symptoms of mens rea? No, Doc, that's not an STD. Don't you have a Black's Law Dictionary nearby? You gotta broaden your horizons, Doc. I've got a Black's and a DSM. Were it a couple of years from now, you could just "Google" all of this. What's "Google"? You'll just have to wait, Doc. How do I know about it? I've come a long way, baby. I've got my sources]*

Richard: I, I know that. I'm just saying, you're going to continue to look for them? Or

Doctor: Not forever, no [*Doc, must we talk about "forever"? Let's talk about the next six months. You know, the before the statute of limitations expires! part of your forever time period. The last stretch of time where you are by law supposed to release the records to me. Can we talk about that? Please. Pretty please with Freudian sugar on it? You say that you've spent a lot of time looking for them. With those screwed-up communication pathways of yours, are you sure that you didn't spend that time "cooking" for them? I can just see and hear you interfacing with my files, Doc. A little tête-à-tête: "Alright, 1980-1984, here ya go. I've made a big hot heaping bowl of bouillabaisse for you guys. Oh dear, you've spilled it all over yourselves. Bath time. Rub-a-dub-dub, four years in a tub. Looks like we got a lot of the tomato stains out. But your ink has faded into virtually nothing and dispersed all over the place. I can't tell who's who and what's what. Like my handwriting these days, you guys just 'aren't worth a damn anymore.' Into the round file ya go"]*

Richard: So, they're lost, and maybe you'll find 'em, and maybe you'll send 'em to me if you happen across them?

Doctor: Uh, there's two things about that. [*Uh-oh, the truth is about to come out regarding your bob and weave routine]* The law says that I have to respond to requests. [*You're finally overtly going legal on me, are you, Doc? What happened to the affable, chuckling, "not-concerned-about-legalities Doc" that you played at the outset of our conversation? Remember the seven-year statutory law for producing medical records? "Irrelevant" was your description of your attitude in its regard. And in further words, the law was of no concern to you: "That's ridiculous. I don't look at it that way." I guess that you meant that law is of no concern to you when talking about producing my medical records, but of utmost concern when acting on producing them]* But in a psychiatric situation, it exempts the total information. [*And the meaning of the word, "it," is the law. You and the law make a cozy couple, Doc. You should've introduced and shown off your BMF much sooner. Or is the law your BFF? You know, there's been a big, big changeover with people anymore, everyone shifting their private parts around and all. And so, you, you, you don't know who's who anymore, and what's what, unless you're right down there all the time. Hey Doc, is this the key to figuring out your "down there" problem? Could be. I think I might be onto something here. Do a little self-analysis, Doc, and get back to me on it]* So that, uh, I'm not sure how it, you know, how it's phrased, but uh, essentially it says, uh, if, if it is, uh, what's the word; if it is indicated that some of the information would be, uh, adverse to the patient's health, that can be left out. [*In a normal situation, this would be true. And it is true to an extent in the present situation. But Doc, you know darn well that your foremost motive is not my mental health. You won't even give up all of my billing records. They're misplaced? Yeah, uh-huh, right. In my legal situation, these days, you're better suited for checkers than chess. And I'm ready and rarin' to play "Go." Come on Doc, fess up]*

Richard: Well, I wasn't ex, I wasn't expecting you to send me records that would be adverse to my health. I was asking for what you felt comfortable sending me, and excluding the rest. [*Like I succinctly stated earlier, here it is, Doc. Word for word. I have a little friend here with me which has amazing recall ability. Let us refresh your memory: "I contacted you to get my records, the ones that you feel comfortable releasing to me." You see, the problem is that you know that my getting my records would be adverse to your health, your legal health. And this is the reason that I knew beforehand that I*

would never get them from you. And by the way, the withholding of my records from me is what is adverse to my health. Doc, you've got something to hide in addition to my records, though they are both part and parcel]

Doctor: If you wanna get the re, if you wanna get a report [“Summary”!] And I think you almost said “the records” as opposed to “a report.” Pretty quick switcheroo, Doc], do it the way I said, uh, Bob [Discom-Bob-ulated, are we, Doc? Or are you doing your Columbo routine?]. Do it the way I said

Richard: I do. I wanna get the report [Dang it, Doc, now you've got me saying it!], but I, I thought I had, had some, uh, records in addition to a report [There I go again, I said, “a report”!. “The summary”!] that I would be getting. But, I guess not [Let me say here and now that there is a distinct concrete difference between a “summary” and a “report.” A summary is a doctor's account of a patient's psychiatric profile when the doctor is serious about an accounting of that profile. It gives the gist of a person's psychological make-up that authentically educates another doctor about the patient. It also holds up in court. A report goes like this: “1971-1972: Richard a bit crazy. 1973-1979: Richard good. 1980-1984: Richard goes nuts! Exit Richard.” A summary is a medical report. A report is a report card like in grade school. But, whichever you do, I have a smidgen, a smattering, a pinch of a feeling that 1980-1984 would be excluded. Right, Doc?]

Doctor: A report [“summary”!] is, is a function of the records, Richard. [Not if the records are allegedly lost, stolen and/or destroyed prior to the preparation of the summary, which is supposed to be prepared by consulting the records which are at your fingertips. Doc, I'll eat my hat if “a summary” is not more medical and psychiatrically distinguished as a psychiatric term than, and distinguished as such from, “a report.” A “summary” is a function of the medical records. A “report” is a function of your manipulative, deceitful mind. And this “transcript” is a function of a Sony microcassette tape recorder. (“You did not hear that,” Doc. Or did you? You didn't have to hear it? You knew regardless? “Dr. Hannibal Sheuerman,” you've still got your mojo. But so do I. I don't care if you did know. You didn't hang up on me and I'm sure that you accomplished whatever it is that you wanted to accomplish, regardless. But so did I. I've got the recording. I've got this transcript. But I don't have my records. We both knew that I wouldn't be getting them. In whose hands they are now is the question of the decade)]

Richard: Okay

Doctor: Okay?

Richard: Okay

Doctor: Alright. See ya

Richard: Bye

Richard/dictation: “I guess that's right. And when I got down to the nitty-gritty, he, he really focuses in on what needs to be said.”

Afterthought: You know, even if Dr. Sheuerman was sincere in his implication that it might be helpful for me to see a therapist from time-to-time (assuming that his presumption was gleaned from my heretofore correspondence), I cannot accept that advice when it is offered in the context of all of the shit he was spewing my way regarding my “missing” medical records. The advice is tainted with feces. And it's malodourous. (Unless The Doctor's shit don't stink) Regardless, whatever The Doctor's legal mission was during this requested-by-him telephone conversation, whatever his bottom line goal was, you can be sure he accomplished, despite his “a-little-screwed-up communication pathways.” I wish The Doctor had all of his faculties during our conversation so I could prove that my honest inquiry would still cut through all of his bullshit. My bona fides is evident throughout the conversation. I connive nothing. No scheme. During this conversation, my intent was, like it has always been, to be revelatory and transparent. That is why this transcript exists, an exposé of absolutely every utterance, regardless of

whether or not The Doctor was aware of the recording. And you can be pretty darn sure that he knew. I have a Columbo act myself. But not because I'm devious, per se. If a liar thinks you're dumb, he'll either be more forthcoming with the truth or his lies will become more apparent and transparent. The technique is a way to exact and extract more of the truth from someone. (I wasn't in such a mode with Dr. Sheurman. I wouldn't have been able to pull it off with him. Too smart. Still) I surmise that my Columbo act developed over the many years since my childhood. (Yeah, I guess I'm a modern day Diogenes, though I'm sure that it's evident that I don't believe that wealth is a vice) By the way, I have to say that I'm sitting here analyzing this Columboesque part of my make-up for the first time. I suppose that the demeanor is pretty natural to me. When I get into such frame of mind, it just happens. I guess that I subconsciously adapt when I'm interfacing with someone who is not up front with me. When talking to them, both of my parents were smarter than one would think. This is probably where the trait originated with me. I do have to confess that I've refined the approach, albeit subconsciously, to my own liking. I did not consciously work on the strategy, as it were. But I'm letting it all hang out in this exposé. I'm no Columbo on this website (though, below the surface, I'm probably a truth detective). This is as smart as I get. And this is as good, bad and ugly as it gets with me. It's all here. I'm transparent (to use one of my favorite words once again), which is my natural way to be. What I have said herein is what I have experienced and how I have interpreted same. If someone else has a different set of facts, I'm all ears (and a Sony micro-cassette tape recorder). Okay and anyway, overall, with regard to Dr. Sheurman, it was a slam-dunk for me. Not to brag, but I'm open and honest during the conversation (like I have always been with Dr. Sheurman). I believe that the transcript of the recording reveals this. And I'm glad that you can see the behavior of one of the players, the most important player when it comes to me. (*Richard doctored The Doctor's words. Don't even get me thinking about posting audio! Though it would be delightful. Shoot, now I am thinking about it. Posting audio could be crossing the line. I'm just gonna gnaw on it for a while. It'll probably come down to how much more pissed off I get. Time will tell*) As can be seen, I simply want my medical records and The Doctor's "reduction" of a summary of my profile therefrom. I want answers about my past. I want the truth about my past. Especially the years 1980-1984 (and 1972 when the family business was sold and I was out to lunch). And The Doctor tries to maneuver around my request for a hard copy of same. Any psychiatrist and/or lawyer can see this in The Doctor's little chess game. I was smart enough to know in advance of the telephone conversation that I needed a recording to protect the truth. But I am not and was not the one with an agenda saturated with disingenuousness. In an earnest normal regular every-day run-of-the-mill reasonable commonly-known within-the-medical-industry medical records request, I could speak honestly, while The Doctor had deep dark secrets to hide. And that is the definition of a doctor-patient relationship which is "ass-backwards."

Richard Berberian, December 21, 2013