

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 bingeing?

CLIENT: I mean, when I look back on it, I feel like it was probably bingeing. Not the extent when I was in Geneva, that was really bingeing. 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

BEGIN TRANSCRIPT:

THERAPIST: Hi! Come on in! Just grab some water.

CLIENT: Sure. (pause) Hi!

THERAPIST: Hi! How are you doing?

CLIENT: Okay. I haven't been feeling that great yesterday or today, so I'm feeling frustrated that that's happening again. [00:01:06]

THERAPIST: Not great in what way?

CLIENT: My stomach. I had like, a flare-up of whatever; it was happening yesterday. And it was probably from something I ate, because last time I had symptoms, I had this like, particular kind of yogurt as well. But I think like, when I get nervous about it... It's weird, having actual stomach issues, because when I feel stressed and anxious, then I usually get like a little like, anxiety stomachache, you know? And so it's odd having... because... an actual stomach issue, because then, when I worry about it, it makes it worse, so... Then it's like, hard not to, it's hard to stop that from happening. And then I don't know what's like, real or... I mean, it's all real, because I feel it, but I don't know what it's caused from, me being stressed out about what's going on with my stomach and what's being caused by my actual stomach issue. [00:02:03]

THERAPIST: And what do you start to worry about?

CLIENT: Whether it's healing, and what's going on, and why I'm having this symptom or that symptom, is it a side effect of the medication, this isn't... You know, like this isn't supposed to be what... And it also feels like, and I don't know... I just start like, thinking about all the other things that could be going on. (therapist responds)

(pause) And if I was feeling better for so long and now I'm feeling sick again; does that mean that I'm not getting, I'm not getting better, you know? And I know it takes time; there is a reason that, you know, they told me it will take three months to kill; it's not going to happen like that, but you know, I've told you, I'm very impatient (chuckles), and so... I would like to be better now.

THERAPIST: Well, I guess part of patience is sort of bearing uncertainty. (client affirms) Do you think that's what's hard? [00:03:07]

CLIENT: Yeah, I'm nervous that on December 3rd, when I go in for the endoscopy, they're going to tell me that it's not healed, you know. (pause) Because it's shitty, right now, like not eating anything I want to be eating, and I don't have, I haven't been working out a lot. I just went for a pretty pitiful (chuckles) jog after work. I don't have the energy. So it's just frustrating, and so yeah, I'm nervous that like, for some reason, it's going to take longer to heal or... Or something else is going on, that is preventing it from healing, or something like that.

THERAPIST: And do you get particular ideas of what's preventing it or just this fear like something is preventing it?

CLIENT: Yeah. Yeah. (pause) So I'm just trying to be patient. (chuckles) [00:04:16]

THERAPIST: And what does "trying to be patient" feel like?

CLIENT: (pause) I feel like I'm not being patient, you know, like... it feels like... I don't know. I keep like, reminding... I just feel like I'm constantly reminding myself like, "You're fine!" You know? So... (pause) I think it's frustrating, because usually what makes me feel better is when I like, get a good workout in, you know. And since I'm not doing that, I don't feel like I have... like any way to release any of the stress that I'm feeling. So I feel like I'm just like, I'm just like sitting with it. It's not going anywhere. [00:05:34]

THERAPIST: So it feels kind of pent up?

CLIENT: (affirms) Yeah. (pause) And like the other, two days ago, I finally like, I went for a run for the first time since I got sick. And it was great, and it felt great, and I felt great the rest of the night, you know. Then the next day, I got sick again. So it was just like... I finally was like celebrating that I was really, like felt like I was on the mend and doing well, and was feeling good, you know. And then yesterday, I got sick again, so it was just like... I don't know. It all got taken away. (chuckles) So... [00:06:27]

And then, I push myself. Like, today, I'm like, "Okay, you're going to feel better today!" And I really, really want to, you know. And I'm like, "You're going to go for a run today." And I don't know if I would have felt better if like, or worse, if I didn't try to go for a run. But like I, it made me feel like crap, because I was really, it was like the slowest mile times I've had in a long time, and I like got nauseous as I was jogging. I wasn't even running, you know? It was like a trot for me, so it was just like frustrating. So I don't know if I would have felt worse about myself if I hadn't tried to go for a run, or if I feel worse now that I tried it and kind of failed. So, I don't know.

And it just makes me want to like, go home and do nothing. And I'm supposed, you know, I'm having some friends over for dinner tonight. I like seriously considered calling them and being like, "I'm not feeling well; don't come over tonight." Because it's just, I now feel like crap about myself, because I'm not getting better. And I'm like, I am just frustrated with my body. [00:07:26]

THERAPIST: Right, there is one thing, feeling crap; then, there is another thing, feeling crap about yourself!

CLIENT: (pause) Yeah, I don't know, I don't know if it's like a combination of both, or one or the other. It's not like one or the other, I don't think. But I'm just like... You know, I don't feel, I'm, I guess not about myself, but, well, a little bit. I'm frustrated with my body. I don't understand why this is like happening, and it's prolonged, and like I just want to get over it.

THERAPIST: Like, it's something that you can't control, but you desperately want to? (client affirms)

[pause 00:08:00 to 00:08:48]

Is it a wish for control that you don't feel you can just let go of, even a little bit?

CLIENT: (pause) Yeah, because it's like, these are things that I know, like that usually make me feel better. So I want to be able to have that feeling again. I want to feel like, energized and like, I want to socialize with my friends, and you know like, I'm excited about the day or something. And so, yeah, it's hard for me to like, let go of it and be like, "Oh, well, like you're not going to... Like you're going to feel sick and you're not going to exercise for a while." It's like... I feel like I shouldn't just let that happen.

THERAPIST: (chuckles) What's the alternative?

CLIENT: I don't know; I guess being cranky about it! (chuckles)

THERAPIST: I see. So you can either accept that or feel badly and be cranky. [00:09:40]

CLIENT: I guess. I don't know. I feel like I want to keep trying to, and like figure out like what, you know, like... I want to figure out like why, what's making me not feel well today, you know? Like, I barely ate anything today, so it can't be food, you know?

THERAPIST: It could be not eating anything today (chuckles), too!

CLIENT: That's true. But what I did eat was like, full of protein and you know, I had like peanut butter and then like, brown rice and avocado. Like, I am eating smartly, because I'm not able to eat a lot, so... But I guess it's still not that much food, so it would make sense that I don't feel like super energized. But... I don't know.

But I didn't feel hunger all day, so it's not like I could have eaten more to, and I don't, you know, I don't know. I don't know, but that's what I, just like sitting here and just want to like dissect every reason why I would not be feeling, like I why I would feel nauseous trying to run today, but not two days ago. You know, why I didn't have an appetite today, but I did yesterday or, you know what I mean? Like, I just... like I always want to know like, any time something happens, any time I get a little bit sick or, I always want to know why. Like, I want to know the reason for like, why I feel each little thing that I feel. [00:10:53]

THERAPIST: It sounds like a really hard task.

CLIENT: Yeah. Because you can't like, you know, you get a headache, you don't know why you have a headache. (therapist affirms) But I sit there and I want, like I want to know exactly what's going on, like why I'm having a headache.

THERAPIST: And if you can figure that out, what, how does it help?

CLIENT: (pause) It like calms me down if I know like, if there is something... Like I remember last week, I was having really bad cramps and I couldn't take anything for it. But I didn't feel that stressed about it, because it was like a pain I was having, but I knew where it was coming from. It was like a normal reaction, it's a normal reaction for females to have that, like once a month, you know? So like it, kind of, it was like not worrisome to me, because I knew where it was coming from, and I knew that it was nothing to be worried about, that it was normal. [00:11:46]

(therapist affirms) So like, if I know that... like I have a stuffy nose, just because I have this little cold or because I have allergies. You know, if I can like pinpoint what's causing what, and it's like, something that's pretty normal, typical and like nothing to be worried about, then it calms me down. If I can't figure it out, then it stresses me out, because then I think it's something like, really bad.

THERAPIST: Sounds (inaudible) something, you catastrophize. (client affirms) Why would something really bad be wrong?

CLIENT: I don't know. It doesn't make much sense, because I'm, aside from having this like whatever ulcer I have, like I'm a healthy 28-year old, you know? Like... when other healthy 28-year olds get a headache or a stomach ache, you know, they're like, "Oh..." You know, like

it's not, it's not like I'm in my 50s or 60s and like you're really, you know, could be something. Like, when you do have to worry about other things going on. But I don't know. [00:12:49]

(pause) It's frustrating, because I feel like my life is really good right now. Like, I should be really happy with everything, you know? Like, I have a really wonderful family, I have a wonderful supportive girlfriend (who I love very much), and I'm doing very well in school, and I'm doing very well at work. I'm like, did very well since college, you know what I mean, I'm like, I have a lot to be really grateful for, and I am really grateful for it, but I wish I could just like relax and enjoy it, because I'm young, and I live in a great place, and I have great friends and great family. Like it's just, it's really annoying that I'm so preoccupied with all these other little things, and I'm not able to just like have fun, you know? And enjoy myself. [00:13:53]

Like, I guess part of it is like, I feel like because everything is so great, like, it's never felt great for me. Like, well you know, there was always something that was, that I felt was like wrong with me, whether I was overweight, or else with my sexuality, I'm going to get good grades, you know until I was a sophomore in college. Now finally like, everything is great! I should just be able to enjoy it, but I feel like something must be like around, something horrible must be right around the corner, because I'm not used to it. (pause) I'm not, I feel like, which, and it sounds ridiculous, you know, my last therapist said I had Kena Hora Syndrome, (chuckles) because I was like waiting for something bad to happen!

THERAPIST: What is it?

CLIENT: Kena Hora syndrome? [00:14:39]

THERAPIST: I didn't even know...

CLIENT: That's what she called it. I don't know. I think, my mom like it's, like old Jewish women say this word, "kena hora," it's like, don't, you know, like "knock on wood" kind of thing.

THERAPIST: I see.

CLIENT: Yeah. I think it's like a Yiddish term, I don't know.

THERAPIST: I see.

CLIENT: I've heard it growing up, so I know the context in which it belongs, but I don't know like what exactly it means? But that's, I feel like I'm like, waiting for something bad to happen, because it's like, too good to be true, basically. Like, I never imagined that I would be with... Amelia is literally the girl of my dreams. You know, and I like, never imagined that I would ever, because I spent so many years like, falling for these straight women who, no matter what I did or how I changed my body, would ever fall for me back, because, you know, it wasn't, and it wasn't personal. It was just... you know. And now I feel like something is going to, and I think that's why like, I'm so worried all the time, that something bad is going to happen to Amelia,

because... like, it's just, it's like, too good to be true. So, it's going to be taken away from me.  
[00:15:37]

THERAPIST: That what you have is so tenuous and fragile. (client affirms) Almost like it's an illusion. I mean, it's not quite an illusion, but it's not quite real either. (client affirms) Too good to be true is something that isn't real.

CLIENT: Yeah. Because I just never, I always thought, I like had totally accepted the fact that I would never, like have what I have right now. (pause) So I feel like the longer it goes on, the more convinced I am that like, "Okay, now it's, we're really close to like when something bad is going to happen."

THERAPIST: (pause) So it's not really yours; it's kind of just this stage (inaudible)? [00:16:45]

CLIENT: (affirms) (pause) Yeah. I know. I just like, for some reason, I don't, and I don't know why. Like, I don't feel like I consciously beat myself up over stuff, but like, I, for some reason, I don't feel like I deserve like, any of what I have. And, it's hard to explain, because I don't feel like, I can't sit here and be like, "Well like, this is what's wrong with me, this is why I don't deserve this." But I just, it's just that like general feeling that, like I haven't, like I don't know.

[pause 00:17:18 to 00:18:05]

THERAPIST: So it seems like, on the one hand, you want to control like, something from going really wrong. But on the other hand, you feel like it's an inevitability.

CLIENT: (affirms) So, I feel like I'm trying my best to like, stop it from happening, but like... It's like when I'm not around... Like with Amelia, for example, like when I'm not around, I'm like, "Well, if I'm not there, like I can't..." And she like kind of laughs about this, because like if something, if like someone were to come like, try something with her on the street, like I, you know, she's twice my size and twice as strong as I am. Like, I wouldn't be, I'm not going to, me, like little old me being there is not going to stop anything, you know? I feel like in my head, I'm like, "As long as like, we're together like, nothing's going to happen."

THERAPIST: (pause) Well, if you don't deserve what you have, what do you deserve?  
[00:19:06]

CLIENT: I don't know. And that like, scares me to think about. I don't know. I was just so used to like always being upset, you know? Like, I was always either, I was just, used to always like... wanting things I didn't have, specifically with like, relationships, I think. Not... because I grew up very privileged; it wasn't about like, when I wanted clothes or money or material things, that I didn't have.

But like I always like, when I was overweight, I always wanted that like athletic, skinny body that I was never going to have. And then I always wanted like, the pretty girl that I was never going

to have. You know, so, I mean, it is kind of materialistic, like superficial stuff. But... And I was just so used to like that, I guess it like defined me for a really long time, for myself. Like I never really talked to people about it, but, I was probably like pretty depressed for a little while. (therapist responds) Not in the sense of like, I didn't function or get out of bed, but I was just like sad. Like, I just didn't, I like wanted, I just wanted all these feelings just to be over, you know. Because I like, always felt like I wasn't like, getting the attention that I wanted from the people I wanted it from. (therapist responds) (pause) And I just got used to it.

[pause 00:20:58 to 00:21:08]

THERAPIST: And so that's what you deserve?

CLIENT: I don't think I deserve that, necessarily, you know? Because I was pretty shitty also. I was scared of it, I'm scared that that's what, like you know, that's what I'm scared of. I don't want to go back to that. I'm very scared of putting on weight, I'm very scared of losing Amelia, you know like, those things make me, then it's like terrifying to think about.

[pause 00:21:33 to 00:22:58]

THERAPIST: What are you thinking about?

CLIENT: If I have anything else to say (chuckles) about this subject.

THERAPIST: The thought I had, I'm not sure what this looks like exactly, but the immediate thought I had after you said that is, maybe you have to face the terror and maybe it will make it less terrifying.

CLIENT: (affirms) But what would that mean, like... for like, you know what I mean, like... how would I face the terror without actually like... losing Amelia or getting fat again? (chuckles)

THERAPIST: Well, facing the terror is about facing the feeling. (client affirms) It's not like, it's not actualizing what you're terrified about. (client affirms) And it's definitely this terror that things will just fall apart, completely fall apart. (client affirms)

[pause 00:23:45 to 00:24:56]

What are you thinking?

CLIENT: Still just whether I have anything else to say about it, but... No, that's it, yeah.

THERAPIST: Where would you be if things fell apart?

CLIENT: I mean, I don't know. I'm like, need to find a new apartment, because I wouldn't be able to stay in like, the apartment that we made together. I feel like I would have to like, leave

Boston, you know? Like, I like, we moved here together, Amelia and I. And like everything like, reminds me of her. I feel like I wouldn't, I don't know what I would do. I'd probably re-apply to the Red Cross (chuckles); just leave. Do something like that. (therapist responds)

Although, since we met in the Red Cross, that probably wouldn't (chuckles) be, even if I went to a different country. I don't know. I don't know what I would do. I'm sure my (inaudible) and I would like go to New York and cry for like a very long time. I think about that sometimes like, to make myself like... I don't know like, you know, like when I'm feeling really worried about that like, okay, well like, if that did happen, like what, you know, what would I do? And I always think, "Well, my mom would come get me. You know, my mom and my dad, they would come up and get me." (therapist responds) [00:26:23]

But it doesn't make me feel better, because that's like... I don't know. I don't like feeling like I wouldn't be able to like, function, you know, without Amelia. (therapist affirms) Makes me feel really dependent. (pause) And it makes me feel like our relationship is not healthy. (pause) And I probably would function just fine, you know what I mean? Like, I would like, life would go on, but like when I think about it, it like doesn't seem like that. Like, I can't imagine...

[pause 00:27:30 to 00:27:49]

It's not even like I'm afraid of like, her breaking up with me. It's like, the reason I get so upset about it is because my fear is like, her like dying or something, you know? It's like, ridiculous and like so extreme, but it's like really difficult for me to think about, because that would be, you know like... It wouldn't be like, if she just broke up with me, then I feel like it would be different, because she would still be like... existing, you know? And I'd probably be mad at her, you know? And there would be like (chuckles), something but it's like... Yeah, it's like this, I have this fear of her like getting, like, you know, dying. It's like... So it's like really awful. (therapist affirms) I've never told her that, because I feel bad. You know, I don't want her to think, but like, that's what I think about all the time.

THERAPIST: Well, on the one hand, you feel fragile and on the other hand, you feel she's fragile. [00:28:44]

CLIENT: (pause) Even though she's not. She's like, the opposite, you know? She's like the strongest, one of the strongest women I've ever met. And I like know she can, you know, like we joke. I have this like, I hate flying, because I feel really like not... Like if I could have it my way, I would drive everywhere. And I don't let anybody else drive my car. Like, I have this thing, I like very much like to be in control. And so I can't stand...

THERAPIST: I would have guessed that... [00:29:20]

CLIENT: ...flying, yeah. I mean, even taking a train. Like, it's better on the train than it is on a plane, but like I really get all like... Somehow on public transportation, I'm fine. Like, when I'm just going to work and stuff, but like flying is just the... and I didn't used to have that. I used to



love flying, you know? And I fly a lot, because I travel a lot. And I don't remember when it started getting bad; must have been sometime in college but...

Anyway, Amelia has to go to Philadelphia in November for like four days for a conference. Usually, what we would do is, I would like somehow find a way to go with her, so that we wouldn't have to spend the week apart, with me like being dysfunctional and anxious the whole time, and her not being able to enjoy herself, because I'm texting her constantly. But I have, I'm not just in school. Like I have jobs and I can't just leave on a Wednesday and come back on Sunday. And I don't have 500 extra dollars for a flight to Philadelphia. So I'm not going.  
[00:30:23]

And... all right, so, you know, I get scared even when like, she's on a plane, you know? Or and when my family members are travelling to like, it's not a city, or as it is when it's Amelia, but like I'm like, you know, don't want like, I wish she could just, I could just drive her to Philadelphia, you know, and like drop her off and come back. Like, I get really nervous, even when like, she's flying without me. And I asked her once... We were flying out to Oregon, and I was like, "Well, don't you get... like scared that the plane is going to crash, you know?" She was like, "Well, no. I just always assumed that like, if something like that happens, like I'm going to be the one that (chuckles) survives!"

And I'm like, "How does she...?" You know like, I want to be able to think like that, you know? And she truly believes that. Like, she believes in any major disaster, like she's going to walk, and like she's going to be fine. (pause) It makes me feel really safe around her! (therapist affirms) But... (pause) Now I forgot why I was saying that... Oh, well yeah. But she's not fragile. But I still, yeah, like I get worried that something like, out of our control is going to happen, you know? [00:31:44]

THERAPIST: The "Amelia in the world" is not fragile; the "Amelia inside you" can be fragile.  
(client affirms)

[pause 00:31:52 to 00:33:14]

You look like you are thinking about something.

CLIENT: Just about the fact that like, now I'm just sitting here getting anxious about when we have to fly out to Oregon in December (therapist affirms), and about the fact that like, I'm already like worried that I'm going to be really anxious the whole time she's in Philadelphia. So I was thinking about what I'm going to do while (chuckles) she's in Philadelphia.

THERAPIST: What did you come up with?

CLIENT: Nothing yet. But we have, she flies out on a Thursday morning, at 5:30 in the morning. So I'll have to like, get up and take her to the airport, but we have a fund raiser that night, so

that's just going to be, I feel like it's going to be a ridiculous day, because I'm going to be sleep deprived, which always makes me more anxious.

[pause 00:33:57 to 00:34:11]

I feel like I need to be able to get over it, because she needs to be able to go to a conference in her, for her field, you know? And do other stuff like, she needs to be able to go on trips with her college friends. I need to be able to go on trips with my good friends, you know, and like we need to be able to... And she's fine. Like she doesn't have, you know, she'll miss me, but she's going to have a great time. She's staying with one of our good friends, you know. But I'm already like... worrying about everything, because he lives outside the city. So I'm like, "Well, how, you know, you're going to be commuting by yourself, like you've never been to Philadelphia." And this is someone, she's travelled the entire world by herself, when she was like 19. You know? And then she went to Egypt, not, you know, and she's... And it's like I get worried that she's not going to be able to take the bus from a suburb in Philadelphia to the hotel where the conference is. (pause) I try to like think about those things when I get worried, because that calms me down. [00:35:12]

THERAPIST: It does? I wonder if she ever, in these moments, if she ends up representing a part of yourself, of you, that doesn't feel like you're going to be okay.

CLIENT: I don't know. (pause) I mean, at the end of the day, it is like, you know, in a selfish way, like it is about me, because if something were to happen to her, then I don't think that I would be okay.

[pause 00:35:37 to 00:36:24]

THERAPIST: It seems like free-floating anxiety of things not being okay can get grafted onto physical symptoms, especially when you're not feeling well. (client affirms) And then that sort of becomes the focus.

CLIENT: Yeah, and usually like, I'm able to like, I have, I like constantly have a stomach ache because... And I know it's from my anxiety, and I know it's from stress, because there is like a clear correlation or relationship between the two like... all the time, you know? Like, when I'm not anxious and when I'm feeling relaxed, I don't have stomach issues. And now, because I do have this ulcer (that's not caused by, it might be caused a little bit by my stress, but like most likely caused by that medication I was taking, it's, I don't know), it's like I can usually just brush, like I just live with my stomach aches. They don't really affect my daily life too much, you know? I've like learned how to just deal with it, because it's like, for me, I know that it's like psychosomatic. I don't really feel like something's really wrong with me. But now that there is something that needs to heal and needs time, I feel like I can't just like, usually what I would brush off as like a nervous, anxious stomach ache, I can't like just brush it off, you know? Because then I'm wondering like, "Well, is this related to the ulcer, is this related to the

medication I'm on like..." You know. So... I feel like it's all just like a perfect storm right now. (chuckles) And it's making me feel just like... really on edge all the time.

[pause 00:37:59 to 00:39:09]

THERAPIST: Do you feel yourself worrying more right now?

CLIENT: Yeah, I was just thinking that it's making me like anxious, thinking about it. And talking about it.

THERAPIST: What, anxious about what in particular?

CLIENT: Um, no I'm just like now thinking about like, my stomach and how I just want, like I just want these next couple of months just to be over, so I can like, I just want to like fast-forward to when... this is like... healed.

THERAPIST: (pause) You don't want to be present for the healing process?

CLIENT: Yeah. (pause) I feel like because when I, you know, in college when I first started exercising a lot and when I did like, lose all that weight initially, it coincided with the time when I came out and was becoming more comfortable with myself and getting good grades. I feel like I associate like, a lot of my happiness to my physical wellbeing. I just think, because like that just all happened at the same time. [00:40:40]

And like when I'm feeling healthy, I feel mentally healthy; when I'm mentally healthy, I'm feeling healthy also, you know. So it's just like... this is like the worst, you know, that I'm like stuck in this like semi-unhealthy state. It's not like totally unhealthy, you know. But I'm not exercising, so I don't feel physically like at my peak. (pause) So I think it's just extra hard for me, because I do put a lot of emphasis on like, my, like my body physically. That does determine a lot of like how happy I feel.

THERAPIST: Well, it seems like that's in part, because you feel you can control your body and then you can control how you feel, and that feels good. But when you're confronted with situations where you can't control your body, that throws everything out of whack. [00:41:48]

CLIENT: Yeah. I mean, I mean yeah. I have huge control issues. Anytime I feel like I'm not in control makes me really anxious. Even so, Amelia's birthday is next Saturday. I am trying to put together like, a surprise party at the apartment. But even in deciding like whether to have people at the apartment or for us to go someplace else makes me like... You know like, right, if I have people over to the apartment like, I'm not going to be able to just decide when, you know, it's totally out of my hands. Like, the apartment might get messy, people might stay really late, I'm not going to be able to...

And the same thing with tonight, having my friends over. You know, deciding whether we should go out to dinner, whether they should come over is like... handing over control of like what time I get to go to sleep tonight, and what time everybody is out. Like if we go out to a restaurant, then I, you know, we'll have dinner and we'll be done and then I'll go home to my apartment. But if we have dinner at the apartment, then everyone's going to linger maybe, and it's like, "Why can't I just enjoy spending time with my friends?" I haven't seen them in a while, because I'm not on campus this semester, you know? And why can't I just enjoy Amelia's birthday party? If people want to hang out, and get really drunk in the apartment, whatever! It's her birthday, you know? [00:43:04]

And it's like, anytime that there is like... it just gives me a stomachache, every time I'm not in control. And it's like Amelia and I have this conversation every time we're like, going to go out with friends, you know? About like, like I need to make a plan like, is it, I need to go knowing if it's going to be a late night, are we drinking a lot, what's, you know, what's happening. And it's like, not just like, "You know, let's just see what happens" kind of thing. (pause) So it definitely is a lot about control.

(pause) And maybe that's what scares the shit out of me about losing Amelia, because I feel like... in our like, relationship, I don't have all the control in our relationship. We have, you know, what I think is (aside from my whatever my own emotional issues are), I think we have a very healthy relationship. We communicate well and I don't, you know, when I was in college and after college too, until I met Amelia, I never really, I didn't treat women very well. And I kind of went through them pretty quickly and especially in college, I had this idea that as, you know, I was being nice because I was being honest about the fact that I was not committing to any one person. I was sleeping with multiple people and because I was being honest with them and they still wanted to sleep with me, that wasn't my fault, you know? [00:44:32]

And as long as I could control, like, if I knew that they had more feelings for me than I had for them, then everything was fine. I could kind of manipulate and control the situation. And maybe I feel like I'm like waiting for something bad to happen, because I feel like I deserve some bad karma for the way that I treated those girls. I don't know. But with Amelia, is the first. So it's either been like I have all the control in the relationship or I'm just pining after these people that are never going to give me a shot, because they're straight. And then finally, I'm in this situation that's very mutual and loving and... which is great. But then at the same time, I don't really have, you know, I don't get to call the shots, because Amelia doesn't take my shit so... which is good, you know? And so maybe I'm like, that's also scary for me. [00:45:26]

THERAPIST: Hmm. It's interesting.

CLIENT: I don't know.

THERAPIST: It seems like a sort of interesting line of thought to pursue. You know, Kelsey (sp), we're going to need to stop for today, okay? I will see you next week?

CLIENT: Yeah, see you next week!

THERAPIST: Great! (pause) Take care!

CLIENT: You, too. Have a good weekend!

THERAPIST: Thank you!

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in. I could not remember, when we originally set up this appointment if you-because I had a time that came available in the afternoon but earlier, and I don't know if you'd be interested in that or if this is the earliest you can come.

CLIENT: What time is the other one?

THERAPIST: It would be ten to four.

CLIENT: Like 3:50.

THERAPIST: Yeah, 3:50.

CLIENT: Yeah, I'm usually-I mean... That might actually be a little bit better.

THERAPIST: Okay.

CLIENT: Because I'd be then like coming here from work, I have to work to five, then go back to work since it's right here.

THERAPIST: Right here. Because I have that as a regular time open.

CLIENT: So I'm just thinking. Let's leave it 5:00 for now-or 5:30 for now.

THERAPIST: Okay.

CLIENT: And then let me double check with Amelia, because she has these events down at Amherst from 6:00 to 8:00 on Thursdays, speakers and stuff like that, and I need to look at the schedule and see if there's any of them that I want to go to, because if there are then I'll take the other time.

THERAPIST: Okay. It'll work out a little bit better for me, but it's not a big deal, this time is yours.

CLIENT: Oh, if it's better for you then we can do 3:50.

THERAPIST: Are you sure?

CLIENT: Yeah.

THERAPIST: I mean, because this time is yours, it's not like imperative or anything.

CLIENT: No, it's really not a big deal, we can just-if it's better for you we can move it earlier.

THERAPIST: Okay, great.

CLIENT: Yeah.

THERAPIST: And I'll also-you know, there's in that-in like three or four weeks I'm not here on a Thursday afternoon. [2:00]

CLIENT: That's fine. There's actually-November 14th we have the-that's today?

THERAPIST: Oh, there you go. Great timing.

CLIENT: We have the-an event, so.

THERAPIST: Okay.

CLIENT: Yeah, let's say 3:50, and then I'll just double check with my boss, but it shouldn't be a problem because they're super flexible over there, so.

THERAPIST: Okay. Sounds good.

CLIENT: Yeah. And what's the next [unclear] day?

THERAPIST: It's a [unclear].

CLIENT: Yeah. At least for next week 3:50 works, and then if for some reason-

THERAPIST: Okay.

CLIENT: -it doesn't work we can talk about it next week.

THERAPIST: Okay.

CLIENT: If that's okay with you.

THERAPIST: Sure.

CLIENT: Okay.

THERAPIST: How are you doing?

CLIENT: Um, okay. Today-I have been feeling like really like down today. I don't really know why, I don't know if it's like PMS orBut I think like Thursdays, by the time Thursday rolls around it's kind of hard, because I just like don't see Amelia all week because her schedule is-I mean, she's gone like 12 hours, 13 hours a day Monday to Thursday. Friday's the only day that she actually comes home at five-like after five o'clock. And I think today-like I told you I just like don't like-don't particularly enjoy being by myself too much.

THERAPIST: Mm hm.

CLIENT: And at one of my-at the company where I work it's pretty much like I'm just there by myself because it's just this-it's like very quiet working space, there's only three of us, and a lot of times I'm the only one in the office anyway. And usually Tuesdays and Thursdays when I'm [unclear 3:41] I really look forward to it because I feel like it's much more of like a lively place to work and I have-I really get a life, like my friends there, and then I get to see the women. But today I was the only one from the development team in the office, and so it was just like a really-like they-everyone-we're up on the third floor with the executive director and all the development team-not all of them, there's three of us, but-and there was like nobody on the third floor today except for me, so I just like kind of lonely and by myself. And then I didn't-I like finished-there was like no-I haven't had-since I just started this new position with them I haven't really gotten to the point yet where I have like backburner projects, and so I had finished my tasks for this week and anything that I could possibly get ahead on. And it was like three, so I left, because they're not-you know, I'm on there at an hourly wage, so I'm not going to like sit there and get paid if I'm not doing anything. And next week's an easy week so it'll be-it'll actually work out better because I can just put in more hours next week and get paid for them instead of having to put in overtime for free. Plus I just like left at three and then went home, and I was just by myself all week and so I was just kinda lonely. [5:00]

And I like talked to Amelia about it a little bit ago, and it's just like she can't do anything because it's her schedule, you know, it's not like she's choosing to be-I mean, she likes being this busy, and sometimes I think like she likes it this way, but I-I mean, she can't like-she doesn't like being in class till nine o'clock at night three days a week. But yeah. And she's like, "Well, isn't there people you can go hang out with?" And that makes me feel like a little kid. I'm like, "Yeah, I have friends, but that's not a-" I don't want-I always feel like I'm looking for things to do to like fill my time while I wait for her. It is kind of a shitty feeling. So like I do a lot of cleaning and cooking. I'm the housewife, you know, who polishes-with the schedule that she has.

THERAPIST: It's a somewhat discontending one.

CLIENT: Yeah, I don't like-it's not-I'm like her, I like being that busy too. So I'm like jealous almost. I wish I was that busy.

THERAPIST: Mm hm. [6:00]

CLIENT: And when I was in class like full time I could at least like-you know, I'd be on campus, I was with people. You know, I could like hang out, go to the gym at school, I was with my classmates all the time, I'd find someone to go hang out. And that's the thing, like most of my friends from-like I moved here to go to school, so most of my friends live out in Brickston, so I don't really have anyone like super locally that I could just call and be like, "Hey, you want to hang out for the afternoon?" So yeah, I just feel like I go through the motions-like I go for a run by myself. Which isn't really-like I'd rather being playing a team sport, you know, but I don't have one to play right now, so it's just like everything by myself this week.

THERAPIST: Mm hm.

CLIENT: And I had dinner by myself again, I had dinner by myself last night. And it's like-I don't know, I just like being around people. I mean, I know, like I can't have like one of those cubicle jobs when I graduate, like I need to be-I don't like when I don't get to interface with people a lot throughout the day. So.

THERAPIST: So kind of like isolated.

CLIENT: Yeah. Yeah. [pause] And like we do a good job in spending together on the weekends. But we pretty much go five days without really like spending quality time together. You know, like she comes-by the time she gets home and it's like between-it's sometime between 8:30 and 9:30, depending on which day it is. And then it's like, you know, hang out for like 45 minutes and then go to bed. And she leaves like before eight o'clock in the morning every single day. So yeah, I feel like isolated. And she's around people, it's her job to work with people, you know, so. [8:00]

THERAPIST: Is she-you answered this a little bit, like if she's intrinsically like this or this is more kind of circumstantial.

CLIENT: Yeah, and any time-like I have said to her before. Because she says it's circumstantial. Like, yeah, she likes to be busy, but not for 13 hours a day. Which I kind of believe, but then at the same time in the back of my head it's like, well, is this really going to change next year when we're not students anymore? Is she going to come home at like six? And her program-and what she was just saying, she's like her program is notorious for being very rigorous because it's a clinical-based program. So like they have to have their classes at night because they're getting clinical experience during the day. Which is great for her like professionally. It's wonderful, it's a great program. But I do wonder, like you know, is it really going to-you know. Because I'm still going to be the one that wants the house to be clean before I can relax, you know. So am I-you



know, I don't really know if things are really going to change that much. And that's like our issue, is like who does-like I spend most-like I feel like a housewife.

THERAPIST: Mm hm.

CLIENT: And so far she said that it's circumstantial. Which, I don't know, there are times-like on the rare occasion when I'm actually busy and she's home, sure, she cleans-like she-you know, and she like gets excited because it's like her one chance to be like, "Look what I did!" So I can't say that she doesn't do that, if she were like in my position. But I wouldn't mind cleaning so much if she was like in the house and I cleaned around her. I don't know. I was going to say-like lonely, yeah, by myself.

And it's kinda been like that since Egypt, like since I got back from Egypt. Because I lived with my parents for a while, for like six months before we moved here, and our work schedules were opposite because I was waitressing. So I'd be home all day and then I'd be at work at night. But at least waitressing, like you're with people all the time. And my dog lives at my parents' house, so I like had a buddy. I'd like take her with me on my runs, and we're totally that family that talks to our dog like she's a normal person. It's kind of ridiculous. I caught my mom-not caught her, but I like saw it finally from the outside perspective. Like I rounded the corner, we were on the trip, and like saw my mom actually speaking to the dog. It was like, oh wow, that's what I look like when I do that. [10:30]

But here it's just like it's just me. I feel like if we had a puppy I would not be as like bummed about being by myself all the time. Or just something, I don't know. And I've been saying since we moved here I should find a rugby team to join and-but I don't know why I haven't. I think I'm nervous about that I'm not in rugby shape anymore. And knowing how cliquey my team was in college, like I would not have wanted to be an outsider coming in. And I think here like all the-because it's such a college town, Providence, all the teams just are whatever the college team was then everyone graduates and-so it's pretty much an extension of all their college teams. So I think I feel like-

THERAPIST: Maybe. People move around a lot after college, even here.

CLIENT: Yeah. Yeah, I don't know. I may end up-who knows. I've been saying I should join a team for two years now. And it's easy for me during the winter to be like, "Oh yeah, I'm going to join a team in the springtime." But then when the spring comes I don't do it, I run away.

THERAPIST: Do you feel a piece of it is that you're isolating yourself, or at least not making enough efforts to be out? Or do you feel like-

CLIENT: I wonder if I'm doing that sometimes. [12:00]

THERAPIST: Mm hm.

CLIENT: But it's not that I want to be like out necessarily. Because I could, I could call-like if I wanted to tonight I could call one of my closer-like several of my good friends and probably go meet them, and like they could drink and I can sit there and watch and have a seltzer or something. But even before I had my stomach issues, if I could go drink-or we could go out and do something, you know. But that's not necessarily what I want either, because I have a-I've had long days at work too this week, and so I kinda just want to be home with who I consider my family like relaxing and unwinding, not by myself. Because there are some times when, yeah, I want to be out, and so I go out with my friends. But that's not every-you know, I don't want to do that every night. [pause] [13:00]

So I don't know. Because sometimes I am like, "Oh, am I not putting myself out there enough?" But that's not necessarily-I don't think that's the case. Because I do consider myself a social person, I do see my friends. Not as much as I did in college. Like I'm-for some reason, I don't know. I've turned old, I don't know what happened. But I don't like to go out as often as I used to.

THERAPIST: It happens.

CLIENT: But-

THERAPIST: Isn't the feeling like when Amelia isn't home like you're not really sure what to do with yourself, you're feeling a little listless?

CLIENT: Yeah, sometimes.

THERAPIST: Mm hm.

CLIENT: Like I can settle down and watch like a TV show or something. I'll feel like relaxed for maybe like 20 minutes to a half an hour and then I start to get to get antsy. [pause] Like I don't feel settled and like in for the night until she's home. So I do a lot of driving down to Amherst to go pick her up to just expedite the process, instead of having to wait like 45, 50 minutes for her to take the subway and then walk from the train station.

THERAPIST: Mm hm. [14:10]

CLIENT: I mean, part of it's I feel bad that she's been-I don't do that every day, but like not-especially on Wednesdays. Usually she has class to like 7:45, 8:00, but Wednesdays it goes till 9:00. It's like I feel bad too that she's-she doesn't eat dinner until she gets home, so I go pick her up. But it's not like a totally selfless thing, like I do it for me too because I just want her at home so I can feel relaxed also.

THERAPIST: Mm hm. Do you feel not quite right when she's not around?

CLIENT: Not all the time. [pause] I don't know. I mean, there's definitely-when-like if I have to go away for a weekend, or-you know what I mean, like that anx[iety]-like I don't know if it's being anxious or if it's-yeah, like I just don't feel right if we're separated for a long period of time. Usually during the day if-I mean, it depends. When I'm busy I don't notice it. If I have a busy day at work and I'm like doing a lot and getting a lot done then I don't really notice. Well, I text once in a while, and as long as I'm like intermittently getting text her from her. I don't like it if the whole day goes by and I haven't heard from her. [pause] But yeah, I guess on a day like today when I don't have a lot to do at work, and I'll be just kind of like waiting for the day to go by. I mean, that's how I feel some of the times, like I'm just like waiting for the time to pass, or like waiting for the week to go by, just like going through the motions. And I don't like feeling like that. It makes me feel less productive at work too, I feel like I don't get as much done as I could.

THERAPIST: It sounds kind of like an emptiness. [16:15]

CLIENT: Yeah, I guess. But it's not all the time. But definitely sometimes. And especially when Amelia's not around. I don't feel like that when we're together. [pause] It just like all makes me feel really dependent on her. Which isn't something that I-I don't know. That makes me feel-like I the worry that there's going to be like an unequality about our relationship if I feel really dependent on her but she doesn't feel-well, I don't think it's healthy first of all for both of us to be dependent on each other. She's definitely not dependent on me. But I don't-yeah, I don't feel like I want to feel. I don't want to be dependent on her to feel like happy.

THERAPIST: Well I guess how are you defining that?

CLIENT: Like I don't-I want to be able to enjoy doing stuff with other people that I care about, and not constantly wishing Amelia was with me or something like that. And there are definitely some instances where I do enjoy doing things with my other friends or with my family when she's not around. But for the most part I always am like-don't feel like I'm enjoying it as much as I would be if she was around. [pause] Or if I get a text from her or something and I know that she's home and-if I know what she's doing, for some reason then I feel a little bit calmer. And I do feel like I can then enjoy myself for a like a brief period of time until I start wonder like, oh, I wonder what she's doing now. [18:15]

THERAPIST: And so not knowing, how does that sit with you?

CLIENT: It's kind of like associating-like worrying about like something bad happening to her, and like wondering if something happened. And so then that leads to me like constantly needing her to check in with me and text me all the time.

THERAPIST: Does it feel like something is missing when she's not around?

CLIENT: When I'm feeling anxious, yeah. Like when-if I'm feeling like-like today I just felt like really like lonely, you know, all day and afternoon. And I wasn't hearing back from her for a while. And as soon as she-and I was like starting to get upset. I don't know, like I just felt like I

was-I felt like crying, I don't know. And that's why I think it's probably related to my hormones a little bit, because I was just like Although I cry a lot. Not a lot, but I'm a crier. But like as soon as she called it was like I felt instantly better. [pause] So I don't know if like something's missing, or if it's just like she just had this like instant calming-like she just has-like as soon as I here from her I just like feel the weight lift, or whatever. Like I'll be feeling like anxious and nauseous and like lose my appetite. And then like as soon as we chat them I'm like, "Okay, like now I can eat lunch," you know. [20:00]

THERAPIST: Did you ever have separation anxiety when you were younger?

CLIENT: Yeah.

THERAPIST: Can you tell me about it?

CLIENT: I don't-I mean, I just remember like I couldn't-like I remember as a kid when my parents would go out and leave us with the nanny at night I would just cry, like I would cry, and I wouldn't be able to sleep until-like I couldn't settle down. Oh, actually it kinda sounds like the same thing. Like I couldn't settle down-and I've thought about this. Yeah, I didn't feel-like I couldn't settle down and go to sleep until they were home. And I was like convinced they were never coming back. So it was pretty much the same actually.

THERAPIST: Mm hm.

CLIENT: Yeah.

THERAPIST: Do you remember how young you were when this started?

CLIENT: I don't even know how old I was, because-so we had live-in-it wasn't when we had-we had live-in au pairs for a while, and I don't remember this ever happening with them. Maybe because they were like part of the family because they were just so-and I really liked them most of the time. But it was usually when it was like someone who was just babysitting for the night that I would have this problem I think. It must have been-I mean, I can remember it, so I couldn't have been like a toddler. Probably like my elementary school years for most of them probably, until like fourth grade.

THERAPIST: And you think things changed for you then in fourth grade?

CLIENT: I just don't remember. I mean, my parents definitely know. Because they don't really go out now, and I don't know when they stopped. It's weird, I have these memories of them leaving us with the nannies. Or I just had a much earlier bedtime, so maybe they weren't going out very late, you know.

THERAPIST: They were staying out till seven.

CLIENT: Yeah. And I was having to go to bed at six and I was throwing a fit. But yeah, I don't know if they stopped. I know that when I got older-or maybe-I don't know. I don't know. I think they stopped going out as much actually. Because I don't really remember like in middle school having this issue. And I went to sleep away camp-oh, yeah. So I went to sleep away camp in fifth grade for the first time, and it was bad. Like I was really homesick, so much that I lied-I remember lying-I don't remember the lie that I told, but I remember lying to my counselors to somehow-because in my head I thought that whatever lie I just told was going to get my parents to come pick me up and take me home. So this must be when it changed actually. Because by the end of the summer I was having a great time. I went back for second year, like I loved this camp. And after that first summer-the second summer I had a little bit of homesickness, but it went away really quick. And then I just-it was like I couldn't wait for the summers to come. And I would just cry and cry for like weeks after camp ended. My mom always joked about she'd have to like get ready for it. [23:10]

And this was something that happened-I don't know, I get very attached to people very quickly. And in all of these programs I did, whether it was sleep away camp, or when I studied abroad, or when I volunteered in Madagascar in the Red Cross, you know, like all these different things that I did, every time it ended my mom would say like, "All right, we got the camp plan ready to go," because she knew that I was not going to want to leave. You know, I never wanted to come home from any-college, Geneva, I never wanted to come home because I was having so much fun with my friends. And she said-we had a ski condo up in Maine for a while until-they had sold it a couple years ago when I was in the Red Cross. But so my mom would like pick me up from camp and whisk me-and the same thing after study abroad, after everything, just pick me up and take me to Maine for like a week. And we'd [unclear 24:00]. Because that would just-then I'd be like homesick for camp, you know, so.

But it must have been fifth grade then, all that. Maybe it was my experience at camp that changed that for me. Because I don't-yeah, in middle school I don't have any memory of like having a really hard time leaving my parents. There's always like this little twinge, you know. Even now sometimes, like when I say goodbye to my mom. And I think I get it from her, because I see her like tearing up. Even when I'm just coming back to Providence, you know, I like see her tearing up a little bit, and I'm like, oh. You know. But after going to-yeah, through fifth grade then I think that that-that it stopped happening as much.

THERAPIST: But that attaching quickly is part of the whole piece.

CLIENT: I think so, yeah.

THERAPIST: Like needing a sense of security and feeling it, and then very much feeling its absence.

CLIENT: Mm hm. Mm hm. Yeah, it's almost like-I guess like going back to my experiences at camp, you know, like my homesickness would fade because I was then like attaching myself to whoever I was there with because they could provide me with like that comfort I guess. But then

that's something I got used to, and then taking that away at the end of the summer. [pause] Hm, I never thought about those things. [pause]

THERAPIST: Well, even worrying that something bad has happened to your parents sounds very similar to what goes on with Amelia and you now.

CLIENT: Mm hm. Yeah. [pause] Yeah.

THERAPIST: It's like once you-you know, you're experience their temporary absence, and then you just sort of extrapolate to a permanent absence. [26:00]

CLIENT: Mm hm.

THERAPIST: And if it's bad in a temporary absence it'll be catastrophic, you know, if it's permanent.

CLIENT: Mm hm. Yeah. And I still like-I don't know, I guess I don't get that with my-I don't worry about my parents in the same way I feel like I worry about Amelia. I worry about them sometimes, but I think also all over-they're always on-they're texting me constantly. So it's like I never have the chance to wonder if something happened. But Amelia is so unattached to technology. Which is something I love about her, and can't stand, because it-you know, she's like so carefree and like-I think it's cool that she like doesn't give a shit about her phone, but then at the same time like I don't hear from her for a really long time. Like she would-this story.

She went to Reno with-so my best friend from when I was in high school now lives-he's lived in San Diego for a while. So when she was living out in Oregon with her parents, the same time that I was back in Chicago like after Red Cross, I had went to visit, and so they met and then they became quick friends. And she didn't really have any friends from high school left in her hometown, which is a couple hours north of San Diego, so she would go down to San Diego sometimes and stay with Trevor for the weekend and hang out. And I liked it, because I felt like I trusted the situation, like I knew-you know, like I trusted Trevor, and I just felt like she was safe with Trevor. [27:40]

But so they went to Reno together for a weekend. And I've never been to Reno, I've only seen whatever happens on TV. And she-we had talked like Saturday afternoon, and I was under the impression that, okay, she's going to call me or text me when she goes to bed Saturday night, because that was like what we always did. And I didn't hear from her until Sunday afternoon, and I was just completely beside myself. I mean, I barely slept that night wondering like what is going-you know, like where is she, she's not answering my texts. And it turns out she was literally gambling the entire time, that she hadn't slept. And she's like, "Well, you can't have your cell phone on the floor." But like for me, like I would go to the bathroom and send her a text, you know, and say, "Hey, I'm having a great time. I'm still-" Because she was winning, she like won a bunch of money, especially-like didn't stop. But to me like, you know, not-like I wouldn't-I don't know, I would always think-and maybe because she doesn't feel what I feel all the time. But I

think that's why I always check in with people, because I know that I worry, so just like, well. Just so they won't worry like I'll let them know.

And growing up too my mom always made us-like if we were driving somewhere you gotta call or text when you get there. And Amelia's family's the opposite. Like we'll fly from Oregon back to Providence and she won't even text them and let them know that she landed and got home safe. Meanwhile my mom's like on the app tracking our flight. Yeah, so I think the fact that she doesn't-she's not inclined to-like it's not her instinct. She tries really hard to check in with me, she's doing a much better job now than she did last year when she went-or when she was in Reno last year. But since it's not very like inclination to text me every once in a while throughout the day then I think I just like start to worry all the time. Then I worry like, okay, I'm probably not going to hear from her. Like I start thinking like, well, I'm probably not going to hear from her so I might as well just start worrying now, because likeWhereas with my parents, like I know that I'll hear from them. Or if I call like I know they're going to answer the phone. Nine times out of ten if I call Amelia she's not going to answer the phone. [30:10]

THERAPIST: If things change, like if she does answer the phone more or something, does that help like assuage your anxiety? Or if-

CLIENT: Mm hm.

THERAPIST: It does. Okay.

CLIENT: Yeah. Like if I get a text back from her right away then I'm like, cool. Those are the good days, you know. Or usually when I'm like really busy at work and she's texting me, or responding to my e-mails or something, yeah, it helps like right away.

THERAPIST: Well, it sounds like she knows that too.

CLIENT: Yeah. Yeah. And I try to like remind myself that she's just in a meeting, you know. And I know her schedule pretty well so I know when she's probably too busy to talk.

THERAPIST: Do you still-even with that, do you wish she were more responsive?

CLIENT: Yeah.

THERAPIST: Mm hm.

CLIENT: And I know like I need-I try to remember that for her she's being really responsive. But... [pause] Yeah. No, I do wish she was more responsive. I mean, she'll likeBut she just doesn't even know where her phone is ever, you know. And I just-like I see my other friends who are couples and they like text each other all the time, you know, and I think it's cute. And she'll like send me a text, like if she doesn't hear from me she'll text me or something throughout the day.

But I mean like there's been so many days where I finally got a hold of her and she's like, "Oh, I'm sorry, I had no idea where my phone was." Or, "I lost my phone," or, "I left my phone here." Like there will be times when she's in the house and I'm like, "All right, I'm going to call you in ten minutes when I get to the store to find out what kind of whatever you want." And she like doesn't know where her phone is in the house so she doesn't answer. And then I get home and I'm like, "I've been calling you." And she's like, "What? Oh, where's my phone?" Like she doesn't. So I do, I wish that she like cared more. But I appreciate how hard she tries to like know where her phone is and to check it.

THERAPIST: Does she really just lose it all the time? [32:30]

CLIENT: Yeah. She just-I mean, she's just someone that's not. And I do, I think it's admirable in like today's time when like every-you know, like I think it's gross when I get on the subway in the morning and just everyone's just like staring at their phones. You know, like we're so attached to our devices, and I think it's like not a great thing for society or for people's social skills. But I feel like-I don't know, I just have that like urge to check my phone and see like do I have-you know, like I want to be accessible. So I like keep my phone at my desk. You know, if someone texts me then I answer it. I don't like let things-I don't-like I'll-I have to be like really, really busy. Or if I'm in a meeting obviously I don't bring it with me. But I wouldn't normally-if I have enough time to read it I at least have enough time to say like, "I'll get back to you in a little bit." And I think that's what gets me about her sometimes, because I'm like, if you're seeing it and you-like just write, you know, like, "In sec, hold on." You know. And that's I think why I get like worried so much, because I feel like I'm always able to at least say like, "Sorry, I'll be one minute." You know. Or like, "Can't talk right now." Or something, I don't know.

THERAPIST: Do you feel angry at her sometimes?

CLIENT: Sometimes. But then I try to not feel angry because I feel like I shouldn't feel angry about it.

THERAPIST: Why? [34:00]

CLIENT: Because I think that like I'm the one that's being a little ridiculous and so I should try to give her credit for how hard she's trying, and like it's not fair to be so-she does try really hard.

THERAPIST: I thought that that's where you'd go with that.

CLIENT: Was that wrong?

THERAPIST: No, it's not a matter of right or wrong. But you feel very guilty, and you kind of almost feel ashamed of what you need. And so I could see that if you have a feeling toward her about not being responsive that before even determining whether-you know, she could, you know, make a little extra effort or whatever-that you just sort of shut that out, shut that off-



CLIENT: Yeah.

THERAPIST: -and just be, "Oh, I should just be better."

CLIENT: Yeah. Because I feel like she's-I feel like she is trying so hard for her.

THERAPIST: So are you.

CLIENT: Yeah. [pause] It's also hard because of her schedule to find times to bring these things up. Because I worry that she's going to And this is also like I think half because half the time she does react like this, and then half me projecting this reaction onto her. But like I worry that she's going to get defensive really quickly, and like say like, "I'm doing what I can, what else do you want from me?" That's what I assume she's going to say. [pause] And then usually like-most of the time when I do eventually talk to her about it, even if she does react like that, I'm like, "You're getting defensive really quickly," and we really have a conversation about it. And then we have the conversation and then it gets better and she tries harder. So I probably do need to like just speak up more. [35:40]

And my anxiety did a bit better for a period of time last year when I started seeing-I only had like a couple sessions with this woman at Wellesley because I really didn't like her. And we like came to the idea that maybe I should just-because I did, I felt like really embarrassed and ashamed of like how anxious I was feeling, and like the thoughts I was having and the worries I was having. I was trying so hard to like hold it all in that it was just coming out in these massive eruptions and it was just like really, really bad. And that still happens sometimes, because I still am like embarrassed by how-I feel needy, you know.

But so last year we like-I decided that I was going to start being more honest with Amelia. Because I used to come up with-because I would get angry at her for like not being responsive. But then I would feel like I needed to come up with a different excuse for being mad because that was like not a legitimate excuse for being mad since she was busy. But so then I started being honest with her. And instead of like making up a reason for me being mad I would say like, "I'm feeling anxious. Can you call me?" You know. And it got better for a little while, because I felt like more-I felt like the ability to openly communicate with her, and that she was finally understanding what was going on with me so she was able to like actually change some of the things that she was doing to help me feel less anxious. And I don't know if that's like coming back again and I'm feeling embarrassed that this is like still-I think I thought that like that was going to be like the cure all, you know. But then it wasn't.

THERAPIST: Well, what comes to mind about being needy? What's embarrassing about that?

CLIENT: That I need her to like text me all the time. I don't want to be that girlfriend that's like, you know.

THERAPIST: Who's that girlfriend?

CLIENT: Like the needy one that's always like, "Where are you, when are you coming home? What are you doing now?" Me, me. You know, like I don't want to like... She has so much going on and she's so busy that I don't-I feel like bad demanding like all this attention. [pause] Kind of. But I kind of think like that's where you feel like that, you know. [38:00]

THERAPIST: The weird association that comes to my mind is like a guilty daughter. Mom's got to take care of the house and the kids.

CLIENT: Yeah.

THERAPIST: And she's got this really important job.

CLIENT: Yeah.

THERAPIST: So I really should-you know, I need to make sure she does all those really important things, and I shouldn't ask for too much. But kind of-like kind of very much like an author[ity]-like I think of a daughter, there's like authority, someone in authority, who has really important things to do.

CLIENT: Yeah. And I think it also comes from like Amelia's relationship history with her last boyfriend, who was really-well, first of all he was really manipulative. But he also somehow like finagled it so that she-they were dating while we were at Egypt. Well, from before we went to Egypt, but what I know is from when we were in Egypt. And he somehow made it so that she couldn't like see her friends, or go out with us, or ever like really leave her village, because he made her feel guilty for doing it. I mean, there's like a whole back story. She cheated on him, and then she tried to mend the situation by telling him and being honest and wanting to work on their relationship, because she was feeling with like all of the things from her high school days that I think she mentioned when we were all here together. And so it was like this whole big process for her, and that was part of the process, was like healing her relationship with Grayson. And then he became this monster basically that like didn't let her-like she couldn't even play on our flag football team, you know, he didn't want her drinking.

And I remember all these times when she would-I remember like we went on-we went to this bar in the capital city that was like a girls night, it was like literally just us girls. And this was way before Amelia and I even entertained the idea of dating. Well, apparently she had already been entertaining the idea, but I hadn't. And we like-you know, we all went out and had drinks at this girls night and it was just like a couple of-there was no-there was no guys. Like I don't know what he was freaking out about. But then she got really drunk, because she hadn't drank in so long since he wouldn't let her drink. [40:15]

And then we were flying back to the States the next day, her to go see her boyfriend and me to see the girlfriend that had just cheated on me. And so like they were just about to see each

other, and she Skyped with him and he was-like she told him that she got really drunk and then passed out while we all had a dance party around her because she hadn't drank in so long. And he yelled at her so violently that she just was hysterically crying. And I just-like and so I don't want to be someone that makes her change who she is, you know. I'm like really terrified of being like Grayson I think. I mean, I have like promised myself, when I was her best friend first, that like I-and when we started dating, that I would never treat her like that.

THERAPIST: It must be very confusing, like to know that line between sort of, I guess on the one side just sort of having a laundry list of things that has to be done and things she can and can't do, and then feeling on the other side not being able to ask anything because of wanting to be too needy or sort of passively manipulative.

CLIENT: Right. And we've had that conversation before a couple times, especially the summer we moved here, before I started really being honest about my anxiety and I was kind of just like making up things to be angry about. So that probably had something to do with it. And I remember this one fight we had and she like said I was being like Grayson. And it was like the worst thing she could ever say, you know. I mean, this was like over a year ago. And so we've had that conversation in the past about how I like feel like that. And I think it's hard for her too to like shake what he did to her and that feeling that she had with him, and that feeling that like she wants to just-like, you know, that's made her cheat on him in the first place, like she just wants to push it all away.

THERAPIST: But those are her own demons.

CLIENT: Yeah. Yeah.

THERAPIST: I mean, you could be sensitive to them, but you're not responsible for them.

CLIENT: I think I do feel responsible.

THERAPIST: Why?

CLIENT: Because I was like the one after Grayson, and so I think I feel like when we started dating-and I know it's a different-like, you know, we're in a different stage in our relationship now. But I remember when we started dating like putting a lot of pressure on myself to like be as fun as possible all the time, and like make her-like I remember when we first-like we weren't even officially dating yet, like we had just kissed a little bit and like fooled around a little bit, but we hadn't slept together yet, and she was still in this weird limbo stage with Grayson, and I felt myself falling very hard for her. But also realizing and listening to her say it, like she just wants to be free because Grayson like, you know, manipulated her so strictly-into like such a strict life in Egypt, and she just wanted to do what she wanted and be free. [43:30]

And I remember thinking-like trying to come to terms with the fact that she was probably going to sleep with our friend Freddy and like all these other people, and like trying to convince myself

that like I had to just like let it happen because I couldn't control her. I mean, luckily she didn't want to do those things and she just wanted to be with me and it all worked out just fine. But I remember putting a lot of pressure on myself to just like relax and like try to be laid back about the situation and kind of let her call the shots. Because I'm the first girl that she's ever been with, and she had just gotten out of this horribly damaging three and a half year relationship with a guy she was supposed to marry, and, you know, I was just supposed to be the rebound. But I didn't want to only be the rebound. But it was like-yeah, in the beginning I put a lot of pressure on myself to like take on that responsibility to be everything that Grayson wasn't.

THERAPIST: That's a lot of responsibility.

CLIENT: Yeah. [pause] And I think-I mean, I didn't realize it, it was probably-but I think I am still holding on to some of that.

THERAPIST: It sounds like it.

CLIENT: Yeah. And I need to let that go, because I'm planning on spending my life with her, so I can't like keep doing this forever. And maybe that's why I feel like I can't say anything. [pause] And I used to get anxious about her realizing that she was still straight. And then when I realized that that wasn't going to happen, now I just get anxious about something bad happening to her.

THERAPIST: Sarah that-we're going to need to stop.

CLIENT: Mm hm, for today.

THERAPIST: It sounds like kind of you had sort of a profound realization. [45:30]

CLIENT: Yeah, I feel like I should have a conversation with Amelia this weekend maybe. Not like a bad one, but just to talk to her about it. Because I didn't realize that I was still like holding on to some of those things.

THERAPIST: Mm hm.

CLIENT: So, but yeah.

THERAPIST: I look forward to seeing you next week.

CLIENT: Yeah. So next Thursday we'll do-

THERAPIST: 3:50.

CLIENT: 3:50.

THERAPIST: Yeah.

CLIENT: And you get-

THERAPIST: And then fit on there about if it works for you.

CLIENT: Yeah. If it ends up being an issue. I don't think it will be. [unclear] I can just-it can be like my lunch break.

THERAPIST: Okay. Take care.

CLIENT: [unclear]

THERAPIST: Okay, bye bye. You got everything?

CLIENT: Yup. Thanks.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in.

CLIENT: Hi, how are you?

THERAPIST: Good thank you. How are you doing?

CLIENT: Good, doing well this week. It's been busy at work, I mean I guess it's always busy but this week has felt especially busy. (pause) I know I never have much to say in the beginning. [00:01:16.12]

THERAPIST: And I feel like then things start coming to you as...

CLIENT: Yeah, as we talk I think, yeah. But I don't feel like I come in with oh, I need this is what I need to I don't know if people usually do, but I don't ever feel like I come in with sometimes during the week I'm like okay, maybe this would be something good to talk about with Dr. Feldman, but then I can never remember what it was.

THERAPIST: It's a very different pace to be with your thoughts, express them, especially if you're coming from work.

CLIENT: Yeah, no I know. I'm still trying to like transition. [00:02:02.12] It's a very quick walk here. So it's not (pause) I don't...

THERAPIST: Nothing on your mind or nothing on your mind that feels important to talk about?  
[00:03:04.27]

CLIENT: I guess the latter.

THERAPIST: Well maybe you can start by just talking about what's on your mind and we can sort of see what's important in it.

CLIENT: Yeah. I've been thinking a lot this week just about work and school and because now, I mean we're almost in November and I'm supposed to be finishing up my semester of working in the field and then transitioning back to going back to classes next semester. And I've supposed to have been really focusing on my thesis this semester, which I haven't been doing, and so I've been a little bit like stressed without urgency about it because it's not due until April, but there like we've had informal deadlines to meet this semester, which doesn't really make sense in my mind because we're supposed to be for example, for my specific degree track, I'm supposed to be basing my thesis on not only my partly on my experiences working this semester but also on my advance study next semester. [00:04:22.14] And so I find that the whole schedule that they've given us doesn't really fit with the way that I would organize writing this type of research paper because I haven't even started my classes. I don't even know what classes I'm taking next semester or how I'm going to be able to relate them to what I'm going to be taking out of them to put in my paper. So I can do as much background reading as I can for this general topic that I think I'm going to be writing about, but I find it difficult to really get going because I'm not really sure what the paper is going to be on. But it still kind of stresses me out a little bit because I'd like to just be, I don't know, done with it. [00:05:04.21] And yeah, so I've just been thinking a lot about like where I'm at with that and whether or not I really need to get it in gear and try to get something out, or if it's fine just waiting. And then also making decisions about whether or not I'm going to keep working at either one of or both of and how I'm going to what I'm going to do about my jobs right now, and whether or not I'm going to try to keep one of them and do classes or what I'm going to do. So that's been what's on my mind this week.

THERAPIST: Less anxiety?

CLIENT: (pause) Yeah, I think so. [00:06:05.21] I mean because I've been occupied with this. I was worried for a couple of days, and I'm like trying to not think too much about it, like Amelia had a doctor's appointment because she has this weird thing going on that she got looked at, and it's probably nothing but they're running a couple of tests today. So I'm like thinking about that a little bit. And I was a little anxious about that. But she keeps telling me it's fine. So I forget about it and then think about it again and forget about it. It's still the busier I am with work or school or something else then the less I worry about those other things.

THERAPIST: When you're distracted?

CLIENT: Mm-hm. Like today was a good day because I have like more I have a ton of things that I need to get done at work. And so I was just it wasn't one of those days where I had down

time at work. [00:07:03.26] So like I touched based with Amelia maybe once or twice quickly but it wasn't something that I was like waiting around for or thinking a lot about. (pause) Like I feel like stress from work and from school doesn't make me anxious in the same way that the other things I worry about do. Kind of I like it a little bit. Because it distracts me and then I it focuses me. Like I'm very good at meeting deadlines ahead of time and I work very efficiently, but so like that feeling stress and pressure from work or classes or something like that kind of like makes me feel like I'm doing stuff.

THERAPIST: It structures you.

CLIENT: Yeah.

THERAPIST: The other thing's unravel you.

CLIENT: Yeah.

THERAPIST: [inaudible]

CLIENT: So I guess it's a good thing when I'm worrying about those or stressed about those things. [00:08:14.11]

THERAPIST: It's like stress lite. You were talking at the end of last week's session about sort of thinking about the ways in which you might not be as sort of expressive to Amelia about some of the things you want for fear of seeming too needy. It seemed like you really that really hit a chord with you as you were talking about it. I don't know if you've thought further about it since then.

CLIENT: Yeah, I did. I tried to talk to her a little bit about it over the weekend but I feel like I didn't, like I don't know. I've I don't think we like had a full [ph] conversation because now I can't remember what we said. So it must've not been like a full [ph] conversation. I don't remember why. (pause) I don't remember [inaudible] what happened. [00:09:11.09] But yeah, it's definitely I mean it's hard for me to separate things that like are very important that I need to talk to her about from things that maybe aren't so important and come off as nagging. Like cleaning the house and stuff like that. And so I think I'm like they're becoming like melded together, I guess, in my mind. Because I know if there's a cup out, like I can't stand it when she leaves she drinks we're both very good at being hydrated and we drink a lot of water constantly. I carry around a water bottle; she doesn't. She has 18 different cups at any given time. And our apartment is not very big. And so we just have cups everywhere, and I feel like I just walk around picking up cups all day. And most of them are 1/2 or 3/4 the way full. And if I ever say anything she's like well I was still drinking it and you dumped it out. But so that is like something that it's one of my things that just really drives me crazy. [00:10:06.08] And like this morning she has to leave really early to get to school by 7:40. And she's running around like I mean it's hard to get out that early, and we were both up late last night watching the game, and she was like already late, so I know I can just pick up the cup and dump it out, even though it makes me annoyed. Like I'd rather feel

a little bit annoyed and dump out the cup than like create a fight because I decided that it was absolutely necessary for me to say something about the cup in that moment. And so I think that sometimes if I'm feeling something a little bit bigger I just have the same reaction maybe and I like don't because we've talked before in our many conversations about who does all the cleaning about how she feels like I nag her a lot about it. So I try not to because I know that it bothers her but then I think that also makes me not bring up other things too maybe.  
[00:11:04.27]

THERAPIST: Like you don't know what to keep to yourself and what not to.

CLIENT: Yeah. And so I think I tried to talk to her about this but then I couldn't come up with an example and that's why we stopped talking. Because there wasn't anything big right now that I'm like oh, this is really weighing on me or I'm not feeling fulfilled or something like that. So there I didn't really have anything to back it up with. I think that's why we stopped talking. Because it was hard for me to explain without an example. Because I can't think of one right now. Except that maybe sometimes it's like you don't I mean those little things, though, they all add up for me because it contributes to that feeling that I have of just being like I forget what the phrase was that you used, but like a very unhappy housewife. It all contributes to that feeling that I have, that I'm like at home waiting around every time I pick up a cup. It's like oh, a reminder that I'm the housewife and I'm the one with all the free time to pick up cups because she doesn't have because that's and that's her reasoning for not she worries about it later.  
[00:12:06.27] The trash doesn't need to go out right this instant because she's going to be late for work. And so which is understandable. The cup and the trash will still be there when we both get home. But I'm the one that gets home first so I would still be doing it anyway. That's what I think. So then it gets becomes hard for me to have a conversation with her about it that doesn't come off like I'm nagging her, even though I'm trying to convey this bigger thing that it makes me feel.

T Like the forest is lost for the trees.

CLIENT: Yeah. (pause) Because I'm the one that can't relax unless we have a clean house, but since that's not a priority, like her priorities are her schoolwork and which is important, but so she's got to get that done. [00:13:08.09] She has so much of it right now that these other little things don't come to the top of her list. Which is understandable, but then they also make me feel more and more like I'm just there waiting for her to be done all the time. So I need to remember that next time she tells me I'm nagging her. (pause) And if like part of and when I think about next semester and going back to class, it'd be great if I just I don't need to work. I have student loans that cover more than enough of my living expenses, and so it's not like a necessary thing that I and I don't have really I mean I'm lucky that I don't have my parents are still supporting me somewhat until I finish all my schooling. [00:14:16.03] So I don't need to worry about my phone bill every month. I pay all of our bills here with my student loans but I don't have anything extra that I really need to be working for the way that Amelia does. And so I could probably have a really nice time next semester just going to class and focusing on my thesis and maybe trying to write something and get published and but I feel like I want to keep



one of my jobs so I because I want it's like I want to feel as busy as she is so that I don't I'm convinced that if I'm running around as much as she's running around then maybe I'll stop caring about the cups or something like that. Or I won't feel like I'm just waiting around anymore. I don't know. And that probably won't be the case because I've been really busy before and I still find time to clean the house because it's something that's important to me. [00:15:07.01] So I don't know.

THERAPIST: It seems like you well, tell me if this sounds right. You vacillate between feeling like well Amelia has really important things to do, like maybe unlike me sometimes, and then feeling kind of frustrated, like come on.

CLIENT: Yeah. No, I do. I go back and forth between the two. Because when I try to reason with myself I'm like well she does she has a ridiculous amount like her schedule right now is insane. Just the way their program is structured. 13 hour days is crazy. And then she has to do homework and plan for her clients on top of that. There's not enough time in the day for everything that they have to do. [00:16:00.27] And she has two jobs. So I'm not really it's not so I understand that she has important things to do. And I don't know what it's like to be that busy. But she's also the kind of person that we have worked on this and she's gotten a lot better at being able to say no to things, but she is like the yes man. And she'll take on probably more than not more than she's able because she always gets it done, but she takes on a lot. And so I think I tend to still take on what's reasonable, what I can reasonably accomplish and still get have some time. So I know she has important stuff to do but then I can't help but get frustrated because I'm still even though she's doing important things I still feel like I'm just I feel like a housewife. I go to the store by myself. I go for walks or go for runs by myself and I always see the other moms at the store and I'm like oh, I guess this is so it's hard not to feel frustrated at that sometimes. [00:17:11.19]

THERAPIST: It's not only a housewife, it's being alone.

CLIENT: Yeah.

THERAPIST: So it has a particular connotation to a housewife.

CLIENT: Yeah. Yeah.

THERAPIST: Without a partner.

CLIENT: So it probably will be better when I go back to class because I'll be around people. I won't just be going and sitting at my desk at work. And I'll see my friends more often because they all live in Brickston. So I'm sure that will help a little bit. Yeah, really I guess it really is just like being alone. [00:18:06.04] (pause) Even when Amelia does come home I mean last night she had something due at midnight and hadn't had time to really finish it yet this week, and so like we watched the game for like 15 minutes together while we ate dinner but then she was just working all night. I was still just like I was in the living room; she was in the kitchen and like I

didn't want her like she barely made her deadline so I didn't want to bother her. So I'm still just like sitting there by myself. And I feel like I remember last semester or all last year during like the last two semesters we were in school, I had work because I had a class. [00:19:05.09] So we'd do she'd be in the kitchen doing work but then I'd be there too, and we'd sit at the table together and do work, and that felt a little bit better. So I probably should I bet if I started working on my thesis a little bit now it would but it's just hard to feel that urgency to do something. I do work I do my best work when I have a firm deadline to meet. And it's really hard to get ahead with a head start of the game when I also don't really have a clear idea what I'm doing.

THERAPIST: It's like you're describing feeling like she's not available to you.

CLIENT: Yeah, maybe a little bit. I don't feel like, I don't know, maybe I do feel a little neglected, but not I mean she's always there if I need her. [00:20:05.29] If last night if I wanted to talk about something, like if I had gone into the kitchen, she would've stopped what she was doing. I don't know.

THERAPIST: I think what I had was something a little different [inaudible] but there's like knowing that you can turn to someone when you need them, then there's just someone who's accessible.

CLIENT: And we do our best we do a really good job of spending a lot of quality time together over the weekends. And it's great. We really anytime we're together and there's nothing else distracting us, we always connect really well. [00:21:06.03] And so we have a great time when it's not during the week. Which makes me feel like she's right, this is temporary. When she doesn't have to take night classes and plan for clients and get her schoolwork done and have a full time I mean like however many jobs she has then it will be different. [inaudible] the weekends go by so fast and then it's all week by myself again. But I also would like to be at a place where I don't need Amelia to be around all the time to not feel like I'm alone. Do you know what I mean?

THERAPIST: Yeah, I wasn't implying that there's something in your relationship that needs to change. I guess I was sort of pointing at that, but it's about your experience, about kind of it makes me think about what we were talking about a few weeks ago. [00:22:03.08] This is like you were in college and then you were in the Red Cross and now kind of this is your adult life. And you're on your own in some respects and hopefully you have a loving partner and you're not [inaudible] in that respect. It's a completely different stage of life.

CLIENT: Yeah. No, it totally is, especially when you put it that way because I've gone consistently from being from one close community of people to another. And like everything, whether it was my elementary and middle school, was extremely small and very close like all the I just grew up in a really small town, and so all the schools I went to were always small, high school was really tiny. My college was really tiny. I was always on team sports that had that very close community like family kind of feel. And then sleepaway camp and my semesters abroad and then my experiences volunteering abroad and even in the Red Cross has always been this

community of people that I've had like and kind of like an immediate support network around me. And then this is definitely the first time that I've ever with just me and Amelia kind of.

[00:23:14.21] And we have our friends, but it's not the same. It's totally different. (pause) And I've always liked just doing things with groups or teams or it's always been my thing.

[00:24:08.04] I'm really good at working with other people and doing stuff with other people. I think I do a lot better, I think, at my job because it does feel much more like a team atmosphere than I feel at the firm.

THERAPIST: Except when the people are out of the office. Isn't that what happened last week?

CLIENT: Yeah. Yeah, but like when everybody's there I feel a lot more motivated to get my work done and do it well. (pause) And that's why I've always thought that's why I'm studying what I'm studying and the reason I want to go into the field I'm going into, is because I've always enjoyed doing things like at grassroots level and working with other people and just interacting with people. [00:25:08.06] (pause) I used to [ph] waitress for a really short period of time but I really liked that. It's like an awesome job to have. It's good to talk to people all the time. And like the friendlier you are the more you money you make. Like I was it was great. (pause)

THERAPIST: What were you thinking about? [00:26:20.25]

CLIENT: I was just thinking I don't know. What was I just thinking about? I mean it's slowly gotten better the longer I feel like maybe not the longer we've been here, but I feel like I meet like there's a new there's this girl Brenda who just started at On the Rise a couple of months ago, and we like we get along really well, kind of like instantly kind of thing. So we're talking we're going to join a gym together so that we can work out during the winter. And I was like maybe that will help because like I'll you know what I mean? It's something to do. And I was thinking how I feel I need to like I have friends that I can go drink with after work, but that's not really what I want to do after work. [00:27:08.27] I want to go for a run or I want to I need to get my energy out after I've been sitting all day. And so I'm not going to go join a team sport. It'd be nice to have somebody to like go to the gym with or get some exercise with. So I was thinking that that would be fun when we start doing that. Because I was I mean and I said this last week, that's one of the big things I feel like I'm missing right now, is having like playing a team sport. I mean in college that was like the that was like my identity in college. And even in the Red Cross I was like a rugby player because I went straight from college into the Red Cross. And so I hadn't lost that yet. And my rugby teammates in college were my best friends and we did everything together. [00:28:04.04] And I don't know. There's like for me there's not a lot of feelings like there is when you're on the field with people and you're playing well and you're like getting a good workout in and you're working well together, and I just love it. And I feel like that's if I did have that right now, I feel like a lot of things would be different.

THERAPIST: You think your anxiety would be less?

CLIENT: It might not go away. I think it would still because obviously there's some deep shit that's causing my anxiety. But I think it would help a lot. I mean number one you have practice a

couple of times a week and then there's you're busy because and I remember it really helped me structure my once I started playing rugby my grades also went up. And I felt like it gave me a lot of good structure. [00:29:00.26] I have practice at 4:30 so if I want to hang out and go get beers with my teammates afterwards, or if we're having a team dinner then I need to get this paper done by 4:30. And it made like I made sure that and then you want to work out in the off days so that you can be ready for your practice or your game. I don't know, I felt like it brought a lot of good structure to my schedule. And also like working out does give me short term relief from my anxiety. So yeah, I think it would help.

THERAPIST: So what do you think some of this deep shit is?

CLIENT: I don't know. I just am I am just making an I mean well it's like obviously some a huge part of it I think is genetic. Or maybe not a huge part but there I feel like that has to say something, the fact that so many people in my family struggle with it so much. And I don't know. I just feel like there must be thinking back on like all the self-esteem issues I had growing up and like the separation anxiety we talked about last week, since now I'm starting to make connections to when I was really, really young. [00:30:09.28] I'm thinking like oh, there's probably lots of things going on here. But I don't know. It's weird that I didn't really feel like this in college all that much. Or when I was in Egypt. And I don't really know what's different. Like I always try to sit down and think like what's different about now versus when I was in Egypt. And one of them is definitely those like tight community that you mentioned before.

THERAPIST: And you guys were all doing the same thing, I mean to some extent.

CLIENT: To some extent. We all had different work environments but we the experience of living in Egypt as an American is similar enough that we all were going through the same thing, yeah. Yeah, and that's the thing. In each one of those experiences there was something that bonded us all together. [00:31:05.14] Whether in college you're all in college together, going through what all college students go through. But then in each of my other little stints abroad, when you're living abroad or doing whatever you're doing abroad, we're all in the same program. You go through the same emotions, and so it definitely bonds you together, yeah. Although there is definitely elements of extreme isolation when I was in Egypt. Because I was the only lesbian that had to lie about those things. I was the only lesbian that then got outed to my best friend by a Red Cross staff. I mean there was like some heavy stuff that happened that was very isolating for me.

THERAPIST: Someone intentionally outed you?

CLIENT: Yeah.

THERAPIST: Why?

CLIENT: It was an Egyptian. It's a very long story, which actually, ironically, starts with Amelia because when we first Red Cross doesn't really, in my opinion and the opinion of many other

people, they don't really handle their diverse volunteers that go to extremely conservative countries very well. [00:32:17.12] And so when we got to country I knew that I couldn't tell anybody I was gay. But they assign us they put us in groups with Egyptians who are language cultural facilitators. They're Red Cross employees that are there to teach us the language and the culture, and so all of our assumptions were that these are Red Cross employees, they're people we can confide in, and anything we can tell an American Red Cross employee I'm sure we can tell an Egyptian Red Cross employee.

So Amelia was roommates with her language and cultural facilitator living in their the village they were living in. And this young woman was extremely, extremely religiously conservative. And Amelia thought that she was helping her to open her mind by telling her that I was gay, which we later found out we shouldn't have been she shouldn't have said that to anybody that's Egyptian, which I mean it brings up a whole other list of issues that they're making blanket statements. [00:33:17.10] Like you can't tell any Egyptian this because there's a lot of really liberal and very western like or I mean it's yeah, I could talk about that for a very long time. But so this young woman then told another female LCF who ended up working as an LCF again the following year while we were still in the country but a new group of volunteers were coming. And my best friend, who was my landlord's daughter, so we shared a house; I lived on the first floor, got a job with Red Cross as an LCF and was telling the other LCFs about her close relationship with me. And then this young woman, who was received this information from Amelia's former roommate, who's extremely homophobic, said oh, her my friend's name is Julia. [ph] [00:34:05.10] She said oh, Julia, [ph] you think Kelsey and you were so close. I bet you didn't know that she's a lesbian.

So yeah. It was a very dramatic situation. And the Red Cross was completely at fault and responsible. But yeah, I mean it was I mean it worked out wonderfully. My Julia [ph] is an incredible person. She's completely nonjudgmental and very liberal and after I mean it took us a very long time to rebuild our trust because she was like why would you you lied to me. She wasn't upset that I was gay, it was that I didn't tell her. And but yeah, I mean we're still extremely close to this day. But it was a trying period. And there was no other volunteer in my same position that really under my friends were sympathetic, but it was hard for them to be really empathetic because it's really a weird feeling having to hide two very major parts of your identity like that. [00:35:13.29] And then also having to listen to and agree with a lot of homophobic statements all the time.

But yeah, I mean there was a huge barrier, I felt, with making relationships with Egyptians, my counterparts, my coworkers, my friends. And I felt like we could get close to a certain extent, but the way that Julia [ph] and my friendship grew after we moved past that was incredible. And it was like I couldn't get past this wall with my other Egyptian friends because it was so much about like I wasn't being mean. We'd sit there and joke about my future husband or what am I doing for Easter and Christmas, and I'd have to go along with it because that's what Red Cross told you to do. So yeah, it was so I did there was major moments of isolation going on there. [00:36:06.25] And actually I started so I guess I did experience a high amount of anxiety while I

was there because I started going to therapy while I was there because I had a panic attack. But it was different than the anxiety I feel now.

THERAPIST: What was that anxiety like?

CLIENT: It was like I experienced a lot of verbal harassment, street harassment, in my village. And...

THERAPIST: Just for being a woman, being American?

CLIENT: Both. Being a western woman who didn't cover her head, and I liked to walk because I needed to get exercise because I didn't want to feel like I was holed up I worked out for two hours a day at my house, jump roping and with resistance bands that like hung off my door. But I needed to get out of the house a little bit, and you just couldn't go anywhere. I had lit cigarettes thrown at me. I had rocks thrown at me. [00:37:00.21] I had really nasty things yelled at me. And in Egyptian culture, to even say good morning to a woman that is someone of the opposite sex who's not your spouse or your blood relative is extremely disrespectful. And so to then be saying these really crude, sexual, disgusting comments is like sometimes they would just be like hello, how are you. But even that carries with it such disrespect. It was hard for me to explain this to people that weren't in Egypt because hello, how are you in Egypt is the same as come suck my cock in walking around the street in Providence. Sorry, that's vulgar, but it's like just on a different level. And because I experienced a good deal of street harassment when I was living in Madagascar but it was such a different I handled it in such a different way because I felt like empowered to stand up for myself, whereas in Egypt it was kind of like you had to like not make a big deal out of it and it would be worse if you I was masturbated to on a bus and I couldn't I didn't say anything because I was scared that me just as an unmarried woman knowing what masturbation was in the first place was going to be worse for me at the end. [00:38:23.22] And then I later found out that everybody on the bus knew it was happening and nobody did anything about it. And there were women on the bus. Nobody did anything.

THERAPIST: So it was some guy sort of staring at you and...

CLIENT: Oh yeah. I mean I was he had moved seats to get closer to me, and there was not many people in the back of the bus where we were. And he was sitting across the aisle from me and I like noticed it looked like he was scratching his leg for a while. And I just turned to look out the window and I saw that his hand was in his pants and he was going at it. So it was I mean it was it was a feeling that it was just gross. I felt really violated. So I started having a lot of anxiety about leaving my house because I didn't want to have to deal with it. [00:39:06.06] And then I had a panic attack on a bus because I was worried it was only me and this group of young men, and they were really rowdy. And they were yelling things at me and the bus driver was driving really fast, and I lived outside the city on a farm, so I was I started to get scared that he wasn't going to stop to let me off the bus at my house. And so I had a panic attack and started crying. And then I was like okay, I think I need to go to therapy because I can't leave I couldn't leave my

house. And not everybody had it like that. Amelia's village was totally different. She didn't have any issues with harassment.

THERAPIST: How long were you there for?

CLIENT: Two 27 months.

THERAPIST: Wow. And was it like this most of the time?

CLIENT: Mm-hm.

THERAPIST: That's horrible.

CLIENT: Yeah.

THERAPIST: That sounds like a really traumatic experience.

CLIENT: In the beginning you shake it off because you think it's going to get better when I integrate, and so then it also makes you feel like you haven't done your job of integrating into your community. But my village was still a town of 150,000 people so it was hard. [00:40:04.15] I didn't know everybody, and when I started teaching an English class to all it was an all men's, an adult male English class that I was teaching because it was the only way for me to really interact with men in any way. And it was professional. When I started teaching the English class and I had all these students who they looked out for me around town, and I did notice a slight drop in the amount I was getting harassed but there's still you can't know everybody in a city that big. So it just never got better. And so it was yeah, it was hard. And so I mean you can't like even now, yeah, it was traumatizing. I can't walk down the street and have men be like if there's a guy walking towards me, if he like for some reason I think he's going to lunge at me. I just get like really nervous. It took me a while to start being able to go out after dark because that was something we did you couldn't do in Egypt for safety reasons in where I lived. [00:41:08.12] In the capital you can but you still need to be careful.

THERAPIST: Did you ever think about moving to a different asking for a different assignment?

CLIENT: No, because I loved my family that I lived with and I loved my I felt like that wasn't no, I never thought of that. I loved where I lived. Even now, looking back, I'd go back and do it again. There were other I mean there were some villages where that wouldn't happen, but that was pretty much the standard. And there were girls that had it a lot worse than me. I mean there was one girl who lived up in a village in the mountains, and she had bruises on her face from the rocks that she would get thrown at her. She stuck out like a sore thumb; she was of German descent, really tall and blond. And it helped that I had brown curly hair. Some people thought I was Arab so because we were right on the Arab border. But yeah, no, I never would have I wouldn't have if I could go back and do my service again I would still do it in the same village.

[00:42:04.20] I loved it there, aside from this. But it's caused me to be extremely racist against Arab men which I don't I'm really unhappy about.

THERAPIST: Well, and a little bit fearful too.

CLIENT: Yeah.

THERAPIST: It definitely had its aftermath.

CLIENT: Yeah. It's funny because you think of like people going into the Red Cross to like learn more about other cultures, and now I feel like I've come back with really negative ideas of Arab men, and some Arab women because they don't stand up for you. (pause) And I was told multiple times it was my fault that that guy was masturbating to me on the bus by my coworkers and but the family I lived with, like they would've it's a good thing I didn't know who that guy was because my landlord's son would've actually beat him up. [00:43:04.27] They looked out for me. Yeah. Once in a it would build up and then once in a while someone would say it'd be like a couple of weeks of people saying really nasty things and then all it would take is like one guy to be like hey, how are you and then I'd just freak, just like freak out at him. And then once you say something and it's in Arabic and it's like you're shaming them, and they know that you know what they said to you and it's like oh my God. I can't now I'm in trouble. But I just kind of helped tried to hold it in a lot.

And the whole two years was me like holding in my thoughts about Israel and my thoughts about being religious and my experiences being gay. I just held everything in. I had a two hour argument once with one of my good friends about religion. [00:44:09.09] And I had to argue like the for in favor of Christian beliefs when one of my friends wanted to know more about why we think Jesus is the son of God or why Jesus we consider Jesus God. I spent two hours trying to argue that Jesus is God basically. All I wanted to do was be like I don't know. I'm with you. I don't believe that. So on the one hand I find it kind of humorous, and I have some great stories, like when my family came to visit. It was like and they're so if you can think of the stereotypical Jewish family from the suburbs of Chicago, that is my family. And here they are in Egypt during Ramadan. And it was wonderful. I mean on the one hand I remember we were driving back from so the first three months the reason it's 27 months, the first three months you're in a very small a much smaller community, usually, than where you end up doing your two years of service to acclimate to the culture and learn the language. [00:45:15.18] So we call it our host village from training.

So we went to visit my host family and they are in the boons. I mean the desert, it is they're Bedouins. And I had never experienced anything like that, let alone my parents. And I remember we went and had we broke fast with them after Ramadan. We were in the car on the way back to my parents' hotel. My brother was like wow, like who would've thought a family from Greenwich would be in the Egyptian desert breaking fast with a Bedouin family. And I thought that was really cool.



But then we're there's another situation where we were sitting with a large group of people when the Americans come it's everyone's sitting all around the room just looking at us and my poor parents. I'm chatting with everyone but my poor parents are just sitting there looking terrified. And my host uncle wanted me to tell my parents that they love Americans but not all.

[00:46:13.18] He was like make sure you tell them we don't like them all. And I was like okay, yeah. So I halfway translated that because I didn't want my parents to be scared. Because I'm used to hearing stuff like that and it slides right off me, but my parents aren't used to hearing that. And he could tell that I hadn't said everything so he pushed it again. He pushed it again. And I was like yeah, I told them. And he kept pushing it. So finally my mom's like what's he saying. Well he wants you to know that they love America and Americans but they just want to make sure you understand that they really don't like certain people. And my dad's face just went white. And he's like thinking they know [ph] if they're going to kill us. It was to me it was hilarious but so I feel like I have a mix of really funny and crazy stories. And then there's like this other layer of it that was really damaging for me. [00:47:03.01] So yeah.

THERAPIST: I feel like I mean I feel like there's a lot more for us to talk about on that. I imagine there are ways in which it impacted you, some of which you know and some of which may not even be clear at this point.

CLIENT: I'm sure.

THERAPIST: Two plus years is a long time.

CLIENT: Yeah, and I haven't really processed it, I don't think. When you come back we went on vacation to Thailand right after, and then we came back to America and I lived with my parents. And I remember I talked at my synagogue about cultural understanding and exchange and stuff but I never really sat down with anyone and was like I think that I'm pretty fucked up after what I went through.

THERAPIST: We're going to need to stop for today. Does this time work for you?

CLIENT: Yeah, it is a little better for me. So and it's better for you, right?

THERAPIST: Yeah, it is little better for me. So that's great. The other thing is I don't know if I went over this with you last week with the insurance statements. Did I mention anything?

CLIENT: No.

THERAPIST: Okay, so my insurance prefers that you submit, not me. [00:48:04.08]

CLIENT: Okay, that's fine.

THERAPIST: So my assistant will e-mail you the statement that just gets sent to them, and she'll also e-mail you the link for the form that you fill out, which is like your name, member ID and

address, and that's it. And that just gets mailed in. So just explain what she usually does it at the end of the month. So probably before the next time we see each other you'll get it.

CLIENT: Okay, so I'll look out for that and then I mail it.

THERAPIST: Yeah, the form she gives you, the link with the you fill out a couple of things and then just mail it in.

CLIENT: Okay.

THERAPIST: Okay, great.

CLIENT: Awesome.

THERAPIST: Okay great.

CLIENT: And then if that's not included in the there's still like an extra \$40 a session.

THERAPIST: Then that's a separate right, exactly. So that's the piece that they pay and then there's the copay. So she'll probably e-mail you a copay statement separate from the insurance.

CLIENT: Okay, awesome.

THERAPIST: Okay. So I'll see you next week.

CLIENT: Yeah. I don't know if you're trick or treating tonight, but enjoy.

THERAPIST: Thank you. Thank you very much. Take care.

CLIENT: You too.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi! Come on in!

CLIENT: How are you?

THERAPIST: Good, thank you!

CLIENT: I have a check for you, before I forget.

THERAPIST: Thank you! And did Helen (ph) send you the statement and the link to Blue Cross?

CLIENT: Yeah, I sent it them yesterday.

THERAPIST: Okay, oh great! Great! It was pretty clear?

CLIENT: Yeah, it was straightforward, so... And I assume you'll just let me know when you get the payment, or...? [00:01:06]

THERAPIST: They actually often will send it to you.

CLIENT: Oh, and then I'll bring it? Oh, great. Yeah, I wasn't sure how that worked, so... I'm assuming that Helen would have checked that it was covered under my plan first, right?

THERAPIST: Yeah, yeah. No, it's fine.

CLIENT: Good. Just checking. I don't want to have to make that call to my mom! (laughs)

THERAPIST: Everything should be fine. How are you, though?

CLIENT: Good. Doing well today. It's been a busy weekend at work, so... That's always good. (therapist responds) (pause) And, yeah. That's about it. Amelia's going to Philadelphia next week. I actually haven't thought that much about it, because I've been busy, which is good. (therapist responds) So hopefully that will go all right. Hopefully! (chuckles) [00:02:06]

She's staying with a good friend of ours from the Red Cross, Freddy, who... like I know, I trust him, I feel like he'll like... I don't know, this weird thing I picked up in Egypt of like, feeling more confident when there is a man around. It's like, a sense of safety, kind of, because it was like that when we were in Egypt. If I was like, with a guy that I trusted, then nothing, like no one would bother me, you know? So I kind of like, feel fine about (chuckles) her going to stay with Freddy. I know he'll pick her up from the train late at night and he lives in nice area. So... Hopefully, I'll be busy enough that it will go quick.

THERAPIST: That's how you ended the last session, talking about all the experiences you had, which you felt, many of which were not yet processed. [00:03:00]

CLIENT: Yeah. Or maybe they are processed, I don't know. I mean, I don't know how to tell like, when I've processed it, because I do feel like I've changed a lot since coming back, which is expected. Like, you know, I always knew that like, I would go and then come back a different person, but I always thought like, it would all be for the better, you know? And... I mean, that's definitely not necessarily what happened. So I don't know if I've like, processed everything and like, this is just how it is now; or like, this is how it is because I haven't really dealt with what went on over there; I don't know.

THERAPIST: Well, certainly feeling unsafe is not a good thing, it sounds like.

CLIENT: Right. (therapist affirms) And like, I feel like that's translated now to me worrying about like, my safety, Amelia's safety, you know. But then we've talked about things like from when I was a kid that also, you know, so it's not like it's a brand new thing. (therapist affirms) But the way that it kind of materializes now is different, is new. For sure. [00:04:04]

THERAPIST: So thinking about the importance of Freddy being around. Is it Amelia's physical safety that you're concerned about?

CLIENT: (affirms) Yeah. (pause) Because I don't know where he lives, and she has to like, get places, you know. She's got this conference downtown, but it's like an hour commute on public transit from where he lives. And you know, I mean like I said a couple of weeks ago, like she's been all over the world by herself, you know. I think she can navigate Philadelphia, but I don't know.

THERAPIST: Well, it's not a rational fear. (client affirms) Philadelphia is probably a lot safer than a lot of the places that she's been. [00:05:00]

CLIENT: I guess so. I don't know, it's funny, when I think about like, how I felt unsafe a lot of times in Egypt. I also never worried about Amelia's safety in Egypt, because like, the sense of community there, and you have people... Like, even though there were times when I didn't feel safe, I kind of never felt like I was going to die. Like, I didn't think that anything was really going to like... like I was going to cease to exist, you know, something really bad was going to happen, because you like, the way that the communities are there, you just don't... Like there is the verbal harassment is one thing, but like very rarely did it ever get physical, just because of the conservative nature of the communities there, and how everybody knows everybody. So if, you know, word gets out that you touched the American girl, then like, your life is going to be a living hell. You know, and so like, I wouldn't know where Amelia was for like, a whole day at a time, but I always knew that like, she was looked after by the people in her community. (therapist responds) Then I don't feel like, that's definitely not the way it is here, you know. That's a big cultural difference. So... Yeah, it's like all these weird, I feel like, contradictions and... [00:06:22]

THERAPIST: There is a sense of accountability over there.

CLIENT: Yeah. Like, you just didn't hear about the kind of stuff you hear about on the news here, you know? Like people didn't go missing, people didn't take people, people... you know what I mean? Like murder wasn't really something that... I mean, probably in the capitol and like things happen, but it was usually like men doing it to other men. Like, women were this like, tended to be a protect ... I mean you have honor killings, which is like another whole situation, but otherwise, women tended to be this like protected... because it was very sexist, you know, just like protected, revered, kept in the house, kept safe from all the outside dangers kind of thing. So... [00:07:10]

(pause) Like, the people I lived with in Egypt thought it was crazy that we would, you know... They have this idea about America that like, at age 18 you get kicked out, no matter what. Which in some families is true, but not, it's not as like, cut and dried. They have this idea that we just like, send our children off to live wherever they want and... Because it's so different there. You don't leave the house until you get married, and then when you get married, you probably just move down the street (chuckles), you know. (pause) But I don't know. I definitely like, internalized a lot of stuff that is from Egyptian culture, I think.

THERAPIST: Like what?

CLIENT: Like, well, they just put such... And maybe it was stuff that already kind of, I was like predisposed to being, kind of drinking the Kool-Aid a lot, you know? Like, they just put such emphasis on community, and family, and being together all the time. And they make like... If I wanted to spend time alone, they would make me, I would feel so guilty for wanting to spend time alone, because my landlord's family just always wanted... They, you know, they thought it was like a sin for me to be by myself downstairs. Like, what is she, they would always say like, you know like, translated, it's like, "What a shame, that you would be by yourself and nobody to hang out with you." (therapist responds) [00:08:31]

I mean, it can get overwhelming. So, funnily enough, like I actually did like to be by myself a bit over there, because it was like a break from the constant translating and language, I mean, it's exhausting, you know. You're just constantly like, the spectacle in social situations. So I did; I liked to be by myself sometimes. I needed time to work out, time to kind of relax, watch a movie or something, you know, talk to my family. You needed a real excuse to be by yourself. Like, I needed to say, "I'm Skyping with my parents," for it to be like excusable. (therapist responds) Or when I was studying for the GREs, studying for a test was okay. But otherwise, it's like not really... because nobody ever really spends time alone. So it's kind of funny, that I was like fighting for time alone there and now, I can't stand it. [00:09:27]

THERAPIST: Not so much.

CLIENT: But I got used to being around them all the time. Like, you know, after a while, I became, I grew comfortable and just hanging out upstairs with the family, and constantly being around them, and didn't have such, you know, it was like normal to just hang out up there. It was like they were my family, you know? It wasn't a big deal. Like, I could read my own book on the couch. (therapist affirms) Well, they didn't have couches, but like the cushion. You know, and they would be doing their own thing. But we'd all just be in the same room, you know? It was like keeping each other company. So I got used to that. (pause) And so then, that was quite a harsh transition like, by the end, you know, that was something I really enjoyed doing, hanging out upstairs all the time. So, it was kind of funny; I never really thought about that.

THERAPIST: That's a very different lifestyle. [00:10:23]

CLIENT: Yeah. Oh, yeah! I mean, it's wild! And I've been, I've done stints in a lot of different places, and experienced a lot of different cultures, but nothing was as different as Egyptian culture from American culture. It was just like the wildest place I'd ever been, you know? I mean, there is just nothing like (chuckles) Egyptian culture, compared to American culture.

THERAPIST: (pause) Have you been feeling less anxious overall?

CLIENT: (pause) I'm not sure. Because it's not, I don't feel like constantly... And I haven't ever really felt like constantly in a state of anxiety, you know? I feel like I have episodes of it, and so... The last, and I can't remember when the last time was. I mean, I got a little bit worried yesterday. I took Tylenol, which was like a big step for me, yesterday, because I was having really bad cramps. Amelia made me just take the Tylenol. It was bad enough that I took it, but then I had like a slight... moment of anxiousness afterwards. Just that I was going to like hurt my ulcer, I don't know. I mean, because I haven't taken any medication, aside from my stomach medication, since I got the ulcer from pain relievers in the first place. So... And I wasn't excited about that, but... I know other than that like, I don't really remember the last... I don't remember the last time that I like, really freaked out about Amelia. But I also, you know, like we haven't had a situation where we've been like, I couldn't reach... I don't know, like it's just been smooth sailing for a while now. [00:12:33]

THERAPIST: You're not sure if it's you're feeling better or just circumstantial.

CLIENT: Yeah. Yeah. I can't tell. Last week, after our session (I guess it was the same day, yeah), and I met her. I like, had to go back to, I went back to work for a little bit, and then I didn't have time to work out, so I was like feeling antsy. So I met her and we like, went for a little bit of a walk. I told her a little bit about what we had talked about, and we talked about, you know, how the little things contribute to that overall feeling. We ended up having like, a really, really long conversation that like we both really, I think, needed to have.

So things have been really good since then. (therapist responds) You know, I've noticed that she's tried a lot harder to do stuff around the house and... Yeah, so we had like a nice night of communication (chuckles). So things have been good since last week. I mean, I know she has this trip coming up, so I'm kind of like, anticipating having a rough time next week. But I'm really hoping that, because we have that event on Thursday, I'm just hoping that like, I'll be busy enough that I won't really have time to worry about it. [0013:55]

THERAPIST: So, have you ever written down your worries while you're having them?

CLIENT: No.

THERAPIST: I wonder if that would be a useful exercise.

CLIENT: You're not the first person to suggest that to me, and I don't know why I haven't done it yet. (therapist responds) When I was in college, I did for a little while. But then I remember

finding them a couple of years later and like, I read through some of what I had written. It was like, it was just awful. It made me like, upset to read what I had written, because I had a real, I was like really in a bad place for a while when I was a freshman in college. I think I'm like scared... I don't know, I'm like scared of what I'll write down, I think, because I'm still like embarrassed and... you know? It's like, still that like, shame that prevents me from, from doing that because I always think about it. I'm like, "Maybe I should write down what I'm thinking right now." Then I'm like, "No. Just go for a run," you know? (pause) Because it's like embarrassing. Then, when I write it down, it's like worse than just saying it. It takes me awhile to like, even get ready to like say something, but like writing it is so permanent. [00:15:13]

THERAPIST: What's so embarrassing about your fears?

CLIENT: I don't know. I just like know how irrational they are... you know? It's like, it's bizarre, because I know that I'm having like, very irrational reactions to things. I know that... but like, I can't stop it from happening at the same time. So it creates this like, weird embarrassment, because like I feel like I, like... makes me like not normal to be having these kinds of fears and worries and stuff like that. So I just try to like, pretend like they're not happening.

THERAPIST: It doesn't sound like it goes too well.

CLIENT: Well, (chuckles) obviously not! Yeah, so... I mean, I can put more of an effort into writing things down.

THERAPIST: But it's, it's, what prevents you is this embarrassed reaction. (client affirms) Does it mean like, you're a crazy person? What does it mean? [00:16:12]

CLIENT: I don't know. I just, it goes back to this like, feeling I've always had since I was a kid, that like, there is something wrong with me. You know, like I always thought that there, I was just like, not right, like because I was really overweight and then I was dealing, when I was dealing with my sexuality like, I was like... I used to remember like, I would just sit there, like when I would be upset and I'd cry, and just like, in my head, just like list all the things that were not, like wrong with me. You know, I'd be like, "I'm fat and I'm apparently I'm a lesbian..." I had this like horrible habit of biting my nails; that was always on the list when I was younger, because my mom would always try to get me to stop biting my nails, so it was like always on my mind.

But, and there was just like always this like, list of things that was wrong with me; those were always things I never talked about like, they were embarrassing to me. Like, being overweight was like, an embarrassing thing to talk about, you know? Having like, an issue with overeating was embarrassing for me. And when I was, at the time like, still dealing with what my sexuality meant, you know, it was embarrassing. It wasn't something that I wanted to talk about. So I've always just associated like, things being wrong with me with like, feeling embarrassed about them. I don't know. I don't know where it comes from. [00:17:29]

THERAPIST: That someone would sort of find out that all these things are wrong with you?

CLIENT: Yeah. I'd feel like I never thought that, but like, what would happen, but like I didn't want anyone to know. (pause) And I still do a good job of like hiding things, you know? People have no idea that I... There is like, I can count the number of people on one hand, on like three or four fingers, that know that I have like issues with anxiety. People are generally pretty surprised when they find out, too.

THERAPIST: Do you remember how old you were when you started thinking about sort of just feeling ashamed about your problems? [00:18:29]

CLIENT: I think it was middle school, because I think that was when I first started having like... I remember, I mean, I feel like I always probably felt a little bit, from my weight, but like it got really bad when I started like, having feelings for my girlfriends and stuff, without really knowing what that was. But that's when I really remember like, thinking like, "Man! All these things that are wrong with me!" So I think it was middle, it must have been like middle school-ish. And then like, definitely in high school.

THERAPIST: So that was around middle school was the time where you were thinking about your sexuality or even just trying to figure out what your feelings meant? (client affirms) Did you know about sexual orientation, was it just sort of like, "I have no idea what's going on"? [00:19:15]

CLIENT: I just didn't, I just like remember, I don't know. I just like, there was just something like, different about the way that I felt than the way that I could tell my friends talked about boys and stuff. I had a boyfriend in middle school, these two boyfriends, for like all of middle school. Not at the same time, like one, and then the other one. (pause) I don't know; it was exciting, because like somebody liked me. But... I still would have like, rather gone and hung out with my friend Fran than my boyfriend Bill, like any day of the week, you know?

I remember this one, like I always, it wasn't like I was like, "Okay, I have like, sexual feelings for Fran." It was like I had, I like remember really enjoying like, giving her hugs. Then I remember one time, she asked me to stop hugging her so much. That made me feel embarrassed, and then I was like, "Oh, maybe this is like, not right," you know what I mean? Like, "This is not something that she feels, it's not normal friend feeling, that I'm having," maybe. But I didn't know. Like, it wasn't until I was in high school that I was like, "Okay, like I want to kiss this girl," you know; and I had like, sexual feelings for her. But then, it was always, yeah, just like always came down to there being something wrong with me, because I always fell for straight women, because I didn't know anyone that identified as a lesbian in high school. [00:20:38]

THERAPIST: Was that true throughout high school?

CLIENT: Yeah. (pause) It's funny, I ended up kind of having this fling with this girl that I went to high school with like, three years ago, four years ago, when I was in the Red Cross. It was, you know, like, it would just, in high school like, I don't know. I went to a really small school in a town



where nobody was gay. So... And like it turned out that this girl had actually been dating another girl throughout high school, I just had no idea.

THERAPIST: I was going to say, where people don't talk about being gay, (inaudible) (blocked) no one (inaudible).

CLIENT: That's true, that's true, so people are definitely gay.

THERAPIST: They don't have like sort of town, you know, lines. (laughs)

CLIENT: That's true. Yeah, and I remember it was funny, you know, after... She was a, we were just good friends throughout high school. We were on the softball team together and we were just good buddies. I always thought there was something going on with her and the pitcher, but like I never really, you know, nobody talked about it. She had a boyfriend the whole time.

Then it was pretty funny like, when we finally got together. Then it was like, ten years in the making, you know, like (chuckles). But... yeah, no, throughout high school I didn't know anybody that was open about it, or anybody that I could... I don't even know how she found that she could have this relationship with Nancy, you know, the other girl. Like, I wouldn't have even known where to start with all that. (pause) I mean, I didn't have my first experience with a girl until I was 20. [00:22:07]

THERAPIST: Wow! Did it get any easier in college, to at least identify with other people who were gay?

CLIENT: No, because where I went to college, there was not a huge gay community. I was, I became like, the token lesbian on campus, because there was nobody... You had, the outlook was the name of like, the LGBTQ Student Alliance, and it was made up of people who were pretty socially awkward and not... (pause) They were really isolated from the rest of the campus community, which obviously, I mean, at a very white conservative school that, you know, I don't blame them, but by the time I came out, when I was a junior... Then so I was really only out and on my college campus for a year and a half, because I was abroad for the first semester of my junior year. Then I came back, and I had second semester and then my senior year. I was just like the only approachable out lesbian on campus, essentially. [00:23:08]

It, just, I mean, it was crazy like the, it's this really small school, you know, and it's like this bubble, and there is one bar that everybody would go to. It was just like, every time I went to the bar, some different girl (who was otherwise straight) would come up to me (like literally like, every single weekend, somebody different), who was questioning their sexuality and like professes their love for me, or something like that. I mean, it was ridiculous, it created completely unrealistic expectations for me in the real world. Having Amelia now doesn't really, I mean, now I'm like, "I told you guys, so like, look what (chuckles), you know like, see, here is my straight, otherwise straight sorority president that I always said that I would marry," you know? But, yeah, it was ridiculous. But there was nobody else, you know. Looking back it makes sense

that I was the only one who, I was friends with a lot of different kinds of people and so people felt comfortable coming up to me and... anybody that was questioning their sexuality did so in my bed (chuckles). [00:24:08]

Yeah, it's ridiculous. And it's, you know, and I, like I think I mentioned that I beat myself up over the way that I treated women in college, but it was because everyone was like... Nobody taught me a lesson, because it was just like an endless supply of cute sorority girls who wanted to try making out with a girl... you know? I was successful athlete on the rugby team, I mean, I was like the frattie football version of, or like the girl version of like a frattie football player. Then I graduated and I remember going out to a bar in Chicago with my friend from home. I'd be like, "Why isn't it happening (chuckles) anymore?" You know? Like... So...

THERAPIST: Very particular experience.

CLIENT: Yeah, it's crazy. The campus has changed a lot, you know. Now it's a lot more diverse, but I just happened to be there before being gay was like as accepted. I mean, I guess a lot has changed in the last couple of years. It turned out, I mean, after I came out, then a lot of my friends started to come out as well and you know... Out of my group of college friends like, half of us are gay, but I was the first one to come out when we were in school. But I didn't do so until I was abroad. [00:25:25]

THERAPIST: Did it feel like a secret?

CLIENT: (affirms) It was a secret, but like I wasn't acting on it, either, you know? I was still sleeping with men and trying to like, fig , you know, just because I only had... There was only straight girls for me to have feelings for. So there was still like, there was nothing wrong with me, why they weren't liking me back. Then I lost all that weight... and then I came out, and then I started to get like, other girls, you know what I mean? So it just like was like a weird pattern of reinforcement for me, too, that like I needed to be skinny and athletic and... to be able to be loved, kind of thing. Because it just all kind of happened that way at the same time.

THERAPIST: A lot of times, emotions get formed around coincidences. [00:26:19]

CLIENT: Yeah. It was totally, I mean it was totally circumstantial. (therapist affirms) (pause) I don't remember why I started talking about that.

THERAPIST: Well, we started talking about what, writing down your worries (client affirms), and feeling embarrassed, and feeling that there was something wrong with you. Then you thought about this whole history, and feeling something was wrong with you. And having no one to share it with, too.

CLIENT: Yeah, it's been, I'll, like I've, that's definitely been a pattern. I don't really open up to people about it. Even like, I saw that therapist in Chicago for quite some time and I mean... it took me like, years before I even was like, "Um, I think I'm gay," you know?

THERAPIST: How old were you?

CLIENT: Um, I went to see her when I was in high school. And then... but like I think my mom wanted me to go, so I could have, talk about what direction I wanted to go in, career wise, or something like that. It wasn't for, I don't know, I don't remember why. It was like something related to college and jobs. And it wasn't until... must have been like 19 , yeah, it was around the same time like I was coming out at school, like 19 or 20. [00:27:45]

THERAPIST: Was it just sort of this pervasive fear, or did you have particular thoughts about what people would say or do or think?

CLIENT: I was just like always scared of being rejected. (therapist responds) Like as long as I wasn't... telling these girls that I had feelings for them, and as long as I was just like thinking about it, and thinking about like, ways that I could make them like me (like losing weight or getting better at rugby, you know), then there was still that hope, I think. (pause) And I was just scared what would happen if I, because I still thought it was like a wrong feeling to be having, you know.

THERAPIST: Because girls shouldn't have feelings for other girls?

CLIENT: Yeah, not among my friends, no. It wasn't something I was ever exposed to.

[pause 00:28:36 to 00:29:14]

But I don't really think of like, my coming out story as like, atypical or like, there is anything, I don't know. When I think about it, it's not something that like, hurts me now, you know, to think about. Like I look back and laugh and feel lucky that my parents were supportive and that I ended up, you know, I think (chuckles)...

THERAPIST: It wasn't, it doesn't sound like it was the coming out that was the problem.

CLIENT: That's true.

THERAPIST: It was the (inaudible) (blocked)

CLIENT: Yeah, my coming out experience was really positive. Everybody was really supportive and they were like waiting for it, you know? Then once I could be open about how I had these like, really unhealthy feelings for my good friend Nancy and like, the rest of my friends rallied behind me. They were like, "She's not (ph) nice to you," you know? "Move on. We'll find you somebody else," and it was wonderful. Yeah. Like everything good happened after I came out, you know? But yeah, it was definitely the before part that was troubling for me.

THERAPIST: And years and years and years of it. (client affirms) It sounds like you felt isolated. (client affirms) Like, very isolated. I wonder if it relates to your difficulty being alone. [00:30:24]

CLIENT: It might. Because I mean, I felt like that I had nobody for so long, you know? (therapist responds) I mean, like realistically, I did. I was always surrounded by wonderful people, but I still, there was like these huge things I wasn't talking about. (pause) I mean, I didn't exactly get positive reinforcement when I did, you know, when I did try to tell my mom that I was struggling with an eating thing and that I was doing drugs and... You know, she kind of like shot me down in that moment. I didn't revisit that, I have never revisited that conversation. So I didn't really get like, I mean, when I came out, yeah, it was like, great. You know, and everyone was really awesome about it. My friends were, you know, I have friends that I can talk to about anything. But, it was almost like, with that situation like, you know, I think they, yeah, that's like, "Right. Remember, you're not supposed to talk to people about like, those big problems," kind of thing.

[pause 00:31:23 to 00:32:15]

THERAPIST: What are you thinking about?

CLIENT: I was thinking like, trying to figure out why I don't like being alone and like, what I think about when I'm alone. (therapist responds) (pause) Like nothing specific is really coming to mind, because I really, like I'm not feeling alone that much. I mean, some days I feel like it, you know? But I usually, like I tend to distract myself.

Like, I've been going to that event at the Square last week so like, I've been there every night this week until... Amelia is home. I haven't really had that much time. Actually last night, I was home for about an hour, maybe like two and a half hours, by myself and I actually had a good time. I like, laid on the couch, and I ordered some dinner, you know, and like looked at stupid stuff on the Internet and like, I had a nice time. I waited for Amelia to come home, and it felt nice to be able to do that. (therapist responds) [00:33:28]

Like, I just, I felt like, calm. It was like, I know Amelia's in class, you know? I've had a really busy day, and I just want to, I've been like, I was having bad cramps all day yesterday. So I just, all I wanted all day was like, go home and just lay down, you know? That was like, having what I wanted and... It was nice. It was like what I always like, wish I could do, you know.

THERAPIST: That does sound nice!

CLIENT: Yeah, it felt good. (pause) I don't know. It's just been like, a nice week like... Not that joining a jam is the answer to my problems, but I feel like that's helped a lot. You know, and I've been going with one of my co-workers. We're like becoming, we're like new friends so we have like, lots to talk about. It's just like, it's nice, yeah. (therapist responds) [00:34:18]

(pause) I do worry that... I'm like... not that I'm trying to find a substitute for the attention that I get from Amelia, but like, with this girl from work... It's not that I have like, a crush on her, but I

noticed that I think we flirt. (therapist responds) I've been feeling really guilty about that, although Amelia and I talked about how she's really cute and like, we laughed about how I think she's questioning her sexuality. Amelia was like, you know, we like joke about my past and Amelia's like, "Well, here we go again," you know. And, um...

But I don't know. I was feeling really uncomfortable for like, a week like, all week. Last week, I was feeling really uncomfortable about all of our interactions. I feel a little bit better about it now, because I think that she's just looking for like... I think she is questioning her sexuality and I think she just wants kind of like... She's a lot younger than me like, it's not something that I would ever... I don't know. I think she just wants to like, know about my experiences a little bit, and that's why she's trying to hang out all the time. But I was getting kind of uncomfortable, because I was feeling for a while like, Amelia wasn't around you know, and I was... not wanting, I don't know. It's hard to explain. [00:35:42]

THERAPIST: Like replacing somehow?

CLIENT: Yeah. Like I wanted that like, flirty attention and I wasn't getting it, because Amelia was gone all day. (pause) Because I like attention, it's always been something like, I like it when people are giving me attention, especially sexual attention. (therapist responds) But I felt like after Amelia and I like, talked about it for a couple of minutes like, I felt better. It was just like, I think it was making me feel shitty because I wasn't talking to Amelia about it. Then that was making me feel like I was doing something wrong, because it was something that was making me not want to tell Amelia about it.

(pause) I don't know. I think it's healthy for... and Amelia and I talk about this all the time, that like, you can't expect to not be attracted to somebody else. But, I think there is a difference between like being... I don't know, thinking someone else is good looking or like, thinking that they're attractive and... but then like, not wanting to tell your significant other. I don't know. I don't really know how to describe how I was feeling. I'm not feeling like that this week, but it was kind of a big issue for me last week. (therapist responds) [00:36:51]

You know it just like, brought up questions like, because I never... This is the first time that I think I've been a little bit attracted to someone, since Amelia and I have been dating. That was always what used to happen to me, with all these other girls, you know? Is that like, I was just attracted to so many people and I was like, "Well I can't help it," you know? "I'm just going to sleep with all of them." But then when I met like, well not when I met Amelia, but when we started dating and I fell in love with Amelia, it was like, nobody else could catch my eye. And then Brenda (ph) did, a little bit. Then that made me feel really scared and guilty.

THERAPIST: Because...? [00:37:36]

CLIENT: Because it had never happened before, and it reminded me of my history in college with women. But then it also made me feel like, "Well, why am I looking for, like...?" You know, because I have no desire to do, to do anything with Brenda. She's a very cute girl, but like I

would... never, I don't know. Like, I don't, I would never do anything to be disloyal to Amelia, and I don't have any desire to. Like, I don't feel like I want to hang out with Brenda alone, you know what I mean? Like, I don't feel like I want to explore that or anything like that. But it just never... I don't know. I flirted back with her and then I felt bad about it. (therapist responds)

(pause) But I felt better once I told Amelia that, I was like, "I think Brenda had been flirting with me and I don't know what to do about it." And then, you know, and they know each other. It was just a weird situation, because most of Brenda's and my conversation was about Amelia, because she was asking me a lot of question about Amelia and my relationship. So it was like this weird... Like she would flirt with, I felt like she was flirting with me, but then we were only talking about Amelia, which was making me feel weird. I don't know. (therapist responds)

[00:38:49]

(pause) And then I started to call (ph) like, you know, brought up all these other questions, well like, am, "Is something missing between Amelia and I, that I'm even thinking like, that I'm even feeling like this right now?" But then we had that like, all these conversations all weekend about... everything.

THERAPIST: Yeah, it seemed like it was less about Brenda, her potential interest in you and more about why would you be thinking about her.

CLIENT: (affirms) (pause) But yeah, I feel like after Amelia and I had a conversation just about how I'd been feeling the last couple of weeks, and feeling kind of lonely and isolated. Then once I was finally like, "Well this is what's been like, going on with Brenda at work and it's freaking me out and..." I felt, I don't know. I just felt like we reconnected this weekend and we've had a really good week and I'm feeling like a lot better about things. But I still feel kind of weird around Brenda at work. I don't know, I can't describe it. We went to the gym together the other night and we had a good time, and it was fine. But like, I don't know. I think now that the thought has been in my head like, it's, I'm just like, can't shake it.

[pause 00:40:11 to 00:40:23]

And I guess because I've never been in a relationship this serious before, I don't know what's normal and what's not. Like, I don't know if it's... I always think like, the littlest thing is like, the end of, you know, relationship ending. And Amelia has helped me to learn that like, that's not, you know, like little fights don't mean that we're breaking up. You know, these little things are just part of being in a relationship and working with each other to make it work. But because I don't know like, what's... I'm like, I don't know if it like, is it normal for me to think that she's cute?

THERAPIST: Is that a direct question?

CLIENT: Yes! (chuckles)

THERAPIST: I am not a very good judge of normal. But I don't know if that's the question.

CLIENT: Not normal, but like is it, I don't know.

THERAPIST: Is it...

CLIENT: Like, is it unhealthy in our relationship for like, Amelia or I to be attracted to somebody else? It depends on Amelia and my relationship, right? [00:41:18]

THERAPIST: That's also just a different way of saying is it normal? (laughs) (client affirms) To me, what seems important is that you worry about these things. You begin to question yourself and wonder if there is something wrong, and then you begin to feel insecure.

CLIENT: (affirms) And that's, I mean, it's funny like, when you phrase it like that, because I always used to think that there was something wrong with me like, inter-relationships also, because I never... I always cheated. Technically, in my eyes, it wasn't cheating, because I was telling the person that I was sleeping with somebody else. So I wasn't lying and cheating, I was honestly cheating. But I never felt connected with somebody enough not to want to do that, and so I just always thought there was something wrong with me. (therapist responds) [00:42:09]

And then that was another, you know, like when Amelia and I started dating, I didn't feel that anymore. (pause) And I don't feel it now. It's not the same as when I was younger and I would actively seek out other people to sleep with. This is like... the tiniest bit of flirting has now scared me shitless and I like, don't want to even be in the same room with her. Like, God forbid, she touches my arm, you know? And so it's like, not the same thing, but it's bringing back a lot of those emotions of like, feeling like, there like, I'm just never going to be, I just always assumed I would never be in a committed relationship because I can't do it.

THERAPIST: There is something that freaks you out about other thoughts that you have.

CLIENT: (pause) Was that a question?

THERAPIST: No, it was a statement.

CLIENT: Yeah, yeah. And then like, I felt like I was trying to convince myself last week that it was fine, you know? But like, the more I tried to convince myself, then the more I freaked myself out, because I'm like, "Why are you trying to convince yourself? Either it's fine or it's not. If you're trying so hard to convince yourself, then what's going on?" I mean, I needed to talk to Amelia about it. And I did, and then I felt better, but... [00:43:27]

THERAPIST: You have a lot of worries.

CLIENT: (chuckles) Yeah! (pause) Well I just, I don't know. I thought of like, "What would I think if like, Amelia was doing this?" You know? I don't know, I just don't... I would never want to do anything that would hurt her, you know? And I kept trying to think like, "If she knew, if she was

like watching our interactions right now, what would she think, you know?" And then like, talking to her about it and seeing her like, laugh it off and like, asked me, it was like, she asked me, she was like, "Well, do you think she's hot?" And then I turned red, and she laughed about it, you know? And I think she, like it doesn't, she's so comfortable and confident in us and I am, too, but... not as, I don't know. It's not that I'm not as much as her, but like I get worried, you know, about everything. And I'm always worrying like... [00:44:22]

THERAPIST: You worry about the relationship and you worry about yourself in particular (client affirms), your own capacities.

CLIENT: (pause) Yeah. Those are the symptoms (ph) of Jewish Mother Syndrome like, there is always something we...I'm terrified, like God forbid, we have kids! Like, I'm not going to be up, they're never going to, you know, they're going to be grounded permanently (chuckles). Like, I'll never be able, I get this anxious about like, Amelia's safety, you know? I can only imagine what it will be like if we have kids and they like, start driving for the first time or like, wanting to go to the park by themselves. I mean like, I'll be crazy! I'll have to be a stay-at-home mom. I won't be able to be at work (chuckles) I have to be like...

THERAPIST: When kids are born, they usually, that's, driving is not really the first thing they do.

CLIENT: I guess. (chuckles)

THERAPIST: You're projecting very, very far into the future! (client chuckles) Kelsey (sp), we're going to need to stop for today, okay? [00:45:25]

CLIENT: Yeah, sure.

THERAPIST: So I'll see you then in two weeks.

CLIENT: Yeah, next week we both have... other things.

THERAPIST: Right. Great! Okay, so I will see you then! (client affirms) Have a good two weeks!

CLIENT: You, too!

THERAPIST: Thank you! Yeah, don't forget your (inaudible).

CLIENT: Thanks. All right, have a good one.

THERAPIST: Thank you!

END TRANSCRIPT

BEGIN TRANSCRIPT:



CLIENT: Will it bother you if I eat this little bit [ph]? I haven't had a chance to have lunch yet. Thanks. How are you?

THERAPIST: Good, thank you. How are you doing?

CLIENT: Good.

THERAPIST: Yeah?

CLIENT: Yeah. Amelia was away this last weekend and everything was fine until her flight got canceled on Sunday. And then it was like I lost it. She jokes around that I mean it's not a funny joke, but she works with kids on the autistic spectrum a lot, so she knows a lot about autism and whatnot. And she will lightly say sometimes about my autistic tendencies because I very much like to have a schedule and a plan, and if that gets disrupted, then I get very anxious. So it was like all weekend this was like a big thing for her to be away for I mean she flew out Thursday at like 5:30 in the morning and she wasn't supposed to get in until Sunday three o'clock in the afternoon. And so that was like a good chunk of time that we hadn't really done and I hadn't yet, since we moved here, been in Boston overnight without her except for the first night that I moved in because she was getting in the next day. [00:03:19.13] But so I was like working up to this, and I did pretty well the whole day, or the whole weekend, and we like because she was also good about texting and calling to say hi and stuff like that. And then it was like finally, Sunday was here, and I was so excited to go pick her up at three o'clock. And then I mean I don't know if you saw any of the news, but they had very, very serious weather and a massive tornado outbreak in out in Philadelphia. And so she was in Philadelphia and so it was just like they I mean they cancelled all the flights out that day until the nighttime. So I was like thinking that my God, this is like she's not coming back to me. [00:04:03.26] This is my fear coming true now. So that was a hard day. And she ended up getting a flight to Baltimore because they weren't really putting people on flights until like Tuesday at that point. So I was like just fly to Baltimore; I can drive and pick you up there. So it was a very long, stressful day because then I ended up having to drive to Baltimore. But that flight got delayed so she didn't really get in until like 11:30 at night. So we had to stay in Baltimore for the night and then leave at six o'clock in the morning so she could get back for her clients. So it was like a very long, exhausting day on Sunday. For me. She was fine. She made friends and was having beers at the airport in Philadelphia, and she could've stayed there for as long as she needed to. But I was very stressed about her getting home safely. So I was like damn it. I was so close to having done a successful weekend alone. And it was great. I had a good time. It was hard the first night, and I had this event for work so it was nice to have her there. [00:05:04.19] And so it was like I woke up and I was pretty sad on Friday morning, thinking that the weekend was here. I felt like she wasn't going to be around for the weekend. But then I ended up we chatted for a little while Friday before I went to work, and then I felt better and I had a nice weekend. I spent a lot of time with friends I hadn't seen in a long time and it felt good. And I even had fun hanging out by myself, and I watched some movies and relaxed. Especially Sunday morning because I was like oh, she's coming home today. So I really just hung out and watched a movie in bed in the

morning. But so it was good. It was all I feel like it was good. I don't think it's necessarily bad that I freaked out when her flight got cancelled. I think that that's something that I would expect me to do at this point. It's not like I don't feel like a regression because that happened. It was just like kind of a bummer because I had done pretty well the whole weekend. [00:06:03.27] But it was good. I feel like I don't want to do it again, but I feel like if she were to go away again or, for example, one of my good friends from college works for a consulting firm, and so she's on different assignments every couple of months. And her next one's going to be in Quebec. And I'm a big skier, snowboarder, grew up going to the mountains and stuff and so I've always I have never skied there before. I would love to go. And so she gets they'll fly anybody to her for the weekend. So I could get a free flight to go to Vail for a weekend. And normally I would be like really anxious about doing that and going by myself because I don't like flying and Amelia wouldn't be coming with me. But I like feel excited about doing that and we're making plans to do that. I don't feel like terrified of it. I mean I feel a little bit like hmmm, sucks that I'm going by myself, but I'm not not making the plans. [00:07:04.02] So that feels good too. So I feel like this weekend was a nice step one to not feeling like so I feel like maybe if this was because this same friend had wanted me to fly out for a ski trip to Montana. I mean it was a little bit different circumstances. I would've had to pay for my flight and I just couldn't afford it. But I know that if I would've asked my parents they would've been we'll buy you a birthday present to go see your friends from college. But I didn't really I was like okay with not going. That was this past April. And so I feel like this is better than that because I'm actively excited to go and making plans to go instead of trying to find an excuse not to leave.

THERAPIST: So you said this is step one. How many steps do you think there are?

CLIENT: I don't know, hopefully not too many. I don't know. [00:08:03.17] I never really thought about what whether I guess I've never really thought of myself as being anxiety free. I don't know if that's a possibility or not. That would be great if I never thought twice about doing these kinds of things. I don't know. It would also be weird to be like okay, there's ten steps or seven steps because then I would put I would be probably anxious about what getting what's going to happen after that; when's that next step going to come in. What if I'm not having to reach that. You know what I mean? So I'm okay with just saying that I took a baby step. And maybe I'll take another one in February if I fly to Quebec. And this week's been fun because Amelia's back. So it's like exciting to get to hang out with her again. But that girl at work that I was telling you about, I think, two weeks ago, has been it's been I don't know, not bothering me necessarily but I think I mean we were very flirtatious with each other, and my boss finally said something. [00:09:22.17] Not I mean not as my boss, as my friend. She was drinking at the event, and afterwards she was like I have to ask you, Brenda flirts with you and you flirt back, and what is going on. And so it's now like open topic at work between there's like I mean it's almost like not levels. Well, there is levels because at the house we have the program that actually happens on the first couple of floors, and that's where the women come in and do use our services and whatnot. And the advocates that work one on one with the women are down there. And then on the second floor we have or the third floor, I guess, is kind of the middle ground where that and this is where Brenda's office is, like the operations stuff. [00:10:05.11] So they do work one on one with the women but they also do some behind the scenes stuff. And then the executive

director and the development staff, which is where I am, is on the top floor. And so we have like our little development team. And we're friends. We gossip. We chat about personal stuff. And so like up on the third floor it's open topic now. What's going on with Brenda. But something must I think something happened after the event. Either she had a good friend there and I think I don't know. I think somebody said something to her. Someone saw the way we were interacting and somebody said something to her because I've noticed a change in how she acts around me, which I think is good because then this needs to be squashed. It doesn't need to escalate. Not that I think it would escalate but I just I don't know. But then I've also feel like a little disappointed that she doesn't so blatantly hit on me anymore. I think I was liking the attention.

THERAPIST: What do you think we talked a little bit about this, but what do you think that this was about? [00:11:03.09]

CLIENT: I don't know. This has not happened ever since I started dating Amelia. Or maybe it has. I think it's not because I don't feel sexual desire for her necessarily. I mean I think she's attractive and I enjoy the attention that she was giving me, but I don't ever feel like I need to exit the room because I'm going to make a move. It's not I don't have any desire to be sexual with her or to kiss her or anything like that.

THERAPIST: There's not an immediacy.

CLIENT: Yeah, no. I'm not worried that I'm going to do something because I don't have that desire at all. But I don't know. I guess I was having dinner with a friend of mine over the weekend and trying to catch her up on the situation and talk to her about it, and there was one of our she goes to school with me, and we had a classmate named Kennedy from Chile who was just absolutely stunning. And so we would always talk like oh, Kennedy's so gorgeous. [00:12:05.03] And it was just always something that we talked about. But so I was trying to come up with an analogy to the Brenda situation. I was like it's like if Kennedy all of a sudden started hitting on you and started flirting with you. So it's like you think someone's attractive but I think that what's different about this situation is that Brenda is flirting with me and kind of hitting on me a little bit. And so I think that that's where it's like taken to the next because I've always like I think women are attractive. Not all women, but when I see somebody that I find attractive I don't not think they're attractive because I'm in a committed relationship. But this is the first time that I think it's been mutual, if that's I don't know if it's mutual because I don't know. For all I know the girl could be straight as an arrow and I'm totally seeing something else in the situation. I don't think that's the case but...

THERAPIST: Because other people are saying that.

CLIENT: Because my boss is like yeah. But so I don't know if that's what makes this different than another situation. [00:13:05.27] I don't feel guilt. I mean I don't necessarily feel guilty. I talked to Amelia about it. I don't think Amelia knows that I like or she probably does because she knows me. She probably knows that I flirt a little bit back. But I talked to her more about the way Brenda interacts with me. She's not fazed by it at all. I don't know. And I'm not yeah, I don't

know. I still don't really know what to make of the situation. I'm pretty sure it's fine. I'm pretty sure it's normal and healthy but then I have some doubt too.

THERAPIST: And what's the doubt?

CLIENT: How would I feel if this was going on with Amelia and somebody. I also know that I am a much more jealous person than Amelia is. So and I totally have that double standard where I feel like I'm going to flirt with this person but Amelia better not. [00:14:08.01] I don't know. It's also I find that it's hard to tell whether so my disappointment in her not interacting with me in that way anymore and her not like we used to for a couple of weeks she would text me a lot outside of work, and we were going to the gym together. And then all of a sudden the last week and a half that really stopped. And I feel like I'm always being like hey, do you want to go to the gym. And then she doesn't end up she'll go an hour after I'm there. I'll pass her on the way out kind of having not heard from her. Which is just like strange. And so what I can't tell is whether I feel disappointed that I'm not getting that flirty attention or if I just saw somebody like a potential friend which because I know that it can get like convoluted sometimes, especially with for me being gay, with women. When you court someone as your friend it there's all these other weird layers that go into it because what if are they gay. [00:15:08.25] If they are gay are they going to think that you're hitting on them. If they're not gay are they going to think that you're hitting on them or who how much of this is and so it becomes very complicated. And so I can't even tell if my feelings have to do with like for example, today I usually I got to work early today so I don't have to go back to work after we finish. And I'm going down to Amherst to go to an event with Amelia but that's not until six, so I have this awkward hour-ish that doesn't really make sense for me to go home because the T is right here. But so we were throwing around the idea of going to get a drink after work. And Brenda was involved in the conversation but the two other women that were going to come with us are kind of on the fence about whether they're going to go or not. So I sent Brenda a message before I left and I was like Jerry [ph] and Lola aren't sure if they want to go. We can either if they don't go we can either rain check for next week or you and I can go hang out at the field for 45 minutes before I have to go downtown. [00:16:04.29] And she's like yeah, if they don't want to come, let's just go next week. So I'm like okay, I feel disappointed, but do I feel disappointed because obviously she doesn't want to spend time alone with me or because I just want a buddy to go hang out with for 45 minutes. And I just can't tell.

THERAPIST: Maybe it's both.

CLIENT: Yeah, probably. I like attention. I've always been someone that likes attention like that. So I'm sure that that has a little bit something to do with it. But I don't know. I feel very confused by the situation. (pause) But yeah, I just don't know. [00:17:02.11] And now I feel kind of ridiculous. Like my so much mental effort should not be you know what I mean? My boss calls her a twinkie. I don't know why. She's just like really small and young. And I'm just thinking, what she's just this little young person. She's like I don't understand why I don't know. I mean it doesn't like keep me up at night, but I think it also has to do with the fact that she for and I think I said this when we first started talking with each other, but my friends from Wellesley, they all

live out in Brickston. I don't really have a friend I can just call if I have an hour or two to kill or just to come to the gym with me around here. I finally found someone that lives around here that is interested in the same things I'm interested in. [00:18:04.02] I thought that this would be a good, finally, move in that direction where I cannot just sit around waiting for Amelia to get home, but I have someone to go hang out with or go work out with or something like that. And now I think I'm frustrated that this person also happens to be someone that I had like a flirty interaction with. And now I think it's just awkward. (pause) Yeah, I think it's probably yeah, I think it's a mix of both. Especially because I don't think it was like that big of a deal. I don't know. I we could easily just stop flirting with each other. You know what I mean? [00:19:01.15] It's not like we were it's not like we kissed or we had this moment where it was a close call. It was never even close to anything like that. I never had those thoughts. So I'm just angry about it because I don't think it should be into this I don't know. I just wanted a buddy. I don't understand why she had to start flirting with me. (pause) And I know I'm not supposed to ask you if it's normal or healthy, but..

THERAPIST: You can there's nothing you're not supposed to ask me, for sure. I might not have a good answer for you. So what do you think the what are you wanting to know in that question? [00:20:03.17] Do you think you're wanting reassurance?

CLIENT: Not necessarily, if I shouldn't be reassured.

THERAPIST: But you...

CLIENT: I guess I'm wondering if is this a symptom of something bigger going on that I need to address, is that's my concern. Is there something that between Amelia and I that's not you know what I mean? It's not like I'm concerned is something wrong there that I'm not aware of that's making me feel disappointed that Brenda isn't really hitting on me anymore? (pause) And I don't know if it all just comes back to her just being really busy and me looking for that attention elsewhere.

THERAPIST: I'm wondering if it's a symptom that you're not satisfied in some way. [00:21:04.27]

CLIENT: Yeah. But I know the answer to that question because I'm not 100% satisfied right now. And Amelia knows that. We've talked about it. Because she's just and she can't it's there's not enough time in the day for her to make me feel 110% satisfied. (pause) But yeah, I think that's probably what stresses me out about the whole thing, is that I wonder what does this is this telling me something about my relationship right now. (pause) What do you think? [00:22:07.11]

THERAPIST: I don't know. If I actually thought oh, I think it's this or I think it's that, I would certainly share it with you. All I know with some definitiveness is you're a little worried about it.

CLIENT: Yeah. (pause) I think it was just something like new. I feel like I was in this lull for a while, just feeling like I was by myself and really alone and isolated, and Amelia wasn't really around. And then like just at that time, Brenda comes into the picture and starts giving me some

new and exciting attention. I think it was just a bad coincidence that it happened when I was at that as I'm at that point. [00:23:02.12] Because then I'm responding to it because then I'm getting attention that I'm not getting at home or something like that. It's hard like day after day when Amelia comes home and doesn't want to be romantic or affectionate because she has so much to do. And so I start to get I don't know. Like it has been a while since we had sex because she's just so busy. And it's also that I've been sick. So I don't feel like having sex when I'm feeling well. Because it was a combination of these things. It had been a really long time. And then when she got back from Philadelphia I guess it was Tuesday I don't know. She came home on Tuesday night and we had an amazing night. It was like from like a moment from when we first started dating back in the Red Cross. And it felt so amazing and it was like all I could think about the next day. But then last night was kind of like she was got home at 9:30 from class, and she had to get up at five o'clock in the morning to plan for her clients, so it's a lot. [00:24:10.05] I was like trying to be wanted to have a do over of the night before but it wasn't really going to happen and because I'm finally feeling better and healthy and I feel like my sex drive is back. And it's not her fault that she's exhausted after a 13 hour day. But on Tuesday night I felt like in that moment it was I didn't think about anything else. I wasn't worried about Brenda or anything else. So it felt good. So I think it's just maybe at the time I don't know.

THERAPIST: Well it sounds like there are some really good experiences. It sounds like what you're worried about is the sustaining part of it sort of carrying over day to day, being able to hold onto the good experiences when you feel she's unavailable.

CLIENT: Yeah. I guess because when we first started dating, for the first four or five months when we were still in Egypt, it was like that every day because we didn't really have anything else to do. [00:25:09.14] Go to work for four or five hours, but that's the life of a Red Cross volunteer. You just sit around for most of the time. And so we had all the time in the world to have days like that every day. So I miss that. I mean I feel like I and this week especially I've been really missing just the adventure of being out of the country and doing something that you'll never do, you wouldn't typically do. And it's like I don't know. I just don't like the going to work at nine o'clock every morning and sitting at my desk and doing whatever my boss tells me to do. It's just I don't know. It's almost over. I'm at in December I go back to school and then I can move onto the next thing. But I've just been feeling really nostalgic for Egypt and our experiences there and how much more time Amelia and I had for each other. [00:26:07.27] (pause) And she tells me all the time, this is not going to be and I believe her. This is not real life. Her schedule's out of control right now. But it won't be that way when we're done with school. (pause) Yeah, I'm just like kind of bored. I think a lot of it has to do with work. And it's like everything right now. [00:27:04.00] I'm just like not having a blast.

THERAPIST: A little bit of emptiness?

CLIENT: Yeah, I mean I don't know. It's hard to feel like when I'm going to work and sitting in front of a computer and printing out thank you notes. I mean I know I'm working for organizations that do really great things but I want to be the person out there doing the really cool things. I don't feel like I'm I don't know. When we were in Egypt and we'd go to work every

day and see our see my students and stuff like that. And you feel like, I don't know, something really cool that you do every day. And each morning you don't know what is going to happen that day. It's like something different all the time. Even though you're maybe at the same center or doing the same project it's still like just the fact that you're living in a different culture and everything is new and something crazy happens most of the time. Not all in a good way, but you can look back and kind of laugh at most of the things. And so yeah, I just guess I'm having wanderlust or I don't know. [00:28:06.22] And Amelia gets this way too. We're very similar like this. We both plan on going back into the Red Cross after we're married, doing it together again. And she wants to live abroad and work abroad, and we both have those same desires and stuff like that. But I don't think she has time to feel it right now because she's running around. But I'm just sitting around all day so yeah. So I don't know if it's empty. I don't feel like but I just feel kind of like hmmm, I do the same thing every day.

THERAPIST: You're not sure if you're fulfilled enough.

CLIENT: Yeah. Yeah. Like if these were my if either of these jobs were my job. [00:29:02.06] But I would not be a happy camper if this was and that's what I knew going in to getting my master's degree. This is before getting my degree and these are the positions I'd be qualified for and I knew I wouldn't be happy with that. But yeah, I would definitely not be feeling fulfilled if this was like my full time job for more than four months. But I know it so there's only a couple of weeks left.

THERAPIST: It's the same thing with Amelia. It's like if this is temporary it's okay. If you know there's a time limit. And that's comforting. And then there's a sort of nagging worry.

CLIENT: Yeah, what if it's not mm-hm. Yeah. I mean with the Brenda situation, when I'm with Amelia I don't think about her. [00:30:08.28] So I think that that's another reason why I feel like it has to do with this me kind of like going through the motions every day while she's doing cool things at school and work. Because when I'm with Amelia I'm not like oh, I wonder what Brenda is doing right now.

THERAPIST: It's the in between that's the problem. It's not the comparative, like maybe I'd rather be with Brenda.

CLIENT: No, not even close. She doesn't hold a candle to Amelia in any way. Amelia is, I think I've told you this, she's literally the girl of my dreams. Like when I was younger, physically the person that I never thought that I would actually be with. And her personality and everything also, like she like I didn't even and I've said this [inaudible] her sometimes. I feel like this is not too good to be true. [00:31:04.24] There's nobody that I've ever met in my entire life that is even close to what Amelia is. (pause) So it makes me kind of mad at Brenda because I'm like you know what I mean? She's a nice person but I just like I want to be like go away. Stop making me want to flirt with you. (pause) That's it.

THERAPIST: That's all. (pause) It's hard to know where to go from here. [00:33:06.01]

CLIENT: Yeah.

THERAPIST: I have this image of you swatting away a fly.

CLIENT: That's how I feel. She's really small, also, so that's how I feel. But then at the same time I feel she's I feel like we would be really good friends. And I think that's what's really frustrating me about this because I've had women hit on me since I've started dating Amelia, and it's very easy to make them go away when I don't have any interest whatsoever in even being their friend. But I feel like what's difficult about this especially is that I really felt like we could be good friends. And would be good friends. She reminds me of the people I'm friends with. And so I think it's like frustrating for me because I still want to be like hey, let's hang out. I have the night off. But otherwise I feel like I would've squashed this. [00:34:09.06] Or maybe I wouldn't have. I mean but that's why I feel like I feel so frustrated by it because I'm just I finally felt like I had the potential local friend or something. I'm really looking forward to going back to school. I'll miss working at On the Rise I think. They're cool. I've become good friends with my coworkers there and... THERAPIST: Is that January you go back?

CLIENT: We haven't really yeah, I go back in January, but we haven't really had the discussion about when my last day is going to be and they haven't hired somebody to replace me yet. But yeah, in the spring semester I'll start. And then I feel I just feel like so much is going to start coming together next semester as well. [00:35:08.16] Because right now I also feel kind of like a sitting duck because I'm on all these listservs for various development organizations and whatnot and associations, and so I see all these job opportunities that I would apply for but it's too early still. So I kind of have to just wait. And I feel like once next semester comes and I can really start I need to finish up my thesis, I'll be in classes that I'm excited about, and I can finally start seriously looking at job opportunities and thinking about what's next, which is exciting when I think about it. I'm very ready to be done with school and be working. And so right now I just feel like I'm in this limbo period, whatever, just waiting for it to be time to really start doing everything. (pause) And yeah, so a lot of cool things are set up to happen next summer. I mean it would really suck if none of these happen, but I should hopefully be becoming employed, and Amelia should be finding out her fellowship placement, and we've both we've talked about getting married a lot. Not that we're getting married next summer, probably three to five years down the line, but we've talked about after graduation kind of being when the general time period that we would perhaps get engaged, when we very vaguely talk about it. [00:37:04.09] Because I just feel like I want the exciting stuff to start happening. I just feel bored right now.

THERAPIST: Waiting.

CLIENT: Waiting, yeah.

THERAPIST: Waiting [inaudible] what feels like filler time.



CLIENT: Yeah. (pause) And that's not necessarily what this semester should be. I'm supposed to be out getting all this practical experience. And I am. Now I know how to do things I didn't know how to do before I started working there that are good skills to have, that will make me a desirable candidate for a job. But I don't know. I feel like I learned them in the first week and now I'm just bored still. Yeah. (pause) So it's like a shitty feeling to just feel bored all the time but not all the time, but yeah, I just feel like I'm waiting. That's exactly how I feel. I'm just waiting. And that's how I felt that was one of the hardest parts about Amelia being gone all the time. I just felt like I'm constantly waiting for Amelia to get home, just constantly waiting for the semester to be over so I can so I just feel like it's all these things that on their own probably wouldn't be so wouldn't have such a big impact on me. If it was just that Amelia was really busy but I was also feeling really fulfilled at work or school or something like that, or if it was just one on its own, but or if I was pretty bored at work but Amelia wasn't all that busy and she was kind of at home too so we still got to spend a lot of quality time together. [00:39:15.19] I just feel like everything together is kind of like having a bigger impact on me. But I also can never tell if I'm just trying to convince myself of these things or if that also makes me nervous.

THERAPIST: Convince yourself of what?

CLIENT: I don't know, that all this is normal and fine and it's going to go away. And like convince myself that it's temporary or convince myself that this is why I feel bored right now, for I'm telling myself that I feel unfulfilled for these temporary reasons. But sometimes I worry that what if I'm just convincing myself that it's these temporary reasons. And that next semester these temporary reasons won't be around anymore but I'll still feel like unfulfilled. [00:40:01.29]

THERAPIST: Well if that's true we'll have to look at what else is going on for you.

CLIENT: I feel like that's not true because I haven't always felt like this. I have felt like this before during periods of time, but I didn't feel like this when I was in Egypt. I didn't feel like this when I was in Madagascar. I didn't feel like this when I was in Geneva. When I'm traveling and doing like I just I don't crave adventure. I would never jump out of a plane or go bungee jumping or anything like that, but I crave a different kind of adventure. I don't know how to describe it. Because those are all international examples, but that's not necessarily the case. It just happens to be the places where I've really felt most excited. So maybe it is.

THERAPIST: I'm sorry [inaudible]. Well, there's a lot of newness to those experiences and maybe you're concerned that in the face of routine things can feel easily monotonous. [00:41:06.21] And that maybe you're worried you're not having enough of sort of an internal sense of the enliveness.

CLIENT: Yeah, I think that's yeah, like when I think about having a job that I have to go to every day, do the same thing every day, like oh, I want to vomit. That sounds horrible. That's why teaching really appealed to me when I was teaching that class at Wellesley. But now I'm worried I shot myself in the foot because now I'm not on a PhD track so I really can't go and become a professor right away. But I thought that what I was that as much fun as I had teaching that I

would have even more fun being out in the field and working with vulnerable communities and stuff like that. Granted, what I'm doing right now is not on the program side. And I did that on purpose because my experiences on grass roots program side of things and I didn't have experience in fundraising and all the behind the scenes stuff, and so I purposely put myself in the situation this semester. [00:42:08.29] But I think I'm just learning that I really belong on the program side and interacting with different people and working hands-on with whatever project the organization is doing. But yeah, I get really scared when I think about having the same job and the same schedule every day. I don't know, it sounds so boring. It's like the we used to joke around about this with the other Red Cross volunteers over beers. The American dream of it's like those cartoons. Just being bored, like doing the same thing, getting fat and just sitting there eating processed foods and going to a 9 to 5 job and just I don't know. I find the I don't know. I just find it boring. Not that other countries are all that much better. [00:43:03.17] I don't know. I just need to find that thing that's going to make me feel like I'm doing something meaningful and something enjoyable and something a little bit varied on a day to day basis, and I just haven't really found out what that is yet I guess.

THERAPIST: When you described this sitting around Egypt I thought of if there was a cartoon, that the byline would be being an adult sucks.

CLIENT: Yeah. Honestly, yeah, pretty much. And that's what I did. After college I ran away to the Red Cross. And not for professional development, but because I didn't know what I wanted to do. I wanted to still be a kid and travel and but yeah, you're right. That's exactly and that's, I guess, the more informal way to say it. But yeah, being an adult sucks. But I don't know. I feel like there has to be something out there for me. Amelia loves what she does. [00:44:07.16] She comes home and she's excited about it. And that's how I feel about academia. When I'm in classes and when I was teaching, I'd come home excited about things. I'm excited to do my lesson plans and grade and it's like it's very exciting for me. It's just the politics of academia is what turned me off. But I feel like there has to be something that makes me feel jazzed every day going to work. Time's running out. I better figure out what it is. I guess it's not running out. I'm only 28. But...

THERAPIST: So what feels like it's running out?

CLIENT: I always thought when I get my degree then I'll go start my career. So I'm like next semester I need to find I don't know. I mean there is this project I've been working on kind of through the consulting firm but kind of on the side. [00:45:05.25] My boss's wife works for a hospital and she's in the administration there, and she wanted to implement this sort of women's leadership development program for the hospital and for their management and administration employees because there's this big gap in the number there's a big gender gap in healthcare administration. So not doctors, but the people that run the hospitals and healthcare companies and stuff. It's like a crazy statistic. Like 70% out of the field are female but there's less than 1% are actual CEOs within that field. So she contacted me because that's my specialty in school and whatnot. And I've been working with her to develop this program that we're going to implement next year at the hospital. And she's been really happy with my work, and she offered

me a contracted position through the hospital when I'm finished this semester. So next semester I'll keep working with her and she'll pay it's great. [00:46:01.29] She'll pay me. This is like kind of what I'm getting my degree to go do. And I've had a lot of fun with it. It's been exciting, and I feel validated, kind of, in my skill set because for the first time someone who's the Executive Director of Medical Affairs at this big teaching hospital is asking me for advice and listening to what I'm saying and quoting paragraphs from my research that I did for her. I mean it's kind of exciting. But and I feel like I have fun when I work on that. I don't work on that project every day when I'm down there, but it's very exciting for me. So that gives me some hope because that's kind of like what I would see myself doing after I finish up school. I feel like consulting would give me enough variety because I could have multiple clients. So that gives me a little bit of hope that this is a temporary thing, that I'm moving towards the right direction kind of. And the fact that she wants to hire me to keep working on it means I'm doing it right. [00:47:03.29] So that makes me feel good too. (pause) But I do worry about that, not liking my job or because that's how my mom my mom hates her job.

THERAPIST: Really.

CLIENT: Mm-hm. She does it for the money.

THERAPIST: Has that always been the case?

CLIENT: Mm-hm.

THERAPIST: Does she complain about it?

CLIENT: Mm-hm. From the as long as I can remember she's gone from firm to firm to firm and just it's always been the same. She's overworked and never made partner and she was a partner and then she went on maternity leave and they fired her. So she sued them and she won because it's illegal. But since then she hasn't been able to because she's older now. So people don't want people are hiring younger associates to go on partner track, not the 59 year old counsel. [00:48:06.07] So but yeah, she's always been very open about hating her job. My dad loves his job. So I get nervous, though, when I see parallels between Amelia and I. Because she loves her job. And she would be totally excited to go work at a school even though she'd make less money than working at a hospital. And I am like really don't like what I'm doing right now but the behind the scenes fundraising stuff is what would make me more money. And I'm just, I don't know, I get scared that I'm going to go down the same path as my mom did.

THERAPIST: That's an interesting dimension to think about. But we're going to need to stop for today. I'm obviously we're pretty obviously not here. Next Thursday's Thanksgiving.

CLIENT: Oh, right, yeah.

THERAPIST: If you would like to try to find a time next week, another time, I'm happy to do so. Or not. Either way.

CLIENT: We're leaving on Wednesday morning. So I'd really only have Monday or Tuesday.

THERAPIST: I do have I know I have a Tuesday in the early evening free if you're interested in that.

CLIENT: Do you know what time? [00:49:05.11]

THERAPIST: I think it's 5:10. I can double check. But I'm pretty sure it's 5:10.

CLIENT: Oh, no, I can't. I have a personal training appointment at 5:30 on Tuesday. So...

THERAPIST: Okay, so then I will see you...

CLIENT: Maybe we can just schedule unless you think that I'm going to freak out for two weeks. I think I'll be fine.

THERAPIST: Okay, so then I will see you on the 5th is the next time.

CLIENT: Yeah. Hopefully I'll have good news about my hopefully previously previous ulcer because I'll have just had my endoscopy on the 3rd.

THERAPIST: Good luck with that.

CLIENT: Thanks, yeah.

THERAPIST: Take care. Have a good Thanksgiving.

CLIENT: Yeah, you too. Have a great holiday.

THERAPIST: Great. Bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in.

CLIENT: How are you?

THERAPIST: Good, thank you. Did you have a nice holiday?

CLIENT: I did, thank you.

THERAPIST: How are you doing?

CLIENT: Okay. Good. I had a follow up endoscopy on Tuesday and they found the ulcer had healed which was great but then they found like different inflammation so currently I'm trying not to think about what that means because they don't know anything at the moment. They have to wait for the biopsy to come back and it's quite possible and what we're hoping for is that there is just some irritation from the scope going down because they called it "questionable gastritis," whatever that means. And so it could be nothing or it could be something new. So I'm trying not to let myself think about all the new things that it could be because that's what I was scared of that either the ulcer would not heal or it could be some underlying thing that's going on and like I'm really sick or something like that, but I have to believe that it's nothing because I've been feeling good. But then I'm like 'well you're just saying that to convince yourself that it's nothing.' But I can't do anything about it now so I just have to wait. But that drives me crazy that I'm supposed to wait for a week, week and a half.

THERAPIST: That's what's going on currently? When did you have that done?

CLIENT: Tuesday.

THERAPIST: Tuesday morning?

CLIENT: So I mean there's no reason I've been on medication. The medication has made the ulcer heal. There's like no logistical reason why I would have something else, you know, like why would the meds make something in one part of my stomach heal but something in the other part of my stomach not heal like the medication doesn't pick which part of your stomach to affect, you know? So most likely it's got to be nothing that the scope irritated me. This is in a different part of my stomach, too, than where the ulcer was so I would assume. But my doctor can't tell me it's definitely nothing until he gets the test back.

THERAPIST: So you have to wait?

CLIENT: Yeah, until next week. It's frustrating because I'd like to be able to go back to my normal diet or what not. And like I'm still losing weight and it's getting old at this point. Like it's fine the first 10 or 20 lbs., but like now we're up to 30 lbs. and it's just like -

THERAPIST: Wow, you've lost 30 lbs.?

THERAPIST: Yeah, just about and I think it's a combination of like, yeah, my diet's changed significantly but I think the weight like I was very, very muscular before this all happened but I haven't been working out because I'm trying not to burn so many calories and so I think so the numbers might have dropped. Like I'm looking at pictures of myself and I look much thinner, but also I think the numbers might be even scarier because I can feel that don't have the muscle that I used to have as well. And now like people always say that when you're on a diet people

always say, 'don't be scared if the scale doesn't go down because muscle weighs a lot.' Which I've lost all my muscle too.

(Cross talk)

CLIENT: Yeah. But that makes me nervous too because I think maybe there's something else going on because I feel like I've been eating well but I'm still losing weight and that really doesn't make much sense to me. Or maybe I just wasn't done losing the initial weight from the change in my diet because it was a very drastic change in my diet.

THERAPIST: Because of what you couldn't eat?

CLIENT: Yes. And I think I took it further than normal people would have taken it not normal people but I think I like really, strictly adhered to it because I was terrified of not getting better. And I think a lot of people when you have an ulcer they'll like cut out some things and they'll take the meds and they don't go as crazy as I went. Like I really went for it and so there was a lot of like I've only been eating several things for the last because I got comfortable and would get anxious about trying new foods because I was like knew that these things I could eat wouldn't make me sick. So then I got scared to try anything new in case it made me not feel well.

[00:05:22]

And it's weird to feel like I don't I don't know, something is just weird for me because I'm not used to being of losing weight like that's usually what I'm going for. You know, I'm usually at the gym working very hard and wanting to like sculpt my body the way that I like it but this feels like so much like it's like so much out of my control and I can't go to the gym. Like I just joined this \$100 a month gym and I can't even go use it and it's ridiculous. And yeah, it feels very much out of my control. Like I think I'm doing well and I get on the scale and I'm like shocked that I lost another 4 lbs.

THERAPIST: It sounds like it wouldn't be a bad idea to introduce more foods to your diet.

CLIENT: I know, I know. And I've been working with a nutritionist and she's been trying to help me. I mean, we'll see. I've been trying to be conscious about making sure that I eat enough and over Thanksgiving I introduced a couple of things because my mom went to amazing lengths to cook things that I would be able to eat so I wasn't not going to eat what she cooked because she made them specifically because they didn't have the things in them that I couldn't eat in them. So I really couldn't say no, it's going to make me sick. And I had a little bit of anxiety when I like ate a couple of appetizers that she made but then I took a Pepcid and I got over it and was able to enjoy dinner. So there's a bunch of things I ate over Thanksgiving that I hadn't eaten before so the last two weeks I've been fixating. So I got back from Thanksgiving and I went to the gym because I was feeling good, I felt like I'd been eating a lot and then I got on the scale and saw that I had lost another couple of pounds. So I was like you know, so I haven't gone back to the gym since because I don't want to get on the scale and see that I'm still losing weight and that I have to hold onto everything that I eat. I don't know I just hope they give me

good news next week and then I can start because I think a lot of it is like if I know that I'm healed and healthy then I know that I will be like able to because I've always gotten nervous stomach whenever I've been anxious and now I feel like I've been very anxious this whole time about whether or not I'm going to heal or like what's happening inside my body so that's probably suppressed my appetite even more than it's already suppressed for like physical reasons, you know?

It's just been like (Pause) you know, like refusing to buy new clothes because I don't want this to be although I bet you if I went out and spent money on clothes then I'd start gaining weight again. Because I'm not planning on this being a permanent thing. That's why I have like two outfits that I could wear because I bought like two pairs of pants just to get me through, you know? And then I must look ridiculous on regular days walking around and I have to wear my old stuff. Like I'm wearing my dad's clothes you know? I don't know. Like I'm sick of people telling me how thin I look and then saying, oh man, I wish I could get an ulcer.

THERAPIST: (inaudible).

CLIENT: Yeah. I want to hit them in the face.

THERAPIST: What a horrible thing to say (unclear). [00:09:07]

CLIENT: I can't tell you how many women have said that to me my female friends and stuff.

THERAPIST: That's a little disturbing.

CLIENT: Yeah, it is. And like someone sensitive to like gender issues in general and the way we're socialized it has really been very clear about our standards of beauty for women so, throughout this whole thing whenever I see anybody they comment on my weight and it annoys me when they tell me I look thin because I'm not it's not I don't feel like it's a good kind of thing for me so I usually come back with a snarky comment like, 'oh, yes, I've been sick and I have an ulcer' and they'll say something like, 'how'd you get that?' And they'll say it like in a sarcastic way so that they can't be accused of saying it seriously, you know what I mean? So yeah, it's been pretty gross. And I'm guilty of having those kinds of thoughts too like when I don't know, there have been times when my weight fluctuates a lot and my body is quick to adapt to changes in my diet and my exercise habits and you know when I've been in periods of being heavier I've definitely had those thoughts of like if I could go back to when I was 19 and I had that eating problem.

And I'm just so frustrated by this situation because it feels like over the summer I finally like got to a point like after all these years of struggling with this like it comfortable and happy with how I looked and I was wasn't thin by our standards by any 's never been completely out of my mind, but I finally got to a point in August where I was really means but I was fit and felt like I looked athletic and looked curvy but I liked it and I felt comfortable in a bathing suit and I just felt good about myself, finally. And then this happens and it's just like you know.

(PAUSE): [00:11:18 00:11:29]

CLIENT: And I'm scared of what my reaction will be if and when I do heal and start gaining a little bit of weight back, because it's inevitable. I can't eat like this forever. This is ridiculous. But I'm going to be unhappy about it. Like it's scary continuing to lose weight and not being able to stop it but I'm also scared that I'm going to be wanting to stay closer to this weight than where I was.

THERAPIST: It seems that it's scary not to have control where your weight goes.

CLIENT: Yes. Right.

THERAPIST: And it sounds like you've developed a phobia about what to take into your body.

CLIENT: Oh yeah, totally. I mean we've talked about that before about whether it's medication or food or -

THERAPIST: I didn't realize you were going on a kind of more extreme version of the diet than -

CLIENT: I don't know if it's more extreme or not. So what they do at the hospital is they give you a piece of paper. They give it to every single ulcer patient in the United States. Like they just give you a piece of paper but doctor's don't know as much about nutrition necessarily or how it can be adapted for persons. I only see a nutritionist and she told me a lot of things that were different than what the piece of paper said. But she didn't actually give me much more than what I am currently eating.

THERAPIST: Well, it clearly is a problem. It's pretty straight forward.

CLIENT: Yeah.

THERAPIST: Calculations in terms of how much, how many calories you take in and -

CLIENT: I think I should probably pay more attention to the calories than when I'm eating because I haven't been doing that because I worked myself away from that, finally. Because I used to do that all the time when I was younger and really struggling with eating and exercise and stuff. I used to pay very close attention and I always wanted to be in the red. I always wanted to burn more than I ate that day and I used to before we had apps, like Live Strong had this website thing that you could do that on. I used to use that website all the time. I tracked every number and I'd really moved away from that to get healthy again. And so I haven't been doing that. I just try to eat until full, you know?

But I think at this point my stomach has shrunk so much that I get full so much quicker and I don't know. But I was surprised that the doctor seemed to be surprised by my weight loss on



Tuesday. The nurse asked when she was checking me in and getting my IV set up, she asked, 'have you had any weight loss associated with this and I was like yeah, 25 or 30 lbs. And she was kind of like, 'oh.' And I kind of like said, 'well, what do you expect?' You know, like you tell me I can't eat all these things. The nutritionist had suggested that I try going gluten-free which I have been doing and I think that that combined with the ulcer restrictions has been what really did it. Like if I could go in and have a bagel every day which I would be doing if I wasn't trying to be gluten-free, I don't think I would have lost so much weight, but I also cut out carbs essentially.

THERAPIST: Why gluten-free?

CLIENT: I've always had like the last couple of years like lower stomach issues and I had always thought I I never went to a doctor about it because I know that after you live abroad enough you oddly get used to having diarrhea all the time and it doesn't like you get it so severely like I had it so severely in Egypt that like now I don't even consider some things to be what other people would consider like having a lower stomach or something like that. So it was just something I dealt with. I stopped drinking beer because that seemed to make it a lot worse but every once in a while maybe it's the gluten in beer. No, I don't think it's gluten because I eat bread products and don't seem to have that much of a problem. Like sometimes would be worse than others but it wasn't like as bad as it was with the beer so I thought it was something else in beer like hops or something like that which I still don't know I haven't tried a gluten-free beer yet.

But when the ulcer thing started my mom had been bothering me for a while to go see a doctor about my other stomach issues but I was like, no I just had an IVS, you know, what are they going to do? Sometimes I eat things and I need to take a Tums after or a Pepto and it's fine. But I mentioned it to the doctor and she was like, yeah, that's really all that normal, but we wanted to deal with the ulcer stuff first and then I also mentioned it to the nutritionist who works with GI patients and has some GI issues herself, so I mentioned it to her and she was like, 'just give it take a week and go gluten-free and see what happens.' And I did and it was like it cleared everything up. So I have just been sticking to it especially because what happened right after so I waited for two weeks before I saw the nutritionist about my ulcer, or a week I don't know. There had been a period of time after I was diagnosed with something or other in my upper stomach that I had started to follow the diet that they suggested but I was eating an extraordinary amount of whole wheat products and like fiber because that was supposed to boost up your immune system and speed up the healing process and I was also having a lot of upset stomach days and so I think that was another reason why. She was like, 'just give it a try. Stop eating all this wheat stuff and go gluten-free.' And I did and it's been a lot better. So I can't experiment with like all these they have like so many gluten-free foods out there right now but it's not that hard to be gluten-free, but because of the ulcer I can't eat a lot of them at the moment.

THERAPIST: What can't you eat?

CLIENT: Like I'm not supposed to have anything that has onions or garlic or raw like I can't have a lot of raw vegetables or anything that has too much spice like whether it's spicy or just a lot of spices. No fat. No greasy foods. No alcohol. Anything that's hard to digest. Anything that would

make your stomach want to produce more acid and break it down. So I mean I eat well. I eat a lot of black beans and eggs and corn products like corn is gluten-free so I have tacos almost every night. And like plain meats and fish and stuff. I can eat a lot of that. I just don't eat any like I used to eat a lot of snacks. I just love food so I could eat whatever I wanted as long as I was exercising not whatever I wanted, but I haven't had red meat since September. But they say you're not supposed to eat when I told my doctor the diet I was following she was happy. She said, 'oh, it sounds great. Don't change anything.' Although they say you're not supposed to have a lot of dairy but my nutritionist said, 'no, that's fine.' So I eat a lot of cheese, like that's my fat, my junk food I eat cheese all the time and that seems to be fine. I don't know, the nutritionist doesn't seem to think that it was like I told her I was concerned about my weight loss and she said I could try drinking like a protein shake with like an almond milkshake with protein powder in it. But I haven't tried that yet. She said to drink that on days that I work out but I haven't been working out. I guess I could just try drinking it anyway. I don't know, you know, like I have my routine now -

THERAPIST: It's not working for you though.

CLIENT: And when I deviate from the routine I don't have stomach pain so -

THERAPIST: Yeah, you develop other problems by losing (unclear).

CLIENT: I know.

THERAPIST: It sounds like you very strictly follow no deviation.

CLIENT: Yeah, man, I nearly had a panic attack when I tried something new at Thanksgiving. And like I knew it was anxiety driven and not actually my stomach reacting so I took the Pepcid and nothing went away, but then once I realized that okay this is not my stomach that made me realize it was not my stomach then I calmed down when I got (unclear) and frustrated. But it was nice like I ate this like I had pumpkin pie. Like my mom baked me this great she left out the ginger and so and I had like she made this cornbread stuffing and all these things that I ate I guess those are only two things that I wouldn't have eaten otherwise, but still it was -

THERAPIST: That's not all things two things is not all sorts of things.

CLIENT: But that was like a legitimate Thanksgiving dinner. I mean I had stuffing, turkey, roasted Brussels sprouts. There was this sweet potato soup that I could have because she left the onions out. And I had pumpkin pie for dessert. Like that was all that I wanted. It made me happy. It didn't make me feel like I was being left out. Because I was upset originally when I like Thanksgiving is my favorite holiday and I was bummed out because I wasn't going to be able to enjoy it. But I felt like I partook. And I was proud of myself for eating the stuffing and the stuffing had mushrooms in it which I hadn't had yet.

THERAPIST: What, mushrooms?

CLIENT: For some reason I felt like they would be difficult to digest so I didn't eat mushrooms for a while. But then after getting over that hump like I made myself mushrooms for dinner last night and I ate them for lunch again today. So it was like a good thing to add in.

THERAPIST: You've really developed a phobia to taking particular things into your body.

CLIENT: Yeah, well it didn't help that the medicine I was taking is what caused this in the first place most likely. Unless they tell me something crazy next week like there's something else going on, you know. But in all likelihood it was the medicine I was taking so I was proven right. This is what happens when you don't listen to your instinct about what to put into yourself.

THERAPIST: Yeah, I mean you still don't know that people who just pop Advil like candy -

CLIENT: I used to be one of those people. In college when I played rugby I took I would take Advil just preventively before every game and then I would drink heavily afterwards. Which is now like if I take a Tylenol or an Advil now I can only take Tylenol.

THERAPIST: Which you didn't want to take for a while because you were worried about that too.

CLIENT: Right but I took it and it made me feel better so I feel okay about Tylenol now I think. I haven't had an occasion to take it again yet because Tuesday was my bad cramp day but I was sedated the whole day so I was okay. [00:23:18]

I mean I was even anxious about taking the Pepcid. She was holding one in her hand and said, 'I'm going to eat one too.' So then when you start feeling something I'm going to be able to tell you I'm not feeling it. But I didn't want her to take one I she didn't need it so I just took it.

THERAPIST: But even did it it seems like such a generalized -

CLIENT: Yeah. Like I don't know when it started. For a while it was not about I feel like it's expanded now to include all these other categories of things you know like after the cocaine incident it was cocaine gave me this panic feeling and then after a couple of years marijuana did it too and I couldn't smoke weed anymore. And then it turned into like medication and now with the ulcer, now it's food. And like it keeps like getting a bigger category, and more categories.

THERAPIST: It sounds like it.

(PAUSE): [00:24:47 00:25:09]

CLIENT: I don't know maybe they'll tell me next week that I'm fine and it was just the scope and I still won't want to eat anything new for a while. At some point I'm hoping they'll tell me at some point that I can resume my normal diet and I feel like it's going to take me a little while.

THERAPIST: Because you're scared.

CLIENT: Yeah.

THERAPIST: It's like your body is a black box and you don't know what will happen.

CLIENT: Well it's like this whole stomach thing has been like exactly that because I can't look and see if the cut healed. It's not like my knee where I can look down and see, 'oh, it's still open a little bit. I better be careful. Or I can see it's healed so I can take the Band-Aid off and run around again. But I can't just look down and see anything so I don't know what's going on.

THERAPIST: Your body is not transparent.

(PAUSE): [00:26:13 00:26:49]

THERAPIST: What are you thinking?

CLIENT: How like I feel like things have really spiraled a little bit out of control since when Amelia and I decided that I should come and see you or we should or whatever, that something needed to happen. Like it wasn't even like this yet you know and like I didn't I don't know. Like I was having anxiety about things about Amelia's safety and like that but this ulcer thing hadn't really happened yet and I feel like ever since it's all really taken like it's gotten more out of control.

THERAPIST: Well it sounds like you're concerned that a lot of foods are poison.

CLIENT: Yeah, I would rather not eat and feel a little bit of hunger than eat and have the burning, you know?

THERAPIST: But you don't know if you'll have the burning. I think you're worried you might eat hemlock. I don't know do people eat hemlock?

CLIENT: I don't even know what that is.

THERAPIST: Hemlock. That's what didn't not Plato, Socrates didn't he eat hemlock? Anyway, it kills you. Arsenic. Whatever. Any sort of poison.

CLIENT: Yeah. It's funny like I've been so focused on my stomach and on this particular issue that I feel like I haven't felt as anxious about the other things that I typically feel anxious about. Like Amelia and I really haven't had as much issue since this started happening because it's like all my anxiety has been like focused on my health and I don't think about eating something and it killing me but I think of it like making me sick and preventing me from healing, like in my head I'm like this is temporary and I'm going to do more than they tell me to do to make sure that it heals so that I can get better. Does that make sense?

THERAPIST: I understand the reasoning.

CLIENT: Yeah.

THERAPIST: Yeah.

CLIENT: You know, it's like if you do this then you'll heal in three months and then I'm like let me make sure that I do this three times over again so that we really cover all our bases.

THERAPIST: But you're really having a lot of difficult with moderation.

CLIENT: Yeah. I have always been somebody a person of extremes. You know, before I went to college, my first year of college I was like the extreme of over eating, not exercising, and then I went to the other extreme of not eating and exercising all the time and you know I either do it all the way or don't do it at all. And you know that's what's so frustrating is that I finally felt like I found a balance by the end of the summer where I was exercising enough where I felt good about myself and energized and was liking the way my body was looking and I was eating what I considered to be a normal like I wasn't thinking about it so much anymore. I did what made me feel good whether it was having a glass of wine and a really good dinner or going for a run and having a salad. I felt like I found some happy medium between not being so strict about my eating and exercise habits or really just not giving a shit and just eating all the time.

THERAPIST: Getting this ulcer really hit a vulnerability for you.

CLIENT: Yeah. I know. I feel like there's someone down there being like, 'oh shit,' because this is really like eating and weight and everything, like what I struggled with for so long. And to have this imposed on me literally right at the time when I finally felt like I had it all together for the first time ever. Like I weigh less right now than when I was full-fledged not eating and running six miles a day. And that scared the shit out of me when I got on the scale on Sunday. Because I also know what losing that much weight so quickly and eating so extremely does to your metabolism and your body and I know it's not good for you and I know the likelihood of putting the weight back on doubly and very quickly is high because I'm like messing around with my metabolism again. That's what happened the last time. I lost 60 or 70 lbs. and I gained 40 in like three months.

THERAPIST: Right. So you're partly concerned you lost a lot of weight but you're also starting to obsess about the implications and it's kind of like you're trapped in all directions. You say, 'oh I'm too thin.' You then worry about your metabolism is going to get affected.

CLIENT: Yeah. I mean I do worry that I'm too thin. It makes me feel really, really concerned when people tell me. One of my co-workers, my former co-worker whose position I took over, was here visiting today and so you know, she was there for the beginning of this and she asked how everything was going and she said, you know you do look really she just hasn't seen me in

the last two months so, and I think it's more shocking for people who like Amelia probably doesn't notice as much because she sees me every day but Penelope today was like, 'you look really thin.' And I get well do I look too thin, like what do you mean? Like I don't want to look too thin. I don't know. Amelia keeps telling me like I'm getting enough calories and I'm getting enough nutrients because she knows what I eat every day. But I can't tell if she's just saying that to make me feel okay about it because she knows I really worried about it or if she really means it. And my parents tell me I look great but I don't trust them at all because my mom only drinks her food. She's like obsessed with weight. She gave me this appointment with this nutritionist. And she drinks she has what she calls two shake days sometimes and she goes out to dinner.

THERAPIST: Really. And she's always been like that?

CLIENT: No. I mean when she was younger she was thin, like very thin naturally and then after she had my brother she didn't lose the pregnancy weight so she was pretty overweight for a while and her family has her brother and her father have both had triple bypass surgeries and it's something she worries about and she had wanted to when she had menopause she really had trouble losing weight and so she's been working with this nutritionist since then and she looks great. Her doctor said that she's great and she's not too thin. That's something I'm not too concerned about. But I know she's getting enough nutrients and vitamins because I trust this nutritionist. She's helped me. Like she worked with me when I was younger as well. She's really helped me and I trust that she's not telling my mom to do things that are unhealthy. But it's still like extreme, you know. And so like my mom will have a shake for breakfast and she eats very she eats no carbs whatsoever. She just has a lot of vegetables and fish. But you know when I was 119 lbs. and I was 19 years old my mom told me that I didn't have a problem. It's not the number that was bad. I still wasn't too thin. I hadn't like crossed that threshold yet. Because I'm not too tall. I'm petite my size I guess. I wasn't too skinny. You wouldn't see me on the street and be surprised, you know? But it was my habits that were unhealthy and the people I lived with at school knew that and were concerned. But my mom didn't know as I was away in Ohio. So when I went home this Thanksgiving they were like, 'you don't look too thin. You look great, you know?' And I was like I just don't know like I don't trust that from them because that's what they said when I did have a problem. [00:36:05]

THERAPIST: Well what strikes me though is how you obsess about it. You kind of ruminate. I'm eating enough, everyone says I look good. My nutritionist says it's good, but I'm losing weight. You just kind of go back and forth.

CLIENT: Yeah.

THERAPIST: Clearly, there's something going on, I think deeper, that's making you focus on this so much.

CLIENT: Yeah. I mean even like talking about it right now is giving me heartburn. When I think about it I get I don't feel well and so if I eat something that I haven't eaten before just thinking about it makes me feel sick. And then it's like I don't know. It's like I know that there's this

combination of like the actual health problem plus my anxiety which has the same effect on me as the health problem does and that's preventing me from eating enough I think. And like diversifying the foods I'm eating. You know, I'm careful to get all my food groups in, you know. I have my fruit and my green vegetables in the morning. And try to have more vegetables with dinner and most of the time have some sort of rice or cornmeal what I count as carbs now because I don't eat flour products, but I eat like plenty of protein so I try to get like, you know, and dairy. I try to get all the groups in, but I don't know. Maybe I need to start paying attention to like what like counting calories, I don't know.

(PAUSE): [00:37:38 00:38:12]

THERAPIST: If you weren't preoccupied with this, what do you think you'd be thinking about?

CLIENT: I don't know. Probably something to do with Amelia's safety. I mean if I just go back to before this started, that's what I thought about all the time. And whether she's doing all right. But I'd probably still be thinking about food a fair amount you know, like I always have. It's always been like even in August when I finally felt like comfortable I didn't think about it as much. I still did a fair amount of planning. Like making sure I got my run in, you know. Or I'd be like grumpy and irritable all day. [00:38:28]

THERAPIST: What would happen if you tried not to plan?

CLIENT: I don't know. I never tried not to do that.

THERAPIST: It would be an interesting exercise to see what other feelings came up.

CLIENT: I don't even know how to go about doing that. Like that's just what I especially now I wake up and I'm like okay I need and I really need to make sure that I have breakfast, you know what I mean or else I've gone days without eating anything but rice cakes and peanut butter until dinner because I didn't plan ahead and bring food that I could eat for lunch. So (Pause) I could try it though. Like on a day that I'm (unclear) the rice because I can pick up something at like when I get hungry I can walk to Whole Foods. There's usually something that I could eat there.

THERAPIST: I think it would be an interesting experiment.

CLIENT: I find that I've been planning much less not necessarily about food because that's what I really have been focusing on but like usually I'll like plan my whole day around like when I'm going to work out but since I haven't been working out I haven't really been thinking about that as much. But I feel really lazy, like I can feel my muscles like atrophying, like it's really uncomfortable for me.

THERAPIST: What do muscles atrophying feel like?

CLIENT: Sore. I'm actually sore from not doing anything. Does that make sense? I'm like sitting all the time. I just feel really soft. I don't feel like I'm sleeping as much either. I don't know, I just feel like my, like exercising really regimented my day nicely, you know. It's like I would work up a big appetite and then I would eat plenty and then I'd be tired and then I'd go to sleep you know. And now I just feel like I lay around all day. And there's no it's harder for me to go to sleep and I don't feel like as hungry all the time. I don't know. And like when I do have good days and I do go work out I feel so much better and I feel great and I eat a good meal but I also burn 300-400 calories in the process which makes me feel like I shouldn't be doing that right now. I don't know, I think I think I need to start going to yoga classes or something.

THERAPIST: I mean some of this, I feel like I don't want to get too concrete because that's part of the problem, in some sense. So drink two extra shakes and go to the gym.

CLIENT: Yeah.

THERAPIST: I mean there's so many things that are pretty easy solutions.

CLIENT: I know. I haven't tried a shake yet because I'm scared. And I haven't had almond milk yet and I haven't had protein powder and it seems like protein powder seems like a chemical thing that's going to be hard for me to digest. So that's what's preventing me from doing that. I feel like I just need to drink a shake and see that I'm fine and then I'll feel great about going to the gym because I'll drink a shake after, you know.

THERAPIST: You're letting your phobias rule you. It's sort of ironic because you desperately want control and yet these phobias are controlling you.

(PAUSE): [00:42:44 00:43:05]

CLIENT: I got bent at the store standing in front of all the almond milk and I'm like I can't I'm going to buy it but I'm not going to drink it so I'm not going to waste money on it.

(PAUSE): [00:43:12 00:43:48]

CLIENT: I don't even know what to do at this point aside from like somehow force myself to just go eat it or drink it you know.

(PAUSE): [00:44:03 00:44:12]

THERAPIST: It's sort of living in fear that something terrible is going to happen. And it's like you can't shake it.

CLIENT: And that's always how I feel though, you know, about something.

(PAUSE): [00:44:22 00:44:49]



THERAPIST: Kelsey (sp?), we're going to need to stop for today. Did you get a check from the insurance?

CLIENT: No.

THERAPIST: They said that they sent it to you.

CLIENT: Oh, then hopefully it will be coming soon. When did they say that?

THERAPIST: Like a week and a half ago.

CLIENT: I'll check the mail today. No, I haven't gotten anything.

THERAPIST: Okay.

CLIENT: That's good though if they said they sent it.

THERAPIST: Sort of. But sometimes they say they sent it but people don't get it and then they're like, 'we sent it.'

CLIENT: Oh really.

THERAPIST: So we'll see. We'll see.

CLIENT: They should have my home address. I feel like sometimes I get mail from them in my Wellesley mailbox for some reason so I can have I'll call my friend Victoria right now and have her check my mailbox at school.

THERAPIST: If you wouldn't mind. Would you mind calling them?

CLIENT: Yeah, I'll give them a call.

THERAPIST: That would be great.

CLIENT: Yeah, absolutely.

THERAPIST: Okay, very good.

CLIENT: And then next week I'm here but we're flying out on the 18th of December and so I think there will be two weeks in a row that I'm not here.

THERAPIST: Okay.

CLIENT: Because we'll be gone on the 18th through the 26th which is also a Thursday.

THERAPIST: Okay, very good.

CLIENT: But next week I'll see you.

THERAPIST: All right. Take care.

CLIENT: You too. If they say something alarming I'll let you know, otherwise I'll bring the check (inaudible).

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in. I'm just getting [unclear].

CLIENT: But actually I have to dip out a bit early today, I have a meeting at 4:20. But I wanted to come and chat with you, check in.

THERAPIST: Okay.

CLIENT: So this is what I got from the insurance, which just said to endorse it to you on the back. Is that okay?

THERAPIST: Sure. Yeah, yeah.

CLIENT: Okay. Then I was thinking I left my checkbook at home, so can I mail you-

THERAPIST: Yeah, that's fine.

CLIENT: -the check for November-

THERAPIST: Yeah.

CLIENT: -since we're going away next week?

THERAPIST: Yeah, no worries.

CLIENT: Okay. So yeah, I wanted to chat a little bit just about like the billing and insurance and stuff, because I don't-I mean, in no way possible was I expecting you to say don't worry about the-you know, the outstanding balance and stuff like that. I appreciate it a lot. But I don't know if you-I don't know. I just wanted to chat a little bit about whether this was like something that you were actually anticipating, or-because I'm happy to-I mean, if you would like refer to somebody

that was in the-like the insurance network, and I would be happy to find something that was more affordable that didn't take up your time and result in you not really getting your full cost and everything.

THERAPIST: Well, yeah, a couple of those. I mean, I have a sense of what the insurance reimburses.

CLIENT: I know.

THERAPIST: That's why, you know, with the audio recording, which does pay-reimburse-

CLIENT: Right.

THERAPIST: -and your co-pay, and what they pay. The reason that this is a little bit less is because part of it went to your deductible.

CLIENT: Right. I did speak to the woman at length about that. I still have no idea what goes where, so. [laughs]

THERAPIST: Yeah. But yeah, no, I knew this-

CLIENT: Okay.

THERAPIST: -or I had a sense of it. It seems like you're acting, you know, like you want to make sure it's okay.

CLIENT: Yeah, because I didn't-you know, because originally I remember being like, "Oh, I should really call that and double check what they're going to cover." But I don't know, I didn't because-well, you were like, "They'll cover it." So but I really-I wasn't expecting it to be such a discrepancy. So I just-yeah, I want-I didn't know if it was something, because we hadn't talked about it yet, so I didn't know if it was actually what you were anticipating. But if that's fine with you, like that-then that's fine with me. But, you know, I just[3:00]

THERAPIST: Yeah. I mean, first of all, between all of those things it's not that much different-

CLIENT: Okay.

THERAPIST: -than my full fee. And also I really do like working with grad students.

CLIENT: Mm hm.

THERAPIST: I think that people should get, you know, treatment, and I like to offer that to people who can't afford my full fee.

CLIENT: Right.

THERAPIST: And so I want to make it possible. So those two things both are important to me.

CLIENT: Yeah. And I appreciate it a lot. Thank you. So I guess if that's the case then each month going forward is that that \$40 co-pay-

THERAPIST: Yeah.

CLIENT: -and will it just be what I owe and whatever they send they send?

THERAPIST: Yeah. Yup.

CLIENT: Okay. All right, well thank you, I appreciate it. You know, I was like kind of feeling-I mean I felt guilty because I was like-I had had that thought, like you should really just check with the insurance company, but I just-I didn't, so. But all right. Well, I just wanted to like clear that a little bit.

THERAPIST: Yeah. And it seems like you got really worried.

CLIENT: It wasn't like wor-I mean, in the moment I was-had like a moment of panic, because I was thinking, crap, I don't have like \$800. I mean, like I do, but it's my-like what I've been saving from working that I was hoping to buy something with. [laughter] And I was like, "Oh no!" So I had like a moment of like, "Oh god, what do I do?" And I didn't want to have to ask my parents to help me out, because I know that they would have. But I was like, this whole process, I made it a point to like seek out something that I felt was affordable for me, so that I felt like I was doing this on my own and not having to ask my parents for help. Because I know that they would-and they offer it all the time.

I mean, I spoke to my mom over the weekend and she's like, "Well, I paid for your brother's therapy so I'll pay for your therapy." Which blows my mind because he has like a 55K salary. But yeah, I was like proud of myself, because I was like, "Oh, you know, I did the research and I found someone that I enjoy seeing, and we worked it out so it's affordable to me." And so I felt like I failed at that when I go the check from Blue Cross. And of course my mom's like, "Well, I just pay for it," you know. And I'm like, "No, I'm not going to-I really worked hard to make sure that I could pay for it." So that was really where I was like, "Oh." But once I got your e-mail I was like, oh, maybe you were expecting this anyway, so. [5:15]

THERAPIST: It almost seems like you feel you're by yourself. Like this is like all-

CLIENT: Not-no. I mean, I know-like I know that I'm not by myself when it comes to this kind of-I mean, in a way like I do feel like isolated and lonely sometimes with my anxiety, that nobody really understands, or like I don't feel like I can talk to the people about it. But as far as like the money is concerned I just wanted-I don't know. Like since I've got back from Egypt I've just been

trying to do as much independently as possible because I don't want to-I don't think I'm doing-I think it's a disservice to me to be constantly relying on my parents for everything. Because like I'm 28 years old now, and I'm still a student, so we have like an agreement that, you know, they're going to provide support as needed, and like I don't have to pay my phone bill, and I don't have to pay my car insurance for now because I'm still in school and I'm like living off of loans. You know, my mom sees it like, well, it's not really-I'm like, "Oh, I have so much money now," and she's like, "It's not really your money because you have to give it back."

But I've just been trying to like-you know, I want to learn how to be a functional adult who knows how to like do her finances and budget and figure out-because I don't feel like I got that growing up, I don't feel-which I am like on the one hand very lucky to have not had to deal-worry about money growing up at all, but now I'm also like don't really know much aboutYou know, the first time I had to budget anything was when I was in Egypt, and they were like, "This is how much money you get each month," and I had to make it work. And so I'm still learning about-like this is the first time I've had an apartment that wasn't-you know, I lived on campus, there was no off-campus housing. [7:00]

So I've just been like very sheltered. So I've just been trying to like teach myself and kind of like separate myself from my parents' finances as much as possible, because I don't want to be in a position that my brother's in where I-like I'm fully expecting that once I become employed, you know, I'm going to take over-once I have the means to I'm going to pay my phone bill, and if it's too expensive I'll get a cheaper phone plan, you know. And so that's all. But yeah. So it's not-I don't feel like I have to do things, you know, without their financial support, I would just like to because it makes me feel more independent. So.

THERAPIST: But even with me, I mean, I sort of-even if I anticipate the difference or whatever.

CLIENT: Mm hm.

THERAPIST: You know, I sent to you, I do forty-you know, \$40, and offer you \$40 co-pay.

CLIENT: Yeah. Yeah.

THERAPIST: So it would be on me too, it's not just your burden. I mean, that's what I-

CLIENT: Yeah, that's true. I didn't think about that.

THERAPIST: It would be a part-you know, even if we had to negotiate something different going ahead-

CLIENT: Yeah.

THERAPIST: -I mean, I would keep my word regardless. [8:00]

CLIENT: Yeah. And I appreciate that. I just-yeah, I guess-I mean, this is literally the first time I've-you know, this is the first insurance plan that I've had, because I was covered under my dad's insurance until I turned 26. And so this is like the first time I've had my own health insurance. And, I mean, it's like-I don't know. It feels nice that I like pay for stuff. And I know it's like federal loan money, you know, but it feels nice when I like manage my-with the money that they've given me and I like manage it. And, you know, like I pay-for all of my doctors' expenses that I've had with my stomach like I've paid the co-pays, I get the bills and I pay the bills, and I pay for my prescriptions, you know. And it like makes me-it doesn't make you feel nice because I'm sick, but it's like it makes me feel independent, and like I'm taking steps towards becoming a more functional adult. So I like-you know, I'm not just-like I like being able to pay those things on my own. So. [9:00]

THERAPIST: Well, you'll continue to be able to do so in the therapy.

CLIENT: Well, I appreciate it.

THERAPIST: Mm hm.

CLIENT: But so I wanted to ask you, because this like got me thinking, because there was like for however many days or hours that I was like, well maybe I-like, you know, if-like maybe I should ask Dr. Rodgers to refer me to someone that's more affordable or whatnot. But so then I just started thinking about like my therapy in general and was kind of wondering like where-I don't know, like where you see me like going. Because we haven't-I mean, like I know I come here and talk, but I haven't done therapy like this before where I just talk, I'm used to someone likeWhich isn't a bad thing, it's just new for me. I'm used to someone like telling me things and giving me like things to do, you know. I guess more like behavioral therapy I guess. But so I was just wondering, it got me thinking, like I wonder what you think about my situation in life, where you see it going, or like[10:00]

THERAPIST: Yeah, I'm happy to answer that piece. But in terms of-I mean, there are actually just different kinds of therapy.

CLIENT: No, exactly, yeah.

THERAPIST: But it sounds like in a way also-it's not really like developmentally now you've sort of graduated to this kind of therapy.

CLIENT: No. No, yeah.

THERAPIST: But when I think about out it it's sort of like this therapy feels like you have more autonomy. You know, it's less like directive, you know, in that sense. [laughs]

CLIENT: Yeah.

THERAPIST: Like it kind of parallels what you're feeling in your life.

CLIENT: Yeah. Yeah, I guess so. I guess it makes me-and it's probably like a good thing for-because I need to get better at feeling like more uncertain about things and not freaking out about it. But I just like always leave here wondering like what you're thinking and whether I am like-how do I know if I'm like making any progress, or-because I can't tell.

THERAPIST: Mm hm.

CLIENT: You know.

THERAPIST: Well, certainly it's hard to mark that week by week for sure.

CLIENT: No, yeah, and it hasn't been very long. [11:00]

THERAPIST: Mm hm. But I will say-I mean, you're dealing with a whole lot of anxiety that gets expressed in all different ways.

CLIENT: Mm hm.

THERAPIST: It gets very focused on your body as we know at times. What it means and sort of how this will unfold I don't know.

CLIENT: Right.

THERAPIST: I feel like that's what we're trying to like unwrap, for a lack of a better term. I mean, clearly I think there's a lot that we can do and that we're beginning to do to begin to kind of help-I don't if unravel's really the right word, but there's a lot of layers to it.

CLIENT: Yeah.

THERAPIST: And it's pretty profound, and it really does pretty negatively impact your life in particular areas. And in many ways you're thriving, but it really is like a lead.

CLIENT: Yeah. No, I do feel like it's like just this like one thing that kind of holds me back from really getting at my like full potential of everything in life.

THERAPIST: Uh huh.

CLIENT: So, I mean, do we-and I hate to like make this goal oriented, because maybe that's not the point, but is the goal I guess for lack of a better word to like get to the root of what's causing me to feel this way? Or to gain more of an understanding of why and then through that-is that how I like start to deal with it? Or...

THERAPIST: I mean, definitely the latter. Like certainly getting more of an understanding, which I think we've certainly been starting to do.

CLIENT: Mm hm.

THERAPIST: And it's like part of it is about the feelings that you have about yourself and your own confidence in yourself. Your abilities and the ways you feel that you've relied on your parents sort of sometimes almost to the detriment-you feel to the detriment of developing. I mean, not necessarily when you were a kid, when you're a kid people rely on their parents, so.

CLIENT: Right.

THERAPIST: But in terms of getting to the root of it, I usually don't think about it in that respect because it seems so specific, the root of it.

CLIENT: Mm hm, right.

THERAPIST: Because I think there's sort of just a lot of influences.

CLIENT: Mm hm. [13:00]

THERAPIST: But I mean, even in your response, like our e-mail exchange, that-just that anxiety was so palpable.

CLIENT: Yeah.

THERAPIST: Like it's not going to be-like we better do something, but what's going to happen, [inarticulate sounds of anxiety].

CLIENT: Yeah, I know. That was always-I'm supposed to like show her e-mails I send about important things before I send them, because she calls it like my-she's nice about it, and she says like my Chicagoness comes out. But I've gotten into trouble before because I've been like-either I've been like too hasty, or very direct, or-and I think I'm coming off like very friendly and calm but it's not. We got like the-we're now very close friends with our downstairs neighbor, but when we first moved in and I started noticing for a while that like the door-like you needed to-the door to our like I guess-like we live in like a brownstone with like different sections of the building, it was like the door to our section of the building, if you didn't really shut it then it didn't close.

And we didn't really know our neighbors yet, and I like pretty much knew it was this girl that had just moved in in the floor below us, not the guy that we're friends with that lived on the first floor. But like I never crossed paths with him so I couldn't just be like, "Hey, I think it's like this girl that's leaving the door all the time." But we had-I don't know, we live kind of on the border of East Havertown, and like there was a shooting on our street not long before we moved in. I just



didn't want the door to our building being left open, because like the locks on our unit door, like you know, anyone could pretty much just-if they wanted to get in they could get in. So that's like-the main door's like my sense of security kind of thing. [14:30]

So I wrote a note, and I put one note on her door and one note on his door, identical notes, because I didn't want her to feel like I was calling her out. But I just never see them, our schedules are opposite, so I felt that that was like-And I consulted with one of my friends from college and she was like, "Yeah, write this note." And I like put exclamation points, and I put smiley faces, and I thought I was being like overly nice about the situation, just like, "Hey, I've noticed the door might be broken, but let's just like try to be conscious of the fact that like you need to shut it. And I'll send an e-mail to our management company and ask them to come to take a look."

And that night he came upstairs and knocked on our door and he was like, "Did you guys write this note?" And I'm thinking, oh, he's going to come up and like high five me and be like, "Oh, thanks for writing the note," you know. He was not happy about it. And Amelia looked at the note and she was like, "I can't believe you wrote this note, it sounds so mean and aggressive," you know. So I'm always supposed to check with her about important things. And not necessarily like have her like read everything, but just like that joke between the two of us tends to make me then wait before I press send, and read it after I've calmed down a little bit. Which I didn't do last week.

THERAPIST: Certainly your e-mail did not seem unfriendly to me.

CLIENT: No, not unfriendly. But I think it's like-I guess hasteful is the right-or I don't know. Tense.

THERAPIST: Yeah, you're just anxious.

CLIENT: Yeah.

THERAPIST: And it's sort of like you need to figure something out very quickly.

CLIENT: Mm hm.

THERAPIST: And even we can't even wait till our next session, we have to figure it out in an e-mail before our session. [16:00]

CLIENT: Yeah. Well, I mean, I was a little bit concerned. I was like if I-I was concerned if I was going to need to pay that much money, I was like, "I can't afford another session." But yeah, no. I mean, it's very-you know, my mom and I have been joking around about me finding patience and where I can get some patience from. Especially with my stomach situation. Because so-I mean, I got good news on Monday that all the biopsies came back normal, and so there's nothing-you know, the ulcer's healed and all that's-the inflammation they found last week was what they called mild residual gastritis. Which basically means everything's great, and

everything's getting better. But they want me to wait-still be on this diet and taking the meds for another three to four months before I can like start tapering back my meds. So I got upset about it, you know, because I just like want this to be over. And so we've been talking about how I can find some patience.

THERAPIST: Mm hm. [17:00]

CLIENT: But that's definitely-I'm very-I get very tense and I need to know things, I need to have things resolved quickly. And that comes out in every aspect of my life. And it's usually things that like after the fact kind of turn into like jokes, you know. But I think it's like definitely kind of an issue that I do this all the time. I mean, when Amelia and I were dating, first started dating, and it was about a month-so probably like four months into our relationship, and about a month before we were closing our service in Egypt, and I was, you know, realizing that I'm falling in love with her and that I want to try to transplant our relationship back to the States. And it was during a time when we were all applying to graduate schools and kind of looking at what our next options were once we moved back to the United States. And I decided one day that that's a conversation I want to have with Amelia, and I want to talk to her about looking at schools in same cities, and making conscious decisions so that we can try to move to the same city. And then, you know, the conversation about moving in together after the same city happened, like you know, kind of naturally happened after that. [18:15]

But I remember the day that I decided I wanted to talk to her about that I left work in my village early, got on the bus to her village, and I met her at her work, her like-the center she worked at, and then we were stopping at the market on the way back to her apartment to get some food for dinner. And like I couldn't even wait until-it was like a two hour bus ride, so maybe three hours after I made the decision to have this conversation with her I'm standing with her in the vegetable market in her village trying to ask her to-like can we think about moving to the same city? And she's like, "Like, can you wait five minutes, because we're going to be home soon, you know?" And I'm like, "No, I can't wait. Like we need to talk about this, and I've been thinking about it the whole bus ride." And even the guy-the vegetable guy, who doesn't speak English, can like tell from our like mannerisms and body language, and he says to us in Arabic-like we're about to pay, he's like, "Why don't you girls take a minute and work this out before you pay for your vegetables," you know, and I like couldn't. [19:15]

So like we joke about the time I chased her around like the [souk?] in trying be like, "Well, you can bear with me." But it was like I can't-not that I can't, I probably could force myself to wait, you know. But yeah, I'm extremely, extremely impatient, and I get very tense if I'm in a situation of like unknown.

THERAPIST: Is anyone else in your family like that?

CLIENT: My dad.

THERAPIST: Your dad, uh huh.

CLIENT: And my brother.

THERAPIST: He's got like, "No, right away." Or they both have to like do something right away.

CLIENT: My dad more so than my brother, yeah.

THERAPIST: Okay.

CLIENT: Yeah. My dad and I are very similar, I'm finding out more and more.

THERAPIST: Mm hm.

CLIENT: Now that I'm open with him and my mom more about like my anxiety issues I'm finding out how similar we are. And just spending time-like now that I've been paying attention to the way that like my anxiety manifests itself, and when I spend time with my parents I can now see that it comes out in very similar ways.

THERAPIST: As your dad. [20:15]

CLIENT: Oh yeah. Like we are very, very cranky and passive aggressive a little bit, because like we know that-we know what's wrong, but like we're still upset about it and so-but like, I don't know, like he takes it out on my mom a little bit, I take it out on Amelia a little bit. Just kind of like walking around the house and cleaning, vacuuming, that's like our release. So Amelia was laughing when we were home for Thanksgiving, because he was just like vacuuming the whole time. She was like, "I see where you get it." [laughs] So yeah.

THERAPIST: Were you around him a lot growing up? Was he around a lot?

CLIENT: You know, like both my parents were around relatively equally. Maybe my dad a little bit more than my mom. But they both worked full time, and it wasn't-I don't look back on childhood and feel like I spent more time with one versus the other. Like we always did stuff as a family. I think I was around my au pairs most of the time, and my babysitters most of the time. But... Yeah, I don't think I was around him any more than I was around anyone else, but...

THERAPIST: Yeah, I was just more curious about just-

CLIENT: If I picked that up from-

THERAPIST: Yeah.

CLIENT: Yeah.

THERAPIST: Exposure. I mean, there's sort of the genetic element.

CLIENT: Yeah.

THERAPIST: But just the exposure element.

CLIENT: I'm sure I would have like noticed it growing up I'm sure. Yeah. Yeah, I mean, he's always just gotten-like he gets very intense about things, in the same way that I do.

THERAPIST: It has this sort of like-I think about eating disorder, it has a sort of purge-esque quality to it, like you've got to get it out. [22:00]

CLIENT: Mm hm.

THERAPIST: You can't keep it down.

CLIENT: Mm hm. Which is interesting, because as much as I've struggled with eating, it's never been something that I've been able to or had a desire to do.

THERAPIST: Yeah, it's something that you mentioned.

CLIENT: Yeah, no, that's like-you know, I definitely would-yeah, I just-I remember trying once, but I just like-it was just likeAnd I had the thought of like maybe I should try it, but then I was like, "Oh, no, I'm not going to try that." Like it was just never something that interested me. Never something that I felt like I had to do either, I didn't feel compelled to do that. And I really hate throwing up actually. Like even if I feel nauseous, I will try my best not to just like not throw up. So yeah, I never had that issue. [pause] Because like as much anxiety as I have about things going in, once it's in and nothing bad happens in like five or ten minutes, then I'm like, okay, I'm all right, I can have some more of it now, you know. So. Like I just discovered that I can eat-like Greek yogurt doesn't make me die. So I've been like really enjoying myself now at dinner, or like whatever meals I have yogurt with. I haven't had yogurt in a long time, so. [23:30]

THERAPIST: What was the concern originally about Greek yogurt?

CLIENT: I had had-it was because I had gotten really sick off a different type of yogurt, it was like a Danon Light and Fit or something that's like very processed and lots of chemicals, and that had given me really bad symptoms when I first got sick. So kind of like-you know when you get sick from something you don't really want to eat it anymore anyway. But so like after that had kind of passed away though, or like gone away, like I didn't have that like "oo" feeling when I thought about yogurt, I was still like nervous about any kind of yogurt. And we made like [botkas? 24:02] for the holiday and I was like, "I'll just try a little bit," you know, instead of sour cream on it, and nothing happened, so. [long pause] What are you thinking?

THERAPIST: I was just thinking about-sort of thinking about how to put words to your anxiety, and just this-it seems like this overwhelming feeling like feeling that everything's going to be okay.

CLIENT: Yeah. When I went to therapy after I got back from Egypt I remember telling her that felt like I was just like waiting for something bad to happen. Oh yeah, I told you this. And she said I had [unclear 25:10] syndrome, because I was just like life was soAnd I still feel that way, like I feel like everything's so good that like I'm just like waiting for something to go wrong, you know.

THERAPIST: Yeah, but it's like your insides are not matching the outside.

CLIENT: Yeah.

THERAPIST: Because there's this gnawing sense that things will go very awry, and so it's not-there's no correspondence.

CLIENT: Yeah.

THERAPIST: It's like at least if it-I mean, obviously you want things to go well, but if things were not going well at least there would be some symmetry or something-

CLIENT: Mm hm. I know, it's frustrating. I should be like-I should stressed because of school, you know, and because I'm about to graduate my Master's degree in a job market where I have people with Master's degree applying for my position, you know. And I should be stressed about getting a job, and I should be stressed about finishing my thesis and doing well. But like I don't get stressed about those things. You know what I mean? And it's like I just want to be stressed about like the regular stuff, you know. [pause]

THERAPIST: Well, it seems like when you get particular ideas in your mind they don't let up, they kind of just flash in there-

CLIENT: Mm hm.

THERAPIST: -and put their hooks in. [26:45]

CLIENT: Yeah. [pause] Yeah. I feel like I've always been like that. Like when my mom talks about how I was growing up, and I was like a teenager and stuff, she's like-she'll say that there was no like talking me out of something. Like I got something-like an idea in my mind, and like I wanted to do something, and like there was no talking me out of it, you know. Like she'll tell the story of when I went abroad to Madagascar for the first time, and I was like-I was a baby, I was only 19, you know, and I had never been out of the country before by myself. I had been as far as New Hampshire for sleep away camp, but like I had never been overnight or anything like that. I mean, I was in college in Indiana but. And I just called her up and said, "I'm going to do

this program." I mean, it wasn't like, "Hey, what do you think about me doing this program," it was just like, "I'm gonna sign up for this and I'm going to go to Madagascar."

And I remember I didn't even know how to say Madagascar, and we were both-my mom and I were like looking and we're like, "Do you think it's Madagascar?" Like, "How do we think we pronounce this country's name," you know. And she said, she's like, "I know you. I wasn't going to argue with you because there was going to be no talking you out of it. When you want to do something you always just go do it no matter what I say anyway." [28:00]

And when she told me not to get tattoos I got a tattoo, she told me not to get anything pierced, I got everything pierced, and it was like So we always like joke about it, you know. But I've just always-I don't know. I think it also relates to my inability to like compromise. And I feel like it's like I have this problem where if I don't get my way, you know, I'll like throw the adult version of like a temper tantrum and-or just be like really like pissed off or cranky about it. And Amelia and I were talking about it this weekend, because I just Like she has finals right now, so she's really busy and she's really stressed. And like instead of me being understanding about that and-you know, I wanted to like spend Saturday night together and she was like 45 minutes late coming home. And I like had to go and make a snarky comment before waiting and thinking about it. [29:00]

You know, last year when I had my finals, like I came home to freshly baked cupcakes and a bouquet of flowers and little motivational statements on index cards taped up all around the apartment. And like all I can do for her is give her a snarky comment about how-I'm like she's not home for dinner yet, or something like that. And I like for some reason like all of a sudden this light bulb went on on Saturday during this conversation where I was like, "Wow. I have no ability to not get my way and be mature about it." And I don't know why it took me this long to realize that I can't, that I don't do that. But yeah, it felt really bad. [pause] And I feel like that's all connected somehow. [30:00]

THERAPIST: Yeah. Well, once you get an anxious thought in your head there's no talking you out of it.

CLIENT: Right. Until someone who's like very qualified in whatever I'm anxious about can tell me, you know. Like if I'm anxious about my stomach, if the doctor calls and tells me like, "You're healed," you know, then I'll believe her. But like if Amelia tells me, "You're fine," I don't believe her, you know.

THERAPIST: Yeah, I was thinking in terms of this diet. I mean, in some ways it makes sense, but there's a way in which you go to like this extremely literal-

CLIENT: Yeah.

THERAPIST: -interpretation of things, like as literal as possible.

CLIENT: Mm hm.

THERAPIST: And you clearly have a sort of metaphoric creative mind.

CLIENT: Mm hm.

THERAPIST: You can get very, very literal.

CLIENT: Yeah. Yeah, I'm sure-you know, like right now I'm waiting for this physician's assistant who I've been working with to call me to talk about the letter-because I was like seeing a physician's assistant, but she can't perform the endoscopy, so I was getting the tests done by this doctor, and so then the doctor was giving me the instructions. But they send you these letters in the mail with like no information on them. It just says like, "Hey, it was great to see you. And congratulations, your ulcer's healed, but there's just some mild gastritis. So come talk to me in four months about stepping down your medication." But I'm like, that doesn't-you know, I would like to like ask them questions and be like, well, if it took the ulcer only two months to heal why is it going to take this mild inflammation four months to heal? You know. But so I usually like then will call the physician's assistant who will explain to me everything. [31:30]

So it's like these two different people that I've been like trying to get information out of. And I haven't been able-I haven't heard back from her yet, but I'm like assuming that when I talk to her she's going to tell me that, "Look, if you're feeling well you can introduce some new foods as long as you stay on the medication." But like-and I'm pretty sure that's what she's going to say, because I'm pretty sure she's said that to me in the past, but I like won't budge until I hear from her, you know, and that I hear that it's okay. [pause] So I would like her to call me sooner rather than later [laughs] so I can start eating again. Yeah, I just like don't trust anyone. Or myself. I need to go in like one minute.

THERAPIST: Okay. That's not a small problem.

CLIENT: I know.

THERAPIST: It makes me think about the door and issues around security.

CLIENT: Mm hm. Oh yeah. Yeah. Like I like being able to feel in a sense and know for certainty that everything is like safe and okay, you know. Like I don't want to start eating things that might bring the ulcer back, you know what I mean? Because there's still-like that's what happens, it starts out as gastritis and then turns into an ulcer. So like I want to make sure-you know what I mean? But like without someone telling me definitively that it won't change the healing properties, you know. If you want to have like one beer, you know what I mean, take a Pepcid and then have your beer, or something like that. If it doesn't hurt you then it's not-you know. But I like to like know for certain before I like will do anything.

But it's kind of funny, because then I'm also like extremely hasty about other things, you know. It's like this weird contradiction, where like I won't eat a tomato without a doctor telling me that it's not going to give me an ulcer. But I don't take like an extra day or a couple hours or a couple days to like calm down before I like write a very like haste note or e-mail or make a phone-you know what I mean? So it's weird. [pause] [34:00]

THERAPIST: [unclear]

CLIENT: Yeah, I'm gonna leave. I'll be a little bit late but... I found out about this call like a couple days ago, but I was-like wanted to come in anyway for the majority of the time, so.

THERAPIST: And you're gone now the next two Thursdays. Is that one Thursday or two Thursdays?

CLIENT: I think it's two Thursdays. Well, Christmas Eve is-I mean, the day after Christmas is a Thursday, right?

THERAPIST: Yeah.

CLIENT: Yeah. And so we fly-we're like on a red eye that night, so we don't get in until Friday. So I won't see you until the first Thursday in January.

THERAPIST: Which is I think the 2nd. I think January-it's the day after Thanks-uh, the day after Thanksgiving-the day after New Years.

CLIENT: So are you seeing people that day?

THERAPIST: Yeah. Yeah, I'll be-

CLIENT: Okay. We'll be here.

THERAPIST: Yeah. No, I'm just not here that Wednesday, but I'll be the rest of the time.

CLIENT: Okay. I don't think I have the day off work, so. Even if I did, I'm just down the street. Okay, so we'll just plan on that.

THERAPIST: Okay.

CLIENT: And I don't know, does anything change like once the new year changes over with your schedule? Or is this time still good? [35:00]

THERAPIST: Yeah, this time's still good.

CLIENT: Oh, actually, this time might not beSo I'm going back to school on the 15th.



THERAPIST: Okay.

CLIENT: So for the day after New Years I would still be at [unclear 35:13], but I don't have my class schedule yet.

THERAPIST: Okay.

CLIENT: So I should have that by the time I come in-

THERAPIST: Okay.

CLIENT: -in January. And then we can talk about whether this still works or whether we need [unclear].

THERAPIST: Okay. Well, hopefully [unclear].

CLIENT: Yeah, yeah, I have to see. They don't let us register until the week of class [unclear]. So I'll take a look at that.

THERAPIST: Well, I hope you have a good vacation.

CLIENT: Thank you.

THERAPIST: And a happy New Year.

CLIENT: Yeah, I don't know-if you're going anywhere have fun, or even if you're not.

THERAPIST: Thank you so much.

CLIENT: Enjoy the holidays.

THERAPIST: Okay. I'll see you.

CLIENT: And thanks again, I really appreciate it.

THERAPIST: Oh sure.

CLIENT: I don't want to break up. [laughter]

THERAPIST: You can tell Bethany, but you don't have to.

CLIENT: Well, I'm-I just-I really appreciate it.

THERAPIST: Okay.

CLIENT: So.

THERAPIST: Okay, well take [unclear].

CLIENT: All right.

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in.

CLIENT: How are you?

THERAPIST: Good, I'm just going to grab some water.

CLIENT: Sure.

(pause)

CLIENT: A lot of rearranging, huh?

THERAPIST: Yeah, I don't know if you've been here since...

CLIENT: No.

THERAPIST: ...I got some new furniture.

CLIENT: Yeah, it looks nice.

THERAPIST: Great, thank you.

CLIENT: I have a check for you that is late, so I'll give it to you now.

THERAPIST: Oh, yeah, no worries.

CLIENT: Sorry about that.

THERAPIST: (crosstalk at 00:00:40)

CLIENT: Completely my fault.

THERAPIST: No worries, (crosstalk at 00:00:42).

CLIENT: I put both November on December on that one.

THERAPIST: All right, great. Thank you very much.

CLIENT: Yeah, sorry. Totally slipped my mind.

THERAPIST: Welcome back. [00:01:00]

CLIENT: Thank you. I don't know when the last time we sat here, it was...

THERAPIST: Before you went away.

CLIENT: Yeah.

THERAPIST: Probably a week or so before Christmas.

CLIENT: Yeah. I don't know. I don't know what to...

THERAPIST: Where to start?

CLIENT: What to tell you about, yeah. Everything's good. Yeah. I don't have anything heavily weighing on my mind at the moment.

(pause)

CLIENT: Yeah, I don't know. [00:02:00]

(pause)

CLIENT: I don't know.

(pause)

THERAPIST: Do you think the long break has something to do with it, not knowing where to start?

CLIENT: Yeah, maybe. I feel like in the last couple months, when something would happen, it would make me anxious or something like that. I file that away, talked to Dr. Feldman about that. [00:03:00] I don't feel like I had many of those moments. I'm not not anxious, but there haven't been any large events. I don't feel like I've had any freak-outs. Yeah, I don't know.

THERAPIST: Were you with your family over the holidays (crosstalk at 00:03:22)?

CLIENT: When we had the snowstorm, we were briefly with my family, just for a day or two, when we got back from Oregon. We were with Amelia's family in Oregon for our vacation.

It was nice, it was the perfect vacation. We had perfect Oregon weather and we did lots of hiking and we were outdoors a lot. Amelia and I spent a lot of time together, it was really nice.

It was a little stressful. Our families are very, very different. They're like East/West Coast versions of each other. [00:04:02] My family is the very typical—they're both very stereotypical in their own ways. My family is very stereotypical Jewish Chicagoans. They know everything that's going on all the time, they call me all the time, I call them all the time. When we went home for Thanksgiving to my parents' house, my mom made an entirely second menu so that I could be able to eat stuff. They just dote on Amelia and I. We never leave there without bags and bags and food, whether or not I have an ulcer. Everything is always taken care of.

Amelia's family is the very stereotypical Oregon beach family: super laid-back, a little bit aloof, almost. As much as my parents are in your business to a fault, Amelia's parents are completely out of it, almost to a fault.

Amelia and I talked—I was a little bit stressed before we went out there. [00:05:02] My family, in general, they eat very healthy. My mom's obsessed with her weight and sees a nutritionist. For me, finding something to eat at my parents' house is really not a problem, because they basically eat only what Amelia and I eat, anyway.

It was always like a vacation when we go to Amelia's family's house, because there's alcohol all the time. They eat well, but not like well in a healthy way. It's a lot of red meat, a lot of booze, processed foods, fast food. I didn't really notice it as much before, because we would just eat whatever they ate, because we didn't have any reason not to before I got sick.

I knew, going into this, I was a little bit worried about it. I knew it's always a lot of drinking and a lot of eating things that I can't eat. I talked to Amelia about it before we went out. I was like, "Look, this is what I'm concerned about. [00:06:00] It's kind of making me real stressed, and I don't like traveling anyway. I'm worried because it's not—"

I don't have any qualms about getting my mom a shopping list, and for me, it all has to be—it's expensive. Gluten-free, organic, all this stuff is not like the cheap stuff at the grocery store, the stuff that I've been eating. Our families are in really different financial situations, as well. I didn't feel comfortable giving Amelia's mom a grocery list of the most expensive items in the supermarket. Even though she asked for it, she was like, "Well, what can Kelsey eat? Can you give me...?" Amelia was like, "Look, if we give her a list, she can have some things in the house." We were getting in late at night, so I was—I told Amelia, "Look, I'm trying to be polite, here. I don't really feel comfortable giving your mom all the expensive things in the supermarket to buy."

We agreed that we would just tell her just the basics for when I wake up in the morning: bananas, rice cakes, and peanut butter. [00:07:02] At least I have something to eat before—and then Amelia and I will go to the store ourselves. That seemed like a good plan to me.

What ended up happening was that her brother was home, as well. He's just like my brother, a typical 23-year-old dude; he'll eat whatever's in the house, not really paying attention to who got it or what it is. It ended up being that we went to the grocery store every single day. We must have spent a couple extra hundred dollars on groceries, because we were unintentionally feeding her family, too. I don't mind, if they want to eat the stuff that we got that is the only thing I could eat in the house, that's fine, but maybe give us 20 bucks to go to the store.

We were grocery shopping almost every day. Doing a lot of cooking. I didn't feel like people were—we cooked dinner a couple nights, and they're like, "Oh, this is great! Thanks!" No one really did say, "Thank you." [00:08:01] No one offered to give us some money for the groceries that we were buying that everybody else was eating. There was a couple nights that there ended up being no food for me to eat, because either her dad or her brother had eaten it all during the day. Amelia was getting upset about it, also. I think she was embarrassed. We ended up finally talking about it. I wasn't going to say anything, but I was really not super-happy and ready to come back home.

We went down to San Diego for Christmas, where her grandparents live. That was another whole big, stressful event, because what am I going to eat Christmas dinner? We find out that, okay, I can actually eat baked ham as long as I take the skin off, and that's fine. I'd never eaten ham before; I grew up in a kosher household. It's kind of funny that that's the only thing that I was able to eat at Christmas dinner.

We decided we would make a couple dishes, as well, to add to it that I could eat. [00:09:02] We spent another \$75 getting ingredients for this massive—because I knew, because we had an incident at Amelia's house where we had to bring—we had ordered sushi and we had to bring one of the rolls back to the restaurant, because they put some sauce on it that I couldn't have. While we were gone, her mom ate the only other thing that I could eat.

It's funny, kind of, how completely aloof they were to what was going on. They didn't do it in a malicious way.

THERAPIST: They had to have known that you were bringing these particular foods for particular reasons.

CLIENT: I have no idea! I must have had—I think it actually concerned Amelia, a little bit, at how out of it her parents seemed to be and how not understanding of my diet they were. I even had a ten-minute conversation with her mom on the porch one morning about what I could and couldn't eat and why.

I know it's a lot—there are a lot of restrictions right now, so it's hard to take in. [0:10:01] I think it's just—this is just their way of life, that they just don't really think about these things. The things they were eating, they probably thought their mom had bought from the store, because she usually goes to the store every day or something. I just don't think they thought to ask.

THERAPIST: She didn't—

CLIENT: Right.

THERAPIST: Her mom didn't—

CLIENT: Exactly. No, I know, I was really—I was aggravated. Amelia was aggravated, as well.

Then we get to Christmas and we make this massive, two-pound squash casserole. I'm thinking, "Look, if we only make enough for me to eat, I'm not going to end up getting any because someone else is going to eat it all. Let's just go for it and we'll double all the recipes." We made this massive thing of squash casserole, I guess whatever you want to call it. Then huge trays of roasted vegetables, like asparagus and Brussels sprouts. People devoured it. There almost wouldn't have been enough food had we not cooked what we cooked. Nobody even said, "Thank you!"

The next day, her mom and her grandma were going back and forth, "Oh, thank you for cooking." [00:11:00] "No, thank you for cooking!" Amelia was like, "Hey, is anyone going to say, 'Thanks,' to Kelsey, because she made half the meal yesterday?"

That was aggravating. Amelia was very...I felt guilty, because she was supportive. She's been so great throughout this whole thing and just in solidarity the whole week with me. Ate what I was eating and didn't—her parents brought in—they wanted to take us out to dinner. Of course, they were like, "Let's go to this steakhouse." There's (inaudible at 00:11:34) places, they were like, "Let's take you girls out to dinner."

It was laughable how wrong the menus were for me. There was nothing we could do. They ended up ordering in barbecue or something. I'm sure Amelia would have loved to have some ribs, because she loves red meat, but she had beans with me. I told her she didn't have to do that, but she was really insistent of sticking with me. [00:12:00]

THERAPIST: Is red meat supposed to exacerbate an ulcer?

CLIENT: Yeah. I'm not supposed to have red meat. If I could have red meat, it would not—I couldn't get it from a fast food restaurant with all the sauces and stuff on it. According to my nutritionist, no red meat.

I felt bad, because she was—I didn't want her to think poorly of her family. I don't know, I just felt like a big burden the whole time. She kept assuring me that I wasn't, and it is what it is, and I'm sick right now, and it's not a problem, but I felt bad.

We had this conversation when we got down to San Diego. I finally was like, "Look. I'm feeling completely drained because I don't feel like I've been—I feel like I'm just," aside from her, being with me, "completely on my own, here. The two of us are shelling out money for groceries, people are not really acknowledging it. I was trying to be polite by not giving your mom a grocery list but that apparently was the worst thing that I could have done, because no one else is giving us the same politeness," or however you describe it, "that I was awarding to them, no one's affording us the same manners." [00:13:22]

It was really aggravating. However, on the same token, I think it was—it was the first time that the two of us had the conversation about something that had happened with one or the other's families that was bothersome to us. I think it made us—it made me feel like at least that we really had created our own separate life here. Both of us talked about how, in the last couple months, the ulcer's been like—it's been really shitty, but at the same time, we've picked up some really healthy habits from this new diet that I've been following that I think will stick with us, because they make us feel good. [00:14:02]

We're not drinking as—well, I'm not drinking at all, but she's not drinking as much as we used to. We eat really, really well and we like it. She realized, while we were out there, that her parents really—her family's not healthy at all. I think that it was—both of us were ready to come back home, here, to this, our home and to our lifestyle and stuff. It was kind of nice.

THERAPIST: Is the idea that you continue on this strict diet?

CLIENT: No. I have an appointment in two weeks, now. The idea is that – hopefully – in two weeks, when I go in, because I haven't really had symptoms for a while, that they'll tell me I can start going off the medicine. You can't just go off it, I have to taper it.

Once I am completely off the medicine, see how it goes, still on the diet. [00:15:02] Then I can start—if everything's good, then I can start adding foods again. That's the idea.

THERAPIST: It seems so particular—you can eat ham, but not the skin of the ham.

CLIENT: Yeah. I don't know.

THERAPIST: You're not going to eat the entire skin of an entire ham.

CLIENT: Right.

THERAPIST: That little piece of skin seems—

CLIENT: Who knows? I'm sure I ate a little bit of skin while I was eating. In that regard, eating things has been going kind of well for me, lately. I've been adding some things and eating more things that I definitely wouldn't have even touched.

Oregon is actually the best place to have dietary restrictions, because everywhere, you can get gluten-free everything. It was great. We really got to—it was actually the night before we left or a couple of days before we left, we had this fundraiser and my boss wanted to out for drinks afterwards. We ended up going to—I tried to back out at the last minute and invite her to our apartment, so we could cook dinner so I could have something to eat, but Amelia was like, "No, we're going to the pub across the street, because they have turkey burgers and you're just going to get it plain. [00:16:11] You're going to eat it because it's just grilled and it's going to be fine."

She made me, which was good, because then I ended up eating—I did. I got what I would have normally gotten, which is the turkey burger, and I just got it without the bun and without the, whatever, the cranberry ketchup. They just gave me some roasted potatoes—they had butter on them and stuff, but on the side instead of French fries. I ate the whole thing and I felt great afterwards.

Then it was great, because when we got to Oregon, it was like I had my restaurant confidence back. We went out to eat a bunch of times and I ordered things that I don't think I would have ordered a month prior to that. I even had pizza. [On that] (ph), I can't have tomato sauce, but I had gluten-free pizza without sauce, which was pretty greasy. [00:17:03] It's gluten-free crust but it wasn't minus oil or anything and devoured it. I felt good. I've been adding things that—gained two pounds.

THERAPIST: That's great.

CLIENT: Yeah. Now I feel like I'm finally in—I've been weighing myself at the gym, I'm in this range, give or take five pounds. I feel like it's stable. I'm exercising and feeling good about it. I feel like I'm eating well.

THERAPIST: This ulcer exacerbated your preoccupation with food.

CLIENT: Yeah.

THERAPIST: Which I don't think was good for you, in the end.

CLIENT: No. No, I mean, it's like—

THERAPIST: A phobic response, almost.



CLIENT: Yeah, yeah. Well, the same thing happened to me when I was younger. Whatever I was having, it was different than this. Maybe it was gastritis, I don't know if it was pre-ulcer or ulcerous or something, but I was vomiting every morning. [00:18:00]

It was also when I would eat things that—this was when I was kind of transitioning from my binge eating to almost extreme healthy eating, when I was in college. I would vomit the mornings after – not make myself vomit, but feel like I had the stomach flu or something – only after I would have really big binges the night before.

When they put me on a very restricted diet, back then, and because of the vomiting all the time and the feeling sick, it did create this phobia of certain foods, just because, I don't know, I likened it to—I kind of remember this one time, I got too drunk in college and I vomited right after I ate a whole stick of Rolo's or something. To this day, I can't even look at Rolo's, because you just associate getting sick with certain foods. When you're sick all the time, you associate it with all of these foods. It's hard to bring them back in, because you'd rather just not eat than feel sick. [00:19:01]

I've been adding things. I ate new things yesterday—I've been eating new things almost every day. We've added cookies, added carrots. I feel like proud of myself. I now feel like I have enough of a variety that I don't even feel like it's limited. I miss having alcohol. I'd really like to be able to have a glass of wine or some whiskey or something. I even had a couple sips of Amelia's drinks over the vacation, which was nice.

We're getting there. I spoke to my doctor before I went to Oregon, because I put a lot of pressure on myself to be healed by the time we went to Oregon. I was really disappointed when I wasn't. They told me it was going to be another three to four months before I could off this diet. In the grand scheme of things, six months is about the average time it takes for someone to completely heal from an ulcer, and it's only been three months for me. [00:20:03] I was really upset about it and did talk to my doctor before we went. She was like, "Now, more than ever, the diet is important, because it's just this last little bit that you need to let yourself heal." We'll see what she says on the 16th.

THERAPIST: It's a fine line, because it's good to follow a doctor's orders, but it can become obsessive.

CLIENT: Oh, I totally became—and that's exactly what happened.

THERAPIST: It reminds me of when you were losing weight and people were saying, "Oh, you look great," it's sort of like the nutritionist saying, "Oh, you're doing grand, you're following it to the T." That's actually not always that good.

CLIENT: Yeah. I chatted with her a little bit, as well, before we went on vacation, because I was, at that point—because I think it was easy for me to be, "I'm going to do this even more than they're saying I'm going to do this, because then I'm going to heal faster." [00:21:07] When that

didn't happen, I kind of was like, "I can't. This is not sustainable. I can't only eat these five things."

I did a chat with her, briefly, as well, before I went to Oregon. I was like, "Look. I really need some variety now. I can't...I'm really feeling like I'm eating the same thing every day," which I was.

Then she gave me a list of things, too. I eat trail mix now. I don't know if I told you that I was drinking the almond milk, finally, but all the things that I kind of—that she had already said was okay but I wasn't doing. I added all of those, as well.

She's like that. She's got my mom on almost a liquid diet. Not a liquid diet, she eats real food, two meals a day. She has a shake every morning, and then sometimes she has what she calls two-shake days, which are if she's feeling like she needs to make up for going out to dinner the night before or something. [00:22:08] This woman is a no-nonsense woman, this nutritionist.

It's funny, because I probably—I know that the medication I was taking is what gave me the ulcer, but had I not—if you were to subtract my anxiety and what my anxiety does to my stomach, maybe it wouldn't have gotten to that point. Maybe I would have had some inflammation but not an ulcer, or something like that. It's not funny but—I don't think "ironic" is the right word, either. I ended up getting this ulcer because I'm so anxious and stressed about everything, but then the ulcer makes me more stressed about everything. Then, of all things to happen to me, the last thing I need is something completely focusing on food. [00:23:00] It's just the perfect storm for me to just become completely obsessed.

(pause)

CLIENT: It fuels my phobia about taking medicine, also, because now I really can't take a lot of medicine because of my stomach. I was having sinus headaches over the weekend. We had to do 45 minutes of research to find a Sudafed that had acetaminophen in it instead of ibuprofen or instead of naproxen. By that point, I don't want to take anything, because who knows what's in it? I didn't take anything. [00:24:00] I took a nap and I felt better. I don't know.

I get annoyed with myself, because when I was in Egypt, I'd get really sick all the time and I would pop pills—whatever the nurse practitioner told me I had to take. I would go to a Egyptian pharmacy, where things weren't even written in English and take whatever they gave me. Then I'd feel better, because that's what medicine does to you when you're sick.

Now, I can't even take a Sudafed when I have a headache or sinus congestion or whatever.

THERAPIST: You don't actually know that.

CLIENT: Well, no, Sudafed I can take. That's apparently what I can take, because it's acetaminophen.

THERAPIST: Right, but you could take something else with ibuprofen and take one dosage and you could be just fine.

CLIENT: Yeah. I don't know, they told me not to take anything with ibuprofen.

THERAPIST: After certain procedures, they tell you not to take – is it Tylenol that thins your blood? It's something that thins your blood – for I don't know how long.

CLIENT: Ibuprofen. [00:25:00]

THERAPIST: That's crazy. If you speak to other doctors, they say it's absolutely crazy. These things are not going to kill you. One dose of things is not going to kill you.

CLIENT: Yeah. I'm convinced it will. [laughs]

THERAPIST: I know you are. (crosstalk at 00:25:20)

CLIENT: It's like, what's worse: the panic attack of taking the pill or just taking a nap for a couple hours while I wait for the headache to go away?

THERAPIST: Right, but the panic attack is not necessarily inevitable. I know it feels inevitable, but it's inevitable because it's triggered by a series of thoughts.

CLIENT: Yeah.

(pause)

CLIENT: Where my anxiety kind of fluctuates between Amelia's safety, my safety, my health, that's kind of—I share the love with all sorts of things in my life. [00:26:09] My brother's is just focused on health things. You think I'm bad? He doesn't have the same issue with mediation—

THERAPIST: Did I say you were bad (inaudible at 00:26:18)?

CLIENT: Not bad, but I'm like, "I won't take Tylenol," or, "I won't take one Advil because my stomach will bleed out."

He is a very severe hypochondriac. He has shingles, apparently. He's only 23, and so that happen frequently to people that young. I kind of feel badly for my mom, right now, because she has me on one end, freaking out about my stomach and all those things, and then he's really having a tough time, right now. He found one article in "The Chicago Times" that mentions a study about people getting shingles when they're under 40 and linking it to cardiovascular disease or something. [00:27:01]

He's just beside himself, at this point, about what to do with his shingles. Of course, over the weekend, my mom's telling me, "Well, we think your brother has shingles. We're trying not to tell him too much about it, because he gets so worked-up over these things." I didn't really know much about shingles, and this was at the same time I was this headache that I wouldn't take medication for.

I Googled it and was just reading about what shingles was. Of course, it says, "Early signs are headache and flu symptoms without a fever." I'm like, "Mom, I think I need to stop. Don't tell me anymore, because now I'm convinced I have shingles because I have a headache." Just my family, its all of us.

THERAPIST: There's a certain feeling un-safety (ph) in your body.

CLIENT: Yeah.

THERAPIST: Seems very unsettling.

CLIENT: Yeah. It makes me really frustrated, because I didn't—I wasn't always like this.  
[00:28:00]

I read I guess the—I don't familiar if you're familiar, but it's like an online—I guess it's an online magazine, I don't know, "The Atlantic"? They're doing a series on anxiety right now.

THERAPIST: It's not "The Atlantic Monthly," it's a separate—?

CLIENT: I'm not sure. I don't read it.

THERAPIST: "The Atlantic Monthly" is more of a literary magazine.

CLIENT: Ah, yeah. I don't think it's literary—I don't think, anyway. I'm not sure, because I just stumbled—I stumbled upon random articles from them through other people, most of the time. I have never actually looked through their website too much.

They did a miniseries on anxiety. Their editor, I guess, suffers intensely from anxiety, since he was a kid. He wrote this really long piece. I really liked it. It was funny and just about all of his anxieties and his phobias and the stomach issues they give him. He told some crazy stories about pooping his pants in the Kennedy house (inaudible at 00:28:50) doing an investigative report story—I don't know, just things that—he's like, "Oh, hey, that doesn't always happen to me." [00:29:00]

Wait a minute, what was I...? There was a point to me telling you this...

Oh! I had shared it with Amelia. We were chatting about it. After the piece that he wrote, they kind of opened it up and invited readers to share their own experiences with anxiety. Of course, I

was reading everybody's, which probably—I was fine while I was reading his thing, but then when I was reading everybody else's, I started to be like, "Well, maybe I should be checking my pulse every 30 seconds." I stopped reading those.

Amelia and I were chatting about it, and I was telling her that it seems that it's pretty—he was writing about how it can be—I don't know if it's officially really common that this happens or just he knows of a lot of people who seem very put together and calm and laid back on the outside and give off that impression, but the other people don't—you would not necessarily know how much someone's suffering from anxiety or a phobia or something all the time. [00:30:07]

I was telling Amelia, I was like, "You know, it was interesting to see that that is a common thing." I feel like people tell me, when I do get close enough to someone and let them know about my issues with anxiety, I'm always met with surprise. When I went back to school for a presentation in the fall and I ran into a professor who I'm close with and we were chatting about my stomach. She was like, "Man, I can't believe you got an ulcer. You were like the least stressed person I've ever met."

Of course, I know that that's completely far from the truth. Amelia was like, "Really? I can't believe people would think that you're calm or laid back." That made me kind of upset, because when we first dating and when she got to know me and when she fell in love with me, I wasn't like this. Now, it's upsetting that this has become such a part of my personality that she doesn't even remember. [00:31:00]

I was like, "Well, don't you remember before we—when we were in Egypt, this wasn't such a thing?" She was like, "Really? I don't remember." The fact that she can't even remember me before...this became such a serious issue is upsetting.

THERAPIST: You're feeling something was lost in that?

CLIENT: I don't know that something in our relationship is lost, necessarily. That just reminded me of the fact that this is a big issue that I need to deal with. That she can't even remember what I was like before, knowing about all my anxiety.

THERAPIST: I do think medicine would help you.

CLIENT: I don't know.

(pause)

[00:32:00]

CLIENT: I just feel like that can't be the only option. There has to be something I can do to control it myself.

THERAPIST: Medicine isn't the only thing, but it's certainly something that would help a lot. One can't control anxiety. That doesn't happen. That doesn't work that way. People can develop techniques to calm themselves down in the moment, but the ongoing, underlying anxiety, it's such a sort of wired state. You can't really control that. It's like trying to control your mind. That doesn't happen.

I won't say "definitely," because people react differently, but there's certainly medication with anxiety that also helps with sort of obsessive thinking. [00:33:01]

I just think you could feel better. It makes me a little sad to know that you [won't give] (ph) yourself that opportunity.

CLIENT: I'm just worried about the side effects. I don't want it—I hear all these stories that people who go on this medication and it changes their personality a little bit. No?

THERAPIST: No. Not really. Not in my experience. I work with a lot of people who go on medication. I'm not a pill pusher. I don't even prescribe.

CLIENT: Right.

THERAPIST: It's not something that I—

CLIENT: Right, yeah, no, I know.

THERAPIST: I do think—

CLIENT: It's just making my stomach turn thinking about it.

THERAPIST: On a practical level, taking medication is never as big a deal as it might feel. First of all, because if it doesn't help you—if it works, great. [00:34:01] If it doesn't work, you just stop taking it.

CLIENT: Yeah.

THERAPIST: Your losses, in a very practical sense, are nil.

CLIENT: How soon do you know whether it's working or not?

THERAPIST: Depends on what you're prescribed. There are certain medications that help alleviate anxiety in the moment, those are pretty obvious pretty quick. There are the medications that take a couple weeks to build up into your bloodstream.

I've seen some people—they don't get much of a reaction. Some people, it really makes a huge difference, a dramatic difference, in how they feel. They're in sort of a steady state.

CLIENT: What do you mean?

THERAPIST: When I think about—one aspect of anxiety is just sort of an ongoing experience, and also how your mind works. Have you ever said, “Stop obsessing and don’t think about food anymore”? [00:35:00] How does that work? It’s the way your mind is processing—

CLIENT: I feel like when I’m doing well, I can channel it. Do you know what I mean? In a healthy way.

THERAPIST: Maybe, but you’re not always going to do well. Not everybody always does well.

CLIENT: Right.

THERAPIST: (inaudible at 00:35:13) stressed you out. Not because of who you are, just because of life.

CLIENT: Yeah.

THERAPIST: I brought it up because I think, at the very least, it’s important to sort of think about.

CLIENT: Yeah. I’ve never even given it thought. I feel like I channel my mother. When I was younger – I think it was in high school, maybe middle school – and they took me to—I don’t know if she was a psychiatrist. I think she might have been a psychiatrist, child psychiatrist or something, because I wasn’t doing well in school – as well as my mother thought that I could do. [00:36:04] Which I later proved her right, when I had suddenly started making the dean’s list in college, it was like, “I told you so.”

I did those ADD tests and whatever. Yeah, I’m a little bit like—I’m a high-energy person. I wasn’t being stimulated in the ways that I needed to be stimulated when I was in middle school and high school. I wasn’t enjoying what I was doing in school, so I wasn’t motivated to do any more than the bare minimum. When you sit me in front of a computer screen, I have to follow with that. I’m 14 years old, I’m probably going to not follow it the entire time, whatever the test was.

This woman said, “Yeah, this kid needs to be in the resource room. You might want to give her Adderall,” or whatever was the medication at the time. You know what that was not what my mom wanted to hear. My mom wanted to take me to this psychiatrist so that they would tell me that I’m totally fine, I’m just not fulfilling my full potential. [00:37:00]

It was like, “You don’t need medication. We’re going to deal with this ourselves.” I never went back to see that woman.

That's kind of how I feel about this, where I'm like, "No. I don't need—" it's almost like admitting that the situation is out of my control and I need medication to fix it.

THERAPIST: Well, it's interesting. The story that you told, your mom didn't really want to consult with a professional. She wanted the professional to fulfill her idea of what was wrong. She wanted to stay in control. She wasn't actually looking for expert advice.

CLIENT: Yeah.

(pause)

[00:38:00]

CLIENT: I guess, in a way, that's like—with my other therapist [I saw in Chicago] (ph), it's like I come in the first day and I'm like, "Listen, I'm here because I want to deal with this issue, but I'm not taking medication." I don't know if it's—if I should relinquish—I don't know. I want to be able to hold onto that and figure out how to make my situation work without going there, but I don't know.

THERAPIST: Jehovah's Witnesses don't take medication because it's a religious principle.

CLIENT: I'm afraid of what it'll do to me, aside from potentially make me feel better.

THERAPIST: It's more a, in a sense, practical. It's not like a moral issue, per se.

CLIENT: No, it's not a moral issue for me at all. [00:39:01] I've done drugs and I drink. I'm not opposed to—I have this issue with putting things in my body that would alter my state of mind, at this point.

THERAPIST: It's interesting, because, in a sense, that that's what the medication would help with. It has (crosstalk at 00:39:20).

CLIENT: My old therapist laughed, because she made the suggestion when I came back from Red Cross. I went to see her before moving up here and process—well, because I was starting to have these anxiety issues, suddenly. When I got back from Egypt was when it really started.

I went to see her while I was living in Chicago. We talked about the experiences I had in Egypt and how they were potentially pretty traumatizing and this is how I'm reacting to it, because I didn't process them while I was there or whatever. It was pretty fucked up, a lot of the stuff that happened to me while I was over there, so it's natural—I would understand that that would be the trigger for this to become such an issue, here. [00:40:05]

She said, "Look, I really think if you just—not stay on medication permanently, but if you just—there are certain medications you take for a certain amount of time – six months, per se –



and then you can go off them. You'll feel better." I was like, "No, that makes me anxious to think about taking medication," and she laughed. It was like a joke, but it's true. I start to feel like my chest is burning when I think about taking...anxiety medication.

THERAPIST: Well, it sounds like part of it is feeling like you'll lose control, like your personality will be altered, there'll (ph) be that lack of control that makes you very anxious.

CLIENT: Yep.

THERAPIST: Which is a fear that really has no practical consequence, because if that actually happened – which it probably wouldn't – you just stop taking it. [00:41:07] There's nothing to be lost, in that sense, but that's not the point.

My goal is not to push it on you, but to look at why this is that you've closed off an option that could potentially be helpful to you.

I've certainly seen therapy be more effective when people are getting treated properly, psychopharmacologically.

CLIENT: Do you think I'm just doomed if I don't try it?

THERAPIST: I don't even know where to start with that! [laughs]

CLIENT: Not "doomed," but is that—I just always wanted to think of my anxiety as something I deal with but something that I...I don't know. [00:42:01] I also feel like—on the one hand, yeah, I'm just terrified of taking medication, terrified. I feel like I want to cry. On the other hand, I also don't want to—I feel like that's like admitting that my anxiety has complete control over me. I feel like there is a social stigma to it, as well.

THERAPIST: Okay.

CLIENT: Which is not—you know—

THERAPIST: (crosstalk at 00:42:24)

CLIENT: It's not—now I might just be making up excuses. It's mostly the fear of actually taking medication.

THERAPIST: Again, the issue of—the anxiety of relinquishing control is part of the problem.

CLIENT: Right. I know. It's been (crosstalk at 00:42:39).

THERAPIST: It's definitely a catch-22.

CLIENT: Yeah.

THERAPIST: We don't have control over our affective states. We can think about them and there are things that we can do that can help them, but you can't will away anxiety. I certainly don't think you're doomed. I think it will help. You certainly have a wiring for it. [00:43:01] It's in your family. That doesn't mean you're doomed and it doesn't mean other things won't help. From my perspective, I'm a pragmatist at heart. Why not do everything you can to make it better?

CLIENT: Yeah.

THERAPIST: Or at least try.

CLIENT: Yeah. It's a conversation that I'm willing to have, but I can't assure you that I'm not just saying that to make you happy right now. [laughs] I'll talk about it, but I'm pretty stubborn. I don't know that I'll be convinced, ever. I think I should talk to my brother, because I think that he's on medication. I know he's on medication, I'm pretty sure it's for anxiety. I think I should talk to him.

THERAPIST: Well, far be it for me to take your anxiety to take your anxiety away from you. I don't want to...

CLIENT: [laughs] How dare you? [laughs]

THERAPIST: I don't want to break up...

CLIENT: Yeah.

THERAPIST: ...the attachment. [00:44:02]

CLIENT: I guess I just don't know anyone that's like, "Oh, I've had such a great time with my anti-anxiety pills." Maybe Jaime will tell me, like, "Yeah, Kelsey. They help a lot. You need to see a psychiatrist."

THERAPIST: For some people, they really do. I've seen really a very—I don't think they're like the cure-all for some people, they just don't feel like they do much. Certain anxiety medication, the biggest complaint I've heard is that it's – and this is not all anxiety medication – but kind of flattens you a bit, and people don't like that and they'll go off because of that.

CLIENT: Yeah.

THERAPIST: That's not everybody's experience. That's only one kind of medication. To me, that's the biggest complaint I've heard. Not anything else – no one complains, "God, my personality is completely transformed. I don't even recognize myself anymore." I don't hear that very much.

CLIENT: I guess what I mean, "My personality would change," that flat feeling, that's what I've heard.

THERAPIST: That's not really personality. [00:45:00]

CLIENT: I feel like it's dulled (ph). Because I [am that] (ph), I think that my anxiety contributes to my high-energy personality, which I like about myself.

THERAPIST: Again, that's only one type of medication, one classification.

CLIENT: Right.

THERAPIST: It's certainly not the only option.

CLIENT: I will talk to my brother...

THERAPIST: Good (ph).

CLIENT: ...and to Amelia.

THERAPIST: I think, practically, that's good. Also, just the meaning of it and this issue around control and how your anxiety—your wish to control your anxiety feeds your anxiety. That's sort of the catch-22. I think that's an important piece.

Kelsey, we need to stop for today.

CLIENT: Yeah.

THERAPIST: Okay, so I will see you next week!

CLIENT: Yeah. I start classes on Monday, so my schedule changes a little bit. I get out of class at 1:00 on Thursdays...

THERAPIST: Okay.

CLIENT: ...so let's try it next week, and then if it seems like it's going to be too—I don't know of anything else about my academic schedule [without looking at it] (ph)...

THERAPIST: Okay. [00:46:01]

CLIENT: ...so I don't know what else I would necessarily have going on. Next week should be fine...

THERAPIST: Okay.

CLIENT: ...but we might need to have a conversation next week about (inaudible at 00:46:08).

THERAPIST: Okay. The very first week of February, I'm away the week.

CLIENT: Okay, no problem.

THERAPIST: Okay? Okay.

CLIENT: All right.

THERAPIST: See you next week, take care.

CLIENT: Thanks so much.

THERAPIST: Okay, bye-bye.

END TRANSCRIPT

BEGIN TRANSCRIPT:

[00:01:00]

THERAPIST: Hi, come on in. [00:02:00]

CLIENT: What a nice dress!

THERAPIST: Oh, thank you very much.

CLIENT: (inaudible at 00:02:23) [laughs] Oh. It's hot, then it's cold, and... [laughs] Doesn't make sense.

(pause)

[00:03:00]

(pause)

CLIENT: I guess we can continue from last time, or should I say what I'm thinking or whatever?  
[laughs] [00:04:00]

I guess last time we stopped at when we were talking about why I feel like an outsider when I've been invited in or something.

I don't know, I guess I just never allow myself to feel invited or like an insider. I feel like I'll turn to jelly or something if I don't have my defenses up or if I don't feel defensive and judgmental and...yeah.

Say in that scenario, we were talking about last time, if I didn't have all my judgments ready (ph), like, "Oh, these guys aren't intellectual," "Oh, they're watching a boring movie," or, "Oh, they have too much money but they don't know how to spend it." [00:05:15] "They're this, they're that," to get on some sort of a high horse.

Then to get on a very low horse and to think, "Oh, they have everything and I have nothing," and, "I didn't have a nice upbringing," and, "They have all these nice childhood memories," and, "Their parents are nice." [laughs] You know what I mean?

THERAPIST: I guess you need a horse, then.

CLIENT: Like a high and a low...

THERAPIST: Right. A question is why does a horse need to be in the picture?

CLIENT: [laughs] So I can gallop away. [laughs] I don't know. [laughs] [00:06:00] I don't know, some sort of elevation or-what's the opposite of elevation? [laughs] Descent?

I guess I feel like that's my response with everyone most of the time. There are occasions when I feel no hierarchies.

THERAPIST: Is there a hierarchy in here?

CLIENT: Yeah, isn't there?

THERAPIST: It's your hierarchy. You tell me.

CLIENT: You want to know my hierarchy (inaudible at 00:06:39)?

THERAPIST: Sure.

CLIENT: Well, you have a very nice place in Providence. [laughs] A nice office. At some point, I also consider that (inaudible at 00:06:52) for five minutes, becoming a psychiatrist, helping people with their problems. [00:07:00]

THERAPIST: It sounds like you like it. It looks nice.

CLIENT: Yeah.

THERAPIST: Where does play into the hierarchy?

CLIENT: Well, I think you're doing much better than I am. [laughs] In probably most ways. That makes you higher than me. I don't have to do this now or I don't do it because the occasion doesn't present itself. We're not in a social context, where I have to be like, "Oh, yeah, you probably have it all." I don't have to go there (inaudible at 00:07:41).

THERAPIST: Why? Why don't you go there here but you go in other places?

CLIENT: Yeah, I don't know. Maybe because I'm not getting-I'm not here to get-(inaudible at 00:08:00). I don't know. [laughs] Something to think about. Why do I do that?

THERAPIST: It is interesting.

CLIENT: [sighs] So I can hurt you, I guess?

THERAPIST: How?

CLIENT: If I would go there-

THERAPIST: You would be hurting me.

CLIENT: Yeah.

THERAPIST: I see.

CLIENT: Push you away. When I think about-and I've thought about that with everyone, my mom, Chris, everyone, every colleague I've had, every teacher I've had, every new friend I've made, every...yeah. There are some guys that I went out on first dates that I didn't do that. [laughs] [00:09:00]

Yeah.

Yeah, so I can hurt them? So I can get on a high horse and be like, "Well, you have it easy but I [did not] (ph)." Is that hurtful?

THERAPIST: Kind of like a moral superior position?

CLIENT: Yeah.

THERAPIST: Like they have some-a material superior position so that you could have a moral superior position?

CLIENT: Yeah.

THERAPIST: But you don't need that here.

CLIENT: Yeah, I don't. I don't need to hurt you. I would be this way with my first boyfriend. I don't know, I was even more immature back then [laughs] but somehow less volatile and more stable. [00:10:03] Late teens, early 20s (inaudible at 00:10:08).

He was your average, American I would say, "You're a golden boy." He would hate that phrase. (inaudible at 00:10:19) "Why are you doing this?" or, "Why are you calling me that when I'm not?" [He would say things] (ph) like, "Yeah, I don't understand. My childhood was nothing at all like yours. I want to take care of you for that reason," this and that. [laughs]

He would be very hurt by my placing him in that superior category and myself in a lonely (ph) one. I guess I kept doing it. [00:11:00]

I feel like that's become such a part of me, then. If that's my identity, how can I give it up? Maybe I don't have to give it up, but I don't have to make myself miserable, defining myself with that just that of-I don't really know.

It is background. Maybe I foreground it? Instead I should just leave it as background and then hopefully as time passes it's a distant past and my foreground is [sighs] what I have now and I'm doing now, maybe. At least, that's how I'm trying to be with this guy that I met. My foreground is I'm a struggling writer and this and that and a student. My background is [whatever, my childhood and all] (ph). [00:12:02]

I haven't discussed any-told him any of that, because I feel like it's not what this is about. It's about just having fun and (inaudible at 00:12:13). [laughs] I feel (inaudible at 00:12:17).

THERAPIST: Do you feel those feelings towards me and suppress them so that you don't hurt me, or is it just not something that you think about a lot?

CLIENT: Do I suppress them so that I don't hurt you?

THERAPIST: Well, you were saying that you don't have the feelings in here about, "Look at all you have and I have nothing."

CLIENT: Yeah.

THERAPIST: You're saying because you don't want to hurt me.

CLIENT: Yeah.

THERAPIST: So I'm wondering sort of if you feel like you're trying hard not to hurt me.

CLIENT: No. I phrased it maybe a little weirdly. What I meant was that I maybe think that way with the people I do that with, to hurt them. [00:13:00] When you pose that question, "Why don't you do it here?" I guess I should have said, "I don't feel the need to hurt you," but in every other scenario I apparently do. [laughs] It's weird.

THERAPIST: That you feel angry in those other scenarios.

CLIENT: Yeah. Why? Why is it any concern of me? Why is that someone has whatever that is that they have? [laughs] Just because they've had nice parents (ph) doesn't mean that-it's not even like an economic imbalance where they exploited me to have nice parents (ph). There's no equation there, but still, it's weird. [00:14:00]

Then I use that as ammunition, but the only person I actually end up hurting was myself. It's weird that I can think of that but it does hurt them, actually, because (inaudible at 00:14:20) and Jeremy would say, "(inaudible at 00:14:22), [I'm hurt] (ph)." No one else does. They don't even (inaudible at 00:14:28). Maybe people are more pure in their youth. [laughs] When I distance people, they don't even feel it, [I think] (ph), they think?

THERAPIST: Maybe.

CLIENT: They do? Even if they're in their 30s?

THERAPIST: No, I was saying maybe that's true, what you're saying.

CLIENT: Yeah.

THERAPIST: You were saying, "Maybe I distance them so they don't even feel like it," and I said, "Oh, maybe." [00:15:00]

CLIENT: If I were to say, "You know what? Shut up. You have everything. You have no idea what it is like to," (inaudible at 00:15:07) or whatever. What would you feel?

THERAPIST: Dismissed.

CLIENT: Dismissed, yeah. What would your reaction be?

THERAPIST: Depends on my relationship to you.

CLIENT: Yeah. If we were friends.

THERAPIST: If we were friends, if we were good friends, a good friend would say, "Why do you feel the need to dismiss me?" If you're not good friends, the person will just be dismissed...

CLIENT: Yeah. [laughs]



THERAPIST: ...and leave.

CLIENT: Yeah. I guess, in the back [of my mind] (ph), I want to find out if you will actually dismiss yourself or if you'll be a good friend and ask me. [laughs] I should haven't that need to play games or keep people-I keep testing their friendship or their (inaudible at 00:16:10) or whatever.

THERAPIST: In saying that, "Look what you have. I don't have anything," you're talking about a state of injustice and that they're causing or facilitating their injustice.

CLIENT: Hmm.

THERAPIST: That's kind of part of the statement.

CLIENT: Yeah. How would they have caused that?

THERAPIST: Well, you're not only saying, "I don't feel treated fairly," or, "I haven't gotten a lot in life," you're saying, "Look what you've gotten and look what I haven't gotten." It's sort of like they're participating in the state of injustice. They're not just bystanders.

CLIENT: Yeah. [00:17:00]

I don't know, I guess I feel like it's high time that I gave it up. [laughs] I'd like to feel differently. You feel a certain way for a long time, it obviously does get tired and you want some sort of movement. [laughs] People are growing and expect growing [for you] (ph). You're (inaudible at 00:17:41) experience all the different phases of your life.

THERAPIST: I think of that as such an important motivation. What we're talking about with you is you have a particular way of seeing yourself and feeling about yourself and feeling about yourself with relation to other people and the world around you, this identity of sort of depravation and injustice. [00:18:10] There are all sorts of influences and motivations to keep it going, and all of those things are really important.

Then there's also that point where people are like, "You know what? I'm just sick of this. Let me try something else."

CLIENT: [laughs] You find that...?

THERAPIST: I think there's something so important about that. I don't think that only happens, but I think there's something very important in that.

CLIENT: I should stick to it?

THERAPIST: I like it. In some ways, it seems not very psychological, because it seems like, "But what about all the reasons that you're like the way you are?" We are talking about those things, so it's not like...

CLIENT: Yeah.

THERAPIST: ...we're sweeping them under the rug. I think there's a lot to be said for, "You know what? I just don't want to do this anymore. I'm sick of playing this role. I've played this role in every play for the last 30 years." [00:19:02]

CLIENT: Yeah.

THERAPIST: "Maybe there's a different role for me to play and learn."

CLIENT: Yeah. I had this very strong urge to have a core and go back to my core. I'm very attached to certain things. I would definitely be attached to this feeling. I probably desperately try to remember it, maybe because of the stuff that I'm writing right now. That's also going to end, at some point, and then I have to move on to something else.

I think I will always-for every kind of motivation, for every kind of reason, for political or anything, creative and all these reasons are going to cause me to stick to that core.

I guess what I would like is to be a lot more self-conscious and to use that core as...only one part of myself. [00:20:09] Just see all the other things that I have and evaluate them and think about them. "Okay, this is a positive idea. That is a negative idea." The negative idea has social reasons behind it. It's not all that I did and la-la-la.

At least, in terms of interpersonal interactions, I would like to maybe use a different card, play a different role, rather than just that depravation card.

I guess what I'm trying to say is it sounds like I would like to just completely hit "erase" and forget it.

THERAPIST: You'd like a stack of cards, rather than just one.

CLIENT: Yeah, yeah. [00:21:00] I think, as an actor say, for example maybe there are certain actors that just go for one to the next and never have any memory that they played King Lear and now they're playing the jester [laughs] (inaudible at 00:21:20) it happens.

You're a sum of all your parts, I guess. That feels healthy and normal, organic.

THERAPIST: We started by talking about if you really felt like you were an inside and invited...

CLIENT: Yeah.

THERAPIST: ...you'd feel like jelly.

CLIENT: Yeah.

THERAPIST: Is there any other way you could feel?

CLIENT: I guess there could be, yeah. The possibilities are endless. (inaudible at 00:21:54) are endless. [laughs] I guess I could feel like a part of a jigsaw puzzle and see how I fit into the larger mosaic. [00:22:08] Is that right? [laughs] Is that what you said?

THERAPIST: Sure.

CLIENT: I would like not to just be a cactus. "Don't come close to me! [Stay away] (ph)!" I guess I said "jelly" because I guess I'm afraid that I'll get slapped around in any which way.

THERAPIST: By whom?

CLIENT: By the insiders, the other people. I don't know. Has that happened? Maybe it's happened. I guess in my childhood it's happened, where I so badly wanted to be in certain circles and just wasn't. [00:23:06] Then I was violently rejected. I'm very afraid of that. [laughs]

THERAPIST: Where?

CLIENT: I guess when I was age, I don't know, eight or nine or ten or eleven, around that time. We were renting this is in Nepal we were renting a room, a little apartment, from these people. They had a huge bungalow, a huge house, giant (ph) family: grandfather, grandmother, and then they had one son and his wife and one daughter who had a daughter and son. [00:24:01]

The daughter was a few years older than me. They were very well-off. She would take tuitions (ph) from my mom. My mom developed a liking for her. A lot of conflict there, very jealous of my mom liking her. My mom was going through something very terrible, too. My dad was sleeping around with everyone. I guess she couldn't talk to me because I was very little. I think this girl was (inaudible at 00:24:40) teenager.

She was going through a lot of-she was just-yeah. She was [just a big old mess] (ph), this girl. I used to be very obsessed with her for a long time. [00:25:01] She was going through puberty, so how old would that make her?

THERAPIST: Twelve?

CLIENT: No, really? No, I think 13 or something.

THERAPIST: Girls start puberty as early as ten or eleven.

CLIENT: Yeah.

THERAPIST: It could depend. It could be 13...

CLIENT: Yeah, I think she was...

THERAPIST: Fourteen.

CLIENT: Yeah, [she was around that age] (ph).

THERAPIST: You felt she was your mother's confidant?

CLIENT: Yeah, and she was very nasty with me. Yeah. She put me through some very traumatic... [laughs] experiences. Well, first of all, there was that sexual thing. She would force me to do things. She would force all of us [laughs] [to do it] (ph), all her cousins to do things.

THERAPIST: Like what?

CLIENT: I've suppressed (00:25:52). [laughs] It involved getting in bed with her. I don't know, something. Touching her-I kind of remember. [00:26:01] I clearly have a sensory...I can remember her smell, I can remember her breasts and (inaudible at 00:26:09). [laughs]

THERAPIST: You never mentioned this before.

CLIENT: Yeah, I know. [laughs] Never come up.

I don't know if my mom knew about-maybe I told her much later. There was that, and then-

THERAPIST: This was after what happened with the son?

CLIENT: Yeah, yeah. By this point, I felt like it wasn't like coercion or anything. It wasn't as violent. She wanted stuff done to her or maybe she did stuff to me, I can't remember. Yeah.

There was like a fascination with her, as sort of her being older and stuff and being a woman. It felt less weird and threatening, I guess. [00:27:04] I would see her all the time. I would see her...not just in that context where we were [making her] (ph)... (inaudible at 00:27:17). Yeah.

[sighs] Yeah, so, apart from that, there was this-she would just be very mean and nasty to me, say very nasty things. At one point, and I have this horrible thing, I go into this pattern of cursing my mom. I don't know how that happened and how it came about, but I would actually curse her. I think it was probably I learned it from my dad or something. [00:28:00]

My mom was so thankful to her, to that girl, that she somehow shamed me into getting rid of that habit. Anyways, there was that. She did good things, in that respect.

THERAPIST: I don't follow you. She did good things in what respect?

CLIENT: Well, helped me get rid of this bad habit.

THERAPIST: I see. Was she enamored with this girl?

CLIENT: Who, me?

THERAPIST: No, she. Your mom.

CLIENT: I don't know. I don't think so.

THERAPIST: She just liked her some way.

CLIENT: Yeah. She had a lot of problems (inaudible at 00:28:45) at home, this girl, and no one to talk to about it except my mom.

I had a completely different relationship with her; it was completely like a power relationship. [00:29:00] The fact that they were wealthy was very-they said some very nasty things and they would do nasty things to me.

THERAPIST: The girl.

CLIENT: Yeah, and her cousins and her brother. At one point, for this festival, I asked my mom to buy me firecrackers. We didn't have much money. My mom was a teacher and I think for the point of trying (inaudible at 00:29:30) was also a teacher. Anyways, he was not there. He was out of town. She bought me firecrackers and she spent 20 rupees on them. [laughs] To her it was, "My God, you could have got vegetables for this instead," but she wanted to do this for me.

I was so happy and I was so excited. First time in my life, 20 rupees! I told everyone and I told that girl and her brother, and they were just like, "Oh my God, 20 rupees!" [00:30:05] I can't remember exactly what-they were the kind who would spend 500, 600, 700. They were businessmen so it was a completely, very, very different levels here. There was that.

Yeah, and just like it was constant humiliation because of that. They had friends over. They had a huge garden and I wanted to play with them. Their dog would just run after me and I would be scared (inaudible at 00:30:39). [laughs]

Then I got into this really bad habit of stealing. I guess I always had that. Her mom was like a-she used to run a little boutique, she would have tailors come and make clothes. They would put the leftover discards, samples or whatever, in little bags on the balcony. We had a shared

balcony. I would go and steal them, because I wanted to-they were so pretty and I just wanted to make dresses for my Barbie dolls.

At point, they found that I was stealing. She and her brother came and they said, "Your daughter has stolen stuff and we are going to conduct a thorough search." I just felt so humiliated-obviously, I was very humiliated. This is so traumatic and embarrassing. But they did. I was like, "Wait a second, these teenagers can come into our house and shove aside my mom," she's in her 40s, have no respect for that, and then they can just do whatever they want. [00:32:00]

Yes, I did steal. I'm guilty, but that hierarchy also...I don't even (inaudible at 00:32:11), not really, (inaudible at 00:32:16).

Basically, the relation was very complicated. At one point, she had a huge party in her garden. I really wanted to be invited but I wasn't. I was told I would be and I wasn't. I think there was one or two parties where I actually was invited, but I think that was her cousin's party. I lost track (inaudible at 00:32:42). [laughs]

I guess I have a fear of falling into that. I guess that is (inaudible at 00:32:54) to me, like young and hopeful and eyes wide open, and then just getting smashed every which way. [00:33:02]

(pause)

CLIENT: I guess I was also actually hurt. This woman caused me a lot of pain, a lot of misery, but my mom didn't see that. She was like, "Oh, you don't understand her. She has a lot of problems."

I did that. I did see that my mom didn't have a confidant and this girl was there for her and my mom was there for this girl. I get that. Then there's also this piece that I was very hurt by her. [00:34:00] I guess those are two separate things. [laughs] That's why it's complicated.

It can't be as simple as my mom saying, "Oh, you hurt my daughter. I'm not going to-I'm going to shut the door in your face." [laughs]

(pause)

THERAPIST: Does the whole sexual piece seem less important? [00:35:03] It's important to me, but maybe it doesn't feel that way to you.

CLIENT: No, just in this context. I guess we were talking more about being insider and my fears of feeling like jelly. [laughs] In that context, that was one of the things.

Yeah, the sexual piece, I haven't really thought much about it except that...I don't know what word to use, I don't want to use a negative word just for the sake of it (ph). I don't want to say

(inaudible at 00:35:35) again. I don't want to say, "I was exploited." I don't want to say that.  
[laughs] [sighs]

THERAPIST: You don't want to say it because it's not true or you just don't want to say it?

CLIENT: Well, I'm not sure, because it happened so long ago and I misremember things. Maybe even suppressed it so I don't remember them. [00:36:00]

I guess what I feel comfortable saying about it is (inaudible at 00:36:06) sexual. [laughs] Also if you didn't a sexual life, that was what I experienced.

By that point, I guess I was curious, too. Maybe I was curious even before. It's hard to say anything (inaudible at 00:36:30), it feels like. I know that there is this whole political conversation that I keep engaging with, but then I also when it comes to sexuality...in these context, it's hard to say. It's hard to blame, it's hard to-because you are curious. Your friends or cousins...you find, one afternoon, your parents aren't there and you discover how to lock doors. [laughs] [00:37:16] Everyone is asleep and the servants they had servants the servants are away or they're there but they won't say anything. It's just you kids and this one older kid...she runs the show. [laughs] Things happened. It's part of how you interact with people. [00:38:00]

Which is why I guess I feel weird about that whole thing with the 80-year-old man, 80-year-old poet.

THERAPIST: I was thinking about him as you were speaking. What are your thoughts about that?

CLIENT: Well, this is so fucking colored by her daughter and that whole thing. If I take that piece away, I would say I was drawn to him in a platonic way. He kept saying, "I want to be your father," this and that, so I was drawn to him in that way. "Oh, poor, suffering soul [of a] (ph) poet. Poor guy, he's lonely and he's saying all these things. Maybe I could be his adopted daughter," goddaughter, whatever.

I was totally not sexually curious about him. [laughs] It was (inaudible at 00:38:52). From my side, it was nothing like that at all. He wasn't a body he was a-head. He was a mind. [00:39:01] He was a caring hand.

Then that turned into complete perversion within a matter of a few minutes. Although, if I look back on it, all the things that he said were indications that he had an ulterior motive. That totally made me feel betrayed.

I was definitely shocked and betrayed. My reaction was, "What the hell? Why?" Then you can add the piece about how I dealt with it, maybe that was problematic and I should have told her, blah, blah, blah, and whatever she said. [laughs]

Not what I said about him. It's hard to say concrete things about sexuality because there's curiosity and that's how people interact. [00:40:05] In this scenario, I feel like-from his side, he must have thought that I might have been curious, but really-and, "How can you fucking say that after calling me your daughter? Shame on you." [laughs] That was really my reaction.

I'm not giving him any leeway or whatever, (inaudible at 00:40:31) saying that. When I was ten and my friend thirteen or whatever, that is a completely different thing. She actually probably does not know any better.

Yes, there was power play going on there. Maybe she did take advantage of me because I was poor and you're renting from her and younger. [00:41:00] I really don't feel like going and [laughs] taking her to task on that.

(pause)

THERAPIST: My association to your not wanting to feel like an insider was then you would think, "What's my narrative now, then?"

CLIENT: Yeah, exactly. That's why I guess I would feel like a jelly.

THERAPIST: Okay. The jelly part, my association was that to your being vulnerable.

CLIENT: Yeah. Well, yeah, that too.

THERAPIST: Which is not having-there's vulnerable and then there's just sort of feeling lost (inaudible at 00:41:57). "What's my narrative..."

CLIENT: Yeah.

THERAPIST: "...who am I now? I don't know. I'm sitting on the inside of the club."

CLIENT: I feel like that would make me feel a lot more engaged. I guess this is a take away from Chris. Obviously, he doesn't feel like he has the narrative or whatever, but he does have this tool. He's an economist and he thinks about production relations. He thinks about all the things that [laughs] he writes about and teaches.

No matter what context he goes in, he might see things in that way. That makes me feel, "Oh, yeah, that's nice, that's structure." I guess I should (ph) [laughs] emulate some of that and be like, "Okay, I'm going into this house," or this scenario, "as a dash." [00:43:05]

(pause)

CLIENT: I can totally see how, in different, it could lead to nothing at all. It could lead good thing. It could lead to a disaster [laughs] as in the 80-year-old poet. I don't know who gave me that



card, if it was me or it was him. I feel like it was mostly him and his daughter and his wife were like, "Oh, you have nothing. You don't have any friends or family and no money. We're helping you out and giving you a place to stay." [laughs] "Therefore, we can do whatever we want with you." [00:44:01]

Then (crosstalk at 00:44:05)-

THERAPIST: "You're our slave"?

CLIENT: Yeah. Don't want that. I did try to change-like a little bird, I kept pecking at it and going, "No, I have family. I have friends. I have a little bit of money." [laughs]

I guess instead of-that's not really effective. Pecking is not really as effective as being there with a different cad in the first place. [laughs]

(pause)

CLIENT: I guess we didn't really talk about what I thought we would talk about. [laughs]

THERAPIST: Which is? [00:45:00]

CLIENT: Well, I think last time you said, "He wants you," and you [were excited] (ph) that was feeling-I was almost tearing up, because I thought of (inaudible at 00:45:10) [big can of worms] (ph) [laughs]. We can talk about that next time.

THERAPIST: Yeah. Well, I think we talked about some parts of it.

CLIENT: Yeah.

THERAPIST: You felt yourself tearing up?

CLIENT: Cheering up?

THERAPIST: Tearing up.

CLIENT: Yeah, last time. [laughs]

THERAPIST: Well, let's talk about this Monday, okay?

CLIENT: Yeah! [laughs]

THERAPIST: Okay, great.

CLIENT: Okay, have a good weekend.

THERAPIST: Thank you, you too.

(pause)

CLIENT: Bye.

THERAPIST: Bye, (inaudible at 00:45:53).

END TRANSCRIPT

BEGIN TRANSCRIPT:

THERAPIST: Hi, come on in.

(pause)

CLIENT: Hi.

THERAPIST: Hi.

CLIENT: Ugh. So...

THERAPIST: Do you want to start by talking about your e-mail, or...?

CLIENT: Yeah, sure! I just did a lot of thinking-and I have, I mean, it had nothing to do with last session, per se, necessarily, but just in general. [00:01:03]

I have a couple friends who deal with a lot of anxiety and OCD issues, as well, and do their own kinds of therapy and medications, but we bounce things off each other. A couple of them had been asking me, for a while now, "What kind of exercises do you do in therapy, outside of therapy?" and I had no idea what they were talking about.

They started telling me about cognitive behavioral therapy techniques and what-not. I just started doing some research, and I just think that-I don't know, it seemed like something I really wanted to try.

I did really give a preliminary thought process to the idea of medication. I had a couple of conversations about it with my mom, my brother, a couple of my friends, and I just feel like at this point in time, I want to feel like I have exhausted all options and that I've put my best effort forth before-that's a last resort, for me. [00:02:09]

As I've been learning about cognitive behavioral therapy and different-I don't know what else to call it, but exercises and what-not, I feel like that's something, Yeah, I want to feel like I'm

working at something, do you know what I mean? It could absolutely have to do with my desire to just control everything all the time, including my brain, but I want to feel like I've at least tried that, first.

THERAPIST: Do the friends that you have, do they have someone that they use that they like?

CLIENT: Yeah, my coworker former coworker, I guess has someone that she's-I don't know who they are, she hasn't offered the information up so I don't want to push it by asking. I don't know if she feels uncomfortable, if we were to see the same person.

I looked up a couple people online that I was thinking about giving a call, but also did want to ask you if you knew anyone that you might want to refer me to. [00:03:06]

THERAPIST: Well, yeah, I had a couple thoughts about it.

First of all, I don't know what their-if they have a waitlist or whatever...

CLIENT: Yeah.

THERAPIST: ...the MSU Anxiety Clinic has a very, very good reputation.

CLIENT: I'm going to write these things down, [if you don't mind] (ph). Sorry.

THERAPIST: I would definitely contact them. Again, I don't know (crosstalk at 00:03:26)...

CLIENT: If they might have a...

THERAPIST: ...if they have a waiting list and so forth, but they have a very, very good reputation.

CLIENT: Okay.

THERAPIST: That's what came to my mind when I first (inaudible at 00:03:37) e-mail (ph), but I have one colleague in particular who works with a lot of CBT and DBT therapists, so she is-

CLIENT: What is DBT?

THERAPIST: DBT is, it's dialectic [sic] behavioral therapy. That's really for people who are very self-injurious and they need specific skills to deal with the self-injurious behaviors that (inaudible at 00:04:01). It's related to CBT but it's not something that (crosstalk at 00:04:06)...

CLIENT: Right.

THERAPIST: ...appropriate for you, but anyway, but she would be a good person for me to contact...

CLIENT: Okay.

THERAPIST: ...because she probably would have-because she works with a lot of auxiliary (ph) providers. I will definitely reach out to her.

CLIENT: Thank you.

THERAPIST: But yeah, I would definitely recommend (crosstalk at 00:04:23).

CLIENT: I'll look into the MSU Anxiety Clinic.

THERAPIST: Yeah, and also...God... knowing which way to-I mean, with a lot of things with your ulcer, too anything, there are so many different ways to go. I would give it a try, if it's something that you feel could help. I would give it a try.

I will say that for-CBT for phobias is phenomenal. For social anxiety, it's quite good, and for OCD. For generalized anxiety, it's not...it's (inaudible at 00:05:03) why I didn't recommend it right off the bat.

CLIENT: Right.

THERAPIST: That's not to say that it couldn't be helpful.

CLIENT: Right. Yeah, I've been trying to do some reading and research it a little bit; haven't had the amount of time to read all the things I've bookmarked yet, because I started classes this week. Yeah, I don't know, I'm just looking.

I just am curious to look into-I just feel like when, I don't know, I want to feel like I feel-I think it would help me, maybe, to come into a situation where each session has a specific goal. Maybe not each session, but where I have (inaudible at 00:05:49), "Out of this exercise, this is what I'm looking to get," and then to feel like I'm being not (inaudible at 00:05:57) but-and I know there are just different kinds of therapy. In some of them you might not leave everyday feeling like, "I've accomplished something today." Maybe that's what I'm seeking a little bit.

This might not be the case. It could turn out that I give this a go and I'm in the same spot as I was before. Which is fine, but I just want to feel like I gave it a try, I think.

THERAPIST: The focus is very different. CBT is much, much more structured. The goal of CBT is really to manage symptoms.

THERAPIST: My approach, ultimately, is to help alleviate symptoms...

CLIENT: Right.

THERAPIST: ...but it's not so focused. It's much more look (ph) at the underlying meanings of the symptoms...

CLIENT: Right.

THERAPIST: ...in the hopes that the symptoms will subside, once what's behind them...

CLIENT: Right.

THERAPIST: ...is better understood. It's definitely a less-linear approach, for sure...

CLIENT: Yeah.

THERAPIST: ...and so, each approach has pros and cons.

CLIENT: Right, and I wonder if...yeah, I don't know.

I've never done it before and I've seen other therapists as well and it's never-and maybe that's why I've never done it, is because everyone I've seen is like, "That's not appropriate for," me, which might be the case, but... [00:07:13]

THERAPIST: I used to not think that CBT was so good for social anxiety...

CLIENT: Right.

THERAPIST: ...but then I worked with a couple of people who had other issues they wanted to talk about, but (inaudible at 00:07:23) CBT for the social anxiety, in particular, and found it very helpful, so...

CLIENT: Right.

THERAPIST: ...different people it's not only your symptom category, it's who you are and (crosstalk at 00:07:33).

CLIENT: Yeah, I know, absolutely.

Something that turned me onto it, as well: one of the people that I spoke to said that it's very much like you-that it's almost like there's a time limit. There's a certain amount of time and you go through the first session or whatever and you get a preliminary evaluation, and then the therapist says, "Well, okay, this is what I think I can do for you in x-amount of sessions."

Then you have an endpoint to work towards which, I don't know, could be a bad thing or it could be a good thing, I'm not sure. [00:08:09] I don't know, I'm just curious, because I haven't done anything like it before.

THERAPIST: I will say CBT therapists seem more likely to want people to go on medication, because the research is such that it tends to be much more effective with medication. I don't know if all CBT therapists will recommend that, but that's definitely what they research, that (inaudible at 00:08:32) combined is a much more effective...that doesn't mean you have to do it...

CLIENT: Right.

THERAPIST: ...I'm just warning you that that seems to be more their focus. They're also focused on how quickly can you alleviate symptoms?

CLIENT: Right. Yeah, no, I understand that.

THERAPIST: That doesn't mean that you have to go along with all the recommendations.

CLIENT: Yeah. Yeah, I think I just at least want to give it a...try, or at least see what happens, get evaluated by someone who-that's what they do, and see what they think. [00:09:03]

I don't know. I feel like maybe there's been-I don't know. I'm sure that this is probably part of the process or what-not, but a lot of times, I feel when I sit and I just talk, it makes me more anxious, when I try to process through, without sort of an, "Okay, well, what's going on?" and how can I maybe train myself or identify how I'm distorting my thoughts a little bit and if there's anything I can try to do or some sort of exercise when I'm having these anxious spells to try-yeah, it is alleviate the symptoms.

I feel a lot of times, when I'm just sitting and talking about it and trying to find something to talk about or find the last thing that I was anxious about, I end up getting more anxious than when I came in. [00:10:08]

I think that's where I was turned on by what I've heard about CBT, because I think that that would give me the-in my head, when I think about it, ideally, that would give me the element of, "Okay, well, I can say, 'Well, this made me anxious,'" but then in the same conversation, we could say, "Okay, well, let's look at exactly why."

Maybe this isn't what CBT is, after all. This is what I'm selectively hearing from my friends' descriptions of it, but [where then] (ph) we could say, "Okay, well, this is what's happening that's making you feel anxious, and this is how we can start working towards you not getting to that point," or something like that, "Through X, Y, Z exercises, you should be able to prevent yourself from feeling like that."

When I've heard about CBT, that's what I hear. I don't know if that is what actually happens or what would happen with me; maybe it happens with other people. [00:11:04] If I could create my own, I guess ideal sort of the therapy, that's what it would be.

That might be completely unrealistic for the kind of anxiety that I have.

THERAPIST: I can't say, "Absolutely no," or, "Absolutely yes," I think.

CLIENT: Yeah, yeah.

THERAPIST: I would the say the one thing that would be important is-from my vantage point, on a very basic level, you'll feel better if you're able to let go a little bit. Whatever you use to hold on more tightly is not going to be to your advantage, but if you're able to use it to help you let go a little bit...of course, letting go, it sounds so simple...

CLIENT: Yeah, (inaudible at 00:11:51).

THERAPIST: ...but it's very complicated. That would be my-

CLIENT: Right.

THERAPIST: To use CBT to get greater control over things, in some ways, feeds the problem. [00:12:02]

CLIENT: Right, and I guess that's not-that's how, I guess, the easier way to describe it, but that is my goal, is to be able to let it go and to just relax. That's what I wish I could just do, all the time, is just relax, because everything's going to be fine. That's what I would want to use it for, is to be able-and I don't know if that's what would happen or not.

I guess I use the word "control" because I had talked with my friend about using these exercises to kind of train your brain to react in a different way. When I used that language to describe it, it sounds like control, but it's more that I want to be able to identify exactly what's making me hold on so tight and then figure out a way to let go.

That's my ultimate goal, throughout whatever therapy I'm in.

THERAPIST: I would also say that, just some people respond to more-structured environments better. [00:13:04]

CLIENT: I do. Yeah, I do. Even this week, being back in school and there's-I'm really busy, I have a shit-ton of work and it's great. I feel so much better already this week than I have in the last three months, now that I have to be here at this time, here at this time, I'm running around doing different things, I have assignments I have to get done, people I have to go see.

It's funny, because it's been a nightmare of a week, logistically-speaking, because I've been having a lot of issues with my specific degree track and the classes that are open to me, and I'm (inaudible at 00:13:49) feeling very misled by the degree that I thought I was going into and what-not.

I was supposed to be getting a dual degree. [00:14:01] I When I was applying for Masters programs, I knew that if I went just for a standalone, higher degree, there's really only one track after that. You can get your Ph. D. and then you go straight into academia and you teach.

That's definitely something I'm interested in in the future, but I also really feel strongly about working more in the field with NGOs or the government or something, doing some sort of development work and if you already (ph) get your Master's degree, then the only-really, across the board at schools all over the country, there's no-you can specialize and get a certificate, but Wellesley offered this great-looking program that had a dual Master's degree.

I was like, "That's perfect for me. I'll have the higher degree for when I want to teach, and I'll have the higher degree for the meantime." [00:15:01]

As it turns out, after I got to Wellesley, I realized they don't actually have a this department. It's a program, so they don't have any faculty members that are faculty. They're anthropologists, sociologists, English whatever, and they teach (inaudible at 00:15:18) classes.

I feel really lucky that I had a great undergraduate education, but the courses that I would have been able to take as a graduate student at Wellesley were mixed with undergrads, in that they weren't graduate courses. You wrote an extra paper and met one extra hour every other week, and that counted as a graduate credit, and that wasn't really the education that I was paying to get. That's when I ended up-

THERAPIST: That's sort of redundant.

CLIENT: Exactly. I already have my Bachelor's degree. That's when I made the switch to this specialization. [00:16:00]

But because I didn't make the switch until the end of last year, because they only just rolled out this specific track in response to the critiques about the dual degree, I had already taken the courses that had to do with one within my school.

Those are the courses that you would then take for the specialization, but I had already taken them. Then they gave me this list of other courses outside of my graduate school still within Wellesley that I could take to count towards the specialization.

They're listed as graduate courses, but as I found out going to them this week, they're undergraduate courses that you can get a graduate credit for. I've basically been to 12 extra



classes this week, trying to figure out what-long story short, it's been a very, it should be a very stressful week, but I don't feel stressed or anxious, just having...anyway, moral of the story is...

THERAPIST: And you have a goal. [00:17:00]

CLIENT: ...I do better in structured environments, yeah.

THERAPIST: But you have a goal, too. You're trying to do something very specific. It's not like you're just meandering about.

CLIENT: Right, right. Yeah, I've never done well when I have all this extra time on my hands, or when I'm just sitting around. I'm really bad at vacations. I can relax for a day or two, but then-and Amelia's the same way, which is great. We do well traveling together, because our ideal vacation is going to a new place and doing stuff and exploring and seeing things. I'm not good at sitting on a beach for a week with nothing to do. I get really antsy quickly.

I do think that's another thing that attracted me to it, is the structure. Saying, "We have a goal and we're going to accomplish it in an x-amount of sessions."

THERAPIST: I'm sure I can find you at least one or two names. [00:18:00] Recommendations are always the best thing. I understand some people don't really feel comfortable asking their friends or whatever for therapists, but if your friends have a good experience, it's always a really good way to start, too.

CLIENT: Yeah. No, I might definitely ask Danielle. I know that we have-and just because she has a different...she's on a lot of medication, but they also arrived at that point after CBT didn't work on its own for her. She arrived at that conclusion on her own, but doing CBT for a while and then saying, "You know, this is-I'm not, I'm still feeling really anxious and my OCD is out of control so, okay, yeah, now I can go on medication," but I could ask her. I think it's someone local.

Yeah, if you have some names as well, just let me know.

THERAPIST: Absolutely. One colleague, in particular, I'm pretty sure she'll have a few good referrals. I hope to hear back. I'll definitely send it out today and hope to hear from her in a couple of days.

CLIENT: Yeah, just let me know. [00:19:00] I'm not in an incredible rush.

THERAPIST: How are you and Amelia doing?

CLIENT: She's supportive of me wanting to try this. Yeah, we've just been doing really well. This is both of our first weeks back, so it's been nice. We've both been home a lot more. It's been fun, going to the gym together and doing more stuff together than when she has night classes.

This semester, I think, is going to be a lot less involved for her-not less involved, but her internship is; now she's at Providence Children's Hospital this semester, doing inpatient stuff with the kids there. Because she sees new people every day, it's not like when she was at a school, where she would have to be up until 1:00 in the morning making her lesson plans for the next day. When she's home, she's home. [00:20:00]

Of course, now I'm the one that's-it's switched a little bit. Last night, she came home and I was just swamped with work. It was nice, she made dinner. It showed me a little bit that my fears about the way things were last semester were that they weren't ever going to change, (inaudible at 00:20:18) just it wasn't circumstantial. I'm starting to think that it was.

It's give and take with us. I'm a little bit more busy then she'll make dinner and clean up and I can get my work done, so that's nice. Things are good. We're both happy. There was a lot of pressure last semester, I think, of figuring out-all of our friends are getting married and engaged, but they're all a couple years ahead, just as far as where they are in their careers, because we took two-and-a-half years (inaudible at 00:20:57) Egypt, we're still in school and we're 28, instead of having our other friends that have been working now for 4 years. [00:21:05]

There's a lot of, "Hey, we're ready, when are we going to get engaged?" We're trying really hard to save up money. I did a good job saving up a lot of money the last couple months, while I was working, but I think now, seeing that money in my bank account and realizing that, "Okay, we're coming into a summer where I might potentially be unemployed for a couple months," this is a big transition period, I think we both feel like, "Okay, we don't need to rush anything." There's no point in spending \$5,000 on a ring right now if we're going to need rent money for five months before I get a job.

I think everything's just good and calm we're just both excited to finish our degrees. We talked about cities, because I have to start applying to jobs now. [00:22:03] She doesn't really until the summer, since she goes until August, but [it helps that we] (ph) had that conversation of, "Are we going to stay? What cities are we open to moving to? What would be a good enough job to make us move?"

It's exciting. As much as change is stressful and difficult, it's also exciting thinking that anything could be next. Who knows, I could get a great job offer-I could be unemployed for a year, or get a great job offer in Portland, we could be moving across the country in August. You never know. It's exciting.

We're good.

THERAPIST: You feel in a better place than when the two of you came together?

CLIENT: Yeah.

THERAPIST: Okay. It's good.

CLIENT: Yeah. I think me coming here helped a lot. I think having a space where I could-I feel like I, instead of unleashing everything on Amelia all the time, I definitely saved it up and talked about it here. [00:23:09] I think that's important for me. Whether or not CBT helps or it doesn't help, I realize that therapy is probably an important part of my life right now, that it's important for me to have a space that's not my relationship.

It's not that I don't have friends that I can talk to about these issues, but I'm not going to call them up every week or every day. I think it was important for our relationship, for me to have my own space to talk about what was making me anxious and why and not inundate her with all of that, as well. I think she feels like it's less of her responsibility.

I was able to go out. [00:24:00] I had my last afternoon out on the (inaudible at 00:24:02) yesterday. We went out. I sat and watched them drink and had some waters, but it took me out for my last day to a local bar. Amelia wasn't there and I feel like a couple months ago, I would have been not able to enjoy myself with other people, because I'm wondering, "What's Amelia doing? Is she all right?" and constantly checking my phone.

We were out for four hours; I didn't even notice the time. I didn't think about-it was nice. I felt like I hadn't been able to enjoy myself like that, without Amelia around, in a long time. I don't know that has to-I don't know what-

THERAPIST: What changed?

CLIENT: What changed, or if it's just been a slow process of me having this space to talk about everything once a week? Or if really coming back to school this week was a big shift for me, in a good way. [00:25:02] I'm (ph) feeling like I have things that I need to get accomplished.

It makes me feel useful, not just like I'm bopping around from job to job, doing mundane tasks for eight hours a day.

I think Amelia and I are in a better place, for sure. When we came here, as well, in September, my anxiety was getting the way so much that we couldn't even distinguish whether it was us as a couple that was having issues or whether I just needed a place-you know what I mean? It was like, "Well, maybe we need to go." We didn't know. But yeah, [I'd say we] (ph) definitely, definitely doing better.

THERAPIST: You learned things about your family. You'd asked your dad, you (crosstalk at 00:25:58)...

CLIENT: Yeah.

THERAPIST: ...about his history with anxiety or his history of treatment of anxiety.

CLIENT: Yeah. I always knew that it was there in the family, but I never knew the details, because we just didn't talk about it. Definitely. I'm glad that I asked, because I opened up some channels. Now, if I'm having a really tough day, I can call my dad.

THERAPIST: Have you done that recently?

CLIENT: Mm-hmm, mm-hmm. Yeah, there's something else I'm freaking out about, I can't remember what it was.

We joke about it and it makes me feel better. We'll be sarcastic with each other about it. Oh, yeah, when we were flying out to Oregon and our flight got cancelled. Then I was trying to get us on another flight, but there was a-our flight got cancelled because there was a snowstorm here, and we were flying out the next morning. They put us on another flight that was only an hour or two after our original flight. I was not sure if we had a snowstorm and then everything got delayed, I didn't think that that was enough time for the impact of the snowstorm on the airport to clear out. [00:27:05]

I figured that we were going to end up missing our connection, anyway, because that flight might be cancelled. I call my dad, "Well, you know, we're on this flight but I really think we should have waited another day because there's no way we're going to get out of here and then we're going to get stuck in."

He's like, "You know what? I know the world's going to end. If you're stuck in Nashville, then that's it! You're never coming home." We go back and forth with banter, really outrageous things that-and it helps. When we're saying those things to each other, things that are so outrageous it reminds me that, "All right. So what, we get stuck in Nashville. We get a hotel in Nashville. I've never been to Nashville." It's thinking of things that are so outrageous, it reminds me of the fact that I'm being a little bit irrational. Making me laugh also makes me let go, a little bit. [00:28:00]

That's been a cool thing.

THERAPIST: It sounds pretty cool.

CLIENT: Yeah, yeah. I don't know. He hasn't called me when he's feeling exceptionally anxious. Sometimes, I'm on the phone with my mom and I can hear him yelling about something in the background and saying, "I'm just going to go work out," which is what he does when he gets anxious.

Mom will put me on speaker and I'll say something and make him laugh, and then he'll stay and talk for a little bit. I think it might be kind of nice that this kind of channel of communication is opening up for us.

THERAPIST: That's pretty cool.

CLIENT: Yeah. I feel like I've gotten...I think a lot has happened since I started coming here, for sure. I'm sure that if a lot would continue to happen, I think I'm just letting my curiosity about this other kind of therapy; I just really want to give it a go. [00:29:10]

THERAPIST: Well, I really hope it works for you, and you could always feel free to come back or...

CLIENT: Thank you, yeah. I was going to ask if...

THERAPIST: Of course.

CLIENT: ...a couple months and this is not doing it for me, if I could give you a call.

THERAPIST: Absolutely, of course, of course. I want you to feel better.

CLIENT: Yeah!

THERAPIST: My goal is not for you (crosstalk at 00:29:28)...

CLIENT: We have the same goal, yeah.

THERAPIST: ...treatment with me, per se, although I like working with you. If you find that a more sort of structured treatment that's more focused on your symptoms is helping you, great.

CLIENT: Yeah.

THERAPIST: I'm happy to do that.

CLIENT: If that's the case, I'll let you know I mean, I'll let you know either way.

THERAPIST: Sure. Yeah, no, I'd absolutely like to know, hear how you're progressing and hear if that...

I'm certainly I mean, really no one is not one-size-fits-all, but sort of a master of everything.  
[00:30:02] I do one thing well, but I don't do everything well, by any means.

CLIENT: Yep! Absolutely, absolutely. I don't know, I almost think that this was-I don't think I would have come to the conclusion about CBT. I think that this was still necessary. I don't think it was-it's funny, because I'm so obsessing controlling everything, but I also believe-I'm a very fortuitous (ph) person and I believe that everything happens for a reason not kind of, I really firmly believe that. As much as I want to be able to control everything that happens, I still think that one thing leads to another, and that's just how my life has-a lot of bigger things in my life have turned out.

I can look at Egypt as a completely traumatizing experience, but at the same time, had I not gone to Egypt, I wouldn't have met the love of my life and not ended up in this grad program. I think that some of the things that-I don't know, I feel like this was-I needed this, still. [00:31:04] I needed a space so-really, it helped me figure out that I have more of an issue than I thought, in the beginning, and there are more ways that this influences my daily life than I would have realized.

That also made me want to then be like, "Okay, well, (inaudible at 00:31:28), I want to really work at this now and be in the more structured environment." I don't know, I think of it as exercising my brain kind of thing, I'm ready to work it out. Give it a go and try-I want to feel like I'm really trying in working at something.

THERAPIST: It's definitely a paradigm that you can relate to.

CLIENT: Yeah. [laughs] Yeah.

THERAPIST: In a sense, for you.

CLIENT: I don't know, maybe you're just catching me on a good day, but I just had a very positive appointment with my GI. [00:32:03]

THERAPIST: Oh, wait, I was going to ask you how that's going. That's great.

CLIENT: Yeah, and I'm going to try tapering the medicine (ph) down, because I've been asymptomatic for a while.

THERAPIST: Wow.

CLIENT: That's exciting, too. Things are healing.

THERAPIST: That's great.

CLIENT: Yeah. Yeah, and I feel good about. It feels nice, because now it's up to me and it's all about how I feel. If I feel okay, then I can which I do we can try, see what happens if I don't take the medicine for a day.

It's not like they're telling me, "This is wrong with you, so you have to take this," so I feel less stressed about it, which I know will make my stomach feel better, also.

(pause)

THERAPIST: That's great. [00:33:00]

CLIENT: Yeah. Of course, I'm nervous, because tomorrow I'm not going to take it. I'm still terrified that I'm going to feel sick, but hopefully I won't. I don't think I will. I haven't really felt sick in a month or two, now. If I feel sick, then I just take the medicine and then I feel better.

THERAPIST: I was thinking about what your dad would say about, "I don't know, I guess you'll die, then."

CLIENT: Yeah, yeah. [laughs] Exactly, exactly.

This week has been-I had a sinus thing going on for maybe a week-and-a-half. I went to the doctor over the weekend, and they're like, "We can't ever tell someone whether they have a sinus infection or not without doing a CT scan, so I'm just going to give you antibiotics and you're just going to take them, because if it's an infection, then you'll feel better. If it's not, then the medicine won't hurt you."

I had to let that go, because I have to take this medicine, antibiotics, three times a day.  
[00:34:06] It's not like I can just push through, take my one pill in the morning, and then it's constantly confronting me, this medication that I have to take.

The first two days, I was completely obsessed with making sure that I-measuring out my time, because I also need to take it with meals. You're supposed to wait eight hours between each does, but you don't wait eight hours between each meal. I was staying up really late so I could take it at a certain time, and then I had to just let it go, because I needed to start going to school and my schedule was different.

THERAPIST: And sleep, (crosstalk at 00:34:46) eight hours.

CLIENT: And I had to sleep, yeah. I had to just let it go and I don't know if having to take this medicine helped a little bit.

THERAPIST: And then eating a late meal would interfere with your probably GI approach.  
[laughs] [00:35:01]

CLIENT: Yeah. It didn't work the first day, when I waited until midnight to take the medicine, because I have to take my stomach medicine a half-an-hour before I have my first meal. If I'm not hungry in the morning, then when I wake up, then it's really difficult to do that. I needed to take the antibiotics with the first meal, it was just (inaudible at 00:35:22), so it didn't work.

I needed to just let it go and just take the medicine. I feel (ph) so much better two days after taking the antibiotics. Clearly, I had a sinus infection, because it was-I was clear as day, all of the sudden, for the first time in two weeks. It forced me to let it go, a little bit, which was nice.

THERAPIST: I would think so.

CLIENT: Yeah. I was thinking, on my way home from the doctor appointment this morning about, I've been taking the stomach medicine for four months, now. [00:36:00] I don't think about it anymore. It's just part of my routine and doesn't really bother me (inaudible at 00:36:11), I don't know.

If only I could get to this point without having the two days about freaking out about amoxicillin, which is baby antibiotics. I took that when I was in elementary school and had strep throat. It doesn't do anything to you. [laughs]

But yeah, I mean, good days and bad days. This is a good week, I guess.

THERAPIST: Yeah. It does seem like there's an upward trend.

CLIENT: When I look back, when the first time Amelia and I came here, it was-I'm in a very-I feel much better, now, than I did then. [00:37:01] Still feel anxious, but I feel much, much better.

THERAPIST: Well, that's really cool.

CLIENT: Yeah! It's nice to think about it. When I look back...that makes me feel like I did work at something and did work my brain out, a little bit, so we'll see. I'm excited to see what CBT is and what it could do for me or couldn't, and then just see how it goes.

I don't know, I don't think that I'll get to...or maybe I would, but I feel like having some sort of therapy is something that I'm going to be having for a while, I think. [00:38:03] It's been a part of my life for a long time, and it's always helped, it's never hurt. My mom still sees her therapist. I don't think that I'll go through CBT and be cured, but I just wonder if it would be some good tools to have in my box.

THERAPIST: Well, I guess I would definitely like to hear how that's going...

CLIENT: Yeah.

THERAPIST: ...when you find someone and start.

CLIENT: Yeah, absolutely. I'll keep you posted, and if it doesn't work out, then...or if I feel like this was a much better fit for me, then I'll definitely let you know, as well.

I do really appreciate it, especially with the-I appreciate your wanting to work with graduate students and the money thing. That was a big thing keeping me from finding a good therapist, for a while. [00:39:01] I tried really hard to make it work with the people at Wellesley, because it was free, and they were just...yeah, it was not (ph)...this woman wanted to-not like electroshock therapy, but she called it something else, and then when I explained it to Amelia, she's like, "That's basically electroshock therapy."



THERAPIST: EMDR?

CLIENT: I don't know, she said it was manually controlling my brainwaves.

THERAPIST: Well, electroshock therapy, you go to the hospital and get.

CLIENT: Right, (crosstalk at 00:39:32).

THERAPIST: It definitely would not be electroshock therapy.

CLIENT: Not the same as, but Amelia said it was like that. I mean, it didn't sound appealing even when this woman described it to me with nicer words.

THERAPIST: I'm guessing it was EMDR. I don't know that would be the only-it's a rapid eye movement, where you-do you remember if that's what she was describing?

CLIENT: The only thing she said was that we couldn't do it at her office in Wellesley, that I had to go to her office at a different location, because of the equipment she needed. [00:40:00]

THERAPIST: Yeah, they do use equipment for EMDR. People use it for trauma. Is that what she was thinking about?

CLIENT: I don't think so. We were just talking about my anxiety. I only gave it a go for three sessions, because she was really pushing me seeing her off-campus and using this equipment. I didn't know what she was talking about.

She seemed to really focus on, I forget what it was, but it was one thing that I mentioned once that she just harped on, that wasn't something that was recurring in my anxiety and I just didn't...

She also just stopped e-mailing me to schedule sessions, but I think that that's why I didn't want to see her off-campus.

THERAPIST: I have no idea. The other thing I could think about was neurofeedback.

CLIENT: That's what it was.

THERAPIST: Oh, it as neurofeedback. I don't know much about neurofeedback, yeah. You wouldn't be shocked, though. [laughs]

CLIENT: No, I didn't think I was going to be shocked, but yeah. She said she would hook me and then she could make-I would start having anxious thoughts and then she would manually change the structure of my brainwaves or something to make me feel less anxious. [00:41:11] Her description freaked me out, of it, it wasn't something I'd be interested in.

Finding a place I could come and afford was really important to me, so I do appreciate that.

THERAPIST: That's important, because you have a PPO. I think that that's correct.

CLIENT: Yeah, so that was the other thing is I was going to try to find someone in my network.

THERAPIST: The in-network PPO plan is much wider than HMO plan...

CLIENT: Okay.

THERAPIST: ...so I can certainly do that. Not everybody, but there are people like me who are also willing to sort of adjust their fee for grad students. I'll make sure to keep that in mind, that that's an important thing to think about.

CLIENT: Thanks, thank you, yeah. Whoever I talk to, before I set up an appointment, I'll let them know about that, as well. [00:42:05]

Speaking of, I still haven't gotten the health insurance check, the one that I mailed them the-it's from November, so I'm waiting for that.

THERAPIST: That's okay.

CLIENT: I know it takes a while.

THERAPIST: They usually take a month, and now they've been taking more. Did you get the December one?

CLIENT: Yeah, I mailed it out to them.

THERAPIST: Okay. That's fine, you can just mail it to me when (crosstalk at 0 0:42:25).

CLIENT: Yeah, I'll mail both of those to you. I could write you a check right now for...

THERAPIST: For December and I guess (crosstalk at 00:42:32).

CLIENT: No, for January, because it's been today-or should I just wait? I'll just wait for Irra (sp?) to send me the statement, I guess.

THERAPIST: The check you gave me was for November.

CLIENT: It was for November and December.

THERAPIST: And December, okay, it was for both.

CLIENT: Yeah.

THERAPIST: Okay, so it's for both. Okay, that's fine. You can just wait. You don't need to (crosstalk at 00:42:48).

CLIENT: Okay, so I have my checkbook if it would make it easier.

THERAPIST: It's up to you. I don't care either way.

CLIENT: I'll just write you a check, now.

THERAPIST: Okay. You meant the two times in...?

CLIENT: Yeah, in January.

THERAPIST: That will be fine, okay. [00:43:01]

CLIENT: Yeah, I'll just do that now.

THERAPIST: Yeah, I guess we have just a minute or so-okay, that's fine. I will make note of this. I would say early next week I'll have some names for you that...

CLIENT: Yeah, that would be great. I appreciate it. I would definitely trust your recommendation more than my own Googling.

Today's the 16th, right?

THERAPIST: Yes.

(pause)

CLIENT: You said it was two sessions?

THERAPIST: Yeah, I guess so! The (crosstalk at 00:43:45).

CLIENT: Yeah, because I came back from Oregon...

THERAPIST: Right.

CLIENT: Yeah.

THERAPIST: Right.

CLIENT: Yeah, we didn't meet on (inaudible at 00:43:51) because of the snowstorm [that was] (ph)...

THERAPIST: The snowstorm.

CLIENT: ...after New Year's, right.

(pause)

[00:44:00]

(pause)

THERAPIST: Thank you.

CLIENT: Thank you.

THERAPIST: I will be in touch within the week...

CLIENT: Yeah.

THERAPIST: ...and please stay in touch.

CLIENT: Absolutely.

THERAPIST: (crosstalk at 00:44:51)

CLIENT: Thanks for everything.

THERAPIST: (crosstalk at 00:44:51) for you.

CLIENT: All right.

THERAPIST: I'll (inaudible at 00:44:52) to you soon. Take care, Kelsey.

CLIENT: You, too.

END TRANSCRIPT