

Session 10

Forgiveness

Check-in:

1. Share one or two items from your gratitude journal
2. Exercise – What works best for you?
What are you currently doing?
What adaptations have you made to be able to exercise despite pain?

OR

3. Forgiveness – Describe an issue you have used the forgiveness tools with (that you feel safe talking about in group.) Examples:
Remote Control/Change the Channel
Take a hurt less personally
Rewrite the victim story

Sarno and the Mindbody Prescription

Medication check

Homework:

Relaxation response

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

Experiment with Sarno – talking back to your brain

And check in with your buddy!

You don't have to be perfect to be wonderful.

-Laurel Mellin

Your pain is the breaking of the shell that encloses your understanding.
Even as the stone of the fruit must break, that its heart
may stand in the sun, so must you know pain.
And could you keep your heart in wonder at the daily miracles of your life,
your pain would not seem less wondrous than your joy;
And you would accept the seasons of your heart,
even as you have always accepted the seasons that pass over your fields.
And you would watch with serenity through the winters of your grief.
Much of your pain is self-chosen.
It is the bitter potion by which the physician within you heals your sick self.
Therefore trust the physician, and drink his remedy in silence and tranquility:
For his hand, though heavy and hard, is guided by the tender hand of the Unseen,
And the cup he brings, though it burn your lips, has been fashioned
of the clay which the Potter has moistened with His own sacred tears.

Kahlil Gibran

Forgiveness Meditation from Jack Kornfield

To practice forgiveness meditation, let yourself sit comfortably, allowing your eyes to close and your breath to be natural and easy. Let your body and mind relax. Breathing gently into the area of your heart, let yourself feel all the barriers you have erected and the emotions that you have carried because you have not forgiven - not forgiven yourself, not forgiven others. Let yourself feel the pain of keeping your heart closed. Then, breathing softly, begin asking and extending forgiveness, reciting the following words, letting the images and feelings that come up grow deeper as you repeat them.

FORGIVENESS OF OTHERS: *There are many ways that I have hurt and harmed others, have betrayed or abandoned them, cause them suffering, knowingly or unknowingly, out of my pain, fear, anger and confusion.* Let yourself remember and visualize the ways you have hurt others. See and feel the pain you have caused out of your own fear and confusion. Feel your own sorrow and regret. Sense that finally you can release this burden and ask for forgiveness. Picture each memory that still burdens your heart. And then to each person in your mind repeat: *I ask for your forgiveness, I ask for your forgiveness.*

FORGIVENESS FOR YOURSELF: *There are many ways that I have hurt and harmed myself. I have betrayed or abandoned myself many times through thought, word, or deed, knowingly or unknowingly.* Feel your own precious body and life. Let yourself see the ways you have hurt or harmed yourself. Picture them, remember them. Feel the sorrow you have carried from this and sense that you can release these burdens. Extend forgiveness for each of them, one by one. Repeat to yourself: *For the ways I have hurt myself through action or inaction, out of fear, pain and confusion, I now extend a full and heartfelt forgiveness. I forgive myself, I forgive myself.*

FORGIVENESS FOR THOSE WHO HAVE HURT OR HARMED YOU: *There are many ways that I have been harmed by others, abused or abandoned, knowingly or unknowingly, in thought, word or deed.* Let yourself picture and remember these many ways. Feel the sorrow you have carried from this past and sense that you can release this burden of pain by extending forgiveness when your heart is ready. Now say to yourself: *I now remember the many ways others have hurt or harmed me, wounded me, out of fear, pain, confusion and anger. I have carried this pain in my heart too long. To the extent that I am ready, I offer them forgiveness. To those who have caused me harm, I offer my forgiveness, I forgive you.*

Let yourself gently repeat these three directions for forgiveness until you feel a release in your heart. For some great pains you may not feel a release but only the burden and the anguish or anger you have held. Touch this softly. Be forgiving of yourself for not being ready to let go and move on. Forgiveness cannot be forced; it cannot be artificial. Simply continue the practice and let the words and images work gradually in their own way. In time you can make the forgiveness meditation a regular part of your life, letting go of the past and opening your heart to each new moment with a wise loving kindness.

Pain and the Mindbody Prescription - *Sarno's Hypothesis*

Pain and the Mindbody Connection - We know anxiety, depression, anger can exacerbate chronic pain conditions. What if they are the cause of them? What if this is a tack we need to remove?

How Might the Brain Cause Pain?

- o Spinal cord modulation – central control of pain messaging
- o Autonomic Function
- o Circulation of blood and oxygen to tissues
- o Control of gut motility and tone
- o Neurogenic inflammation

Tension Myositis Syndrome

- o The brain shuts down blood flow and oxygenation to muscle, tendon, or nerve in any location
- o Result is pain, sometimes numbness, weakness, but no permanent tissue injury
- o Symptoms may be migratory, do not correlate with imaging studies (for instance the right leg hurts for a long time but then the left one bothers you; or the disc is bad at L4 but your symptoms are in the L2 distribution)

MRI and Back Pain: *Magnetic Resonance Imaging of the Lumbar Spine in People without Back Pain*

- o MRI examinations on 98 asymptomatic people - Only 36% of subjects had normal MRI
- o 52 % had a bulge at at least one level, 27 % had a protrusion, and 1 % had an extrusion. 38% had an abnormality of more than one intervertebral disk.

Implications

- o If you have TMS: there is nothing wrong with your back/neck/leg/etc. (the things that have been blamed for your pain may have nothing to do with it)
- o Provoking factors and activities are a result of conditioning

Why Would the Brain Cause Pain?

- o Freud's theory: punishment for unacceptable feelings (usually sexual)
- o Sarno's theory: Defense - Parts of your mind think they need to protect you from dangerous or threatening feelings

The Divided Mind

- o Conscious Unconscious Subconscious – learning, communication

Or:

- o Child/primitive (id) Adult (ego) Parent (superego) - conscience

Troublesome Characteristics of The Id: Illogical, Irrational, Wild, Savage Narcissistic – self-involved, Selfish, Only Pleasure Oriented, Intolerant of pressure to be perfect or good, or of life pressures

Is This Division Real?

- o Some everyday evidence:
- o Some compulsive or addictive behaviors
 - (Ever ask yourself: why am I at the refrigerator?)
- o Displaced anger
 - (Ever get really mad about something minor?)

Pain

conscious

unconscious

Repression

RAGE

Sources of Rage

- Childhood/Historical Trauma - Trauma in early life, Trauma/victimization at time of onset
- Personality Traits – Self-imposed pressures – Perfectionism, “Good-ism”, Driven people
- Current Life Pressures - Not uncommonly, onset is related to a stressful event/relationship/job/etc.

What Other Problems May Arise This Way?

- * GERD, ulcer, Irritable Bowel Syndrome, Tension and Migraine Headache, Palpitations, Skin conditions: acne, eczema, hives, Allergies: hayfever, dust, molds, Tendency to frequent infections, Frequent urination, Psychological symptoms: depression, anxiety, etc.

The Symptom Imperative

- * When there is an underlying need for the mind to distract the patient, a new symptom will have to arise to replace any symptom that has been treated/eradicated

Thus: Back pain improves and reflux becomes severe, Neuropathy improves but depression gets severe, Etc.

How Does This Fit With What We Have Been Doing All Along in This Program?

- * The Rage/Sooth Ratio
 - * Symptoms arise when there is too much rage and not enough counterbalancing soothing elements
 - * Many of the techniques we have taught have to do with soothing
- * Diminishing Rage
 - * Cognitive distortions increase the pressure we put on ourselves, which affect rage
 - * Forgiveness may decrease the rage.

Do I Have to Experience Rage?

- o You do not have to experience the rage or have it go away in order to have the pain go away
- o Just learning about this process is often good enough to accomplish this
- o 20-25% of people need support from a psychologist to get to the root of these issues

So What Can We Do About This? – **The Prescription**

1. Understand the true cause of the pain is this process, not the structural abnormalities
 - Reflect on this every day. Read a portion of one of Sarno's books, read this handout, etc. Spend 30-60 minutes on this daily.
 - Think psychological, not physical
2. Talk to your brain!
3. Write!
 - Remember the purpose of the pain is to distract you from feelings that are considered dangerous, like rage, hurt, sadness, sorrow, guilt, or fear. These are feelings we are not aware of.
 - Make a list of all the important factors in your life that might be contributing to your pain. Write an essay about each one. (If you are aware of the feelings, your brain does not have to protect you from them)

Consider the sources:

1. From Childhood – frank abuse, or even just emotional neglect from parents who were concerned with bringing up children who were accomplished and well-behaved. Also, divorce, loss of a parent, etc.
2. Pressure put on us by personality traits stemming from feelings of inferiority – and pressure to be “perfect” or “good” in order to prove we are worthy. Perfect = hard-working, conscientious, expecting a lot of oneself
Good = being a caretaker, people pleaser, constantly needing the approval of others
3. Pressures of life – work, family responsibilities, illness, financial concerns, as well as changes related to aging, disability, mortality.

On the conscious level, we may respond to these pressures with equanimity, but inside they are enraging

Treatment Program:

Schedule daily time for study and reflection – Repetition is important!

Review your pressure list daily

Don't give up – it takes time to change the unconscious mind

Start resuming physical activities when the pain is almost gone – start gradually

Other Work on Journal Writing

When individuals are asked to write or talk about personally upsetting experiences, significant improvements in physical health are found. Those who do best:

Use a higher proportion of negative emotion words than positive emotion words

Increase use of insight, causal, and associated cognitive words over several days of writing

(Rewrite the victim story, take responsibility, etc.)

Additional suggestions for journaling about Sarno material:

Early in the month:

Today, make a list of anything you think may be stressing you.

Place a checkmark beside any item that you can influence or potentially change, place an X for things you cannot modify or control.

Recopy the x list on a piece of scrap paper, look at each item, then throw it away. These are things you need to let go of.

Recopy the list of the checked items with the most important at the top.

Which can you start working on today or tomorrow?

What will you do?

Every day:

What happened in your life today? (describe emotional reactions to events and relationships)

And then one or more of the following:

If your pain was better today, are you giving yourself some credit for it? What else have you given yourself credit for today or this week?

What did you do for fun today?

Physically, have you exerted yourself today or been a little more active? What did you do and for about how long or how far? (no need to be exact – perfectionism is not needed here)

How did today's reading impact you or remind you of yourself?

Think about your self-talk today. What messages do you give yourself that reinforce a pain-tension cycle?

What are you most afraid of in your life?

What has been the reaction from friends or relatives you've told about your diagnosis? How do you feel about their reaction?

What is/was your family's way of dealing with anger?

What physical activities do you look forward to doing when you are pain free? What feelings come when thinking about this? Visualize yourself doing one or two of these.

Additional Resources:

<http://www.tmswiki.org/>

Unlearn Your Pain, by Howard Schubiner, <http://www.unlearnyourpain.com/>

Symptom Diary

Name _____

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	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____



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FEEDBACK SHEET FOR HEALING GROUP

Name: _____ Date: ____/____/____

1) Please review your medication list and indicate any changes you have made in your medications, supplements, or over the counter meds since the last group (i.e. stopped any, increased any, decreased any, added new ones).

What refills do you need today? _____

2) Have you had any injuries, events in your personal life, any nerve blocks, physical therapy, other treatments, exercise, etc. since our last group that made your pain worse or better? Yes No
If yes, please give details. _____

3) Over the past 2 weeks has your pain level:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

4) Rate your average pain score for the past 2 weeks:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

5) Rate your pain score today:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

6) Over the past 2 weeks has your emotional state:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

7) Rate your average mood for the past 2 weeks:
VERY SAD 1 2 3 4 5 6 7 8 9 10 VERY HAPPY

8) Do you address special nutritional needs as part of your healing plan? Yes No If yes, what nutritional goals are you addressing? _____

9) For how long and how often did you do physical exercise in the past 2 weeks?
 Aerobic Time _____ How often? _____
 Stretching Time _____ How often? _____
 Strengthening Time _____ How often? _____

10) Did you meditate? Yes No How long? _____ How often? _____

11) Did you use other relaxation techniques or mini relaxation response exercises? Yes No
What did you do? _____ How often? _____

12) What goal did you set last time? _____

Did you accomplish it? Yes No If no, can you come up with a plan to help you succeed by identifying the obstacle and a solution to the obstacle?

Obstacle Solution

FUNCTIONAL IMPACT OF PAIN

13) Did you miss social events, work, or other appointments this month because of your health?
 Yes No What did you miss and why? _____

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? _____

16) Have you used any recreational drugs this month? _____

17) How many drinks of alcohol did you drink this week? _____ What kind? _____

18) How many cigarettes did you smoke this week? _____

19) How much caffeine did you drink this past week? _____ What kind? _____

20) How much candy, soda, or other sweets did you eat this past week? _____

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

Symptom(s): Check box if present	Medication(s) or other condition(s) you think caused it:	How did you deal with it:	Do you want suggestions?
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to _____

Can this be discussed in group? Yes No *If no, please ask physician if you should make an appointment.*
 23) Any feedback or suggestions you would like to share with the staff? _____
