

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: How are you?

CLIENT: Right now I'm great.

THERAPIST: Well I'm glad to hear that.

CLIENT: It's been a terrible week.

THERAPIST: Aw.

CLIENT: Well, not a terrible week, sleep-wise, but just not a very good week. Josh made me go running this morning with the dog. (Laughs) So I feel pretty good right now.

THERAPIST: Because he thought you'd feel better?

CLIENT: Yeah. I've kind of been wallowing this week. We didn't get great news from the doctor. My friend left. He had a bad talk with his mom. I was just kind of sucked into such an incredible week.

THERAPIST: It sounds like you did really have a hard week.

CLIENT: Yeah and I keep having things that felt like they were going to get me out of it like I gave a talk at school and it was really fun and I got really pumped and then I came home and we were supposed to take his mom out for dinner and he had tried to go out to Staples by himself and like felt like he was out of control walking so that kind of killed it. Every day I felt like I was like going to do a push through and then something would happen and I just couldn't cope. It's funny though, I didn't feel anxious or have trouble sleeping, I just kind of felt depressed. (Laugh/cry) (?) [00:01:16]

THERAPIST: You had some sad things happen. I know you were upset about your friend leaving and that actually had to face this week and you said he had a difficult talk with his mom and you got difficult news from the doctor. So, those are all pretty sad things to respond to.

CLIENT: Yeah, it was just funny because it didn't make me stuck and I pretty much just kind of made me not want to do anything.

THERAPIST: You were sad.

CLIENT: I slept (cross talk) (unclear) [00:01:43]

THERAPIST: You are sad.

CLIENT: Yeah, yeah. I slept more and his mom had brought me like six chocolate bars for Christmas and I ate chocolate and wallowed which is not the best.

THERAPIST: Well, for a short time it's pretty appropriate.

CLIENT: I guess.

THERAPIST: This all happened this week so if you wallowed for two weeks and then I'd say, well it's starting to look like depression because it's stuck around for so long. But sticking around for most of a week is still considered within normal range for reacting to sad news and difficult things.

CLIENT: Yeah, I mean on my little run this morning I decided it's better than what could have happened last year and I think it has mostly because Josh was a reason. I wouldn't say he's happy but he's not miserable. He's kind of acting happy. Poor guy. I asked him why he was so happy (laughs).

THERAPIST: You did?

CLIENT: Yeah. (Chuckles) And he said 'I don't know,' because I think he's got more perspective. I don't know he just seems happier.

THERAPIST: So what happened in the appointment? What did you hear and learn?

CLIENT: Well, so he got cardioverted on Tuesday and they said that his heart was like four times the size it's supposed to be, which we knew but it basically hasn't gone down at all. And if it had gone down then there would be like hope. So, there's kind of not much hope that that will continue to happen.

THERAPIST: You're saying that they're not believing that what they will do, will kind of allow it to shrink again but it's going to stay enlarged.

CLIENT: Probably, yeah. The doctor said it's one of the biggest hearts he's seen. He said he probably has a genetically large heart. He's an athlete which makes your heart really thick, so there was extra stuff to stretch out or something. All kinds of unlucky things. So, and then they put him on he got really badly, not really badly burned, but they gave him a lot of electricity this time and he got a really bad burn and it kept him up a couple of nights like he couldn't sleep because he has a giant burn on his back. And in fact, I don't know what exactly is going on and he's been acting so funny this week. The second day after he came out of the hospital we were driving home from the pharmacy or something and he was like, 'I want your parents to come over. Could you call them up and have them come visit?' I was shocked. I was like, 'really? You're actually asking people to come hang out?' So I called my parents up and they came over the next day and he made them all dinner. So, that was really good. So like he's been and that's helps me a lot, despite the fact that I was still vomiting.

THERAPIST: Yeah.

CLIENT: So I don't know, it's really good.

THERAPIST: Yeah, it sounds like it is.

CLIENT: So we were kind of deciding it's much better than it could have been (laugh) now after dragged myself out of my wallowing. My friend has been like just sending us e-mails about her new life all week and how wonderful and easy it is. Sending us pictures and, I don't know.

THERAPIST: What's that like to get those?

CLIENT: I'm so jealous of her. I mean I did that for three, four, five years ago and it's so exciting and full of dreams, full of energy, just going, going. Damn, I was extra bummed out because she was with us long enough that she witnessed I think a few days before she left, Josh, I don't know what he did took too many drugs, didn't eat enough, whatever, he got really nauseous and nearly puking in the bathroom for a few hours and you know, she saw that, she saw stuff to know enough to see before and I told her most of the things that there was to tell her and she responded, unlike anyone else has, like you know and I talked to her. Unlike Josh, who we talk about most things, how I feel and how he feels, probably more about how I feel,

there's always guilt and like extra stuff that comes along with the conversations but, I don't know, she just completely understood whatever I was saying and still seemed to think that we were amazing and wonderful people and had a great life, so that was has disappeared.

THERAPIST: It's hard to have that gone.

CLIENT: And the day we took her to the airport we took her at like 5 in the morning and we didn't get much sleep and I figured I'd just get, you know, have a (unclear) [00:06:35] day it started really early and I was destroyed all day. I don't know if it was the exhaustion (cross talk)

THERAPIST: Taking her, the leaving.

CLIENT: It was sad. Yeah, it was just a terrible day and then at night Josh had a talk with his mom and it was a really painful conversation to listen to. I'm not sure He didn't even talk to me about it. He was like, 'I'm going to go talk to her right now.'

THERAPIST: Do you know what he which things he addressed with her?

CLIENT: Yeah, I heard it. The whole thing. It was awful. And I was thinking I should go over there until he started sort of talking about me kind of, in a sideways way. I mean he is terrible at talking about something like that. His mom is ten times worse. The conversation was one of the most painful things I that I've ever listened to. And, I'm not sure anything came out of it.

THERAPIST: That's too bad.

CLIENT: I mean it didn't end badly. It just kind of ended uncomfortably.

THERAPIST: How did Josh feel about it?

CLIENT: He immediately came and asked me if he'd done a good job. Like, 'I don't know.' The two of you. We may [have] said some things without meaning to, like, 'I want you to be taken care of when you're old and not be a burden.' Kind of like, 'I don't want your problems,' some sort of (unclear) [00:07:57] to things and he tried to fix it but ended up asking her if she wanted us to take her out for dinner a few days later for her birthday and she clearly was like, I don't know if she was offended by that conversation but said, 'oh, no, no, no, you don't have to do that.' And then he like said he didn't actually take her out for his birthday.

THERAPIST: They're hard things to have happen at the same time.

CLIENT: And then we didn't take her out because he like couldn't even walk to Staples.

THERAPIST: Not under your control or his.

CLIENT: And she still barely shows any concern about it (laughs) and it's just a mess. So anyway I couldn't handle it all this week.

THERAPIST: That's an awful lot to try to handle in one week. You had a lot thrown at you.

CLIENT: Yeah, they also, they gave him extra drugs to lower his heart rate even more and if it goes low enough there's like a built-in pacemaker that your heart will kick in and he kind of has it naturally because his heart rate is so low they call it the conjuncional rhythm. And he woke up in the middle of the night feeling like he'd just been shocked. The second night and that was really scary and didn't call the doctor and I was like, 'oh my gosh, take less drugs.' So, and again now that I think about it he's been dealing with it fairly well. I just kind of I guess, haven't been too rough on him, been bummed out about it all. I don't know.

THERAPIST: It sounds like he's got some sort of perspective that you haven't had yet. Maybe it's different to be the patient versus the one watching the patient, your (unclear) [00:09:47] positions with regards to all this. I think part of what's hard for you is you have a choice and he doesn't. And sometimes it's harder to be the one with the responsibility of making a choice. You can choose whether or not you want to stay with him and watch this unfold, figure out what it means for your life. He doesn't have the burden of making that choice. He just has to cope with it. Which isn't a good place to be either. But in some ways it's a little bit easier because there's no he has no choice but to cope.

CLIENT: Yeah and I don't know what would happen to those feelings of wanting to run away. I don't feel like that. What is really confusing we also went for another doctor's appointment in which I asked him and this is not the doctor who did all the procedures this is a regular radiologist who gives him mostly medication and (unclear) [00:10:41] so he's not the person to ask but he said that in his opinion if this doesn't hold then there's really nothing more to do so just deal with it.

THERAPIST: Is this like eventual transplant or is that (cross talk)

CLIENT: I don't know. They pushed the pacemaker before. They didn't bring it up yesterday. Maybe he just didn't want to go there. I don't know. Josh talked to him about [inaudible] (ph) stem cell trials and I thought he was kind of out there but the doctor was like, 'sure.' I don't know, I mean it won't kill him yet, right now. He's still healthy and strong enough that it won't kill him unless he has an extreme stroke or something.

THERAPIST: Is that more likely? Is that the risk factor for him?

CLIENT: Yeah. It's a big risk but that's why he takes some of the medications that he takes. Yeah, it's manageable for (unclear) [00:11:40]

THERAPIST: What is the foreseeable future? Is that 10 years, 20 years, a decade? What is that?

CLIENT: I don't know. I mean the doctor couldn't answer those questions. I'll have to see the other -

THERAPIST: The surgeon?

CLIENT: The surgeon. He can tell us more than, yeah.

THERAPIST: And you want to have answers of what the future would hold.

CLIENT: Yeah. I mean it really helps. I feel terrible that I really (unclear) go out like this. This is hard and Josh seems to be in a better place about it.

THERAPIST: It's okay that you don't get to the same place at the same time.

(Pause): [00:12:28 00:12:33]

THERAPIST: It sounds like you didn't anger him that you weren't exactly where he was and that your reaction was different.

CLIENT: No. I don't know why he's not as affected by me. I mean I've also just been just frustrated this whole week that my friend leaving and him being in the hospital, even in a happy mood, I mean it's just like I can't keep myself together. I don't know, I don't know what it is. It just frustrates me constantly. Like, giving this talk and having my lab really support it, who I gave the talk to and you know I even had somebody come in and ask me if I wanted to

(unclear) [00:13:14] before and was just really, really supportive and I was just like jazzed, crazy jazzed and happy. Bizarre that he's I don't know anyone else who gave a talk. My friends think I'm nuts my lab mates. But -

THERAPIST: It's nice that you like what you do.

CLIENT: (Laughs) Well, speaking in front of people is cool I get jazzed from it.

THERAPIST: It's not a bad thing.

CLIENT: But yeah, in a room full of people like laughed because I said something silly and I'm just like, I get so happy. But, then after I started thinking about how this is a problem and my personality and I wish it wasn't this way because some people are sad, I get depressed or sick.

THERAPIST: Well, it sounds like you have extreme reactions -

CLIENT: (Unclear) sorry, (sounds like crying)

THERAPIST: There's no need to apologize for your feelings. You have strong feelings so you get really pumped when there's something to get up for and you get a good reaction and it sounds like you had a good talk and you get really sad when there's something sad. That's just part of who you are and it's okay.

(Pause): [00:14:32 00:14:35]

CLIENT: (Whispers) It makes me feel crazy. (Crying)

THERAPIST: It doesn't seem crazy from where I sit. I wonder why it feels not okay for you to have those highs and lows.

CLIENT: I don't need other people to drag me out of it.

THERAPIST: Or run.

CLIENT: Well, if someone making me go. (Laughs)

THERAPIST: So you've felt like you could be the one to be responsible for knowing when the limit was, like when it had been enough days of wallowing and now it's time to go out for that run, that would feel okay?

CLIENT: Well I used to be able to do that, I used to be much better at pulling myself together. I was in control of everything because I didn't have a boyfriend or dogs or crazy boyfriend's mother, whatever.

THERAPIST: And crazy heart conditions. You didn't have that stuff to manage.

CLIENT: Or family or anything. But I'm sure if I was alone again, it's gone now, it's been ruined. So, which is why I was so jealous of my friend who, she's got -

THERAPIST: She's doing what you did back when you felt like everything was really under your control.

CLIENT: Yeah. And I hope that she never loses that. I hope that she keeps it forever.

THERAPIST: Yeah. I mean in a way it's like your innocence has been shattered.

CLIENT: Yeah, I mean if I stay stuff like this to Josh then he just tells me I'm being silly and you know we could be in much worse places. But again I told him that doesn't help me and it makes me feel worse that I have feelings like this at all when people are having some kind of a hard (unclear) or something. [00:16:25]

THERAPIST: It sounds like one of the part of what makes it so hard is not just individually what you're facing but that up until all of this stuff existed in your world you were able to believe this illusion that things were under your control because you hadn't yet come up against something that you couldn't control.

CLIENT: Right.

THERAPIST: And I don't think that it's that you've actually lost an ability to control everything. I think it's that now there's stuff that's not controllable.

CLIENT: Josh used to tell me that you can't really succeed as an athlete unless you've had a rough childhood and learned to overcome difficulties. (Laughs) I used to get so mad. Maybe it's true. Maybe you need to have something terrible happen to you when you're younger and you can cope and maybe it ruins you more, I don't know.

THERAPIST: Well, it seems like having to overcome something like he's saying gives you practice at kind of getting back up again, being resilient. I don't think it's the only way to learn that. Being resilient is definitely a piece of being an athlete.

CLIENT: Not at all. Well, his -

THERAPIST: Ah, but you're learning it.

CLIENT: Yeah, but there's more costs learning it now than there would have been -

THERAPIST: Yeah, you're very aware of all the costs.

CLIENT: in high school. And you know I have to keep my life going unless I go back to my parent's house and live in their basement. No. [00:17:53]

THERAPIST: Yeah, you have a lot of responsibilities than you did then.

CLIENT: Yeah, I mean I could have more. (Laughs). Ah, so Josh's idea of why I needed to have a bad childhood to be happy is that you can push through suffering and suffer a speed cyclist they say if you suffer for hours and hours and hours it was just a New York Times article about athletes who get really, really injured and thrown out of their sport and how it ruins their lives. I think Josh was actually really happier even, was it yesterday?

THERAPIST: Well, it's validating for him.

CLIENT: Yeah, well I mean really bad injuries like you're paralyzed or something, they have no more friends, their friends are all still in sport and don't want to be around them because it reminds them what could happen to them and so on and so forth. It really was depressing. There was no good ending to any of the stories five or six of them. I couldn't keep reading it. I mean there were several stories of cyclists who have died of heart problems mostly because of drugs and doping when their hearts explode or something. Which is awful.

THERAPIST: He found some solace in seeing other people -

CLIENT: I think he felt validated, yeah.

(Pause): [00:19:19 00:19:27]

THERAPIST: This is an experience that a lot of people can't empathize with because they haven't had their world's revolve around sport and their fellow athletes in a way that he did and professional athletes do so to be able to read stories of people who are experiencing what he's

experienced and not being able to connect to the world and connect to people in the way that he always had relied upon -

CLIENT: Yeah, and I guess that's why I'm so happy that he's, I mean he let this girl in to see what was going on and I don't know what it is about my family that he feels so comforted by -

THERAPIST: And he really does feel comfortable with them.

CLIENT: Yeah, it's really nice. So, maybe he's turned a corner, I don't know.

THERAPIST: He's finding a new way to kind of fit in.

CLIENT: Yeah, if he could get a friend -

THERAPIST: (Unclear) [00:20:22]

CLIENT: If I could get a friend. Another one.

THERAPIST: You could give yourself a little bit of time. You're not losing your friend because she moved but she's clearly going to be a part of your life in a different way. She can still be a great friend. She can still listen and understand the way she does, she did when she was here. You need someone to go do stuff with. Somebody else to meet for a run or a walk with your dogs or -

CLIENT: Anything, yeah. I mean it's also tough that he finds such solace in my family that can drive me nuts. We were going to visit them a week ago with my friend also and my dad, he's done this a few times, like he was telling my friend Sophie about how hard it is to watch his kids have relationships and how scary it is and how terrifying it is for him as a father and you know he's around the other side of me from her this is like when he told my friend did I ever tell you about this? He told my friend that he thought that Josh was going to die last year when we were out to dinner.

THERAPIST: No. No.

CLIENT: Last January I was having a horrible time. I may have just before or just after having run away for some period of time, I don't know exactly, but I forced myself to go meet my parents and a friend of mine for dinner and I think it was right after Josh's ablation, first one. So he was in bad shape. I was in terrible shape and he said to my friend next to me that you know he was worried that Josh was going to die.

THERAPIST: Which was everyone's worry, right?

CLIENT: He didn't say it to me or talk to me about it, he goes to my friend and then my friend was like freaking out to me after on the way home asking me why he would say that to her and how upsetting it was. So then he basically did a similar thing recently and I know he's not terrified about my brother's relationships. There's nothing terrifying about that. I mean, maybe he thinks about it but the only one not terrified (laughs) of relationships. So -

THERAPIST: But he can't tell you about it.

CLIENT: No. He can't talk to me about it at all. Not at all.

THERAPIST: What's it like for you to know that he's scared of that?

CLIENT: It's terrible. It's awful. I'd like him to be supportive and he could tell me that he's like worried but -

THERAPIST: Terror feels a little strong.

CLIENT: Yeah. I mean it basically implies that he doesn't want me to be doing this, which is fine, if he'd talk to me about it.

THERAPIST: Well, it could imply that. Or it could imply that he's worried for you but accepts the relationship for what it is.

CLIENT: I don't know.

THERAPIST: It would be nice for all of you, for you, for Josh, for your dad if there wasn't this looming question of what will his health be like and he thinks that it is pretty terrifying. You never know what's going to happen for anybody but it would be nice to be able to live under the assumption that things are going to be easier than the assumption that you're living under.

CLIENT: Yep.

THERAPIST: Even if it's not a correct assumption. It's nice to be able to think about.

CLIENT: I keep waiting.

THERAPIST: Yeah, and believing.

(Pause): [00:23:56 00:24:04]

CLIENT: Yeah, Josh when he had the procedure done, before and after, he is so anxious. I mean he stares at the monitor just waiting for his heart to go to rhythm which is reasonable because sometimes it does. You know, he wouldn't eat anything after he got his last procedure done just in case he went out of rhythm so that he could do it again, just in case. And this can't be the -

THERAPIST: For how long did he do that?

CLIENT: I mean they keep him there for like an hour or so. That can't be good for your recovery or anything. I keep teasing him about how we both should go to meditation and I'm kind of wondering if we really should because this week he hasn't been walking around staring at this heart looking depressed, but I'm not sure why actually. But he gets into a period of doing that.

THERAPIST: Well, meditation certainly wouldn't hurt. You know when we do the breathing exercises and the mindfulness that's a type of meditation, the same family and it does give you at least a brief moment of respite from your worries and sometimes you know getting a little break from it is what you need. It doesn't necessarily change a whole day of what you're feeling. It gives you a break from it. With a regular practice of meditation you know a lot of people do get a more standing benefit of decreased anxiety, increased acceptance.

(Pause): [00:25:40 00:25:46]

THERAPIST: Is he receptive?

CLIENT: Yeah, actually he is. It's hard to think about how we'd actually do it in our crazy house and what would actually need to happen.

THERAPIST: Have you ever looked into going to a meditation center?

CLIENT: Yeah. There is one in the Square. It would be at night. For him to go out at night it would be (unclear) [00:26:08] and (unclear).

THERAPIST: It doesn't have to be.



CLIENT: We have something to do that (unclear) exercise that was something relaxing that was not watching TV and eating chocolate which is what we end up doing. Yeah, wallowing.

THERAPIST: It would be nice to have a new thing to do together, sort of an adventure to embark upon.

CLIENT: He gives up coffee every time he has one of these things happen for a little while -

THERAPIST: Which is good.

CLIENT: and so I thought he might want to go out and have coffee with me the other day and like he could get tea or something and he wouldn't go out to the coffee shop. I don't know, you can't take that away from us. We'll have nothing left to do.

THERAPIST: Do you worry about having nothing left to do?

CLIENT: No, we do have a lot of fun together just hanging out but it becomes a problem after a week because of his problem.

THERAPIST: You go a little stir crazy.

CLIENT: Yep. You lose all perspective and get depressed. Even with going to school it's still a (unclear) [00:27:22] And he's not going to go back to school for a while. This semester he's going to be mostly working on a thesis so he'll be at home a lot and we really do need something.

THERAPIST: Something structured for the two of you to do and reminder for yourself that even though he can't go out and go for a run or go for a hike or go for a ride with you, you can still do those things. It's important for you to do them.

CLIENT: Have you done restorative yoga? I think I could get him to do that over meditation. He doesn't do well with sitting like in total silence around other people.

THERAPIST: Stillness.

CLIENT: But with restorative yoga discipline you lie in the dark. Maybe we'll try that.

THERAPIST: Or even any really gentle practice he could probably do. Just a more Hatha based on rather than Vinyasa style.

CLIENT: Yeah, he gets upset going to regular yoga classes. He feels like it's a competition that he can't do anything and everyone else around him is doing it. He gets kind of worked up about it. (Laughs).

THERAPIST: I actually had a yoga teacher who used to say, 'this is not a competition. Yoga is not a competitive sport.'

CLIENT: Yeah, they'll say things like that. Sometimes they'll be like, 'okay it's play time, everyone do handstands.'

THERAPIST: And it's important to not that you not go to that.'

CLIENT: He ends up feeling bad about himself every time.

(Pause): [00:28:57 00:29:02]

CLIENT: And it can't be heated or he'll like start getting nauseous. He also has trouble kind of like when I do, if I'm kind of not feeling good and I pay too much attention to my body, that I must get a little depressed and (unclear) [00:29:14]

THERAPIST: It's about doing some experimentation and finding a class or a studio that's the right fit. You might want to go and try some out first before you have him come to make sure it's not going to be a class that has a sort of competitive nature/atmosphere to it, to make sure it's not one that's not too active.

CLIENT: Accepting the idea of going to a meditation center is going to (cross talk)

THERAPIST: Maybe too far out there.

CLIENT: Yeah.

THERAPIST: Kind of stretching him one step from where he is rather than jumping way to far out and then it will feel like it doesn't fit so (unclear) just going to a gentle flow class might be a good fit with a little bit of meditation thrown in at the end usually.

(Pause): [00:30:07 00:30:13]

CLIENT: I've got to do this. I mean he's been spending so much time looking up the (unclear) trials, worrying about, I mean he had an eye twitch and is afraid his electrolyte levels were off and unfortunately he said this to a doctor who clearly also is a hypochondriac who's like, 'oh yeah, I had an eye twitch too in medical school and my wife's an optometrist so who needs this stress? (Laughs) That was funny but I think I get more stress from (unclear) [00:30:48]

THERAPIST: So you're worried about him.

CLIENT: Well, I mean -

THERAPIST: You just can't be there for his heart (cross talk)

CLIENT: things that he's trying, all the supplements he takes and all the stuff he does he doesn't try to make himself calm.

THERAPIST: He's lucky to have you.

CLIENT: Yep. And lately he tells me that which is always nice to hear.

THERAPIST: Yeah. And you're lucky to have him. He got you up and out of the house and running this morning which was a great lift to your mood.

CLIENT: Well, right.

THERAPIST: (Cross talk) to take care of each other.

CLIENT: I mean last year none of this happened.

THERAPIST: Right.

CLIENT: I would want to like to want to go out to do anything and he was depressed.

THERAPIST: Sad and kind of afraid to let you go. So you really have found he's found different ways it sounds like to cope with it and you've found different ways to cope with that as a couple because you need to find a way that you are both taken care of and it sounds like you're figuring that out.

CLIENT: Yeah, it is, yeah. I hope that things are continuing to improve very slowly.

THERAPIST: It sounds like they are.

(Pause): [00:31:58 00:32:03]

THERAPIST: Are there other things we should catch up on because I do want to make time to do some relaxation?

CLIENT: (inaudible) [00:32:07]

THERAPIST: (Laughs) And so I'm conscious of saving time for it today.

CLIENT: That's good.

THERAPIST: So let's do good long breathing practice and some relaxation. Let's do co-pay before we get relaxed to break your mood by looking for checks or money.

CLIENT: Oh. That's fine. Sorry.

THERAPIST: That's all right. All right so just let yourself get comfortable and close your eyes, let yourself settle into a rhythm of breathing that feels comfortable and relaxed and feels natural to you.

THERAPIST: And you can continue to allow yourself to breathe in comfortable pace following the pace of your breathing as we go through the relaxation. To start scan your body from the top of your head down through your torso all the way to your feet allowing yourself to notice what your body feels like without judging it, just taking notice of where you feel relaxed and where you feel tensed.

THERAPIST: Also take a moment to become aware of what's in your head, acknowledge the thoughts that are there and then let them go without any judgment allowing yourself to be present in the moment perhaps noticing the sound of things around you, just noticing them and then letting them pass on. And then when you're ready for your next inhale as you inhale you squeeze your eyes tightly shut noticing how that brings more tension to your face and then when you're ready to exhale you're going to let that go, letting your eyes remain gently closed.

THERAPIST: And repeating that, as you inhale squeezing your eyes tightly shut and then when you're ready to exhale, letting that go, letting your eyes stay gently closed and noticing how it feels to be relaxed.

THERAPIST: On the next breath in you're going to squeeze your teeth together clenching your jaw noticing where that brings tension to your jaw and your face and as you exhale allow your jaw to drop and your teeth to part slightly letting go of the tension. Inhaling clenching your teeth, exhaling and letting that go, dropping your jaw and letting your teeth come apart. On your next inhale you're going to drop your chin forward toward your chest noticing what that feels like on your neck and your throat and when you're ready to exhale allow your head to float up to rest gently on your spine. Inhale bowing your head forward, exhaling letting it rise up. On the next breath in you're going to drop your head to one side, your ear to your shoulder noticing what that feels like on your neck. Then as you exhale let your head float up to a neutral position. Inhale dropping your head to the opposite shoulder, exhaling letting it float up to the center noticing how your neck feels different. On the next inhale you shrug your shoulders toward your ears noticing where that brings tension to your shoulders, your neck or your upper back letting them drop all the way down as you exhale. Inhale shrugging up, exhale and release. On your next inhale in you're going to bend your elbows bringing your hands toward your shoulders noticing what that feels like in your biceps and then as you exhale let those arms fall and relaxing all the way. Inhale bending the elbows, and then you exhale letting those arms go, notice how the tension drains out of your shoulders and your arms. On your next inhale you're going to make tight fists noticing where that brings tension to your forearms, wrists and

fingers, exhale, release, let the tension drain out of your fingertips. Inhale squeezing those tight fists, exhale release let it all go. Inhale and focus on tightening your abdominal wall, squeezing your belly button toward your spine and as you exhale let your stomach relax a full deep breath letting your belly be soft.

(Pause): [00:37:59 00:38:08]

THERAPIST: On your next inhale you're going to squeeze your belly button towards your spine tightening your stomach again and then as you exhale let your belly be soft taking a full deep breath.

(Pause): [00:38:18 00:38:25]

THERAPIST: On your next inhale you're going to squeeze your knees together as tightly as you can noticing the tension in your inner thighs. When you're ready to exhale let your legs relax. Your knees may come apart. Inhale, squeeze those knees together, exhale and release letting your legs fall apart. On the next breath in you're going to straighten your legs lifting your feet up off the floor. Notice where you feel tension in your body and when you're ready to exhale let the tension go, letting your feet fall to the floor, letting the floor do the work absorbing the weight of your legs. On the next inhale you're going to lift those feet up again noticing the tension perhaps in your hips and thighs and as you exhale release it and let your legs come down. Inhaling and flexing your feet let your toes come off the floor back toward you. Notice where this brings tension to your lower legs and your feet and when you are ready to exhale, relax your legs and relax your feet. Let your toes be natural. Inhale and flex those feet, toes back toward you, notice what it feels like and then release as you exhale. Reversing that movement, you're going to inhale and press those toes down toward the floor, pointing your feet. Exhale and release letting your heels come down and your feet relax, inhaling, point those toes down toward the floor, exhale and relax. On your next inhale scan your body becoming aware of places your tension has refused to leave or may have returned to you. As you exhale think about relaxing that space, letting the tension drain away. Repeating that process noticing stubborn places where tension has refused to leave, allow it to leave, relaxing your body as you exhale. Take a moment to notice again the thoughts that may have entered into your mind, acknowledge them and let them go without any judgment from what you're noticing and allow yourself to repeat that process as many times as it feels useful. Noticing what you feel, noticing what you've noticed in your head and then let it go giving yourself a moment to be free, empty, relaxed.

(Pause): [00:41:22 00:41:35]

THERAPIST: And let yourself count out a few more breaths memorizing what it feels like to be as relaxed as you are and when you feel ready let yourself carry that feeling back with you to the room taking it with you. Good job. And I will see you in two weeks or a week and a half, that's a Friday.

CLIENT: At 3:30.

THERAPIST: At 3:30, yeah. We're back to old fashioned (unclear).

END TRANSCRIPT