

The following interview with Brenda [pseudonym] was conducted in April 2013 by Cody Goulder, a graduate student researching people with digestive disorders. Brenda is 25 years old and the transcription is as verbatim as possible.

As a coding and analysis exercise, review the transcript several times to become acquainted with the contents. Make jottings about passages that strike you and pre-code your initial work. Then separate the extended interview transcript into stanzas. Determine the most appropriate coding method(s) for the transcript to help examine the general research questions:

- What are the experiences of people with digestive disorders?
- How do people with digestive disorders cope with them?

Also consider comparing or combining the analysis of this transcript with Sam, the other case interview on digestive disorders.

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B: Bowel disorders, it is what it is.

I: How old were you when you first started to realize you were having problems with your digestion?

B: I was, uh, 21 and a half, to be exact, yeah.

I: And do you suffer from celiac or, how would you define your discomfort?

B: My colonoscopy says no celiac and not inflammatory bowel disease. My blood marker test says I have inflammatory bowel disease. I would label myself definitely gluten intolerant.

I: And for the record, can you describe what that means? Gluten intolerance? As you would describe it.

B: Gluten intolerance means that you, your body just does not digest or break down or really absorb gluten. And that is a protein that is found in wheat. I would also say that I don't handle processed wheat well either. Um, and the symptoms are across the board. For me personally, um, I get, I'll get joint pains, exhaustion, um, and I just feel incredibly full. After four or five bites, if I'm having, say, pasta or something where it's just, after four or five bites, I can't eat anymore, feel nauseous. That's actually where the symptoms really first started.

I: Was there anything else beyond that? Say migraine headaches or ...

B: Headaches. I have, and it's gotten a lot better, I had, um, pretty bad hormonal acne, is what they would call it. Went across the board trying to treat it. I tried creams and antibiotics, retin-As, all that stuff. When I started to cut out gluten and wheats, my skin cleared up the best it's ever been. I even went on Accutane and, I was on Accutane for five months and that is exactly when my symptoms would appear. I've been completely healthy my entire life.

I: Do you think there is a connection between ...

B: Yes. I, well, studies have shown that if you possibly have Crohn's disease or ulcerative colitis and you go on Accutane, there is research coming out that, it can set those diseases off. Um, and I just, I can't, I think that's what happened to me because of, like I said, I was completely healthy and then one day I'm having bowel issues and medications.

I: You said you've seen doctors, medical doctors, what was that process like of getting tested? What was the response?

B: Well, I went to, when I first got sick, I went to my internal medicine doctor and he's like, "I don't know if it's acid reflux or what, so I'm gonna do a blood test on you." And he did a blood panel, that's when he said, "OK, according to these markers you have IBD, go to a gastrologist." And, I went to one that was recommended, um, and she was just like, "OK, I wanna scope you." I told her about all these symptoms and when I told her I'd been on Accutane, she kind of made a look like, "Oh, OK." And then I have a family history, unfortunately, with inflammatory bowel disease. Both of my younger sisters have ulcerative colitis. I have an uncle who is deceased who had ulcerative colitis, and two or three second cousins that have ulcerative colitis and Crohn's.

I: Can you describe what ulcerative colitis is, as you would describe it?

B: Um, it's just your intestines not really absorbing the proper nutrients and inflammation, um, and that can be where, um, in any part of your gut. All the way to, Crohn's can even burn your esophagus and mouth, all the way down through the rest of your body. It's pretty intense. I was the healthy one. I didn't have asthma or, not like my little sisters. The hell they went through in middle school with getting sick, I never had that.

I: Would you be willing to talk a little more about that?

B: So, my first sister got sick right around middle school. Her symptoms were, any time she'd eat, she immediately would have to go to the bathroom, instant diarrhea. She'd break out in a sweat. She'd get [unable to transcribe], which is a kind of skin lesion, which is, we talked to the dermatologist and, but until you treat really the underlying problem, you don't know what's going on. Um, what else did she have? And just going from doctor to doctor. Um, they did a scope and there was a little inflammation that they did find. Um, but they still were very hesitant of saying, "Yes, you have ulcerative colitis" because she wasn't on, your typical textbook case. I found that really hard for doctors. If it's not black and white, they ...

I: We've discussed in other interviews, before this, the fear of using labels in ...

B: They're terrified. I mean, I went through several doctors and then finally, um, I think kinda, and going through puberty, I and, while my sisters were going through puberty, it was really hard. With all the hormones and changing, It just kinda, I think, throws a lot of things off. And then my sister, she's what would you call remission, but it's never really going away. You'll always still have it, but she been in remission for a while now. Um, found the right doctor and he didn't label her until he started treating her.

I: So it was sort of a trial by fire?

B: Yeah, we'd kind of tell them, "Hey, can we try this? It's not getting better." And then my youngest sister, right around the same time, about sixth grade, she got sick as well. Different symptoms. Um, she didn't have, she had ulcerative colitis. But, there can come blood when you go to the bathroom. And she went in, was severely sick, she went to the hospital. And filled up the little cup they have, completely, with blood. And when they went in to scope, they couldn't find anything. But she had the blood. She had the joint ache. She has the rash. She's trying to eat as much as she could, but her belly would distend. And they wanted to send my sister to the psych unit. They thought it was a mental thing and we're like, "No, she's filling up the cup." Like, really? And it was just their reaction because they couldn't figure out why because the gold standard in diagnosing these things is the colonoscopy. But it's so hard with these diseases to find it.

I: Why do you think there seems to be a reluctance or a unwillingness in wanting to just get right to the point?

B: I'm not really sure. I don't, I don't know. I don't know if they're taught that in med school that, you know, that it's not black and white. And we have found also that, when you are in a hospital setting, you don't see the same doctor. You have a doctor for a week and then, you know, in all honesty, they weren't all on the same page. They had their own egos and their own agendas. My sister was in there 21 days. Still, we were finally like, "This is enough. It's not a psych problem, discharge her now." And she was still bleeding, two weeks later, she was anemic. We ended up, by chance, being able to get into a different doctor at a different practice who would treat her as if. She was in remission for about three years, she's out of it now, but she's got good doctors. She's still trying to figure out how to beat this beast.

I: Are both your sisters, and you as well, on prescription medication?

B: Um, yes. My little sister Tammy now, I think because she's been in remission is on like a, something for acid reflux. My younger sister, she's not on any medication. And my one sister, yes, but I don't remember what she's on.

I: And, none of these symptoms have been shown in your parents?

B: My mom, yeah. I remember growing up and her having bowel issues, yeah. And, it's all on my mom's side. My dad's side doesn't have any bowel issues. This gluten intolerance thing, I didn't really understand it until I was taking a class with a friend and I was just telling her, "God, I really don't like." They labeled me as having GERD and put me on severe, pretty intense medication. I just don't like the fact I have to take this medication.

I: What is GERD?

B: It's similar to the acid reflux disease. So, a lot of it is by diet. Little things can set it off.

I: Before all this, what was your favorite food?

B: I loved pizza and burgers.

I: Would you say you ate a pretty balanced diet? Not loading up on pasta ...

B: No, but it's funny 'cause when I was sick, that's all I wanted, you know? That sounded really good to eat bread and crackers.

I: Is that because it was a comfort basis?

B: No, um, I think people with that, like sugars and complex stuff, especially like all the sugar that's really not good for you, it's addicting, you know? The longer you are away from it, it's easier to stay away. Have a little and it's like I gotta have more. It's difficult.

I: When you started to cut out gluten and bad sugars, what was the response?

B: From like a friend?

I: Yeah. Were you a partier?

B: No. I was so, no, it was weird. I kinda went through my drinking when I was underage. By the time I turned 21, I really didn't enjoy it. Actually, last night, I feel it. Like, I didn't drink that much and I feel like hell the next day. Two beers. But, say if I have food and water with it, it's still mm-mm. So, when I cheat, I'm like, "You're gonna pay for it the next day." But it's hard. Not wanting to go out with friends and, you know, it gets kinda, after a while, "Oh, I'll just have salad cause that's really all I can eat." I can still eat stuff, but finding restaurants that are accommodating to eating to that.

I: Is there a feeling of being ostracized? Your friends or actually from the restaurant itself?

B: Yeah, it's complicated. I just tell them now.

I: Do you have a specific experience that jumps out in your mind?

B: Yeah, I'd just gotten, a couple of times when you ask, "Do you have a gluten-free menu?" They're getting much better at it, but I remember when I first started, like a year and a half ago, it was still kind of like [rolls eyes], "Oh, you're one of *those* people." Um, cause some people will cut out gluten because they think it will be great for them. But it really doesn't hurt them. So, I don't like to be grouped into that. It'd be cheaper. Probably be easier just to be able to go with the flow.

I: How does that make you feel when you talk to someone who says they're cutting out gluten for my diet, but they can eat bread if they desperately wanted to?

B: Um, close friends, no. Not at all. I mean, because, well, they've seen me not do well. I'm just not very nice either because I don't feel well. Um, but strangers, yeah, that don't get it. You know, there's kind of a judgment and they, "Why are you, are you doing it to lose weight or ... ?" No, I'm doing it 'cause I feel miserable. But that's also something that's going around like in the media, I know, it's being hyped up as, "Cut out gluten, it'll make you lose weight." I think that anything, if you're just trying, doing it to lose weight, that won't stick.

I: How do feel with all the mass market of gluten-free this, gluten-free that?

B: It's a little overwhelming, to be honest. You really have to look at the food labels. Are they taking out this? I still, and trying to find stuff, um, at the grocery store that I can eat, but it takes forever. I try to, at least, read every label. Grocery experiences are long [laughs].

I: Is there a specific thing that you want, but know you can't have?

B: Yeah, that's my downfall. I mean, I've found some places that are gluten-free. But, you know, I haven't found, has anyone found a gluten-free pizza that you can make at home, send it my way 'cause [laughs]  
...

I: In addition to reading labels and breakdown what I can and can't eat in the moment, how has your lifestyle changed to feel comfort?

B: With gluten intolerance, I've done some research. But I've gotten to the point where I've, I'm taking a class with a friend and she's like, "I have stomach issues. Why don't you read this book? It's called *Eat Right for Your Blood Type*." I didn't know my blood type at the time, so I started reading the type-O diet and I was like, "Oh my god." It describes how, based on if you eat these foods, it's what you have. It's so me. I had to kinda look away. Is this really me? And it was. So for me, I follow the hunter-gatherer type, meat, fruits, and vegetables. Um, and so that alone, that book and I'm so grateful for my friend, because that brought a sense of comfort.

I: It sounds like you've got a lot of support around you.

B: Yeah.

I: And, have you been able to pass that along to your sisters? Did they ever talk to you about what it's like to be in middle school and have, really feel, have these differences?

B: Oh yeah, it was really, really tough. Kids, not so much kids, but I remember the teachers would not, being, not really getting it. And my mom would try so hard to, I mean, "Hey, this is what my daughters have. There are the type of medications, heavy medication at one point that they were on. Heavy steroids that make you, not really there. Um, she's maybe not paying attention because her pain or she's trying not to shit her pants." And, um, yeah they had a really hard time finding kids that understood what they were going through. And, it's a disease on the inside that doesn't always manifest on the outside. And I think a lot of diseases are like that. Just being aware.

I: Especially when a lot of the symptoms are connected to other diseases? Are you concerned, have you thought about at all what this could lead to?

B: That's why I changed my diet because I know the blood markers, so, in some ways that kind of means I'm a ticking time bomb. You know, I could get the flu really, really bad. And that could set off this disease. Um, but I'm doing everything that I can in my power as far as diet that I can to control it. Because that also can set it off. I've adapted this new lifestyle. Exercise like three, four times a week. Um, that's been the hardest one, to really stay committed. I've conquered the food part, but not putting in the exercise as well. And doing yoga 'cause I stress easily. And, that'll feed into it, that stress will lead me into making poor food choices. So, finding the balance is what I'm really focusing on.

I: Do you feel that, when you've had a bad day, it's the emotional connection, or that emotion is tied to reactions? "I feel bad, I need comfort."

B: That's something to be aware of, definitely. That's happened to me.

I: Do you think there's a danger in people becoming so emotion-oriented?

B: Oh yeah. Um, yeah you gotta find balance you know? And being aware, it's all kind of connected.

I: Is there a point where you've had to battle and fears or overwhelming emotions? And you had to bring yourself back? Trigger or phrases that help keep you in balance?

B: Um, I have to stay in the present. And not, "God, what if this happens?" 'Cause that, you know, will set it off. And that's where I need to be, in that present and just focus on that. And when I don't, that's when it gets me and stresses me out. And in listening to your body is the best thing. You are your best advocate for yourself. Not taking the medical. Being in tune. It's clear if I've had a bad week. I eat foods I shouldn't have been eating. I feel really lethargic and exhausted. If you don't want to feel like this, don't eat it. It's pretty immediate.

I: Do you feel you're leaning towards organic?

B: I have found, for me, the hunter-gatherer, animal protein. I'd watch documentaries on how animals are being treated, on what they're given and what we're absorbing and the cancer rate and all. So, I tried vegetarian, but that means I upped my soy. A lot of soy, had a lot of grains too, even lentils, which are supposed to be really good. And I felt miserable. And I gained a lot of weight. And, they, "You know, don't eat meat and you'll lose weight." For me, I felt horrible. Like, my skin was breaking out, I gained weight. I think like everyone is honestly a little bit different. It's unfair to the consumer. I gotta eat animal protein or I'm not a very nice woman. I'm cranky. Watch out! But, on the other side, I've got to pay more for grass-fed animal meat that's not injected with hormones. I think that's what's causing the cancer and all these problems. It's because of what they're giving to the animals. And the hormones. Of course we're gonna get sick. Of course. It's infuriating, it really is. But you pay more, a little bit, for the great meat, you know, versus paying several years down the line severe medical bills. I'm not saying you couldn't, one day, have cancer. But you've done everything in your power to not get it and I just got the short end of the stick, but at least I can be in control of, at least I'm eating this. Holds me accountable.

I: Last question, what's it been like?

B: I have a really tough stomach. Yeah we, my sisters and I, do talk about it. Definitely check in and, our poor dad. We're all so females that, sometimes, there's a point we're at dinner conversations and we talk about our bowel habits and what was going on. My poor dad. So, yeah, there's definitely an open communication and you gotta have a sense of humor. You got these issues, you have to have a sense of humor.

I: What would say to someone that provides comfort? It's OK, this is life?

B: Um, we just, we just joke. "Hey, remember that one time when," you know? You just have, you just kind of have a sense of humor about it, accepting what it is and try to stay positive is how we try to move

forward. And be on top of it. And really choosing to have a say in relation to our digestion and stuff. Being aware. It's different for everyone. Be in tune with what your symptoms are. You're your best advocate.

An interview was conducted with "Ms. D," a female, fifth-grade, veteran elementary school classroom teacher in preparation for an action research project on school bullying. The research team interviewed fourth- and fifth-grade teachers at a lower middle-class suburban school site to learn about forms of oppression they saw and heard most often among their children.

As a coding and analysis exercise, review the transcript excerpt several times to become acquainted with the contents. Make jottings about passages that strike you and pre-code your initial work. Then separate the interview transcript into stanzas. Determine the most appropriate coding method(s) for the transcript to help examine the pre-action research question:

- What are the forms of child oppression?

Also compose an analytic memo that brainstorms the types of strategies that might be taken by an action research team to lessen the amount of child oppression in a school setting.

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I: How do children in your classroom oppress each other?

MS. D: Well, they call each other names.

I: Like, what kinds of names?

MS. D: Oh, we've got a little girl in here, she looks different and she acts different, so they'll make up some name that they call her. They, um, it's the same kid, it seems like every year there's one kid that gets picked on more than somebody else, because they're different, because they might look different, they might act different. Say, for instance, she will say something or she gets very excited about something, they'll tell her to "Sit down," "Be quiet," "Stop doing this," they're like on her case all the time. Then you've got another kid in here who, well he loses control of himself, and so he blurts stuff out or yells out, and the kids will turn around and yell back at him. And out on the playground they do tend to sometimes get pushy-shovy kinda stuff. Like with her [*pointing to a desk*] I've watched them actually walk by this little girl and purposely bump into her or something like that, but then even though you're watching them, the kid'll turn around and say, "Well, I didn't do that" after you confront him. And it's not everybody, it's just a few, and it's a few that have behavior problems that seek attention, and they don't know how to get attention any other way besides a negative way.

I: How do the students deal with these conflicts?

MS. D: They come to me right away to tell me, so then I have to deal with it. I've told them to do it that way. I don't want them taking means into their own hands, 'cause if they do then they're causing more problems than, because they tend to get physical or it's a taunting kind of thing that will take place all over the place. So if they come to me right away then I can deal with just the two people it involves and that

way it doesn't tend to get blown out of proportion. It stays right there rather than getting other kids involved in the situation.

I: What kinds of oppressions might your students deal with in their home environment?

MS. D: Oh, jeez. There's some sad cases here. There's this one boy who seeks attention because his mother is a drunken alcoholic. The mom says he's her best buddy and works hard to get him what he wants. He's had to meet with the school counselor. There was another girl who was taken away from a bad family situation in Philadelphia because of physical and verbal abuse, her mother was into witchcraft. She moved to live with some relatives here but the home situation here isn't safe either, so the police had to be called in. But she seems to be settling in now. Her mom's moved down here but the girl's slowly evolving into one of the neighborhood kids. She's the one they pick on a lot because she *is* a little different, but she's had different experiences than a lot of kids, too.

I: What kinds of differences do kids tend to target?

MS. D: With this one student the kids seem to zero in because she did look different, and she ...

I: Clothing-wise?

MS. D: No, just physically, she, she just, and she acted kind of strange, she would just rock back and forth in her chair, that this was a thing of the abuse, that kind of thing. And one of the girls said, "Stop it, stop it!" and I would have to go over to her and just put my hands on her, "Don't do that now," that kind of thing, and we had to have her meet with the school nurse. And she's the type of kid who thinks she knows everything, so that was another thing that bugged the kids, that she would, and yet she *does* know a lot, but they just didn't like it, that it was *her*. You know, once they had this idea that something's wrong with them, or they don't like them, then when they start to interact with the kids and the kids kind of, they're not accepting. But most of the other kids in this room have been together for years, so she's brand new, the other kid with problems is brand new, and so it's the ones, they're kind of not fitting in because they weren't with this group as they moved on through school.

I: Like a newcomer?

MS. D: Uh-huh, I think it *is* like a newcomer thing. It's basically the new ones. These two new ones were pretty outgoing and were put down by the others, but another newcomer moved quietly and she was easily accepted because she didn't stand out. There's another boy who's obnoxious and the class gets upset with him. The kids pick up on attitude. Their whole thing is attention: how can I get attention and bring it to myself? Acting goofy or silly is a big thing, and some of the kids'll say, "Oh, stop acting like that."

The following interview with Sam [pseudonym] was conducted in April 2013 by Cody Goulder, a graduate student researching people with digestive disorders. Sam is in his early 30s and the transcription is as verbatim as possible.

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- What are the experiences of people with digestive disorders?
- How do people with digestive disorders cope with them?

Also consider comparing or combining the analysis of this transcript with Brenda, the other case interview on digestive disorders.

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I: How old were you when you first realized you had something, celiac or, I should clarify: do you have celiac or is it a variation?

S: And I'll clarify, too.

I: Yeah, absolutely.

S: A few things: I do energy healing and, um, as well as like, um, counseling of people like with diseases of these natures. So, because of that I also go to medical doctors or energy healers and nutritionists or people more off, off the beaten path, acupuncturists, things like that. And because of that, these doctors are hesitant to specifically name anything, because once you put a label on it, you give it power. You give it a consciousness and the more you, the more that consciousness is spread out, spread around like ADHD and all of that first came out. It gives it a negative connotation, so I was never told celiac. I was never told, the only thing I was ever told was, in the early stages was candida and parasites. And candida is a form of a parasite. Um, and other than that, they don't address it to me and I don't really ask. I've, I've asked, slipped up and asked, in the past, um, the doctors just like don't worry about it. Because then, I'll start to research it and buy into the symptoms.

I: Why do you think that is? Aside from not wanting to promote, for lack of a better term, hysteria, why do you think doctors are so reluctant to label ...

S: Um, I think medical doctors is because of the lawsuits. Per-, perhaps, and the liability. They don't wanna, um, but, but the alternative doctors I go to, which are, I mean they're also chiropractors, so they are doctors. Um, [pause] for one of the reasons I just mentioned so that my consciousness doesn't buy into it and I create more of the disease, within my own body, which I, we all kinda tend to do anyway.

I: For the record, and certainly help clarify because, through this project, we've talked to other people we're interviewing and we've heard different labels for it. So, can you help explain the variations?

S: If you went through my symptoms, you would say, you would say celiac. You would say there's a lot of stuff. And I just saw something on Facebook, um, a medical doctor, I don't know, I was trying to find it for you. I don't know whose page it was, 'cause I have so many fan pages. It was a medical doctor that said, "What I used to, when I was practicing medicine, my patients would come to me and they had all these symptoms, which is fatigue, chronic fatigue, like all the, um, diarrhea, chronic diarrhea." I've, you know, chronic stomach pains, intestinal pain, and things like that, um. Vision problems like floaters, um, I forgot what else she said in the list, but it's like, "Oh, that's all me."

There's, there's no name for that. But, she said, "When I finally would ask my patients what their body needs, because they went through all the protocols and all the testing and nothing would ever change. When I finally asked my patients what their body needs, some would say, you know, this medication or whatever." That's a small percentage of what this host said. The rest of the people, 98% would say I need to quit my job. I need to go do something that makes me happy. My body needs this. My body needs, you know, and it wasn't related to anything that, food-wise or medical-wise, it was related to lifestyle choices. And, as a healer myself, that's what I've learned as well and, you know, knowing this I should be able to heal myself and slowly, slowly, gradually I am. But, it's, it's easier said than done. Especially when you're dealing with something that's so emotionally tied into your, your system and your psyche. Does that make sense?

I: Yeah, it does.

S: And that kinda follows through with what, when I've started reading into the candida years ago, I was first diagnosed.

I: Can you explain a little more about candida?

S: Candida is a yeast infection. And, when I first heard that, I'm thinking "Oh, which chick did I get it from?" *[laughs]* And so, I started like, after a while, after about a week, I'm like, you know, I'm gonna google this, and what it is is, we all have this natural yeast that occurs in our bodies. And, what happens over, it could be a traumatic issue. A traumatic occurrence or a thing like that, um, that happens in our lives and that yeast will, will, like, say we have X amount of yeast in our system. Let's just, naturally good yeast. Quote unquote, good yeast.

I: On par with, say, the good bacteria living in our stomach.

S: Right. Well, when that good yeast expands to like double X or triple X or however, I'm just, I'm not, um, when it expands, that level, then it starts to become bad yeast. And it starts to take over and, it's not, it's only bad because it's too much of it. And that yeast will affect your ability, and then the more sugar you have, the more you feed the yeast. The more gluten you have, the more wheat, the more things that, you know, have gluten in them, the more you're gonna feed it. Um, and so forth until you get to the point where it's like, you can, and I've read the diets and the diets, you can't even, it's almost impossible. They say it's almost impossible to do. You have to do this diet to, to cut out all the yeast, you can't even have carrots.

I: Really?

S: 'Cause of the sugar. But, then they say carrots are iffy because carrots also help kill the bacteria. It's like there's so much unknown about this, but it's said it's all, but the consensus that, I googled of all these websites that talked about candida is, it's all emotional in origin. Hippocrates said the same thing. He's the father of, you know, modern Western medicine. He said all disease is emotional in origin. As a healer, I know this. Because, even cancer starts as an emotion. And the more that emotion manifests, you get a tumor or something negative. Um, and I full-heartedly understand how that works. Because, especially in dealing with patients and myself, it's like as soon as you get rid of

that emotional counterpart, the disease goes away. Even if it's cancer, I've seen it happen. They say it's pretty amazing. Um, so, I'm sorry, what was your question?

I: What was candida?

S: Yeah, so, that's what candida is in a nutshell. And so, that's what my doctor started treating me for. My doctor, my healer, doctor, chiropractor started treating me for. And, and she told me to cut out all of, and this was probably about in oh-five [2005], it was about a year after I graduated [from university], getting my master's. Um, it was, she treated me, she said no sugar, no caffeine, no dairy, I couldn't do dairy either and no gluten, obviously. And, gradually I slowly weaned myself off, 'cause she was a vegetarian at the time, I slowly started weaning myself off of meat and stuff. I did eggs for protein. And what ended up and, I believe this was still, this was less than a year, about a year after my mom's death, which was devastating for me, and I think ...

I: What did she die of?

S: Oh, I can tell you the whole story. Can I?

I: Absolutely, we'll circle back.

S: Yeah, um, and I believe that's what started this manifestation in my stomach and my, my intestines 'cause I can tell the difference now. After a bowel moment I can, I'm just worn out. Um, so it was a year after my mom died and I went off all these things. Did the eggs for protein for about two months. I lost 40 pounds of muscle. And fat, but mostly muscle. So, I went from a size extra large shirts to mediums.

I: Wow.

S: It was bad. It wasn't, and I was also in depression and that's why I want to preface that because I believe that depression plays a part in this all. Is that, whether we know it or not, you know?

I: There's different levels of depression, period.

S: Exactly. And, there's, and then there's the fears that I constantly face like, within myself, and I think that contributed to it. I notice that when, like this HOA [Home Owners' Association] thing and I think, I thought it was perfect that it was coming up. I hate the HOA, just like you were saying. And I was, I don't know why I was having such anxiety over this meeting, 'cause once I had the meeting, it wasn't a big deal. But like, there are certain people that I thought were going to be there, and that weren't there, that I was like, I don't wanna deal with these assholes, right? So, that, and that, and I was paying attention to what was happening, having anxiety this past week and it was going, it was going right to my gut. And, I'm like, well that's not good for me. What am I doing to myself? But, like I can intellectualize it. But it's, but until I like either do meditation or just like breathe and just get it through my system or just face it, which is what I did today, I, that's why I went to the meeting, um, until you face that fear, you can't, it's almost impossible to get rid of it. Because once you face your

vulnerability, that's when, that's when you empower yourself. But, most people are used to running away from their vulnerabilities. Does that make sense?

I: Absolutely.

S: So, OK, you wanted to go back to my mom or, I kinda jump around so keep me ...

I: No, it's fine, I like to jump around. Um, so how does, let's backtrack a bit to candida, trying to get a scope of these disorders?

S: I can tell you how candida manifested into other things if you ...

I: Absolutely. Oh totally. Yes, so how does it differ from, say, someone who has celiac or has a general gluten or lactose or ... ?

S: I think people that have celiac I, don't quote me on this, but I, well, you can quote me on this.

I: I don't have to use it.

S: I, I'm pretty sure people who have celi-, celiac also have candida issues. I'm pretty sure and, you know, chronic fatigue plays into all of that. I'm pretty sure that people who have gluten intolerances have the celiac, whether they were tested for it or not. I'm not sure that most medical doctors, some of them do 'cause I've been to a few that do, will test for celiac. There's a spit test you can do. There's all these other tests you can do that are, that don't cost money. But how does it come, go into play?

I: Is it sort of like ...

S: I think it was, for me, I think it was the first stages. Um, at least as far as a diagnosis goes and my doctor slowly started treating me for celiac. Once she got that under control, then we started treating me for, like, if I have gluten I'm bleeding out my, you know, out my ass because, and I didn't know that's what celiac did. Because, my friend works, he's a higher up at [a restaurant] and he works in the kitchen and he's like, he's like it's very serious. In like, really, 'cause he, everyone calls it celiac 'cause it's more widespread as a diagnosis and that's what we label it.

I: Right.

S: In all intents and purposes, you could say I have that, but I don't like to use that label.

I: Is that because you feel that, as a medical term, celiac is an easy way to create an umbrella over these conditions?

S: Absolutely. Its, it's just like, back when they used to say ADD and ADHD they would come up with all these initials for that. You remember those, when that happened?

I: Yes.

S: And I'm just like, that was us growing up. I was an A student, but it was still, we were, my little brother was way even more hyper. My mom didn't know what to do with that. But she didn't drug him because she didn't want to deal with him. She just dealt with it. And now we call it something so we can put someone on drugs. But it doesn't help them. You know what I'm saying, it's like toxic to those kid that grew up, and now they're adults, a functioning, and they're like, that was the worst thing you can do to a kid is put them on the drugs, because they can't access, access their creativity.

I: What are your feelings when you see gluten-free diets, everything's being marketed as gluten-free this, gluten-free menus when you are in a restaurant?

S: I actually, honestly, I appreciate it. I don't think of it as, as a bad thing. Like, what is it, on Picasso's Pizza, Pan Gusto's Pizza, which is one of the old Picasso's, they're, almost all organic and all gluten-free. Organic, I think, fits into it. If you're gluten-free you've got to watch the pesticides you're putting into your body. Um, and diet, we're learning more slowly as a society that diet is the best, is a better medicine than actual drugs. Um, it's what you put into your body, not just the preventative, but um, as a way, that when you do have something, as a way to get out, get yourself out of it. Um, and ...

I: Because food is something that you need and you cannot operate without it.

S: Right, right. And if you're eating stuff that is attributing and continuing exacerbating the issues that you have, whether it's emotional or not, I mean there's still, there's something in your system that's exacerbating the problem, then how, how is it that any amount of medicine or anything else going to help you? But if you eat stuff that promotes the good stuff to occur and helps you, help you feel better, helps you to feel more energetic and have energy to exercise, that alone and just a better outlook can push away most diseases in anyone's body, whether that's gluten or anything else.

I: Yeah, absolutely.

S: Um, there's so much more I was gonna say because, like, as I'm talking, I'm having all these thoughts.

I: If it comes up to you, just throw it out there.

S: I can send you some stuff from like, I see this happening on my pages every day. Like Socrates or Plato or like all these people or Doctor Freud.

I: That would be amazing if you were ...

S: It's some amazing stuff that, like these are all on my feeds that I hit "Like" on. But, it talks about like, all this stuff in different ways. And they, it's just ...

I: Are they posted on your Facebook page?

S: No, it's just my feed.

I: OK.

S: Various feeds. And so, you know, as it comes, I'll just forward it to you.

I: Absolutely. I'd love to see these.

S: OK. And, some of them I save and some of them I don't. If I have any on my computer, I'll just, yeah, because, and I'll, it'll help your, I think it'll help your [research].

I: I think it will help this project a lot. Um, and just having information too, to know more about ...

S: I mean, and you could hear me say, as a healer, like, when you hear other people that are famous, it's almost kinda almost ...

I: Well, it's refreshing, I mean, it's refreshing to get it from your perspective because, as you described it, a doctor is going to tell me something that I ...

S: And I was at a doctor, um. OK, there's something I wanna say and it's all coming out at once, I was ...

I: Take your time, we're in no rush.

S: My, my chiropractor sent me to a doctor because she's like, "I can't prescribe medication but I really think, to kick this out of your system, we want to prescribe this," and she told me that, what she wanted. So, she sends me to a person I know and a person that she knows and this doctor was just, she was a medical doctor but a quack. I'm just like, "You don't know anything." And, I'm like, she was testing, which is fine, testing me for all these, testing my blood, testing my liver and all this. And, she's like, "Well, I don't know what to do." I'm like, "What about that medication, you know, doctor-she suggested?" "Well, I could put you on that and I think that's the best thing, but I just don't know what's going on with you." And, I'm like, it's all like going back to the medieval days for me. It's like, I'm like, I spent time with my doctor and we've been treating this and we want results to just kick it. But, she's all, doctors have that ego. Like, "I'm God, I know better than anyone." And it's like, so I took the drugs. Literally, it happened Friday night until Sunday evening, I was in-, I was incapacitated. I've, I've never been, I can't call it sick, I think I was in a coma. I could, the only thing I could do was get up to pee, I couldn't even get water. It was, and what happened was, what I researched and what my chiropractor kind of already knew, she's pretty intuitive, is it killed a parasite in my liver and it caused that reaction. Now had I known in ad-, had I actually known this in advance, and in hindsight, there's a tea you can drink that'll counter that and I would have been fine. But, you only know this stuff through experience. It's who's, and this is funny 'cause my mom was the same way. She would educate the doctors. And all my, all my uncles are doctors. Um, so my mom had, she, she was gluten-free later on in life, um, because of her, she had rheumatoid arthritis. But, mostly she, she got on a healthy diet because of the arthritis. She would educate my uncles in treating their patients. She's like, they would argue with her, "This, this is not what we were, the

medical books say this.” And, finally, like after, I was, I was a little kid going to [city], that’s where my cousins are. And that one year, they just switched. My mom was just so beside herself, “I’ve been saying this until I’m blue in the face, what made you see the light?” They’re like, “Our patients are demanding it from me.” And so I had to study it and learn that food is more important than medicine in a lot of cases. You know, you’ll never get them. They’re my uncles and I love, they, but they’ll never say that out loud. Because that’s just, it’s their careers and the, it’s the insurance companies. And I’m, I’m doing all of this out of pocket because my insurance company won’t pay for what I had. I got rid of my insurance. They wouldn’t pay for it.

I: Why wouldn’t the insurance company cover that?

S: They won’t pay for a chiropractor, they won’t pay for a nutritionist. They’re just something society doesn’t deem as important. Some insurance companies will. I have Blue Cross. And after, after several years of, after paying my, you know, paying my doctors out of pocket, I’m just, why have insurance? You know, and so my dad would get back because he’s an attorney, he was an attorney. And he would just, so he would pay it for me. And when he died, I was, just would, my dad, he cancel. *[slight laugh]* Because he had, but that’s because, how he was raised. They were taught growing up, is, you know, from grandparents and aunts and uncles that grew up in the Depression. You need insurance. You need this. You need that. And, this is how you live. You live in fear of the what-ifs.

I: That’s going to happen, you may need this.

S: And I, and what helped me change that attitude, because that’s how I was raised by these people. My dad, my grandfather, what changed, my mom wasn’t like that. She was the artist. She did a lot of coppers, but she did a lot of painting as well. But, um, that’s what she did later on in life. Artistic career. And then she became a realtor in the 80s. And that’s what she did until she, and then she kind of retired after all that, when they moved to [a new location]. But, um, so that’s what she did. Where was I going? I forgot what I was talking about.

I: We were discussing, where did we, we started with celiac umbrella term, and, last little blurb. Insurance. Why did you need insurance?

S: And so, I guess we were on a, a track. I was just saying that, you know, we train our society to grow up in these fear modes. I feel that the fear that you have like, that creates the fear of the what-ifs creates more of that happening. Like, what if my house flooded or what if there’s a tornado? Well, those are the people that attract that most to them. And I’ve known, just from my own experience that if you were to ask me this 10 years ago.

I: Is there a specific experience that jumps out to you?

S: Of me creating my own situation?

I: Or seeing it in someone else?

S: In my dad, yeah. He would create these fears and they would happen. Just like, if I didn't have insurance then I'll, then you look at someone like me who grew up in the same family, and I don't have insurance, and even my doctor, my chiropractor, she doesn't need. She's like, "Sam, if I could live like you, I would. But, I still have that fear of society. And if you can let that go, if something happens, it happens." But, if not, it's, I, it's like ever since I saw the movie, and I don't, I'm just gonna throw this at you. I saw that movie, this is as I was going to join [a university degree program] and I, I didn't want to bring up the girlfriend. She was a [student in the degree program]. Um, but she, she and I were going through a, insane shit. I won't go into it, but if we ...

I: I want you to know that this is a safe place, so if you want to go on a tangent, throw something out there, go for it.

S: Yeah, you could write my life story later, but I, this will [laughs], her and I were going through a, um, emotional upheaval that we're told, um, 'cause we didn't know what to do. I mean like, shit was, shit was flying around the room. It was like that kind of, like a, um, looking back was an emotional thing. It manifested itself in, there's so much we don't know. [laughs] That's another conversation.

I: That's another conversation for another project.

S: A major conversation. Um, it's a major conversation. Not because it was personal but because um, but that kind of tied into it as far as, um, her and I saw this movie. I think it was separately because we were breaking up at the time.

I: What was the title?

S: It's a famous movie. You'll know it when I tell you it. It came, I can't think of it. Not *The Secret*, the one before? [pause] But, anyway, it's this movie, before I'll, I'll get it to you.

I: We'll figure it out after ...

S: If I IMDbed [Internet Movie Data Base] it, I'd find it. It's a documentary. And once I saw that documentary, after this documentary, I'm like, this is stuff I knew in high school. But I would never say it because people thought I was, would think I was crazy. These were scientists that came up with all this stuff. Not gluten people, right? Um, and in the second half of the movie, it was just like, it was more story with Marlene [sic] Matlin in it. And, you know with, the deaf one. And you see her like taking all the drugs in her medicine cabinet and throwing them out because it was, it was her realizing that power not to need that. And I used to take Advil all the time for headaches or whatever. Especially going through [university], you understand how that is. I'm just like, you know what, I had such a rush of, after watching that movie, I took, I even threw out my Advils, and I've never needed them since. And so, that's kind of, that's an example of where I don't need that insurance, I don't have to go buy it. And, if I ever do have a headache, which is probably like three times in that eight-year, nine-year period, very minor.

I: Let's tie it back to the food issue, because one of the theories running around out there is because so much of the food we consume is this genetically altered ...



S: Monsanto.

I: Monsanto. There's, corn is completely different, the amount of steroids and things they put into beer and chicken. Even the treatment of animals is a hot topic issue. It's all over the place. How much of that do you think ties into these fears that we have? What I put into my body?

S: I think a lot of it does. The people who are against Monsanto and the pro-organic, whenever you're against something you create a fear. So if I'm saying I'm against, um, non-organic food or I'm against GMOs, well then, you create that fear that these things are bad. I'm not saying they're bad or good because I don't know. We haven't done enough tests on Monsanto. But by creating that fear even we, it'll even get in my head that it's, well, I've got to be careful I don't buy GMO. Then, the more I create that myself, I limit the foods I can't eat. You know, at least in my mind. In reality, could I eat Monsanto and probably be fine? Probably. But, if I knew it was and I was eating it, that would exacerbate the food. I mean, that would exacerbate the food I'm putting into my system. And, I've noticed within myself, if I'm focusing on negativity, if I'm pissed off at someone or in a situation where I'm pissed off and not eating, it's just, I'm gonna, I'm gonna have diarrhea that night. It won't be the next day, it'll just go right through me because I'm eating with anger. Doesn't that make sense?

I: Yeah, it does.

S: I mean, I'm not sure how much you're into this.

I: No, this is all good, I mean, we'll cycle back in and through.

S: And these are all things I've learned since, it was either taught to me sometimes or either, but mostly, the way I've learned is, and I've always thought this was odd, especially going through [university], I would have a revelation or an epiphany or I would have the experience, learn that way. And then, maybe like a week, a month, a year later or two years later, I would have the validation. I mean like, why is that happening? But, I realized because the, it comes from a book, it doesn't have as much power as coming from me having the experience first. And then I'd have the validation later. Because, I think, I've grown up very skeptical of all this shit, trust me. Even though my mom was very into health food, you know, tried to instill that into her children, it was still kinda feel like, oh, that's just mom. That's how we are with our parents. So, but because of my own experience, I've been able to develop my own ways of doing things, whereas if someone tells me something, then I'm just kind of like a puppet. Being pushed around and the, with the food industry, with Monsanto, people saying pros and cons. And as much as I try to stay out of that, you still see it on Facebook. It's because of the places that I hit "Like" on.

I: Getting back to the experiences, I wanna circle back into your background, um, how old were you when you first ...

S: Had stomach stuff?

I: Yes.

S: [pause] Here's where it gets interesting. I believe it was, if I could trace back all the symptoms, I believe it was probably like, when I was, um, probably in my 20s, maybe 21, 22. I remember talking to a friend on the phone, going and asking like, "Don't you just feel like wiped out after you go to the bathroom? You know have a, have a bowel movement?" And he's like, "No." 'Cause I used to work out a lot back then and I'm like, and that happens to me now where I'd have a bowel movement and I'd just, I'd just be exhausted. I'd have to take a nap. I mean, literally, take a nap. Um, and, but no one, who's to know back then? No one talked about any of this stuff so I wasn't aware that's what's going on. So, I would say probably around 21 is when I felt it started. Um, now, going back before that, when I was in college at [a western university], 18, 19, 20, or maybe even in high school, I drank a lot. And I'm talking Jack Daniels in one hand, Bacardi in another and have a couple of beers for chasers. And the reason I elected to be social, it was because, it actually didn't make me drunk back then. I would be the designated driver and I was drinking that much. Because people were like, "You're, you're sober." After a while, I stopped arguing with them. My blood alcohol content probably didn't say that, I could function, yeah. So, I just drank because it was the thing to be social. I think, in the physical world as opposed to the emotional world, I believe that is what helped destroy some of the good lining in my stomach, the bacterias. And I believe that's where it started. Because one, every year in the spring, this time of year, March, April, May, a month, I would have a stomach issue. And that started so, so the symptoms started when I was 21 with being exhausted after the bowel movement. You know, like, 25, I'm back from school living here. 25, 26, I would notice, like every year, for about four or five years I would have these issues of one-month stomach issues. And that's exactly what I'm currently going through. Um, and then like gradually, I would have like acid reflux, and so I would take whatever people would, and it always exacerbated with alcohol. So finally, and that's why I don't drink too much. I can go six months to a year without drinking a drop. You know, it just depends where I'm at. Because, I know it's going to re-effect it. Just from experience, I try not to put the thought in there and it doesn't.

I: How'd that change socially? Did you notice a change at all? Was there?

S: Socially, I had to make, I had to make the, I had to make this decision to stop drinking. And when that happens people feel, like you think your friends are just like, "Oh, c'mon," it's really like a tug of war. It's like, why is my drinking affecting you? In me going through that, it made me a stronger person. In that, like, per-, pressure way. And even the gluten stuff is like, some friends of mine I can't even be gluten-free around. It's like, I won't even eat dinner with you. Sorry. 'Cause it's like, especially if I go over to their house ...

I: What is that conversation like?

S: Most of my friends know now, but like initially, certain friends, especially the ones from [a western university] that aren't sensitive, mostly guy friends: "You're fucking weird or pussy," stuff like that. It's like, it's kinda like, "Oh, c'mon." And I'll even drink water that doesn't have ice in it. I thought my mom was crazy growing up, doing that. I couldn't do that. But my doctor even said, "Don't drink water with ice in it because what it does is, it makes your stomach and your system work that much harder to digest the coldness and make it warm, room temperature again." So, if you already have digestive issues, and I take ...

I: Don't they say, in certain diets, that if you want to lose weight you should drink cold water? One of those little tricks that they tell you? Same with eating peppers.

S: Peppers actually do help me. Certain peppers with the intestinal lining, which wore away gradually due to, they call it leaky gut syndrome. And like, all the toxins within your stool with, be passing through. You're supposed to absorb the good stuff and the toxins go out. Well, all the toxins were getting into my blood because the gut lining was so thin it started going through the wall. That's what they call a leaky gut, which was contributing to the, um, chronic fatigue. Which I, and I don't like to label it but, for me, it was chronic fatigue. Back to what your question was, I'm sorry.

I: How it affected you socially.

S: Um, so socially I, I don't, I don't go to bars and if I do it's tough.

I: What specifically? Is it just the ...

S: Because one, I'm not drinking this. But two, because most bar food is fricking fried and it's got gluten in it. And, even if it's not fried, it's not the most healthy, you know? So, my choices are eat beforehand, meet people, sit around and talk while they eat and drink and, you know, you can still have fun. Like, I have friends that are alcoholics who, you can still have fun and, but you can't, I mean, I just gradually stopped going. Dwindling, so socially, it's like, to answer your question it's, I'll just tell you, I literally, I haven't lost friends, but I don't hang out with them as much as I used to. I mean, not nearly as much. I was out every night. Now, it's sometimes once a month.

I: And that's not something one can find, almost like a support group or ...

S: And, it's one of the things I was just gonna address which is, it's almost easier to say, "I'm an alcoholic" than "I'm gluten-free." It's all easier to say, "I'm an alcoholic" than say "I can't drink alcohol because I choose to not drink alcohol with you." Because when you're an alcoholic, people like give you that respect. That just is. But when you're, when you make a choice for your health, to eliminate something out of your diet, it's like, it really affects other people. And I had to learn that that's not my issue. Just because you want to drag me into your hell doesn't mean that, and I had to learn that, how to be strong enough, to stand up for my own health, really. And that's what it boiled down to. I mean, literally, and one of the guys I'm talking about, kinda referring to is, I see him once every year or six months now. We used to hang out all the time. But because he couldn't let go of that, and even with his daughter, she, he had a three-year-old who's had issues with gluten. And I, we were out at dinner and they order it special, non-dairy because no dairy ties in with gluten. As well as alcohol and all that stuff, sugar. Um, and he, he was getting on her, and his family's practicing medicine too. His dad and uncles are doctors. The words that came out of his mouth were, "I want her to eat normal cheese because I don't like it." So, I can live my life and I'm just thinking, and I don't like, I don't like to chastise my friends 'cause that's their choice how they want to raise their family and live. 'Cause, I don't want to do to him what they'd do to me basically. But when they say that, it's like you'd rather put your daughter on drugs and medicine that might affect her later on, at three years old, than just get her off gluten for a while? And have her just be healthy? So, I don't know, it's for me. And I see her face too, it's the irony of that. And it's kinda like that lady, Louise Hay, who I think it was from 73, 75, she made the decision, not because of her health, because of her health, but not

because she was gluten intolerant or anything like that. It was a decision before it was even popular to do no sugar, no dairy, no alcohol, and no gluten. I think no caffeine too, like there's those kind of four or five things that could kind of contribute to the issues. She's almost 90 right now. I mean, and that's amazing in our society and she's got her own publishing company.

I: Especially when it is not with the assistance of a plastic heart. Or something that has been artificially put in.

S: Exactly, so, and there's probably everyone for her age, there's probably other people that are smokers and, you know, do drugs all the time. So, who knows? I mean, I'm just saying, yeah right. Anyway. All these things they've found for cures have also proven harmful to your system. So, she actually wanted to learn how to be able to get out of bed during the day because of her arthritis. Because of the gluten at the time. The more she looked into the diet, the more she researched, she learned gluten could affect it all. Back then, all it was was rice, bread, and that's it. It's better for me to have brown rice than white because of the nutrients. In the food aspect, I've gotten to points where I'm like, I don't want to eat any more. Like, literally, I, my situation is probably different than others. I eat out almost all the time. I will eat like raw foods, which I've found is much better on my system besides processed foods.

I: What is your favorite kind of food?

S: I don't eat pizza anymore, unless it's from Picasso's because they do a great non-gluten, non-dairy pizza that tastes great.

I: Were you a big pizza buff before that?

S: I ate a lot of pizza. I knew it wasn't good for you but I did it. I mean, it's cheap. I would eat Taco Bell a lot, and there's things that I would do in college that I would only do in college that I wouldn't do when I was out. And that was smoke pot. Although, I didn't really inhale. As soon as I graduated, I was done. If you put something in your system, make sure it's good. My dad connected that with gourmet. My mom, she said organic. I like seafood. Just have to be careful it doesn't have a thickened sauce with flour. Afterwards, no pizza. The dairy will affect me as much as the gluten, if not more. Sugar's been the hardest one. I can cut it out and be cold turkey. But the little increments I can't do. Sugar also contributes to cancer. And, they'd rather fight cancer with chemo than do it the right way. The candida was the first thing that we addressed with my treatments. And that was over the course of maybe six months to eight months. Maybe longer, I don't know. This is my memory. But then after that, we started treating me for parasites. Whether it morphed or it's just, I think she was doing the stages.

I: And this is when you were seeing the doctor?

S: The chiropractor. And this is all out of pocket. I was seeing and what literally brought, OK, I was seeing her and she got me to a place where I was stable. I stopped seeing her for about three years. Um, I came back to her. It was hard for me to come back to her, not because I didn't like her, but because, um, I had gotten to a point where I, I would wake up in the morning, go to the bathroom, like you know take a shit, and I was exhausted because like, literally, it was my gut was leaking. So

like all the toxins were coming out through and it would burn and it, it was like draining. I learned that your stomach is your power center, it's where you hold most of your power, and if that's affected, you're wiped out. That's from my experience, I found out research that proves it, but I, or otherwise I'm just telling you what someone else said. So, I'd wake up in the morning, take a shit, ah fuck, go back to bed. I'd get up. I'm like, my God, I've gotta eat. I, get this, this was going on for weeks. I'd get up, go downstairs, grab something out of the fridge or out of a cupboard, eat some food, that would wear me out. It's like it's wipe me the fuck out. And I would go back to bed. Then I would take a shit. Like, this was throughout the whole day. I would stare at the ceiling looking, thinking, really start talking to God, "Why the fuck am I here? If you want me to, like, what do you want me to do?" It's like, it's like you have that conversation and it's like, just kill me or take me, you know, because I don't know if I can, if I can't function, then what's my purpose here? I can write about this, but I can't when I'm exhausted. So, I got to this point where I'm just like I have to go back to this doctor. Literally, like, she won't say anything. She doesn't want to alarm me, and she knows me, 'cause like, we had this understanding. It's OK, don't tell me. Um, literally, she had to treat me for parasites. For all this stuff and she would gradually do it, without explaining to me the process. And I never asked. I didn't care, because it's like I don't want this part to interfere with this part of, you know? If that makes sense? The mind and the stomach. Um, so I started seeing her and literally it was like, but I knew I was ready to die. And she's like, "You, you've had this for a long time" and she's like "We're past the point of me treating this for you. You just felt good and stopped seeing me." OK, I get it. I started seeing her again and like stage by stage we're treating me for allergies. For gluten allergies, for, I actually started getting some arthritis symptoms here and there and they'd go away once she started treating for, um, for arthritis. She treated me for leaky gut. But you can't do it all at once. Gradually you can, but she wanted to treat one thing at a time, to make sure it was working. And it was, but, you like, she comes from an engineering background before she became a chiropractor. Intuitive. Nutritional. So we started with candida, then we would treat me for parasites. Then we would treat me for allergies. Food allergies. And then something emotional would happen, and it would be just like, I'd be back at square one. Not square one, but it felt like I was back at square one. And, when that emotional situation would happen, I can't remember specifically what incidents back then, but something would set it off and I would either get pissed or all my symptoms started coming back. It can be a physical or emotional stress. My triggers are people attacking me with words. It goes right to my gut and I haven't gotten past that sensitivity, especially when it involves anger. So, I understand the emotional part. Like people aren't making this stuff up. How can you agree with one part they say and not the other? People are nuts, man. It's like you have to do what works for you. When you're living in a hole where everyone wants to tell you what to do, they don't know your system. The only one who knows it and can empower it is you. I've learned to be stronger, to be able to walk with more confidence as opposed to going around life getting pushed around like a pinball machine. No matter what kind of people try to steer me off course. It's harder to talk to myself because then I have to listen to this shit. It's easier for me to explain it to people. I get that. More full life. More satisfaction in life. We always want to be better than our parents and have our children better than us. I'm more in tune with what I'm doing. I'd rather not have gluten at all and cheat after a while. When you have too much of the same food, eventually, your body will reject it because you're not, it's just the tolerance for it decreases. Just like the antibiotic. I would take antibiotics to get rid of lingering stuff. I didn't know there were natural cures. My mom would always say, "All the doctors I go to tell me, only do antibiotics if it's life or death." Why wouldn't they have medicine if it wasn't good for you? Immunity. I'd done way too much. If I had a fever, I'd take a hot bath, then I'd start throwing up and that would be enough to kick the system. It'd burn my stomach. It

was alcohol, it was antibiotics, it was whatever was destroying the lining. I didn't learn how to express my emotions as a child. We hold our emotions in our gut.

[The interview continued but the participant addressed content not related to the central research question.]