

Emotional Awareness and Expression Therapy (EAET):
A Group-Based Treatment Manual for Patients with Fibromyalgia and
Related Centralized Chronic Pain Disorders
(Version 2, Sept 2012)

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Publications Supporting EAET

Here are numerous publications on clinical trials testing EAET. The first listed below is an overview and review. The other 7 are of different populations, format of intervention (group vs. individual), duration of intervention (1 session to 8 sessions), and control / comparison conditions (no comparison, control group with no treatment, comparison to relaxation training or to CBT).

- 1) This article reviews the background and development, principles, and trials of EAET, and then critically evaluates the state of the research.

Lumley, M.A., & Schubiner, H. (2019). Emotional awareness and expression therapy for chronic pain: Rationale, principles and techniques, evidence, and critical analysis. *Current Rheumatology Reports*, 21, 30. <https://link.springer.com/article/10.1007/s11926-019-0829-6>

- 2) Initial, uncontrolled trial of early version of EAET, showing substantial long-term reductions in pain from Howard Schubiner's practice, with 2/3 of patients showing clinically significant improvement (at least 30% pain reduction) and fully 1/3 showing substantial improvement (at least 70% improvement, which is almost unheard of in pain management programs):

Burger, A.J., Lumley, M.A., Carty, J.N., Latsch, D.V., Thakur, E.R., Hyde-Nolan, M.E., Hijazi, A.M., & Schubiner, H. (2016). The effects of a novel psychological attribution and emotional awareness and expression therapy for chronic musculoskeletal pain: A preliminary, uncontrolled trial. *Journal of Psychosomatic Research*, 81, 1-8. <https://doi.org/10.1016/j.jpsychores.2015.12.003>

- 3) Major, large-scale, multi-site NIH funded trial: group-based EAET proved superior on almost all outcomes to a well conducted basic comparator: FM education, and even superior on several pain-related measures to bonafide (expertly-conducted) CBT. We wrote this manual for this trial:

Lumley, M.A., Schubiner, H., Lockhart, N.A., Kidwell, K.M., Harte, S., Clauw, D.J., & Williams, D.A. (2017). Emotional awareness and expression therapy, cognitive-behavioral therapy, and education for fibromyalgia: A cluster-randomized controlled trial. *PAIN*, 158, 2354-2363. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5680092/>

- 4) This clinical trial found that group-based EAET was superior to group-based CBT in reducing pain severity (large effect) and pain interference (medium effect) in a sample of older veterans (mean age 73.5 years; mostly male, over half non-White) at the West Los Angeles VA.

Yarns, B.C., Lumley, M.A., Cassidy, J.T., Steers, W.N., Osato, S., Schubiner, H., & Sultzer, D.L. (2020). Emotional awareness and expression therapy achieves greater pain reduction than cognitive behavioral therapy in older adults with chronic musculoskeletal pain: A preliminary randomized comparison trial. *Pain Medicine*, 21, 2811-2822. <https://doi.org/10.1093/pm/pnaa145>

5) Controlled test of EAET in IBS: 3 sessions of individual EAET improved IBS symptoms better than waitlist control, whereas 3 sessions of relaxation training did not. Both interventions improved IBS-related quality of life. However, EAET was not as successful as RT in reducing anxiety/depression at least in this 10-week follow-up.

Thakur, E.R., Holmes, H.J., Lockhart, N.A., Carty, J.N., Ziadni, M.S., Doherty, H.K., Lackner, J.M., Schubiner, H., & Lumley, M.A. (2017). Emotional awareness and expression training improves irritable bowel syndrome: A randomized controlled trial. *Neurogastroenterology and Motility*, 29:e13143. <https://doi.org/10.1111/nmo.13143>

6) Single, intensive session of EAET (interview) conducted in a family medicine clinic, proving superior to no interview 6 weeks later on reducing various somatic symptoms.

Ziadni, M.S., Carty, J.N., Doherty, H.K., Porcerelli, J.H., Rapport, L.J., Schubiner, H., & Lumley, M.A. (2018). A life-stress, emotional awareness and expression interview for primary care patients with medically unexplained symptoms: A randomized controlled trial. *Health Psychology*, 37, 282-290. <http://dx.doi.org/10.1037/hea0000566>

7) A similar study of a single intensive session of EAET for women with chronic pelvic pain, superior on a couple of measures (pelvic symptoms), compared to no interview:

Carty, J.N., Ziadni, M.S., Holmes, H.J., Tomakowsky, J., Peters, K., Schubiner, H., & Lumley, M.A. (2019). The effects of a life-stress, emotional awareness and expression interview for women with chronic urogenital pain: A randomized controlled trial. *Pain Medicine*, 20, 1321-1329. <https://doi.org/10.1093/pm/pny182>

8) Colleagues in Sweden created an internet-administered version of EAET, and in this uncontrolled study of people with centralized syndrome disorders, found substantial reductions in somatic symptoms:

Maroti, D., Ek, J., Widlund, R-M., Schubiner, H., Lumley, M.A., Lilliengren, P., Bileviciute-Ljungar, I., Ljótsson, B., & Johansson, R. (2021). Internet-administered emotional and awareness and expression therapy for somatic symptom disorder with centralized symptoms: A preliminary efficacy trial. *Frontiers in Psychiatry*, 12(104), doi:10.3389/fpsy.2021.620359

Theoretical Framework

This treatment program is strongly influenced by—and based on—several theoretical and interventional literatures:

- 1) The concept of “experiential avoidance” (e.g., Hayes) as a common underlying pathological process, necessitating some form of exposure to, engagement with, and processing of, avoided experiences to reduce stress and symptoms.
- 2) The concept of “corrective emotional experiences” (e.g., French & Alexander) in which people’s longstanding patterns of relational conflict and their core maladaptive cognitions (probability overestimation, catastrophizing) are changed by engaging in new, emotionally evocative relational experiences.
- 3) Traditional psychodynamic models of affects, defenses, symptoms, and relationships (e.g., Malan’s Triangles of Conflict and Person)
- 4) The personality literature (e.g., Blatt) that emphasizes two fundamental emotions or drives in relationships: autonomy (independence, agency, assertion) and relatedness (communion, connection, dependency). The former has the emotion of anger underlying and motivating it, and the latter has vulnerable emotions (fear, sadness, longing for, love, guilt) underlying it.
- 5) Contemporary understanding of “affect phobia” and the need for emotional exposure and desensitization to avoided affects (e.g., McCullough)
- 6) Intensive short-term psychodynamic psychotherapy, particularly with respect to the conflict between anger, guilt, and longing and the role of muscle activity in experiencing and expressing (e.g., Abbass)
- 7) Emotional processing interventions for anxiety disorders and the Unified Protocol (e.g., Barlow) for negative emotion disorders.
- 8) Emotional experiencing techniques of experiential psychotherapy, such as empty chair work (e.g., Greenberg)

Overview of Technical Interventions

- 1) Patients will learn that their pain and other physical symptoms are triggered, exacerbated, and/or maintained by “stress”; that is, dysfunctional emotional processes, particularly those involving the avoidance of emotionally charged experiences.
- 2) Patients will learn that their pain and other symptoms are reducible and possibly reversible when they unlearn emotional and experiential avoidance; that is, when they engage rather than avoid the wide range of emotion-provoking stimuli and learn that they no longer need to avoid these experiences.
- 3) The task of the therapist is to help patients identify the range of avoided emotional stimuli in their lives—people, places, actions, objects relationship, thoughts, memories, emotions, and physical sensations—and to “supportively push” patients to experience and unlearn, rather than avoid such stimuli, thereby adaptively changing their emotional and behavioral defensive patterns, reducing emotional conflict and stress, and improving their symptoms.
- 4) Emotional exposure and processing of these stimuli occur in three venues: a) in patients’ minds, when patients write, imagine, and practice new experiences privately; b) in the therapy group, when patients practice experiencing, expressing, and releasing emotions intensely, and when they also practice relating to, disclosing, connecting, and asserting with other group members; and c) in real relationships in their daily lives, as homework (home activities) that they plan, monitor, and report back to the group on.
- 5) The therapist regularly encourages people to “experiment with” or engage in those experiences that are avoided—in their minds, in the group, and in their daily lives.
- 6) Patients are also taught to recognize and challenge the common cognitions / beliefs that serve as barriers to new emotional experiences: probability overestimation and catastrophizing.
- 7) Patients are also taught to view their pain and other physical symptoms as a signal that an emotional conflict is being activated but defended against, and that recognizing, experiencing, and expressing emotions by engaging an avoided experience can reduce symptoms.
- 8) Because the most powerful and symptom-inducing emotional experiences are those involving unresolved conflicts with other people, the primary technique used during group sessions is to help patients experience, express, and release primary, important (activating) emotions that patients typically suppress, avoid, or repress.
- 9) These emotions need to be experienced, expressed, and released intensely and directly using one’s body, voice, face, and language—by relinquishing defenses to experiencing and expression. The experience, expression, and release need to be in

the context of a key target person or relationship that has caused these emotions; that is, not just “venting,” but linking the emotions to important relationships and experiences.

- 10) The emotions are first experienced and expressed in a “safe place” (in therapy group or in private). But often these emotions need to be expressed directly in real relationships with important people to change these relationships or the patient’s experience of them. In which case, such emotional expression is less intense, balanced (expressing both anger and connectedness), appropriately assertive and genuine, and mindful of the relational consequences.
- 11) The experience, expression, and release of these primary or activating emotions routinely follow a sequence:
 - a. Empowering / attacking / protecting emotions: anger. The experience and expression of anger ranges from assertion to “being mad at,” to rage that metaphorically kills the victimizer. The intensity and degree of metaphorical aggression is positively correlated with the degree of trauma / victimization caused by the other person.
 - b. Connecting / attaching emotions: sadness, longing, love of other, intimacy, guilt. How much these are experienced is a function of the closeness / importance of the relationship with the other person. There will be much more of these emotions for key developmental people (e.g., parents, siblings), but little or none if the victimizer had no relationship with the patient.
 - c. Soothing / compassionate emotions: forgiveness / letting go anger; love and compassion toward self; pride. The experience and expression of these emotions is highly dependent on the specific situation, including its changeability and the needs of the patient.
- 12) Patients are informed that the course of therapy is brief, but they can make substantial changes in their emotional functioning and health during 8 sessions. However, it is expected that they will not be completely changed / healthy at the end of the 8 weeks, but that they will need to continue to work on changing old avoidance patterns, unlearning maladaptive beliefs, developing healthier relationships, and perhaps even developing a new identity to replace their prior view of self and others.

Structure of Intervention

- 1) There are 8 sessions, 90 minutes per session, held in small groups (5-7 patients).
- 2) The intervention is led by a psychologist, trained and supervised by those with expertise in this intervention (Drs. Lumley and Schubiner for the initial study).
- 3) Sessions start with a review of the prior week's assignments and lessons learned.
- 4) This is typically followed by some didactic / discussion material.
- 5) This is followed by in-vivo, experiential exercises.
- 6) The session typically has a brief pencil and paper exercise, such as a checklist to compete.
- 7) Sessions are concluded with a discussion of home activities for the upcoming week, which include writing exercises, engaging in and recording previously avoided behaviors, particularly in relationships, and listening to a visualization CD.

Overview of Sessions

- Session 1: Rationale; Model of Stress, Emotions, and Pain; Identifying Stress-Symptom Connections in Your Life
- Session 2: Triangle Model of Stress and Symptoms; and Experiencing and Expressing Anger and Closeness
- Session 3: Avoidance in Daily Life; Maladaptive Core Beliefs; Conflicted Relationships; and Experiencing, Expressing, and Releasing (1)
- Session 4: Reversing Self-Blame and Guilt with Self-Compassion and Self-Forgiveness; Experiencing, Expressing, and Releasing (2)
- Session 5: Forgiving Others or Letting Go; Experiencing, Expressing, and Releasing (3)
- Session 6: Shame, Intimacy, and Private Experiences or Secrets
- Session 7: Healthy Communication in Relationships
- Session 8: Becoming a New Person; Future Planning; Review and Ending

Session 1: Rationale, Model of Stress, Emotions, and Pain; Identifying Stress-Symptom Connections in Your Life

- Have patients complete “Before Session Ratings”
- Discuss ground rules for group sessions (5 min)
 - There are many things to cover each session, and the leader will keep on schedule.
 - Leader wants all of you to participate, but will sometimes need to interrupt a person and move to someone else or next topic
 - Remind: “I might irritate you by doing that, and you can be mad at me, but don’t take it personally”
 - ****Demonstrate interrupting a person to get back on topic. Then support their experience of being mad at you.****
 - Remind group about confidentiality; tape recording is for supervision
 - Also, your writing and any home activities remain yours and will not be turned in (unless you want to)
 - Encourage / remind about the importance of attendance—and being on time
- Brief introductions, with focus on healthy aspects of self rather than FM (5 min):
 - “Please introduce yourself, tell us something about your identity of which you are proud personally (not about family or kids)”
 - (Afterward) “Was it emotionally hard for any of you to say something positive about self?”
 - “Was there something else that you considered saying, but did not, because it would be uncomfortable or anxiety provoking?”
 - “If so, then here’s another chance....what did you not say?”
- Presentation of the intervention and its rationale (30 min)

Q: *What bodily reactions from stress or emotions have you experienced?*
(Wait for group to give some examples....then fill in with examples below)

- Examples: Cold hands or feet, blood pressure rise, acidy or nauseous stomach, blushing, feeling faint, intestinal changes, achy limbs
- This is a normal part of human functioning...we all experience it
 - ** Consider disclosing personal physical symptoms of the therapist**

Q: So where does pain come from?

- Acute pain usually comes from an injury to your bodily tissues.
- Chronic pain is much more in your central nervous system—particularly your brain but also your spinal cord. That is pain is literally “in your head.”
- The regions of the brain that generate chronic pain are tightly linked with those that involve emotions::
 - Amygdala, anterior cingulate cortex, dorsolateral prefrontal cortex

Q: So what causes fibromyalgia? What have you heard? What do you believe?
(get responses from group members)

- FM is probably a combination of:
 - a biological (genetic) disposition for the brain to become over sensitized to stimulation
 - a psychological disposition for the brain to become over sensitized, usually stemming from earlier, stressful or painful life experiences
 - an initial bodily injury, illness, or stressful event that triggers the symptoms to start
 - This might involve disrupting your sleep, which likely makes symptoms worse
 - Stressful events in your daily life get influence the brain’s pain and sensation circuits.
- **Thus, your FM pain and symptoms are very real, but the primary source of it is the brain, rather than the body**
 - FM and its symptoms are not imaginary, made up, or just “complaints”.
 - FM is fundamentally generated by brain pathways
 - But these pathways are strongly shaped and controlled by emotions and how people deal with their emotions
- Inform patients about Home Reading: “How the Brain Learns and Unlearns Pain and FM”
 - Ask patients to read this at home

Q: What types of experiences in your own life do you recall most powerfully or vividly? Which seem to be “burned” into your brain?

- Negative emotional ones! They created the greatest changes to your brain
 - Humans are built to remember negative emotional experiences....so that we learn what is dangerous and to avoid in the future

Q: What is stress? What kinds of things cause you stress?

- **Handout (Page 4): “Model of Stress, Avoidance, and Symptoms”**

- There are many different sources of stress (name some from the figure). The real problem, however, is not stress itself, but how we handle it
- The primary problem is AVOIDANCE, and the most important avoidance is of EMOTIONAL EXPERIENCES
- Most people avoid many different kinds of experiences, but those that are emotional are the most important. Need to avoid is a major source of stress.
- When you avoid emotional experiences, you don't have a chance to change yourself, your relationships, or your beliefs
- In summary, emotional experiences that are unrecognized and unexpressed (held in) are more likely to create stress and symptoms such as pain, anxiety, depression and fatigue.

Q: So, can we change your brain and FM?

- Your brain can be changed!
 - This happens all the time, by changing a person's experience
 - The more emotional the new experience, the more memorable or learning occurs. And the more learning occurs; that is, the brain changes
- New, healthy emotional experiences can change your brain, particularly the pain pathways, for the better!

- The goal of this program is to change you, by having new healthy emotional experiences that correct or counteract earlier, unhealthy emotional experiences.
- Therefore, FM can be changed! The pain can be reduced greatly or even eliminated!
- There are many case studies of people whose FM has reversed once they directly address the emotional issues, or do something emotionally courageous
 - (Consider sharing stories of patients in this program)
- We did a 4-session, less intense version of this program for people with FM:
 - 6 months later: 25% of patients had little or no pain; another 25% substantial pain reduction
 - Lasted for at least 6 months! (probably longer)
 - The program that you are in is a much stronger version of that intervention, twice as long and more powerful ways to experience and express emotions and eliminate pain
- Inform about Home Reading: “*This Program and Patients’ Stories*”

Q: So, how does this program work?

- 1) The overall goal is to have you reduce your stress and physical symptoms by having new—corrective—emotional experiences that are healthy. This will change your brain pathways and improve your pain and other symptoms.
- 2) You might have doubts or skepticism, which is understandable. Perhaps you have “tried everything” without much help. But we believe that most of you will not have been through a life-changing experience like this program before.
- 3) Also, this approach is not an “easy fix”, like some supposed cures or treatments for FM....this will take work—emotionally challenging work—on your part.
- 4) But this emotionally challenging work—if you do it—can shape your brain pathways in healthier ways. You will become a healthier person all-around.
- 5) Much of this work will occur here in the sessions, with each other, but you will also be asked to do some things at home, like writing or monitoring things.
- 6) You probably also need to deal with people or situations in your life differently, more directly or honestly. We’ll also learn how to do that.
- 7) Important point: I will try do a balancing act with you: (show the 2-hand model):

- I will encourage and push you to try new things, especially emotional experiences, because I believe in and have seen the benefits of this approach (show one hand pushing)
- I will try to be supportive and understanding of your needs and concerns and fears (show other hand palm up, supporting)
- I will probably do more pushing, because most people have spent a lifetime avoiding things, and they need help and motivation.
- Ultimately, however, you will need to decide how fast to grow or change—rather than have me force it on you.
- This will take some negotiating between you and me, and I am very open to discussing that with you.

8) I want you to keep coming rather than quit. Although I will encourage or even push you to experience rather than avoid some emotional experiences, ultimately, whether or not you do is in your control.

9) Questions? Concerns?

- **In-Session Writing Exercise (Page 7-10):** Life Events-Symptoms-Core Issues Timeline (20 min)

- Handout: Introduce the hand-out and its goals: “To have you explore links between the onset of your FM pain or symptoms and emotionally important life events.”
- “Try to examine the question of the role that stress, life events, and feelings play in your FM....its onset, severity, or course”
- Encourage patients to work on this, filling in as many of the blanks as they wish, although they can leave some blank. Give this their best shot.

- **In-Session Experiential Exercise:** Reflecting on and Sharing the Timeline (10 min)

- Each member—briefly—discusses an event, time, or experience where something in life made the pain of FM or other symptoms worse
 - Could be a triggering or onset event
 - Could be a current event that mirrors a stressor from earlier in your life
 - Could even be a stressful reaction or difficulties coping with pain of FM that fed back in and made pain worse

- **Overview of this Treatment Program (10 min)**
 - Over the upcoming 7 sessions, we will cover:
 - Learning about important emotional experiences, and ways that you block or avoid them
 - Helping you identify the things that you avoid that you could potentially face and experience and become healthier by doing so
 - Helping you experience, express, and release emotions of anger, sadness, guilt, and love
 - Stopping self-blame and start showing self-compassion
 - Forgiving or letting go of resentment and anger
 - Experiencing intimacy or closer relationships
 - Learning how to communicate in your relationships in a healthy way
 - Experiencing gratitude and other positive feelings
 - Becoming an emotionally healthy person into the future
 - Each session will involve:
 - Discussions about a certain topic
 - Sometimes a brief paper-and-pen exercise, such as a checklist
 - Trying new emotional experiences here in the group
 - Home activities each week, such as readings, writing exercises, visualization exercises on a CD, and trying out new behaviors in your daily life
 - Home activities: Put in at least 30 minutes a day, ideally, up to 1 hour a day
 - Please try each thing each week. Of course, you can do as much or little as you like, but the more you do, the more you will improve.
 - Many people with FM don't do things for themselves at home because they are so busy taking care of everyone else's needs. Is that you?
 - Well, THIS is the time to take care of your own needs every day. Can let your family know that?
 - Also, please return each week regardless of how much home activity you did or did not do.
 - You should not feel guilty if you don't do some of the exercises.
- **Therapist summary: (10 min)**
 - "Your FM and pain are real, and your brain is where the process occurs. It has been shaped by your life experiences and emotions to generate pain and other symptoms"

- “The goal is to help you unlearn your stress by having new, healthy, emotional experiences, which will reshape your brain’s pain pathways.”
- “This takes courage, because it can be difficult to do, but I am confident that you can do it, with the support of the group and my guidance.”
- “Some of you may have doubts or concerns about these ideas. That is not unusual, and I do not want you to avoid or suppress or hide those negative thoughts or feelings! I encourage you to do two things:
 - “First, be open to testing these ideas...consider your participation in this group “an experiment,” because you want to see what will happen”. Maybe it will work very well for you.
 - “Second, I encourage you to share your thoughts and feelings about this approach as we go along. If you are bothered by something that I say, or something about this program, you should bring it up! Too many times, people suppress their concerns or complaints....don’t do that with me. OK?”
- “Will you commit to returning next week, to learn more about this, even if they are afraid, ambivalent, or skeptical?”
- Introduce home activities:
 - Reading 1: This Program and Patients’ Stories
 - Reading 2: How the Brain Learns and Unlearns Pain and FM
 - Complete worksheet: “Sources of Stress in Your Life”
- **Have patients complete “After Session Ratings”**

Session 2: Triangle Model of Stress and Symptoms; Experiencing and Expressing Anger and Closeness

- Have patients complete “Before Session Ratings”
- Review of Session 1 and Thoughts / Feelings about this Program (10 min)

Q: What sorts of concerns or questions about this program do you have from our first meeting?

- Accept concerns without being defensive; rather be grateful.
- Re-explain rationale, stressing the main points from Session 1
 - FM and pain is real
 - FM and pain are generated by the brain’s overly sensitized pathways
 - The emotion pathways and pain pathways overlap greatly
 - We can change the brain’s pain pathways through powerful new, healthy, emotional experiences
 - These typically involve engaging rather than avoiding emotional experiences
 - A key change process is experiencing, expressing, and releasing inhibited emotions stemming from important relationships

Q: What sorts of positive expectations or hope about this program do you have?

- Review of Home Activities
 - Able to read the background information and patient stories?
 - Able to complete the “Sources of Stress in Your Life”?
- **Discussion: Triangle Model of Stress and Symptoms (Handout, Page 2)** (10 min)
 - This triangle represents how people function—their emotions, their avoidance or defense techniques, and their symptoms
 - Each of yours has blanks, so that you can fill it in over the course of this program.
 - The 3 points of this triangle represent three processes happening inside of all of us. I’ll describe it now, and then come back to the various parts of this model.
 - Important Feelings or Needs: These feelings or needs are normal and healthy to experience and express, or these are needs that are important to meet.
 - It is at the bottom because it forms the foundation, it is the basic emotional needs that we all experience.

- These emotions will be what we focus on a lot in these groups.
- Defenses or avoidances: Things that we do or think to avoid experiencing and expressing the feelings, or avoid getting our needs met.
- Anxiety, symptoms, and pain: The undesirable symptoms we experience, including tension, anxiety, embarrassment, shame, and pain, which signal that we are inhibiting or blocking our important feelings or needs. These sometimes distract us from the important feelings or needs. You should not focus on these or try to experience and express them.
- Goal: The way to reduce stress is stop avoiding important feelings and needs and to start to face, experience, and express them. This means stop using avoidances and defenses.
- Discussion: Defenses and Avoidances (10 min)
 - Defenses are those subtle things that you do with your actions or mind to avoid or block experiencing and expressing important feelings, or getting your needs met.
 - Defenses are normal. We all do them, and they are needed in many situations.
 - We need them when we need to cope with a new problem, such as bad news, a death, or diagnosis of a disease
 - We need them to have good social relations or keep a job...we don't want to express everything we feel wherever we go!
 - But defenses cost us!
 - We usually learn these defenses when we are younger, and then use them throughout life, even though we no longer need them
 - We don't get a chance to learn that our feelings and needs are healthy and can be expressed
 - Using these defenses too often creates conflict and stress, and worsens symptoms
- Handout (Page 5): Defenses: Have class read over the list and check off those that they think that they do.

Q: What are things that each of you do with your actions or your mind to block experiencing or expressing important feelings?

Have each person share a few that they use.

- Now, as adults, such defenses can harm us, keep us from experiencing, expressing, and releasing important feelings, when it actually is SAFE!

Key: We need to “catch” these defenses, and then stop doing them, so that we can experience, express, and release our emotions.

- During our exercises, if you find yourself using a defense, then stop using it.

I invite all group members to help each other, by pointing out defenses that you see someone else might be using.

- Avoidances:
 - In daily life, we often avoid experiences that cause us uncomfortable symptoms or feelings. Examples:
 - People: family members, neighbors, co-workers, people at church
 - Places: where there was an accident, cemetery, room in the house
 - Objects: medical things, pictures, memorabilia
 - Actions: speaking up, disagreeing, getting close, touching, eye contact, swearing
 - Thoughts & memories: disagreeable religious ideas, sexual thoughts, bad words, troubling memories
 - Feelings: experiencing or expressing anger, sadness, joy, love
 - Physical sensations: avoiding heart beating fast, light headedness, pain
 - Avoidance keeps us from feeling uncomfortable, but it also leads to a restricted life and causes stress and prevents change.
 - You will have a home activity this week to record each day experiences that you avoid because they make you uncomfortable (anxious, scared, guilty, etc.)
- **Discussion: Important Feelings and Needs (5 min)**

Q: What are the important feelings and needs that all of us should experience?

- Empowering and protecting feelings: Anger, rage
- Connecting or attaching feelings: Sadness, fear, sometimes guilt (if appropriate), longing for closeness
- Positive feelings: joy, gratitude, forgiveness, love, sexual pleasure

*Q: Which feelings do you usually block or inhibit from experiencing?
Expressing?*

- Discussion: Anger and the need of power / protection / independence (10 min)
 - We are going to start with anger, because it is typically at the heart of stressful relationships.
 - When should you experience anger?
 - When unjustly taken advantage of, victimized, exploited, or insulted
 - When something that you value has been taken (property, body, esteem)
 - When something you value is threatened to be taken
 - Anger is a healthy, normal, adaptive emotion. We are supposed to have it. Anger motivates us to stand up for ourselves or fight for what we need/want, or protect ourselves.
 - Anger is VERY often in conflict, so it is often suppressed or defended against!
 - **KEY: This suppression or blocking of healthy anger is the most common source of bodily symptoms.**

Q: Why do we suppress or defend against anger?

- External reasons:
 - Expressing anger can lead to aggression or violence against others
 - Certain cultures or religious backgrounds discourage expressing anger
 - Girls and women especially are taught to suppress anger
 - Families have taught us that anger is bad to express
- Internal reasons: **THESE ARE MORE IMPORTANT**
 - Anger toward loved ones results in guilt or fear
 - Anger threatens our wish for love or closeness with important people
 - Anger might cause someone to reject us... we'll lose them and their love
- As a result, anger is often IN CONFLICT inside of us, BECAUSE:
 - Two sets of feelings get activated: BOTH anger and connecting feelings, such as guilt, fear, sadness.

Q: What symptoms do you experience when you block or avoid anger?

- **IMPORTANT**: Our natural, biological state is to express anger in our voice, words, face, and body. If we don't express anger with voice, words, and muscles, then we are suppressing it, and this has negative consequences for our health!

- Muscle tension and soreness or pain (studies of suppressing anger show this)
- Suppressing this anger activates your brain's pain pathways
- Stress, anxiety, depression, and fatigue
- Stomach or intestinal problems, such as being sick to your stomach, like you want to throw up, or your intestines act up with diarrhea or constipation, or you feel pain in your stomach, or gassy or burp, or have heartburn.
 - If this happens often enough, it gets labeled irritable bowel syndrome.
 - Anybody have symptoms in your stomach or digestive system?
- If you have these symptoms, it is VERY important to learn how to express anger with your voice, words, and muscles!
 - You need to experience the release that comes from expressing anger
 - It is a major brain changer!
- KEY: In later sessions, we'll talk about how to express anger in a healthy way directly in relationships, but right now, in this safe place, I want you to give voice to the power and strength that is in you, and help you get comfortable with the expression of anger.
- **In-Session Experiential Exercise:** Anger experience and expression (20 min)

(Goal here is to help patients learn to express anger in a “practicing” way, without reference to specific people who have caused anger.)

- Have patients privately rate their current pain on a 0 – 10 scale, write it down.

Q: *What are some words that we use when we mean that we are angry?*

- Generate list of words ranging “intensity” from very low (e.g., annoyed) to very high (enraged, furious)

Q: *What posture can you use to show anger or strength? (consider pairing up)*

- Standing tall, proud, arms crossed
- Standing akimbo (hands on hips/ defensive posture)
- Pointing at someone exercise
- Strong / angry gestures (e.g., flipping the bird, thumbing the nose, etc.)
 - If it makes them uncomfortable to express it, encourage them to do so
 - If religious or cultural barriers are legitimate, then accept them and do not push. However, also try to see if fear/guilt is blocking it.
- Close your eyes and imagine someone trying to hurt your body....or take your children....or feel you in a way that you don't want.

- What does your body want to do?
 - Your hands?
 - Picture yourself pushing that person very hard
 - Punching that person
 - Choking that person
 - Use “weapon” (e.g., pen) and have them treat it like a knife
- Have people open their eyes and make sure that everyone does it
- How about facial expressions of anger? What do they look like? (Have demonstrations)
 - Note: You cannot smile and be angry: smiling is usually a barrier or defense
 - How about tears instead of anger? Usually they are learned ways to reduce your anger and avoid hurting someone.
 - But do they fit the situation?

Q: How can your voice show anger? (consider pairing up)

- Voice loudness: Many people have trouble yelling ...help them do it, escalating the volume and intensity
- Do it as a group and then individually
 - Try “NO!” and increase in volume and intensity
 - Try “I WILL NOT” and do the same thing.
 - Try: I AM MAD AT YOU!
- Individualized verbal anger: Have each person explore what anger-related or strong statements they are uncomfortable saying
 - Could be certain swear words
 - Could be an “impolite phrase” such as “SHUT UP” or something else
 - Encourage people to “give it a try....”

Q: Now put it all together

- Each person should say a strong, angry loud phrase with a posture that communicates strength and anger.
- Rate current pain again, and see if there are any changes
 - If decreased, it shows the benefits of experiencing and expressing anger
 - Release or relief? That is the goal
 - If increased, usually means anger is in conflict with other emotions (e.g., guilt, sadness, fear)

- The Connecting or Attaching Feelings (20 min)

Q: During these anger expression exercises, what other feelings did you have?

- It is VERY common to have other feelings accompanying anger
 - Anxiety, fear, some unhealthy guilt, embarrassment
 - Numbness
 - Physical symptoms (pain, tension, sick to stomach)
- NOTE: These are the Anxiety / Symptom part of the Triangle of Conflict!
 - They are a signal that you were inhibiting the activating feelings.
 - They mean either that the anger was not fully expressed....or other core feelings / emotions need to be expressed
- Guilt: Anyone feeling guilty about expressing the anger?
- What's behind the feeling guilty about expressing anger?
 - Often it is sadness over potentially hurting someone you love, or want love or closeness with.
 - So, there are often at least two emotions at the bottom of the left triangle: Anger, and sadness or longing for closeness.

Q: How can you express sadness, or love, or longing for someone?

- What words or sayings can you share that help bring you closer to another person, to connect with them? (Have group come up with examples):
 - I'm sorry about what I did to you.
 - I don't want to lose you.
 - I want to be close to you.
 - I love you.
 - Thank you for doing that for me.
 - I was wrong. (You were right.)
 - I don't want to hurt you.
 - I want you and me to have a closer, more genuine relationship.
 - You really are important to me.

Q: What tone do you have in your voice?

- It should be connecting, genuine, soft

Q: What posture do you show with your body? Your face?

- Demonstrate such postures...open body and arms...face soft
- Now, have every group member put it together and express at least one of these to a partner, with genuine feeling and posture and expression.
 - Go around the room repeatedly
 - Search for signs that it is difficult for a person
- Finally, rate current pain again, and see if there are any changes
 - If decreased, it shows the benefits of experiencing and expressing loving, connecting, or intimate emotions
 - Release or relief? That is the goal
 - If increased, usually means these feelings are in conflict with anger
 - Sometimes expressing these connecting feelings also is hard. Why?
 - Because we also are angry about something!
 - We need to protect ourselves from being taken advantage of!
- Such conflicts are VERY common and VERY stressful for MANY people!

Therapist Summary (5 min)

- Repeat key points about the need to experience, express, and release anger as well as sadness or connecting feelings
- Introduce home activities for the week
- Home activity: Worksheet: Investigating your Childhood (1 or 2 sessions or day)
- Home activity: Daily Avoidance Record
 - Try to watch yourself as you go about your daily, monitoring for anything that you avoid doing or encountering or experiencing because doing it would make you feel something bad (anxious, tense, even pain)
 - Keep a record each day (e.g., before bedtime) of what you avoided—write it in, and then write what feelings you have if you think about not avoiding it. Also write in whether you would like to be able to not avoid this experience
 - Try to do this every day for a week—there is a table for each day—and bring it back next week.

- Home activity: Listen to “Emotional Awareness Exercise” (Track 1:Female or 2:Male on CD)
- **Have patients complete “After Session Ratings”**

Session 3: Avoidance in Daily Life; Maladaptive Beliefs; Conflicted Relationships; and Experiencing, Expressing, and Releasing (1)

- Have patients complete “Before Session Ratings”
- Review of home activities (writing exercises) (10 min)
 - How did “Investigating Your Childhood” go?
- Check-up: Are you feeling better physically? Emotionally?
 - If so, then what are you doing that is working?
 - If feeling worse, then what can we do to fix that? (Try to focus on that person today, if possible)
 - What should you do when your symptoms flare-up?
 - Learn to examine what emotions and conflicts underlie the symptoms
 - Learn to talk to yourself and your symptoms more assertively
 - You will have a reading and worksheet at home this week, which will help you deal with pain or symptom increases: “Dealing with Pain and Other Symptoms: Reprogramming your Nerve Pathways”
- **Review of Daily Avoidance Record** (10 min)
 - How did the Daily Avoidance Record go?
 - Were you able to find yourself avoiding some experiences?
 - Anyone learn anything about themselves?
 - Sharing: “Please take out your record and share with the group at least one thing that you found yourself avoiding this week.”
 - (Inquire about if that is something that they would like to change...to stop avoiding?)
 - (Try to get a wide range of experiences that were avoided, including the “weird” or rare ones.)
 - Get every patient to share at least one
 - Share with patients various examples from each category, so that they hear a wide range of avoided experiences:
 - People:
 - Places:
 - Objects:

- Actions:
 - Thoughts & memories:
 - Feelings:
 - Physical sensations:
- Starting this week, and every week, you will have a recording sheet in your packet. We want you to try to start engaging or experiencing (facing) some of these things that you would otherwise avoid. Try to do one per day, but at least something each week. You will feel victorious.
 - Record the experience that you did not avoid on your record
- **Discussion: Unhelpful (Wrong) Beliefs that Cause Avoidance (5 min)**
 - **Handout (Page 2): “Model: The Role of Beliefs in Avoidance”**
 - What makes us use our defenses and avoid having emotional experiences?
 - It might feel automatic, but there are two fundamental beliefs that we often have, deep inside:
 - 1) If I have this experience, bad things probably will happen to me
 - 2) If bad things happen, I won't be able to handle it.
 - Yet, these beliefs are not helpful...they get in the way of your facing avoided emotions and experiences, and keep you from moving forward.
 - We also think that both of these beliefs are wrong at least most of the time!
 - During our work together, see if you can catch yourself thinking either of these two things, and then CHALLENGE that belief.
 - Goal: Each week, you should try to engage in one experience that you typically avoid!
 - See what you learn about yourself
 - See if your beliefs are true
 - See if you become freer and less stressed
 - See if your physical symptoms eventually improve (even if you feel temporarily uncomfortable)
- **In Session Writing Exercise & Handout (Page 3): Conflicted Feelings in Relationships (10 min)**
 - Patients should access the handout.

- Therapist read aloud the information at the top.
- Have patients complete the single sheet, writing in both angry and connecting feelings.
- **Handout (Page 4): Experiencing, Expressing, and Releasing Feelings about Relationships** (10 min)
 - Review this handout with patients, emphasizing that the most important stress comes inhibited or conflicted emotions in relationships
 - The most effective way to reverse stress and pain is to:
 - “Experience” all of those emotions in your body
 - “Express” them fully with your words and gestures and tone
 - “Release” them so that some strength, or relief, or resolution is felt.
 - Go around the room and have each person BRIEFLY (“in 60 seconds”) mention 2 relationships that are stressful—in which they have mixed, conflicted, or inhibited emotions.
 - Remind them to “focus on the key issue and feelings.”
 - You may need to suggest that “talking a lot about an issue” can even be a way of avoiding directly experiencing and expressing feelings related to it.
- **Handout (Page 5-6): Working with Emotions Worksheet**
 - This is to be used by patient over the course of the sessions
 - They can list each issue or relationship problem, and then track what feelings, actions, and lessons are relevant.
 - This should be accessed today and in the future sessions.
- **In-Vivo Exercise: Experiencing, Expressing, and Releasing: 1** (30 min)
 - Ask for volunteer to address feelings in a key, stressful relationship.
 - They can pick a “lower difficulty” person or relationship initially, but will eventually want to help them process a more difficult relationship.
 - First, get a brief description of the issue....keep it brief
 - Use the 6 Steps below to work through this relationship.
 - Praise the courage of the group members.

Therapist Steps In the Experiencing, Expressing, and Releasing Feelings

(You do not need to discuss these with patients.)

Step 1: Experience anger in the mind and body:

- a. Describe the situation, ask client to revisit time and place of episode. Many patients are helped by being encouraged to imagine themselves as if they WERE that age and in that place. (Can ask the patient, “What does the little girl want to say to that person?”)
- b. Verbally express anger directly to the offender, prompt patient when needed, but allow patient to take the lead as much as possible.
- c. Point out and stop patient’s defenses (avoidances) quickly and get back to expression of anger, with the goal of activating their anger so that they feel the anger in their body.
- d. Ask if they feel the anger in their body—where? Point out that sensations in the abdomen (gut), legs, or just cognitive sensations are defenses and get them back to the verbal expression work.
- e. Continue to verbally express until anger is felt in face, head, arms, hands, chest; that is a sign to move to the next step. (Occasionally, you will have to move to the next step if there has been a fair amount of verbal expression, even though it hasn’t quite risen to this part of the body.)

Step 2: Express anger with words and muscles

(Note: the intensity of anger experienced and expressed should correlate positively with the degree of violation experienced by the patient. This can range from assertive firm words for minor conflicts, to aggressive, even murderous rage for severe violations, victimizations, or trauma.)

- a. Ask what the anger would do if it came out...if it had to come out...if it was powerful and able to do anything necessary to change the situation as it occurred (in the past). Would it hit, punch, slap, etc? Remind the patient that this is not “them” attacking the offender, but that it’s the “anger attacking the offender.
- b. Allow the patient to continue with stopping/hurting the offender, keep asking “what would the anger do next?” Prompt if necessary.
- c. When patient pauses, ask “Is there still anger present? Or is the anger all out?” When the anger is expended, patients will usually sigh or relax.

- d. If anger is still present, ask. “What else does the anger need to do to get it all out?”
- e. When patient is done, ask how their body feels. It will usually be relaxed, lighter, sometimes happy, even giddy.
- f. However, patients will sometimes experience guilt or sadness, which suggests that intimate, connecting feelings are activated

Step 3: Inquire about guilt

(Note: Adaptive guilt and sadness will be present to the degree that the relationship was one that the patient valued or should have valued, such as parents, siblings, and such. Violations by strangers or people who were distant should not elicit guilt and sadness.)

- a. “Do you have any regrets, or anything that you feel guilty about? About what just happened? Or about what you did?”
- b. “Or do you have only a sense of power or control?”

Step 4: Inquire about sadness and loss

- a. “Do you have any sadness, or a sense of loss?”
- b. “What did you want from that person? What have you lost?”

Step 5: Talking to 3 Important People

- a. To yourself in the past: “From your perspective now, what would you say to that girl (boy; yourself as a younger person)?

Prompts: *“It wasn't your fault. You're a good person. You didn't do anything wrong. You will be OK. You will survive”*

- b. To the person who offended/hurt you: “What would you say now to him/her?”

Prompts: *“You can't hurt me anymore. I'm through with you. I'm over it. I won't let you hurt me or affect me anymore. I'm moving past this. It's over.”; or if it's someone they want to have a relationship with (“I won't be hurt anymore, but I will love you and care for you.”)*

- c. To yourself in the present: “What do you say to yourself now, as an adult?”

Prompts: *"I am healthy and strong. I can move ahead. I can act for myself. I'm less burdened, free, released. I feel better."*

Step 6: Explore Actions

- a. "What steps do you think you can take or would want to take going forward?"
- b. "What things can you do to repair the relationship while keeping you safe and protected from any harm?"

Step 7: Assess Current State

- a. How does that feel? How does your body feel now?"

- **Therapist Summary and Discussion of Reactions to this Program (10 min)**
 - "I want to talk about something that people in this program often go through. Let's face it...this program encourages people to face some emotionally difficult experiences, right? We are trying to reduce stress by getting at the heart of people's most important struggles, or memories, feelings, and conflicts. This can be very effective, but it can also be very hard. It can be scary, embarrassing, or painful.
 - You might be struggling with whether you want to deal with certain experiences or feelings. Perhaps you have asked yourself, "do I want to do this?" or "can I handle this"? Sometimes people wonder whether or not they should skip coming to these classes.
 - This is important—I believe that feelings and memories are NOT dangerous, even though they feel like it sometimes. It is common to be afraid of your feelings and memories, but they really do NOT have power to harm you. I believe that you can handle them, and you will grow and be healthier by dealing with them, even though you might be scared or uncomfortable.
 - So, I will supportively push you in the direction of experiencing, expressing, and releasing your feelings, Ultimately, of course, you are in control of yourself, and you can decide not to do it. But I hope that you give it a try.
 - I hope that you will keep coming back for the remaining sessions, because you will learn new things, AND we will be addressing different feelings and issues. My guess is that there will be some topics that will be easier for you, whereas others will be harder. But try to hang in there. OK?
- **Description of Home Activities (5 min)**
- **Home Activity:** Reading and Worksheet
 - "Dealing with Pain and Other Symptoms: Reprogramming your Nerve Pathways"
- **Home Activity:** Engage in Avoided Experiences
 - Try to engage in at least one experience that you typically would avoid
 - Record it and reflect on what you learned
- **Home Activity:** Daily Writing Exercise:
 - Unsent Letters: Do this 4 times during the week
- **Home Activity:** Listen to "Anger Awareness and Expression" (Track 3: female or 4: male on CD)
- **Have patients complete "After Session Ratings"**

Session 4: Reversing Self-Blame and Guilt with Self-Compassion and Self-Forgiveness; Experiencing, Expressing, and Releasing 2

- Have patients complete “Before Session Ratings”
- Review of home activity: (10 min)
 - Writing exercises related to anger expression: Unsent letters
 - Engaging in Avoided Experiences: **Have each patient share one thing that they did this week** (from their record)
 - Celebrate their attempts
 - Reflect on the two unhelpful (wrong) beliefs (are they true?)
- Check-up: Are you feeling better physically? Emotionally?
 - If so, then what are you doing that is working?
 - If feeling worse, then what can we do to fix that? (Try to focus on that person today, if possible)
- *What should you do when you experience an increase in pain or other symptoms?*
 - 1) Ask yourself, “what emotions or feelings am I blocking or avoiding right now? Can I allow myself to experience them instead? Can I express them?”
 - 2) From the “Dealing with Pain and Other Symptoms” reading: Get assertive with your symptoms. Remind yourself that your body is not diseased, but is healthy. Rather, your brain is struggling with some emotions. Tell yourself out loud that you will not allow your pain or other symptoms to prevent you from living fully.
- In-Session Handout (Page 2): Unhealthy Core Beliefs or Rules (5 min)
 - Many of us have one or more core beliefs about who we are, how we should behave or relate to others, and our health.
 - Review the handout and determine which ones apply to you
 - Then find the one or two that are the most central to you, that drive you the most.
- Experiential Exercise: Sharing Unhealthy Core Beliefs (10 min)

- Have each person in the group share the unhealthy core belief is MOST central to them, AND what relationship in the past has given them this message!
- Tell patients that part of their growth task is to discover that that the belief is WRONG!
- This happens by Experiencing, Expressing, and Releasing emotions toward the person who gave you that belief.
- Who in your past created that belief in you?
- Discussion: Guilt (5 min)
 - That feeling that results from the belief that you have done wrong, bad, or inappropriate actions
 - Guilt can be healthy....when one really has done wrong, guilt motivates apologetically fixing relationship
 - Can often is unhealthy...when normal behaviors or desires or thoughts are punished, guilt typically is NOT healthy or right
 - Often from excessively punishment or expectations by parents, culture, or religion
 - Confession and apology may be needed if you have Healthy Guilt over some of your actions
 - Confess and apologize to the person wronged
 - Confess and apologize to God
 - If guilt is unhealthy, then you need to:
 - Show acceptance and compassion to yourself
 - Experience and expression anger or assertiveness to the other person
- **In Session Experiential Exercise:** Reversing Self-Blame with Self-Compassion and Self-Forgiveness (10 min)
 - Start by having patients think of unhealthy or unreasonable guilt, which is induced by someone in their lives
 - Have patients practice assertively saying out loud to the key person in their history (empty chair / empty space):
 - “You are wrong! I am worth it”
 - “I can take time for myself and it is NOT selfish”
 - “I do deserve to have good things for myself”

- “I am not to blame for the things that you did.”
 - Have each person think of a time or circumstance that they actually did something wrong, and that they feel some guilt about....
 - Have them say out loud, talking to themselves, “I forgive myself for
 - Have them say it twice...
 - If patients do not want to be specific, they can be generic about the actual actions or behaviors, but encourage them to take a risk and be more specific about it.
 - Now, can you let your guilt go? Can you free yourself of the constant blame and reminding yourself that you should have done better or differently?
- **In-Vivo Exercise: Experiencing, Expressing, and Releasing: 2 (45 min)**
- Have patients access the Working with Emotions Worksheet from Session 3, and update it when possible
 - Follow the format of Session 3
 - Some patients will need to revisit the same relationship / issue, and with more depth or intensity, especially if the issue is “unfinished”
 - Other patients will need to emotionally process a different relationship / issue, either because it is more powerful / conflictual, or because they have found some resolution to the first one.
 - Try to make sure that any patient who did not do this last week, tries this week.
 - Push for more conflicted and important experiences.
 - Point out the defenses, and ask patients to eliminate that defense.
 - Use empty-chair as needed. Close eyes as needed. Encourage the voice, language, body, and face in the expression.
 - Build in self-compassion and self-forgiveness statements to their stories, as needed.
 - Question: Ask patients who have done this whether they feel “release”?

- Option: Consider creating pairs of participants, and have them work together, taking turns helping the other express.
- **Therapist Summary (5 min)**
 - Recap what has been learned...elicit some stories that are positive and health-changing from participants
 - Discuss upcoming homework
- Home Activity: Engage in an Avoided Experience
 - Try to engage in several experiences that you typically would avoid
 - Record it and reflect on what you learned
- Home Activity: Writing about “Childhood Stressors”
 - This is a 4-day writing exercise that explores a childhood / adolescence stressor, including turning it into a narrative, and exploring growth and meaning.
 - It ends with a VERY important writing exercise: Writing to yourself as a child
 - Encourage patients this week to do all four writing exercises, particularly the last one, even if they did not do all of the first three.
- Home Activity: Listen repeatedly to “Imaginal Childhood Stressors Exercise” (Track 5 or 6)
- **Have patients complete “After Session Ratings”**

Session 5: Forgiving Others or Letting Go; Experiencing, Expressing, and Releasing (3)

- Have patients complete “Before Session Ratings”
- Review of homework: Writing about childhood stressors (10 min)
 - Have patients share what this was like for them
 - Were they able to learn about how those early experiences affected them?
 - Did any growth occur from this experience?
 - Did they write a letter to themselves, and what was that like?
- Engaging in Avoided Experiences: **Have each patient share one thing that they did this week** (from their record)
 - Celebrate their attempts
 - Reflect on the two unhelpful (wrong) beliefs (are they true?)
- Are you feeling better physically? Emotionally?
 - If so, then what are you doing that is working?
 - If feeling worse, then what can we do to fix that? (Try to focus on that person today, if possible)
- Discussion: Forgiveness of others, or letting go of anger and hurt (15 min)
 - Some experiences involve being violated, hurt, neglected, or psychologically trapped by someone
 - Holding onto the anger, hurt, and resentment often leads to punishing yourself. The other person’s behavior is STILL controlling you, in your mind, as you remain hurt, resentful, angry...you remain a victim.
 - Letting go of that hurt, blame, and anger is one of the most freeing experiences possible...to accept that what was done to you was wrong, but that you will no longer punish the other person AND yourself. It is the key to moving forward.
 - This often means that you first have to recognize, accept, and voice your LEGITIMATE ANGER
 - Accept and express your anger in some way (visualization, writing, direct assertion), and then let go and move forward.

- For some people or situations, true forgiveness is possible and needed—actually forgiving the person who betrayed or violated you. This can be very freeing and empowering you.
 - You are now more powerful (the ruler, or the priest) who can forgive the other. This is also consistent with some religious goals.
 - This is more powerful than simply “letting go”
 - Forgiveness might be hard or impossible for some situations or victimizers, but letting go IS possible

- **In-session Experiential Exercise: Letting Go or Forgiving Another (10 min)**
 - Have each person think of a time or circumstance that they were violated, hurt, betrayed, used, or trapped

 - Have them try to imagine the person in an empty chair, and to say to that person something like the following (help them select some response...give these examples):
 - “I am angry at you for what you did, but I am no longer going to hold it against you. I am going to let it go and free myself of resentment toward you.”
 - “I will no longer hold your actions against you. I am moving forward.”
 - “I free myself from your grip. Your actions no longer have power over me. I will let go of my hurt and pain.”
 - “You hurt me, and I did not deserve it. You were wrong, but I choose to forgive you.”
 - “You don’t deserve forgiveness, but God forgives you, so I will too.”

Note: Patients can be generic rather than specific about the actions of the other person, if they want, OR they can be encouraged to be as open as they wish

- **In-Vivo Exercise: Experiencing, Expressing, and Releasing: 3 (50 min)**

- Have patients access the Working with Emotions Worksheet from Session 3, and update it when possible
 - Follow the format of Sessions 3 and 4

 - Some patients will need to revisit the same relationship / issue, and with more depth or intensity, especially if the issue is “unfinished”

- Other patients will need to emotionally process a different relationship / issue, either because it is more powerful / conflictual, or because they have found some resolution to the first one.
 - Use this session to “wrap up” any loose ends with respect to processing avoided emotional experiences. Address those patients who have avoided it, or been only partly successful.
 - Make sure that individual patients know what it is that they are avoiding...what work they need to do today, or in the future.
 - Build in self-compassion and self-forgiveness statements to their stories, as needed.
 - Build in other forgiveness / letting go, as needed.
- **Therapist Summary (5 min)**
 - Home Activity: Engage in an Avoided Experience
 - Try to engage in several experiences that you typically would avoid
 - Record it and reflect on what you learned
 - Home activity: Writing about Forgiveness
 - This activity takes 1 session, and encourages forgiveness of both self and others, and so summarizes these topics from both Sessions 4 and 5.
 - Home activity: Writing about “Private Experiences and Secrets”
 - Try to engage in 3 sessions of writing this week, which focuses on your private experiences, your concerns about sharing these with others, and possible positive outcomes of sharing them.
 - Home activity: Listen repeatedly to “Imaginal Sharing of Secrets” (Tracks 7 or 8)
 - **Have patients complete “After Session Ratings”**

Session 6: Shame, Intimacy, and Private Experiences or Secrets

- Have patients complete “Before Session Ratings”
- Engaging in Avoided Experiences: **Have each patient share one thing that they did this week** (from their record)
 - Celebrate their attempts
 - Reflect on the two unhelpful (wrong) beliefs (are they true?)
- Review of changes patients have made (10 min)
 - What is different for each of the patients?
 - How are pain and symptoms different?
 - What else needs to change?
- **Discussion: Shame** (10 min)
 - Generalized sense of self that is defective or bad
 - Shame is never healthy or appropriate
 - It is an unfortunate consequence of a family, culture, or religion that is overly critical of a person’s entire self
 - Sometimes results from some perceived “defect” about oneself
 - Makes you want to bury your head and avoid closeness or connection
 - Guilt and shame often keeps others from knowing us....keeping us distant.
- **Discussion: Positive or intimate relationships** (10 min)
 - Bad relationship experiences often make people keep their guards up or feel uncomfortable, or avoid certain close or intimate behaviors
 - Sometimes you don’t “trust” others, so you don’t open up to them in a range ways.
 - Keeping up one’s guard is stressful and prevents people from the relationships and support they usually wish.
 - Oftentimes, we “transfer” our feelings of mistrust from someone who hurt us to many other people. This is unhealthy.

Q: *What sorts of “closeness” or connections with others are uncomfortable for you?*

- Examples: sitting close, touching, hugging, hand-holding, staring into another's eyes, closing your eyes while another watches
 - Expressing thankfulness
 - Complimenting (but no big butts!)
 - Receiving compliments from others (without saying, "Yes, but...")
 - Telling someone "I like you" or "I love you."
- **In session Experiential Exercise:** Experiencing and Expressing Intimacy (15 min)
 - Patients will engage in interaction with fellow group members or leaders some or all of the following behaviors:
 - Touches to the arm, hugging, hand-holding, staring into another's eyes, closing your eyes while another watches
 - Verbally expressing thankfulness for something (can be made up / role-played)
 - Complimenting (ditto to above)
 - Telling someone "I like you" or "I love you."
 - THEN, ask participants to try an empty chair technique, and put someone in the chair to whom it is DIFFICULT to express such intimate, positive feelings toward
 - Have members take turns speaking to the empty chair

- **Discussion: Private Experiences or Secrets and their Effects** (10 min)

The members of this group have shared some important and private things.

But most of us also keep secrets—that is, things that we have not shared with others

Q: What types of secrets are there?

- Revisit the master list of Private Experiences or Secrets (Session 5 home activity)
 - Things that you have done or experienced
 - Things that you think, feel, imagine, or wish
 - Health issues
 - Relationship issues

Q: Why are these secrets kept?

- Guilt, shame, embarrassment

- Risk to relationships, work, school, etc.
- We tell no one, or only a few people, or only part of the story

Q: How does keeping those things private affect your stress? Your FM?

- The mind has to both monitor (“keep watch”) for the secret entering the mind, and keep it from slipping out or being disclosed. This monitoring process takes memory, attention, and energy
- “Controlling” yourself—keeping things private—leads to less willpower later
- It also is physiologically arousing and creates a negative mood
- It leads to cognitive changes, such as rumination, intrusions, distraction
- You never get to test if you are acceptable or loved if your secret were revealed
- It can be a major pain increaser

• **In-session Experiential Exercise: Sharing Private Experiences or Secrets (30 min)**

- One strong encouragement that we make is for you to consider finding someone in your life that you can risk becoming more open with...sharing your provide experiences—or your secrets—with.
- What do you think of that? (You should deal with the 2 basic fearful beliefs)
- “Well, one safe place to practice is here, in this room. I invite you to try it out, perhaps share something personal with the group. This is an option, not a requirement, but if you have something that you have kept private, that still stresses you, I invite you to give it a try with this group.”
 - Reminder that group is sworn to confidentiality
 - Vital to express no surprise and both validation and empathy
 - Patients, of course, can skip this,
 - Acceptance and praise for their COURAGE is vital
- Fears about the reactions of others are discussed and evaluated
 - Examine the 2 Unhelpful Beliefs
 - Examine the self-blame / worthlessness beliefs...have these been articulated?
- Most people actually try to figure out what they can share or disclose, and what feels too risky.
- NOW, Invite patients to share their private experiences. Encourage patients to take risks, but do not force or guilt anyone into sharing.
- You are welcome—and encouraged—to try it with this group at any time today or in future sessions.

Q: Who else in your life can you risk sharing any of your secrets with?

- Goal: Consider who and what you can share secrets with?
- Relatives? Friends? Clergy? Counselors?
- Vital that these secrets get shared with someone safe

- Could even start by asking the person if they are a “safe person” to share something with”
 - Do a demonstration of this....role play.

- Doing so usually brings both relief, decreased stress, and decreased pain, AFTER the initial fear, embarrassment, and so on

- Participants should plan who in their lives they might share their secrets with.

- This usually turns out surprisingly well! Your fears do not come true!

• **Therapist Summary** (5 min)

- Key point: This was an emotionally challenging session, with powerful issues, some of which have haunted people for years.

- In the short run...it is often quite scary

- Do not let embarrassment or shame keep you from coming back next week.

• Home Activity: Engage in Avoided Experiences: Intimacy and Secrets

- Try to engage in several experiences that you typically would avoid
- Focus this week on engaging in one, even small intimacy behavior each day
- Try to find one or more people this week with whom you can share something private, or a secret
- Record it and reflect on what you learned

• Home Activity: Writing: Gratitude List and Gratitude Writing Free Writing (3 writing sessions or days)

• Home Activity: CD: Listen repeatedly to “Imaginal Positive Intimacy with Others” (tracks 9 or 10)

• **Have patients complete “After Session Ratings”**

Session 7: Healthy Communication in Relationships

- Have patients complete “Before Session Ratings”
- Engaging in Avoided Experiences: **Have each patient share one thing that they did this week** (from their record)
 - Celebrate their attempts
 - Reflect on the two unhelpful (wrong) beliefs (are they true?)
- Review of changes patients have made (*5 min*)
 - What is different for each of the patients?
 - How are pain and symptoms different?
 - What else needs to change?
- Review of homework: Positive intimacy activities (*10 min*)
 - What did people try? How did it go?
 - What sorts of emotional experiences did you have?
 - Sharing of private experiences or secrets?
 - What were your thoughts and feelings about what you shared last session with the class?
 - If you assumed negative reactions, do you want to find out if accurate...would you ask the other person for the truth?
 - Did you share any secrets with anyone else?
 - How did it go?
 - How did it affect your pain and other symptoms?
 - Does anyone want to share something private with the group today?
- **Discussion:** Sexual intimacy (*5 min*)
 - A difficult and avoided topic, often problematic
 - Many patients feel pain with sex. Pain is a combination of physical and emotional pain, because sex is typically loaded with emotional and relationship issues
 - Many patients have had bad sexual experiences, sometimes when they were a child or adolescent, sometimes in adult relationships

- Many patients feel inhibited, feel anxious, have difficulty having orgasm, or have flashbacks
 - Some feel the need to be in control
 - If sex with a partner, then issues of intimacy, trust, communication almost always come up
 - This issue is difficult to deal with in a group setting, but very important.
 - Are you able to talk about sex with your spouse / partner?
 - Perhaps first write about it, and then talk to partner about it, which holds great potential for growth.
- **Healthy Communication (10 min)**
 - We have done a lot of work on intense emotional experience, expression, and release in this room, or in writing.
 - Many people, however, need to change the way that they interact or communicate in relationships. Intense expression of emotion is not a good idea with others, however.
- **Handout (Page 4): The Spectrum of Healthy Communication**
 - Healthy communication expresses YOUR feelings and needs, but is respectful of the other person's needs and feelings.
 - Healthy communication falls somewhere on the spectrum between communicating ONLY Connection or ONLY Protection
 - You often want to stay connected with the person
 - Maintain close relationships
 - Express love or intimacy
 - Have them like and value you
 - Avoid hurting their feelings
 - Protection communication: Often, you need to assert yourself:
 - declining a request or saying no to something
 - asking for what you want
 - disagreeing with someone
 - being critical of someone
 - Protection could also involve separating or keeping distance
 - For really unhealthy relationships, it might mean severing the relationship

Q: What are situations or people with whom you only want to connect or share love?

Q: What are situations or people with whom you only want to be assertive, set boundaries, or protect yourself?

- Ideally, you can express both what you do not like or what you want, AND your caring for the other person.
- Sometimes, however, you will want to communicate only connection or only protection / assertion
- This is a conflict, and often, people do NEITHER!
- Healthy communication MAY change your relationship, or it may not. However, it WILL change you and your stress level.
- **In-Session Experiential Exercise: Practicing Healthy Communication (40 min)**
 - Everyone should think of a social situation where they would like to do one of the above 4 types of critical or assertive things. Examples:
 - Friend
 - Neighbor
 - Co-worker
 - Person at church / synagogue
 - Now, try to the 2 Parts of what you should say to that person:
 - Connecting words: (I love you, care about you, want you to like me, don't want to hurt our relationship, etc.)
 - Independent / assertive words: (I want this, I won't do that, I disagree, you are wrong. etc.)
 - Now, go around the room IN PAIRS and have each person practice saying a full phrase to their partner
 - Next, have each person identify a major relational issue in their lives....a relationship that is in conflict, or that has much unspoken.
 - This could be one of the major problem relationships identified earlier
 - Have person practice healthy communication to the "other person" in an empty chair
 - It will be important for leader to push patients to identify and communicate both parts of communication, and to do them genuinely and directly
 - Therapist should identify defenses as this progresses

- **In-Session Writing Exercise (Page 5-6): Planning Healthy Communication (15 min)**
 - In this exercise, each patient writes out the details of a planned assertive communication, focusing on a major discussion / issue in their lives.
 - This, ideally, will be one that they will work on this coming week.
 - Handout: “Planning Healthy Communication”

- **Therapist Summary (5 min)**

- Home Activity: Engage in an Avoided Experience
 - Try to engage in several experiences that you typically would avoid
 - This week, focus on healthy communication, including assertion
 - Record it and reflect on what you learned

- Home Activity: Writing exercise: “Writing Your Life Story in a New Way”
 - This is the most important writing exercise
 - Do it over 3 sessions or day
 - It will help you move forward to becoming a different person

- Home Activity: Written Healthy Communication Dialogs (2 writing sessions)

- Home Activity: Listen repeatedly to Imaginal Assertive Communication Exercise (Tracks 11 or 12)

- **Have patients complete “After Session Ratings”**

Session 8: Becoming a New Person; Future Planning; Review & Ending

The goals of this final session are to examine the idea of becoming a new person, how life is changing for patients, and barriers to change. This involves identifying or creating the ideas of one's ideal self with respect to the emotional and interpersonal factors. We also will plan for continued stress reduction and growth after the program.

- Have patients complete "Before Session Ratings"
- Review of homework (10 min)
 - Ask individuals to report on specific situations in which they tried healthy communication.
 - Have patients evaluate their communication
 - Most people evaluate their performance as a function of how the other person responded.
 - This needs to be challenged: "Evaluate how you performed, because you cannot control the reaction of the other person."
 - How did you feel expressing these wishes or feelings?
 - How did it affect your pain or other symptoms?
- Review and Discussion: Gratitude (5 min)
 - How did the Gratitude List go? Writing about something for which you are grateful?
 - Gratitude, thankfulness or appreciation of things is sometimes hard for people
 - Constant pain makes it hard to see the positive
 - Sometimes bad experiences or hurts also interfere
 - It is important to pay attention to the positive things in life, those things that ARE working for you or that are good.
 - This also means expressing gratitude or thankfulness to others
 - This can be especially hard if you have "mixed feelings" about a person.
- Discussion: Overcoming Barriers and Becoming a New Person (15 min)
 - A big struggle for some people is whether and how much they want to change

- Some people have lived for a long time with a particular identity, or sense of themselves, such as “fibromyalgia patient,” “pain survivor” or some other identity (e.g., caretaker, victim, loner, supermom).
- It is important to ask, “What is my identity? What label do I give myself? What label would others give me?”

Q: Anyone willing to share their own label or identity?

- Sometimes external forces seem to keep us the same—unchanged
 - Spouses (husbands) who seem to want a wife to stay the same (e.g., dependent)
 - Children who expect the supermom
 - Medical disability status, that pushes you to remain ill or in pain
- Sometimes there are internal forces that hold back change
 - Fear of becoming someone different
 - Fear of new experiences or losing old safety nets
 - Pride in a certain identity
- Your current identity is sometimes scary to change...it is predictable and even controllable. But often it is a mixed blessing.
 - Perhaps you are “Unhappily content”; “Predictably miserable”; “In control and in pain”
- It is really important to ask yourself some tough questions:
 - “What will I be like if I do not have pain”?
 - “What part of myself am I really willing to change?”
 - “What part of me feels safer or more in control staying the way I am?”

Q: What are the hesitations that you may have discovered, or the forces that seem to hold you back from overcoming your pain and making other big changes?

- **In Session Worksheet (Page 4): Planning for My Future (20 min)**

- Stress this point: Although I hope that each of you has made some gains, I fully expect that there is still much room to grow.
- Each of you will need to keep working on changes in your emotions and relationships, for weeks or months, to change long-standing patterns.
- It is common that people will come out of this program with some new ways of seeing themselves, their relationships, and even their identity.
- You might find yourself confused or uncertain with the changes that you have made....that is common.

- This writing task is designed to help you plan for your future....the things that you need to work on to keep growing.
 - (Introduce this writing by having each patient reflect on what they need to do, in their emotions, relationships, and life, to continue to grow.)
 - Spend 15 minutes to have each person complete this.
 - **NOTE: Therapist should make sure that she helps patients by giving her view of what patients need to work on. Be a guide. This actually is an ongoing role.**
- **In Session Experiential Exercise (20 min)**
 - Have each patient in the group respond to these questions:
 - 1) How have you changed emotionally, in your relationships, and in your health, from this program?
 - 2) What are the most important things that you need to do in the future to continue growing and improving your health?
 - 3) Will you commit to working on these things?

(Note: Therapist should “help out” each patient to identify those key things that the therapist thinks the patient should do in their future...their key growth areas.)
- **Discussion: Feelings about ending (10 min)**
 - It is common to experience a mixture of feelings about ending these sessions

Q: What feelings do you have? (Ask them. Make sure ALL of these are covered:)

 - Relief that it is over
 - Gratitude that it has helped
 - Disappointment that you did not improve as much as possible
 - Anger at leader or program that you are forced to end (COVER THIS ONE!)
 - Sadness about leaving new friends or the leader
 - Fear about facing the future with less support, or doing it on your own
- Wrapping-up...good-byes (5 min)

- Home Activity for the Future: Doing those things on the Planning for My Future form.
- Home Activity for the Future: Writing Exercise: “Creating the New You”
- **Have patients complete “After Session Ratings”**
 - (Research Coordinator collects all, and distributes Actiwatches)