

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in.

CLIENT: Hi.

THERAPIST: How are you doing?

CLIENT: Good. Long day at work.

THERAPIST: Yeah?

CLIENT: Yeah.

THERAPIST: Usually, the way I work with people is I like for you to start with whatever is on your mind, and then we can kind of take it from there.

CLIENT: What's on my mind? Sorry, just like, because I on Thursdays, I'm at work, so I just like haven't stopped thinking about work tasks, because it's only like two blocks away from here, so just from one place to the other. [00:01:11]

THERAPIST: A short transition.

CLIENT: Yeah, yeah. I'm only there two days a week, but it could be a full-time job, so there's a lot to get done in the small amount of time that I'm there. But, I guess, so we were back in Chicago, at my parents' house, this weekend, and I finally talked to my dad and my brother a little bit, about what their experiences with their anxiety are, and to my surprise, they both have been seeing people for years now, but nobody ever thought to tell me that I (laughs) should do the same. So, yeah, I always thought that I had it worse than everybody else in the family, but it doesn't seem to be the case. My dad was telling me that he really struggles with it, and my grandmother apparently really struggled with depression. My dad and most of his siblings, he's the youngest of five, and three or four of them also have pretty bad anxiety and get panic attacks. I didn't know that my brother was seeing somebody either, but they were both really supportive so it was nice. [00:02:37]

THERAPIST: Mm-hmm.

CLIENT: It was calming in a way, to know that I didn't somehow get like the worst of it, but then knowing that it's so bad for everybody, you know, it was like oh man, like I guess this is just part of like it's in my genes, it's just part of my life. So it was also kind of weird to think that okay, maybe I'm not going to ever be rid of it, you know?

THERAPIST: Mm-hmm.

CLIENT: Because my dad was saying he tries his best, but there are definitely periods of time when he's really, I mean he gets... It was like what he was saying that he was feeling was like, that's the same thing I feel, dad. He was saying that he always just thinks the worst is going to happen. I was like, that's what I think all the time, you know, if Amelia doesn't text me back, I'm never going to see her again, you know, something horrible must have happened to her. So it was comforting, actually I think more so than, than not knowing that, you know, they also deal with this. [00:03:38]

THERAPIST: And you're not alone somehow.

CLIENT: Yeah. That I didn't somehow just end up this way, that nobody else did.

THERAPIST: Mm-hmm. That seems like quite new information.

CLIENT: Yeah. I never knew. I never really knew that they yeah. No, it's definitely really new information for me.

THERAPIST: Because you were saying last week, you don't think your dad has ever gotten treatment, because that's kind of who he is.

CLIENT: Yeah. Well, that's what he projects. I know it's funny, I went up to Wellesley Tuesday, to hear a talk, and saw some of my classmates and professors, and I'm not on campus this semester. Obviously, the first thing that everybody notices, that I've lost like 15 pounds, because I've been sick. So I was talking to one of my advisers, just about work and everything, and kind of like joking around about my ulcer, and she said, "You're really the last person I would ever think would get an ulcer, you just seem so calm and laid back all the time." All I could do is laugh, because that's the opposite of how I feel, you know? So maybe, I don't know, maybe for a lot of people that don't like really know me, not that she doesn't know me well, but where we have a professional relationship, maybe I come off the same way as my dad does, I don't know, because I always thought of my dad as the laid back one, compared to my mom. I don't know. [00:05:21]

THERAPIST: People confuse not expressing one's distress as laid back.

CLIENT: Mm-hmm.

THERAPIST: Some people are just very expressive. That doesn't necessarily mean that other people are anxious.

CLIENT: Well, and I think for me, like in a professional setting, like I don't really get all that worked you know, in academics and at work, I'm very efficient and things don't really... Like writing papers or having these professional and academic tasks doesn't really I mean, I'll be like oh, I've got to get this one, but I get it done and I do things well, and I think that in those settings, people wouldn't necessarily think that I'm uptight or stressed out.

THERAPIST: I would think also, that you might function better in structured environments.

CLIENT: Totally.

THERAPIST: That wouldn't be where your anxiety would show itself.

CLIENT: Mm-mm. When I'm busier, it's like less time for me to think about other things and about my anxiety. Like for example yesterday, I was at my other job, where I have a lot it's just not as structured and I don't feel as productive. I'm not sure why that is. It's just maybe because I'm still I don't know, maybe it's just it's two different working environments, but I feel like I have a lot of time where I'm just kind of sitting around and not necessarily like go, go, go, the way that I am at work. So I felt a lot more anxious yesterday about where Amelia was and what she was doing, compared to today. We touched base maybe one or two times, via text message, but that was it, and it didn't really bother me at all, because I was just busy and I knew that I had X, Y, Z, things I needed to get done before I got out of the office. So, I do like it better when I have a structured environment, with lots of things going on for me to focus on, that aren't my anxiety. I think that's why I don't like really being by myself all that much. [00:07:37]

THERAPIST: That's when you find yourself worrying the most.

CLIENT: Mm-hmm. Yeah. Like, when I'm at home waiting for Amelia or something like that, you know, when I get home first.

THERAPIST: Kind of like you worry when you're alone with your own thoughts.

CLIENT: Mm-hmm. Yeah. It's very rare that I have an afternoon in the apartment by myself, that I'm excited. Most people would be excited to lay on the couch and do nothing, and have nobody there to know that they're being lazy, you know? I don't really I used to have that. I used to get excited when I could have the afternoon to myself, but I don't really have that any more. I try to fill my time with other things. On Wednesdays, for example, Amelia is at school until nine o'clock at night, so Wednesday is like my night to try to go see some friends or something like that, and keep myself stay at work late or do something right after work, so I'm not just like at home by myself. [00:08:51]

THERAPIST: Are there other things that you learned from your dad and your brother?

CLIENT: I didn't ask if he had ever I don't I mean, I would assume that he would have told me if he had ever tried taking medication, because we were talking about how he manages his symptoms. He said that's why he works out fanatically all the time, to try to keep himself calm, but it doesn't necessarily help. My brother and I only talked briefly as we were walking from dinner to another point, so we didn't really get into too much stuff.

THERAPIST: You were talking last week, a lot about your body and worrying about having a physical problem after the doctor's office was closing. Are you less focused on it today or this week or not really? [00:09:57]

CLIENT: I've been I'm finally feeling better, like today and yesterday. I'm eating a little bit more now and I feel like either I'm getting used to the medication or I wasn't really having side effects at all, or maybe I'm mentally getting used to the fact that I have to take medication. I'm still kind of like, I just want this to be over, you know? And like the whole reason that I have an ulcer in the first place is because I was taking too much Aleve for my sensitive stomach, combined with my stress. But the reason I was on that much Aleve was because I get really painful periods. And so, my cycle came a week early this morning, but I can't take anything, so I'm just not because I'm focused on that right now. I'm focused on just like trying to get through having really bad cramps and not being able to take any pain killers for it, that maybe I'm not so I'm like... It's weird, but it's kind of nice to be having a health situation that I'm familiar with. I'm like okay, these are cramps. I know what they are, I'm not worried that I'm having ovarian cancer because I'm having cramps right now. You know? Like, this is what has happened to me my entire life. It sucks that I can't take anything for it, because I'm uncomfortable, but it's distracting me from the ulcer stuff and from the possible side effects of the ulcer medication, so I don't feel like all that stressed about that at the moment.

THERAPIST: Mm-hmm. [00:11:40]

CLIENT: Because I'm distracted, I guess.

THERAPIST: It's something that's familiar to you.

CLIENT: Yeah. Because this, you know, it's not like something new and maybe I'm not stressed because I'm not taking any medication. I won't take Tylenol, so maybe I am stressed about it. I'm allowed to take Tylenol but I don't want to take it.

THERAPIST: Because?

CLIENT: I don't know, it makes me nervous, and I think that I'd rather because the reason I was on so much Aleve is like two Advil doesn't even do anything for me. So in my head I'm like, well a Tylenol is not going to do anything, so why risk taking it and having something else happen.

THERAPIST: Like what?

CLIENT: I don't know, like I'm not supposed to I know it's not a blood thinner, which is why I can't take it, because I just had the biopsy last week, so I'm not supposed to take Advil or Motrin or a blood thinner. I'm just convinced it will make me sick, because that's all that medication has done to me for the last you know what I mean? The Aleve made me sick and then the medication they gave me first for my stomach made me sick, and the medicine they gave me to do the endoscopy made me sick and it's like I just want to like I'm ready to go on a yoga retreat and drink herbs or something, and get acupuncture and not deal with any more pharmaceuticals at this point. [00:13:10]

THERAPIST: Herbs can make you sick.

CLIENT: Yeah.

THERAPIST: It's not that I want to give you something else to be anxious about.

CLIENT: Now that I just, I'm like, I don't know. I'm already taking one medicine, so what's going to happen if I take another. I don't like all that chemicals in my body, I don't know.

THERAPIST: Does it feel like it's contaminating you somehow?

CLIENT: It gives me that same feeling as when... Like every time I swallow a pill, I get that same feeling right away, as the day that I did either too much cocaine or the laced cocaine, and it gives me that rush in my chest. It's like a panic attack. So, maybe that day, I didn't do something laced and I didn't overdose at all. Maybe I had a panic attack while I was high on cocaine, totally possible, because I can't really separate the two. But it's that same feeling that I get when and it happened a couple nights ago too. It's been hard for me to start eating again, because for a month, every time I ate, I got really sick, because I have an ulcer. So it's been difficult for me to start eating again, and Monday night I sat down for dinner and it was the first time I was going to eat some vegetables and some actual food that wasn't white and tasteless. I started eating and I ate a little bit quickly, because I'm hungry now, my appetite is back, which is good, and all of a sudden I felt that, you know, it was like I had a panic attack, like after taking a couple bites of food.

THERAPIST: Mm-hmm. [00:14:51]

CLIENT: And I felt that like rush up my it's like a warm feeling, like my chest gets really hot, almost like there's hot liquid shooting up from here. I thought I was going to vomit at first, but it was yeah.

THERAPIST: Was having that bad cocaine experience, was that the first time you had a panic attack?

CLIENT: Yeah, I think so. If that was a panic attack, then I'm pretty sure that that was the first time.

THERAPIST: It's unclear if it was chemical induced or not.

CLIENT: Yeah, and I think that's why. But maybe... You know, I think that's where a lot of like I'm not surprised that that's the kind of feeling I get when like when I get a shot also, like I really hate vaccines, and I had to get so many of them to go to Egypt. Just to apply to the Red Cross, you have to get the whole works, you know? Like I need to get my flu shot next week because of where I work, and I'm really dreading it, because any time anything foreign enters my body, chemical, I really don't like it, and it gives me that same feeling. [00:15:55]

THERAPIST: But this wasn't true for you before that experience.

CLIENT: Mm-mm. There was... I remember having a panic attack after I got one of my vaccines. Where was I going though? I don't remember. I was still in college. I had my car, so it was after this, it was after that experience. Yeah, so I think that was the first time.

THERAPIST: You told me a little bit about what happened that day, but can you go into a little bit more detail about it?

CLIENT: Yeah. Or that actually might have been the second time, depending on if because now in retrospect... I'll tell you about that day in a second. In retrospect, I had an allergic reaction, so when I was 19 and having my first round of GI issues, they wanted to do an upper GI series and so I like swallowed the chalky stuff. Then, they were going to give me this IV, to make it light up in the CT scan machine or something, so they could watch as it goes down. When they started the IV, everyone said I had an allergic reaction, but I stopped breathing and then got some hives, and so they said I had an allergic reaction. But in retrospect, it was still that same kind of, like my chest got really hot. Although, I think that might have been I mean, I'm sure I had an allergic reaction, if there was physicians saying you're having an allergic reaction. But I don't know, maybe that was maybe the cocaine thing was the second time, I'm not sure.

THERAPIST: Mm-hmm. [00:17:31]

CLIENT: But anyway, so that day, my friend Marie was visiting. I had just gotten back from my trip in Madagascar. It was maybe a month and a half after going to volunteer in Madagascar, which was where my stomach problems kind of just I like started eating again and it was kind of like a combination, whatever eating issue I had went away, because there were no real options, like I was just going to eat the food that was there because I couldn't really be picky. But I wasn't getting sick, so I was like healthy again, I was still getting exercise. So I had just gotten back, maybe a month, a month and a half, and my good friend, who I had this huge crush on, who was volunteering with me, was in Chicago visiting. She was living in Montana, so she came out to Chicago to visit, and there was a bunch of other people that had volunteered with us, who lived in kind of like the Chicago Metro Area. So we were all planning on getting together that night, and from our conversations getting to know each other while we were in Madagascar, I knew that everybody else liked to we used to call it, liked to party or whatever, and they did cocaine, so I thought this would be fun, if we all get together and I'll get us a gram of coke to split and we can go out in Chicago and have a good time.

THERAPIST: Mm-hmm. [00:18:58]

CLIENT: The plan was that we were going to first, before we went out and met our friends, Marie and I were going to meet my mom. My mom works in the city, so we were going to meet my mom at her office and my mom was going to take us to a Red Cross information session that was being held in Chicago. The plan was not to do the cocaine before we went to meet my mom, obviously, but I remember there was like some trouble. We didn't think we were going to get it. The guy that I was supposed to get it from was not going to be able to come through, so

we were going to just not get it. And then at the last minute he called me that he had it and we could pick it up. So it was like we were excited that we got it, because we didn't think we were going to, and so we decided we would just do a little bit before going into the city. It makes me kind of nauseous even thinking about how we then like and we just put out these like I mean they were really big. It was like more than I would usually do so early in the day, and before I was about to be driving from Greenwich into the city, which just makes me like sick to my stomach that I did that, that I would think it was okay to do it. That I thought it was okay to be snorting cocaine in the first place, and that I thought it was okay to drive myself and my good friend to go meet my mom and go to a Red Cross information session? Like, I don't even know what... I mean oh, God. And God forbid something were to happen, and I'm then having this panic attack. So we did some and it didn't feel right, it burned, and cocaine is not supposed to burn, it numbs you, you know?

THERAPIST: Mm-hmm. [00:20:43]

CLIENT: And so for some reason I did all three lines and then was like oh, it burns. Marie tried it and said don't do it, like oh my God, you already did them, there's something not right with that. I don't know what it is but that like, I'm not doing any more. Yeah, I mean, it might have been a panic attack, but remembering how I felt later, I was really sick from this. So we started driving and I was just like blacking out as we were driving. I felt like I had this fever, like I was just on fire. Yeah, this was not a panic attack, I don't think. Maybe it was part both, you know?

THERAPIST: You sort of panicked, having that experience.

CLIENT: Yeah, exactly, exactly, and I didn't tell Marie really what was going on, somehow got us into the city. I haven't really thought about this in this much detail in a while, and I like really can't believe that this happened and that I am fine. But I remember thinking in the car on the way down, because my mom was going to meet us at the parking garage, and I remember thinking on the way down, I need to tell my mom. I either need to pull over right now and call my mom or I need to tell her, as soon as I get out the car, that she needs to take me to the emergency room because I snorted something that I shouldn't have. And I was like totally sick enough, that that was an okay thought for me to have.

THERAPIST: Mm-hmm. [00:22:12]

CLIENT: My parents were strict growing up, and I was at the point where I was like, I need to tell my mom she needs to take me to the hospital because I think I'm dying. I remember getting out of the car and my mom took one look at me and she was like, "What's wrong?" And I was like, "I just don't feel that well." But she would never think that oh, my daughter is on drugs. She would think I have the flu, you know what I mean? Like, she would never think that. I was like I just don't feel well, because I had decided, I think by the time we got there, I was feeling a little bit it had passed a little bit, so I think I had decided that I was going to try to just like I felt really sick and I wanted to go throw up somewhere. So, we went to the building where the Red Cross thing was being held and it's a federal building, so we had to go through security. I had this gram of cocaine in my purse, that I just stuck on the security belt. Nothing happened, but I was just not with it at all. And I didn't even I remember nothing about this panel. I was in the bathroom trying to puke the entire time, and I just kept looking at myself in the mirror saying, you are going to be fine, you are going to be fine. And I was just like not with it, and then I just came down so hard from it and I had a horrible rest of the night.

THERAPIST: So you never went to the ER? [00:23:35]

CLIENT: No. I came down from it towards the end of the Red Cross session and decided that I felt okay enough to stay out and that I just wasn't doing any more of that and I wasn't going to drink and I was just going to see my friends. I don't remember really, what we did. We went and had dinner and went to one of their apartments, and I gave them the drugs, and that was in that moment, I was like, I'm never doing this stuff again.

I tried to do it once more when I went to Geneva, a couple weeks later, for my semester abroad, and while I was in Geneva, I was like maybe I'll give it one more shot, because I really missed the feeling that it gave me.

THERAPIST: What feeling was that?

CLIENT: Just like, I felt like it's the same feeling that I get now when I'm in the middle of a really good run or in the middle of a really good workout, and I have great music on and I have high energy and I can feel my muscles getting stronger, you know? It's like that, like I just felt awesome while I was on it, like I just wanted to go dance. And that's what we did, we would do cocaine and then go dance, and it just made me feel like I was on top of the world. So I remember really missing that feeling and for a couple of years, really missed the feeling it gave me. But I knew I couldn't do it, and so I didn't snort any in Geneva. I just tried to put a little bit on my gum, but panic just set in.

THERAPIST: Mm-hmm. [00:25:11]

CLIENT: Now, I can't even like I used to smoke pot sometimes with my friends, which kind of helped me calm down, and I can't even I can't do that anymore, it makes me panic immediately. I was out in Oregon and one of Amelia's good friends has a medical marijuana card for his anxiety, so she was like why don't you just give it a try? I couldn't even, like I took one I inhaled once and then I had a panic attack.

THERAPIST: So the panic is about being poisoned.

CLIENT: It felt like stuff that doesn't belong in my body is going to kill me I guess.

THERAPIST: That sounds very, very scary.

CLIENT: Yeah. I mean that day, still, and this was six years ago, and that day, like I can feel the way that I felt and it's horrible, it was terrifying. And at this point, I won't even like I don't like getting drunk, you know? I don't like being out of I like being in control. I like feeling like I know what's going on and I can control what's going on. I felt really out of control that day, like I couldn't stop what was happening. [00:26:45]

THERAPIST: How long had you done coke for, before that day?

CLIENT: A year, about a year. Not every day. Mostly a couple times a week, when we would go out, because that was the year I wasn't drinking, so to me it was my substitute.

THERAPIST: Were you drinking a lot before you started doing coke?

CLIENT: Yeah. Not for a long time. I didn't drink in high school. I definitely wasn't one of the popular kids who got invited to the parties, and so there was a couple times that my friends' parents would go away and we would get some beer, you know, and hang out at her house. Compared to what the other kids were doing, I was a really good kid in high school. I smoked pot for the first time when my younger brother gave it to me, the night before I went to college. He was hanging out with the cool kids in my grade, but when I got to college I started drinking a lot. [00:27:46]

THERAPIST: What did it do for you?

CLIENT: I don't remember in freshman year. I mean, I was a mess freshman year, like it took me a year to get my shit together. I failed intro to psychology. I think I had decided I wanted to be a psych major and become a psychologist, and I was going to have my private I had this whole plan. I wanted to have a private practice, you know, like pretty much be sitting in your chair right now. And then I remember I failed into to psych. I took it again, I got an A, just to be like okay, now I can move on, you know?

THERAPIST: Mm-hmm.

CLIENT: But I just didn't it was carried over from high school. I was never a great academic student in high school. I was average, maybe a little bit below, but I just didn't try, I didn't really care, and I don't know why that is. My mom asks me a lot now, like what was your deal? She would get calls from my teachers, like Kelsey would be doing great but she just doesn't do her homework. That carried on into freshman year, like I just partied and hung out with my friends. I just didn't go to class. I remember I would tell my friends like oh, class is optional, and I would sit in my room and hang out and watch something, but I never really like went. I just didn't really try, except for my woman's studies class, which apparently I cared about, and I did well in that class. But then, I don't know what happened sophomore year that changed that, because all of a sudden and it was all at the same time. I started getting my weight under control. I mean granted, I started doing drugs and was on my way to potentially having an eating disorder. I started losing weight, and even with all my GI problems, I made dean's list first semester, sophomore year. I was in the library all the time. It helped that the girl I had a crush on was also in the library all the time. She would sit in the library and not do her work, so I'd go to the library with her but I would get shit done.

THERAPIST: Mm-hmm. [00:29:37]

CLIENT: And I don't really know what changed, but I just started I don't know what happened, I just came around and I didn't get a B since, you know? But it took me a year, yeah. My mom jokes around that she sent one kid off to Yale, where I went to school, and got another one back, because I changed so much throughout the four years that I was there.

THERAPIST: So at the time that you started doing better, is that when you started drinking?

CLIENT: That's when I stopped drinking.

THERAPIST: I see.

CLIENT: And started doing cocaine. (chuckles) So... Yeah, it's weird, because I can't be like oh, I stopped drinking and started studying and exercising, because I also started doing a very hard drug. And I was having health problems, but I somehow I don't know what happened. I think I also started taking classes I was interested in. I think that has a lot to do like even now, if I'm not interested in something, it's really hard for me to pay attention. I can fake it better at this point, as an adult, than I could, I think in high school. [00:30:48]

THERAPIST: Well, it's more important to you to fake it probably.

CLIENT: Yeah. But I mean, between those two years, I also made a lot of decisions, like personally. I was going to confront my sexuality and I was starting to that was started to become more of something that I couldn't ignore any more and I started dealing with it. I joined the soccer team and really felt like I fit in finally, you know, like throughout high school, I didn't feel like I fit in. Freshman year, I still didn't really feel like I fit in, because the people I

sought out to be my friends were the people that looked like the kids that went to my high school, because it was what was familiar to me. I knew some of them, I keep in touch with, but they weren't who my real friends were. You know, I finally found like a group of people that I, that I felt like... So I think that maybe had something to do with it, I felt more comfortable in myself. I don't know if I was always looking for excuses to not be confident, you know? So I was like, I'm not going to do well in school, I'm going to keep overeating. [00:31:56]

THERAPIST: I'm sorry.

CLIENT: No, that was just like the definitive turning point though, like after freshman year, when things really changed.

THERAPIST: So you went from being quite disengaged to engaged.

CLIENT: Yeah. I don't really know how my drug habit fits in with that, because it doesn't really make that much sense to me.

THERAPIST: What made you interested in it? Was someone just doing it and you figured you'd try it?

CLIENT: I remember the first time I tried it was, it was like almost the last week of freshman year and we were going to a party, and one of my friends had some. I was really nervous, like I was like is it going to hurt, what's going to happen? It was that girl that I was like, infatuated with, she was doing it, and so I was like okay, I'll try it. And I remember nothing happened, I didn't feel anything, and I was like that's stupid, like I don't feel it. Because I had smoked pot throughout the year and liked it.

THERAPIST: Mm-hmm. [00:32:58]

CLIENT: So, but like cocaine really freaked me out, you know? It was like that's like I had always thought marijuana is with alcohol and then there's the rest of the drugs over here and I'm never going to touch them. Yeah, but I tried it and nothing happened, and then I remember I went to go hang out with my soccer friends and I was like, "I just tried cocaine and nothing happened," and they were pissed. They wanted nothing to do with it and they didn't want me to have anything to do with it. Throughout sophomore year, I never snorted cocaine around them and I would lie to them and tell them that I wasn't doing it, and I had like my separate friends who are surprisingly now, no longer my friends. Yeah, and then I didn't even think about it really, all summer, and it wasn't until I came back to school that those friends again, they had been doing it all summer. So they had it around, so then I gave it another try, and I guess I liked it. I don't remember the second time I did it. [00:34:04]

THERAPIST: It's hard to put the picture together in terms of your being more motivated in school and also doing drugs.

CLIENT: Yeah, mm-hmm.

THERAPIST: People do take coke to concentrate.

CLIENT: Yeah, I remember there was one time we decided we'd try it before class, and that was when, after I did that I was like, all right, I think this is going I noticed that my friend Amy, who was like my cocaine buddy, I was like maybe we're on different pages with this, if she's going to be doing this before class, because at that point, that was second semester. I made dean's list first semester, I was getting straight As second semester. It felt good to be getting good grades and it was just, I don't know, cocaine was everywhere at my school. A lot of people

did it and a lot of people did it to concentrate. A lot of the frat boys would take it to write their papers, and I remember people would be snorting at the library. That was just never, I don't know, maybe because I figured out how to soberly succeed academically first semester, that it didn't you know, cocaine for me was after my papers were done, when we were going to the bar. [00:35:12]

THERAPIST: As a recreation.

CLIENT: Yeah. And then when we did it before class, it made me really uncomfortable. I was really uncomfortable in class. I felt like I couldn't concentrate and couldn't sit still, and I was worried that everybody knew that I was high, and it was like, I was like I can't do that again. So it really stayed, it stayed for me, recreational. But, when you're a college kid going out two to three nights a week, you know?

THERAPIST: That's still frequent.

CLIENT: It's frequent enough, yeah.

THERAPIST: Were you ever worried about were you feeling you were getting really addicted or over your head?

CLIENT: When we did it before class, I kind of sat back and reevaluated how much I was doing it and whether it was a good thing or a bad thing, and I kind of had this fleeting thought, like maybe I'm getting a little bit carried away, but I think because I couldn't do it every day and I couldn't do it every night, because I was an athlete. So, you know, I didn't Tuesdays and Thursdays we had practice, and Friday nights we didn't go out, because we had games every Saturday morning. So it wasn't like an option for me to do it on soccer days. I was still as much as I liked to party, and the same went for pot and the same went for alcohol and marijuana again, after I started drinking again, after I stopped doing cocaine. For food, too, like it's a reward. It's a reward for me, so I have to be finished with my commitments. I need to be done with my homework, have gone to all my classes, and it's like fun time, you know?

THERAPIST: Mm-hmm. [00:36:51]

CLIENT: And I'm still kind of like that now. I'll be like okay, if I can get this paper done, I'll have a drink tonight, you know? Or, I'll let myself go get a fancy sandwich or something, you know, like I don't know. So it was always, I still kind of had them separated. In retrospect, I think my exercise and eating habits maybe, were more out of control than my cocaine habit, because they kept spiraling further and further. They were constantly... like I was constantly changing them. The cocaine habit was kind of consistent, except for that one day when I did it before class, but it was kind of consistent, like I would just do it when I was out. Then of course, the one day when I did all of that, because I was excited about it, and I never did it again, but it wasn't something that was constantly escalating, but the more weight I lost and the faster I could run and the farther I could run, the more I wanted to eat less and run farther. Do you know what I mean?

THERAPIST: Mm-hmm. What stopped that eventually?

CLIENT: Going to Madagascar. When I was in Madagascar, I probably gained seven or eight pounds back, but I still looked good for me, because I was down to like 119 before, which is probably ten pounds less than I am right now. So then I probably was like this size when I came home from Madagascar, and I still felt good and I still felt that I looked good. But having being able to eat, I was then more conscious about how much I was exercising. So I was like,

okay I'm going to eat more but I'm going to exercise more. It wasn't until I went abroad, to Geneva, that I really put the weight back on, because I joined a soccer team, but the season ended early, so I pretty much stopped working out, started drinking again and started binge eating. [00:38:47]

THERAPIST: Not eating but just binge eating.

CLIENT: Oh, yeah, binge eating.

THERAPIST: Was that what you were doing when you were overweight as a kid, were you binge eating?

CLIENT: Mm-hmm, but not in front of people. I would do it when I was by myself.

THERAPIST: Like at night?

CLIENT: It was embarrassing for me. Yeah, at night, and that's and I went right back to that habit in Geneva. Living in a studio apartment by myself was probably the worst thing that could have happened to me at that point, because I would go out and just like, I would go out with a backpack and go get all this food, and come home and just sit and watch TV or something. I didn't do any homework. Somehow, I still got As, but I think that's what happens when you go abroad, like it doesn't I don't know. I'm not sure if it was just the structure of my programs, was more about experiential learning, because I still got fine grades, but I didn't do any homework. I didn't study at all, and I would just like eat.

THERAPIST: When did your binge how old were you when you started binge eating?

CLIENT: I don't even remember. I would always like kind of sneak things, because my parents are health freaks, and so we were never allowed to eat all the fun stuff that other kids got. And then I was kind of like a chubby kid, and my parents were like and my brother is like a stick, him and my dad. I take after my mom and he takes after my dad, and he's like six foot tall and like my pinkie. We would have Jaime snacks, but I wasn't allowed to eat them. [00:40:17]

THERAPIST: Jaime?

CLIENT: Jaime, sorry, his name is Jaime, like James.

THERAPIST: Oh, James snacks?

CLIENT: Yeah, like Jaime snacks. He would have Cool Ranch Doritos. I remember the Doritos and I wasn't allowed to eat the Doritos as much as he was.

THERAPIST: Because he was thinner?

CLIENT: I don't know. My mom will deny this now, I think, but Jaime remembers. We were laughing about this the other day. I just have a slower metabolism than he does, and I feel like as a girl growing up, I was just a little bit you know, I had more weight on me. So I started sneaking things, yeah.

THERAPIST: Do you think your parents knew?

CLIENT: I don't know.

THERAPIST: So where would you get the food?

CLIENT: I would either when I was younger, I would usually just buy an extra snack from the cafeteria at school, or I would tell my mom I was taking lunch money, but I would take more so I could get some extra snacks.

THERAPIST: So you really thought about this, this was planned.

CLIENT: Oh, yeah, yeah. Then, once I could drive, in high school, that's the end of it.
[00:41:21]

THERAPIST: And so would you you would binge eat at night. Would you eat a little extra or would you be binging?

CLIENT: I mean, when I look back on it, I feel like it was probably binging. Not the extent when I was in Geneva, that was really binging. I would go get three Shawarma sandwiches and French fries, and just sit down and go to town. When I was younger, maybe it was or I would just have extra meals, I feel like. I remember these girls, these good friends who I played softball with, who were twins, and they were really overweight too, and we kind of like, we'd just like go to this 24-hour deli. We'd go in there, you know, like after we'd already had dinner.

THERAPIST: So that's more kind of social versus binge eating when you're alone.

CLIENT: That's true. It was a mix of both. I mean, once I had found that I had eating buddies, then we would just never eat healthy. Whenever we'd get together, we'd order the worst food for you possible. But there was still this element of when I was at home, like especially at night, after everyone would go to sleep, I'd stay up and watch TV and eat. I know that it was unhealthy, because well, I mean it was unhealthy because I was very overweight. But I remember, I would sit down and watch TV but it wasn't to watch TV, it was to eat. I would turn the TV on, but then as soon as the food was done, like I was done watching TV. I still have that habit now, like when I eat lunch... If there's a weekend or something, or if I'm by myself, I'll eat. Even if I'm eating a salad, like I'll sit down, I'll turn something on the TV, I'll eat my salad or whatever I'm eating, and then when the food's done, then I turn the TV off and I go back to work or something like that. [00:43:04]

THERAPIST: Mm-hmm.

CLIENT: I still kind of have that part of the habit, you know? But...

THERAPIST: Do you know when you ate alone, were you eating because you were lonely, or were you sort of just looking forward to being on your own and eating?

CLIENT: I used to look forward to it, and that's why it's weird now, that I don't look forward to having alone time, because I used to look forward to when I was by myself, because that's when I would eat.

THERAPIST: How would you feel after you ate?

CLIENT: Not great.

THERAPIST: Like physically, or did you feel guilty?

CLIENT: I think kind of guilty, but then, when I started having my stomach problems when I was 19, what would happen is I would wake up the mornings after eating late at night and be sick to my stomach. So it turned into a physical thing. But yeah, I would feel guilty, but if I kept eating, then I didn't feel guilty. So then I started eating more and more and more, because the longer I was eating for, the longer it was going to be before I started feeling embarrassed and guilty. So I think that's what happened in Geneva, like the more food I brought back to my little studio, the longer I'd occupy myself eating it, the longer I could have that period of happiness, before I felt like oh, God, I can't believe I just did that again. [00:44:31]

THERAPIST: What you're describing, it sort of changed over time, but this very close relationship with your emotions, with what you take in your body, and then sort of how you manage your emotions. And it's sort of morphed into something different now, but there's still that link. Now it's developed into an anxiety around it, an anxiety around what you're taking into your body. Even though it doesn't sound like it's an anxiety with food, but it sounds like that one experience -

CLIENT: I mean, this week yes, but not usually, no.

THERAPIST: Right.

CLIENT: Yeah, not usually.

THERAPIST: It's not I mean that one experience with coke, I'm not surprised that it it's like a post-traumatic stress reaction.

CLIENT: Yeah.

THERAPIST: It's like someone goes to war, and you hear shells and then you hear a car alarm go off and you get -

CLIENT: Yeah.

THERAPIST: You know. And it sounds like you're having that experience with medicine or anything that's you know, what you think of as foreign in your body or potentially poison. It sounds like a traumatic reaction.

CLIENT: And I mean, eating definitely does give me a bit of anxiety, but not in the same way that medicine does. So it's not like when I'm eating that I think something bad is going to happen, but just knowing. Because I always think that I'm still in a phase of being fit and being thinner, you know? Like I'm not supposed to be skinny, like I'm supposed to have meat on my bones and be strong and curvy. So I don't think I'm skinny, but fit. I'm always scared that I'm going to become that fat kid again, and so I'm very, very obsessive about what I eat, and I plan... like I plan my meals a lot. Not in like I portion control or I make food the night before, but I spend all day thinking about food. [00:46:17]

THERAPIST: Huh.

CLIENT: I'll wake up in the morning and the first thing I think about is okay, what am I going to have for breakfast and when am I going to have it, and then what am I going to have for lunch, and if we're going out to dinner, it's like okay, what am I going to have for breakfast and lunch that will make me feel okay eating a steak for dinner, or how many miles do I have to run before I'll let myself have some chips and guacamole if we're having tacos, or something like that. I'll still let myself eat things, like I'll still go out for a burger and I'll still eat fries sometimes, but I make sure that I feel that I deserve it.

THERAPIST: So there's still it's helpful. We're going to need to stop. It's helpful to know that there's still that preoccupation with it. Okay, well I'll see you next week, then.

CLIENT: Yeah. Oh, I brought my consent forms.

THERAPIST: Oh, great, thank you.

CLIENT: Sorry, I meant to give them to you at the beginning so you could record. So now that I have a regular appointment, you just bill at the end of the month?

THERAPIST: Exactly. Great, thank you so much.

CLIENT: So there's both of them for you. This bag is great but you can't just open and shut it to get something out.

THERAPIST: Take care.

CLIENT: Yeah, you too.

THERAPIST: I'll see you next week. Okay, bye-bye.

CLIENT: Have a good weekend.

END TRANSCRIPT