

Acceptance & Commitment Group Therapy (ACT-G) for severe health anxiety



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Introduction

Severe health anxiety is prevalent in both the general population (around 5%) and in primary care (around 9%) and a poor prognosis is seen in patients with severe cases of untreated health anxiety. Health anxiety causes great personal suffering, places a substantial burden on health services and treatment is a great challenge to health care providers.

Severe health anxiety is also known under designations such as hypochondriasis, hypochondrical disorder or illness anxiety disorder (DSM-IV, ICD-10 and DSM-V). For many years, Hypochondriasis was the most used term, yet it has a pejorative connotation and many patients find the hypochondriasis diagnosis stigmatising and non-acceptable. In 2004, Professor Fink and colleagues from The Research Clinic for Functional Disorders and Psychosomatics introduced new and empirically-based positive diagnostic criteria for health anxiety. According to these criteria, health anxiety is characterised by exaggerated rumination with intrusive worries about harbouring serious illness and a persistent preoccupation with one's health leading to significant impairment and a decrease in quality of life. Furthermore, it was proposed that health anxiety should no longer be a diagnosis of exclusion and might be helpful in providing patients with a positive explanation of their symptoms. In the trials in which the present treatment manual was developed and tested, we found that the large majority of patients accepted the health anxiety diagnosis as the right diagnosis to fit their ailment and agreed that the diagnosis helped them better understand their symptoms.

Several studies have shown that individual cognitive behavioural therapy (CBT) is effective in improving severe illness worry and hence CBT is recommended as the gold standard intervention. However, earlier trials on individual CBT have had problems with patients declining participation, high dropout rates and a high proportion of included patients not recovering. In addition, earlier trials have focused on individual CBT and group-based approaches have at large been dismissed as counteractive. Only one study has tested the effect on group-based therapy on health anxiety. Acceptance and Commitment Therapy (ACT) has, to the best of our knowledge, never been tested in a randomised, controlled trial for health anxiety, yet research on the effectiveness of ACT has produced positive results for an array of problems including anxiety disorders. We found that there was a need to develop new treatment approaches as individual CBT might not fit every patient, and having more treatment options could thus be an advantage.

The ACT-G manual was developed during a pilot phase from the summer of 2009 to the summer of 2010. It was inspired by pre-existing manuals on ACT available at the time. Exercises, metaphors etc. used in the manual are at large strongly inspired from what has been used in ACT manuals for chronic pain, anxiety disorders or depression. We included nine participants in each group, and the groups were run by 2 psychologists with experience in group treatment, health anxiety and with comprehensive ACT training. The therapists received regular supervision in ACT by specialists in ACT. We strongly recommend a setting with 2 therapists due to the predominantly experiential focus with many live (experiential) exercises and to optimise engagement of group participants. As part of ACT-G, participants were given two CDs with recorded exercises to use at home. These were mainly mindfulness exercises that can be found in Appendix E.

ACT-G is not meant as a self-help guide, and we recommend that the manual should only be used by experienced psychologists or psychiatrists. The manual is quite comprehensive (10 sessions of 3 hrs duration) both in length and depth and may also be useful in a shorter version, yet this has not been empirically tested.

The manual has been developed in a pilot trial and tested in a randomised, controlled trial, and results have shown high acceptance of ACT-G and immediate and clinically relevant effect on participants' self-rated illness worry, emotional distress, somatic symptoms and mental health-related quality of life. Follow-up studies showed that this effect was sustained or even increased 6 months after treatment.

As the studies were carried out at a highly specialised general hospital clinic and the sample studied was patients referred from mainly primary care fulfilling strict in- and exclusion criteria, the promising results of ACT-G from the present trials are to be tested in less specialised settings, other samples and large multi-center studies.

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Users guide to ACT-G

An introduction to the organisation of the treatment manual.

The ACT-G manual includes:

- **A short programme overview of each session for the therapist**
Provides an overview of the purpose of the present session, the structure, which handouts and exercises to use and optional exercises.
- **A detailed therapist manual for each session**
The detailed therapist manual follow the same structure as the short programme overview, but elaborates with, for instance, explanations of the rationale for doing exercises, suggestions on how to introduce exercises and how to respond to typical reactions from group members.
Scripts for introducing new topics and exercises in the group are written in *italics*.
- **Appendix H – handouts for participants**
Appendix H contains all handouts for participants: Session overviews, metaphors, and homework assignments.
When there are handouts connected to the session, this is marked with an **(H)** in the detailed therapist manual.
When no specific therapist manual is available for an activity, this is marked with **(cf. H)**. In these cases, the therapists use the handout as a point of departure.
Handouts **(H)** are followed by a number. The number indicates for which session the handout is used. Also, the number indicates the sequence of the handouts in the session. E.g. if it says **(H1.3)** in the overview of the therapist manual it means that this handout is the third handout for the first session.
- **Appendix E – exercise instructions for therapists**
Instructions for shorter exercises are written in the elaborated therapist manual, whereas instructions for longer exercises can be found in appendix E and is marked **(E)** in the therapist programme.

Exercises are, the same way as with handouts, marked (E) followed by a number. The number indicates for which session the exercise can be used, also the number indicates the sequence of the exercise.

Most of the exercises in the appendix are quite lengthy mindfulness exercises which may be quoted word for word. Several exercises are used in multiple sessions and the number written in the right corner of the exercise indicates for which sessions the exercise is used.

Overview of the treatment programme

Phase 1: Creative Hope- lessness

1st Session: Welcome and introduction

2nd Session: Introduction to ACT and mindfulness

3rd Session: How have you tried to manage your health anxiety?

Phase 2: Willingness & Defusion

4th Session: Control or values? Your choice!

5th Session: Willingness – a new road

6th Session: Distance from your thoughts - defusion

Phase 3: Values & Committed Action

7th Session: You are more than your stories

8th Session: What is valuable for you?

9th Session: Living your values

10th Session: Your direction in the future

Session 1-9 are delivered on a weekly basis. Session 10 is a booster session and in the trial there were 4 weeks between session 9 and 10.

SESSION 1: WELCOME AND INTRODUCTION

The purpose of the 1st session is to introduce the framework and form of the group, as well as to introduce therapists and participants to each other. Our main focus is on initial motivation in relation to the work in the group, and willingness toward an experience-oriented approach. The purpose is to introduce the framework of the group and to create a safe and accepting atmosphere. Furthermore, we will briefly introduce participants to an understanding of what health anxiety is.

Programme overview:

1. Short mindfulness exercise – centring

2. Welcome

- Today's theme and programme
- Introduction of therapists
- Distribution of material
- Fixed points for each session
- Methods of treatment
- Frameworks for the group

3. Mindfulness exercise: Where do you want to go?

4. Introduction of participants

- Interview exercise
- Introduce each other to the group

5. What is health anxiety?

6. Home assignment

- What do I really want my life to be about?
- How do I get started with home assignments?
- Exercise 1 on CD 1: Where do you want to go?

7. End of session

- Summary round and time for questions
- Focus of the 2nd session: Introduction to ACT and Mindfulness

8. Concluding mindfulness exercise

Primary exercises/metaphors

Short mindfulness exercises - centring (E1), where do you want to go? (E2), interview exercise.

Delivery to participants

- Today's programme
- Fixed points for each time
- Methods of treatment

- Frameworks for the group
- Interview exercise
- What is health anxiety?
- How do I get started with home assignments?
- What do I really want my life to be about?

Material

- Folder, name badges
- A piece of paper
- CDs with guided instructions

Therapist's manual

SESSION 1

1. Short mindfulness exercise - centring (E1)

Prepare participants by explaining that mindfulness will be part of the programme. Tell them that each session will start with a mindfulness exercise, which aims to help them “land” in the room with all the feelings, thoughts and reactions that may be present at this particular time.

Give room for prejudices, expectations, or previous positive or negative experiences with mindfulness. Ask if it is possible to make room for all of it but also open themselves to this particular exercise and their experience in the present moment.

2. Welcome

- **Today's theme and programme**

The theme is introduced and today's programme (H1.1) is briefly outlined.

- **Introduction of the therapists**

We strive towards an informal presentation where roles and titles mean less than personal values. Already from the start we focus on what really matters in life, rather than focusing on linguistic stories about ourselves. In practice, this can be done by therapists introducing each other by telling the group a few things that the other likes to do (participants do this next).

Ex.: *“I know that for XXX being with her children is very important. When she is busy and her energy is at a low level, she tries her best to get glimpses of presence in everyday life.”*

- **Distribution of materials**

Participants are given a folder for their handouts and homework – in this way, during the course they will be able to look back at their thoughts and experiences from the beginning of treatment and follow their development. They can also use the worksheets as support for their homework as well as for possible involvement of relatives. The folder is an important thread through the course of the treatment and over time, it can be used as inspiration and a reminder for the patient. Participants are therefore encouraged to bring their folder each time and to use it between sessions.

- **Fixed points for each session (H1.2)**

Each session follows a similar form. Participants are being introduced to this form in order to make them more comfortable with each step.

- Mindfulness exercise (“land” in the room)
- Presentation of the agenda
- Recap from the last meeting
- Home assignments from last time
- Introduction to the day's topic

- Exercises
- New home assignments
- Summary round: important points from the day's theme and feedback
- Final mindfulness exercise

- **Forms of treatment (H1.3)**

ACT is a form of therapy focusing on learning through one's own experience, rather than just being taught what might be appropriate. This is consistent with the assumption in ACT that change does not happen by changing, deleting or expanding the learned ways of thinking, but rather by expanding the individual's behavioural repertoire and ways of relating to patterns of thoughts.

Therefore, for this group therapy we use many experiential exercises in which participants are engaged. Metaphors, poems, pictures and stories are very often used, as these challenge our usual ways of thinking. In addition, the more conventional teaching methods, such as short presentations/exercises and worksheets are used. The therapy sometimes takes the form of teaching, and sometimes discussions are based mainly on the exercises – usually a combination of these two will be used. However, in line with the experiential focus of ACT, teaching and reflection should be based on experience and therefore, whenever possible, will follow an exercise.

E.g. participants can be introduced to the experiential framework of the group in the following way

“Think about how many times you have been aware of something or learned something that still do not affect your actions. We often know what is the “right” thing to do, but don’t do it. It is human, and we all do this - knowing all along that we are not doing the “right” thing. In ACT, we assume that changes happen through experience and direct feeling of the moment. Therefore, in this group we will strive to give you the experience of how things could be different. We will invite you to participate in exercises, will show you pictures and tell you stories. This may be difficult for many of you and generate uncertainty and discomfort. But we believe that this is the best way to help you and that the attempt to avoid discomfort is a big detour. So we'll ask you to be as open as you can and to contribute to the exercises, while remembering that you always have the option to opt out - even if the exercise is in progress. How does that sound?”

- **Frameworks for the group (H1.4)**

The practical framework for the group is outlined. In addition, an attunement of expectations takes place, as expectations of us as therapists, and of them as participants within this group, are explicitly laid down.

3. Mindfulness exercises: Where do you want to go? (E2)

The exercise is intended to give participants an opportunity to get in touch with their various reasons for entering the group therapy. The following questions are openly and curiously asked in a mindfulness exercise: Why am I here? Which direction do I want to move in? (values). How do I respond to the idea of having to move? What thoughts, feelings and body sensations arise? (barriers). Am I willing to move in that direction WITH these barriers? (willingness, dedication). The participant is instructed to behave inquisitively to the questions without forcing answers out. If no

answer comes, that's OK. The very asking of questions can start a process and may be more important than the specific answers.

The group work is demanding and sometimes painful, which makes it important for each participant to be aware of their own reasons for attending and completing the therapy. Looking at these questions allows each participant time to create a personal and deep motivation for the work and to make an active choice in terms of being in the group.

After the exercise, participants are instructed to write down their answers in silence on the piece of paper and let those answers form the basis of their introduction to each other. Alternatively, the exercise can be a starting point for a round in which both therapists and participants share answers from the exercise.

4. Introduction of participants

- **Interview exercise (H1.5): Introduction of participants in pairs**

Participants gather in pairs and interview each other from questions in H1.5. They are encouraged to remember the answers that appeared in the mindfulness exercise "Why am I here?". These can form the basis for the responses. The participants are encouraged to write notes along the way, as after some time they will have to briefly present each other to the whole group. It is important to emphasise that the individual decides for him-/herself when something is too private or is near their boundary of privacy. The individual is always allowed to refuse or decline to answer a question.

- **Introduce each other to the group**

Participants present the person they have interviewed to the whole group and the therapist writes keywords for each person on the board. Already at this point, the therapist can search for values and barriers in what is presented. Participants often tell the story of their health anxiety and so health anxiety will be a main focus. By focusing on what health anxiety prevents them from doing and being, the focus already in the first session moves onto values.

You can emphasise this by splitting the board in 3 sections:

- VALUES
- BARRIERS
- EXPECTATIONS

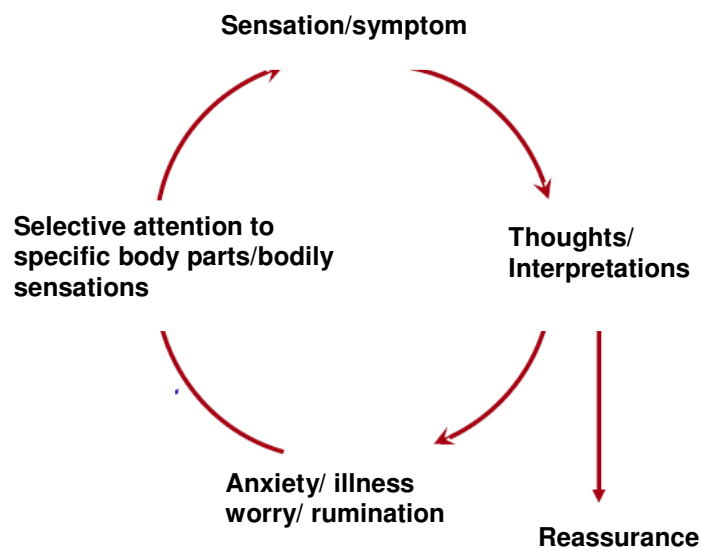
For many it's a great help to see different personal stories written up on the same board. They discover commonalities and feel greeted and recognised. They discover that they are not alone. They discover that health anxiety has different expressions, but common to all is the pain they are experiencing, as health anxiety – or rather the struggle against health anxiety - prevents them from living the life, they want..

5. What is health anxiety? (see H1.6)

A presentation on health anxiety is given, where participants are introduced to an understanding of health anxiety.

Health anxiety often exists together with other diagnoses and the patient can find it difficult to distinguish health anxiety from other problems. We therefore briefly outline the characteristics of other disorders and adapt this to the group's composition.

“The increasing anxiety spiral” is drawn on the board (see model below). The model illustrates how thoughts, emotions and sensations interacts and thereby maintain and enhance “normal” unpleasant sensations. Sensations from the body are interpreted as a “symptom” and initiate worry and rumination. The attention is then influenced by the presence of illness worry and will be increasingly focussed on the specific body part. Increased awareness of specific physical sensations can increase the perception of them and therefore can easily lead to further concerns and confirm the assumption that the sensations are indeed “dangerous”. Various components reinforce each other, and therefore the basis for being stuck in a negative self-reinforcing spiral is formed. Some research show that rumination may be the primary element of health anxiety.



6. Introduction to home assignment

- **Exercise: What I really want my life to be about. (H1.7)**

Participants are instructed to work at home with the question of what they want their life to be about. This is done in the first session to start getting in touch with (possibly) lost values. Clarifying values can create motivation and direction during the course of the treatment.

- **Exercise: How do I get started with home assignments? (H1.8)**

The aim of this exercise is to help the participants take responsibility for carrying out home assignments and to actively help them decide how highly they will prioritise home assignments, and thus the treatment.

It is important to clarify that home assignments are part of the treatment itself and not just an adjunct to the treatment. Home assignments are a way of transferring what they have learned in the sessions to their actual lives. At the same time, it must be recognised that home assignments represent a challenging part of the treatment and often involve confrontation with difficult emotions or thoughts. Therefore, the process of home assignments is even more important than the result. Just the fact that they sit down and look at it and try to write something down as part of the home assignment can be of great value. The therapist may also make it clear that we will sometimes explore what is happening to the individual when home assignments are not done. By looking at this, there is often a lot to learn. They will therefore learn much more by trying to do home assignments rather than simply giving up in advance.

- **Exercise 1 on CD 1: Where do you want to go?**

7. End of session

- **Summary round**

Ask each participant to say a few words about what they will take away from this particular session. Point out that it is OK not to say anything and to just let the rest of the group speak. It can be an experience, a meeting, a discovery, a single word, a picture, or similar. If time is short, participants are instructed to say a single word that describes some part of their experience of the day.

- **Time for questions**

The first session often gives rise to a number of questions from participants. It is therefore particularly important to allow time for questions and comments at the end of this session.

- **Focus of the 2nd session: Introduction to ACT and mindfulness**

8. Concluding mindfulness exercise (E1)

The same exercise as in the beginning of the session can be used, but as a conclusion to the exercise, you can add something like: *“Before we end and walk out the door, I will ask you to give yourself a moment to acknowledge your efforts today. Thank yourself for having taken such an important step in the direction of what you want. The fact that you came here is a sign that you’ve had the courage to share yourself and your experiences with the people in this group.”*

SESSION 2: INTRODUCTION TO ACT AND MINDFULNESS

The purpose of the 2nd session is to provide an overall understanding of ACT and mindfulness, and to provide participants with some experience of both. The essential concepts are introduced; the focus and formal purpose of ACT and mindfulness practices are clarified. Furthermore, the programme for the entire course is presented.

Programme overview:

1. Breathing space exercise

2. Summarize the 1st session

3. Follow-up on home assignment

- What do I really want my life to be about?
- How do I get started with the home assignments?
- Exercise 1 on CD 1: Where do you want to go?

4. Review the programme for the entire course + today's programme

5. What is ACT?

- Role playing: Lifeline
- Exercise: Take your mind for a walk

6. What is mindfulness?

- Definition and purpose
- Breathing space exercise

7. Home assignment

- What did I give up this week due to health anxiety?
- Practising mindfulness in 1 daily activity or Exercise 3 on CD 1

8. End of session

- Summary round and presenting the focus of the 3rd session

9. Short observing self-exercise

Primary exercises/metaphors

Breathing space exercise (E3), Lifeline (E4), Take your mind for a walk, Short observing self-exercise (E5).

Delivery to participants

- Programme overview for the entire course
- Today's programme
- What is ACT and Mindfulness
- Avoidance in the group

- What did I give up this week due to health anxiety?

Material

- A scarf or rope, paper (perhaps post-its), clear markers for use in Lifeline exercise.

Therapist's manual

SESSION 2

1. Breathing space exercise (E3)

This exercise is briefly introduced as this will be repeated and introduced in connection with the presentation of mindfulness later in today's programme. It may be briefly mentioned that it is a short but very important exercise, from which the participants may gain great benefit with regular practice.

2. Summarize the 1st session

Framework of the group, introduction to health anxiety, introducing each other and expectations for the course. At this point it is important to leave room for questions, thoughts and reactions from the last session.

3. Follow-up on home assignment

- **What do I really want my life to be about?**

The follow-up for this exercise can be asking about the content (i.e. insights and discoveries from the questions) and the process (i.e. the process of performing a home assignment and working with values). Questions on the content: *Are there new values or areas of your life that you have become aware of? Have you discovered that there may be a difference in how important a value is and how much you are acting on it?*

Questions on the process: *What are the barriers you've found in relation to having to do home assignments? What feelings, thoughts or sensations arose while doing the home assignments? How did you react to these?*

- **How do I get started with the home assignments?**

The theme of this exercise is indirectly discussed above.

- **Exercise 1 on CD 1: Where do you want to go?**

4. Review the programme for the entire course + Today's programme (H2.1)

The overall programme for the entire process is briefly outlined to participants. The therapist can explain that the programme is carefully planned. The first half is very structured, consisting of psycho-education and exercises. Therefore, there is not so much time for personal experience,

development, or review of home assignments. In the second half of the programme, there is more time to share personal experiences and to repeat points and exercises. The reason for this is that we would like to introduce some concepts and points right from the beginning, so they can be quickly implemented and applied to the participants' lives.

The purpose of today's programme is to prepare and introduce participants to the method of treatment by explaining ACT and mindfulness, and to give participants their first "taste" of the experience-based form.

5. What is ACT? (see H2.2)

The lifeline model is drawn on the board and is used as an introduction to ACT (see H2.2).

In short, ACT is about:

- *Accepting your thoughts, feelings and physical sensations as they appear in the present moment.*
- *Connecting with your values*
- *Taking active steps toward your values (commitment)*

The purpose of ACT is to move closer to the values that are placed in the model at the end of the line. Getting closer to the values means to live the life you really want and to see an increasing consistency between values and behaviour. While persecuting values we encounter pain, i.e. unpleasant thoughts, bodily sensations and emotions, such as illness worry. ACT assumes that pain is part of living a valuable and vital life but, through learning in our childhood and because of cultural norms, we have "learned" that we can avoid the pain through avoidance and control strategies. This works well in the short run, but in the long run, we often find that life is narrowed and that the pain may actually increase.

On our way persecuting values, we work with mindfulness and acceptance-based exercises. We will not go into details now, but will introduce Mindfulness separately later in today's programme. Hopefully, we will find some common thread, but it is natural and expected to find this somewhat confusing in the beginning!

- **Role playing: Lifeline (see E4) as a metaphor for the above:**

We will now demonstrate some of the processes in ACT through a role play. We will often use role playing, exercises and metaphors, as we believe that this can sometimes give a more direct experience of the point. Maybe you will recognize some parts of the role play from your own life and other parts might not match your experiences. That is normal. We will talk about your experience of the role play afterwards.

The lifeline exercise is carried out as a role play where one co-therapist plays a "patient". Health anxiety is used as an example. In this way, participants get an initial experience and sense of how ACT is used and how health anxiety is conceptualised from an ACT perspective.

The example of health anxiety shows how becoming engaged in 'a vicious cycle of anxiety or worry' can move us away from our values. Moreover, the Lifeline is an excellent way to illustrate all ACT processes and the way they interact – using an experience-oriented example.

- Willingness = to be on the line (scarf/rope) with all the emotions etc. that it evokes
- Value-based action = to take steps along the line
- Fusion = to regard the thoughts as “truth” and to act accordingly.
- Values = the direction the person wants to move in, i.e. the values that guide that persons live (values are “placed” at the end of the line).

Afterwards, it can be helpful to ask about the participant's physical or emotional reactions during the role play, as this often awakens recognition and activates feelings. Not all participants will be able to recognise themselves in the example, therefore, it is important to stress that health anxiety has different faces for different people. The symptoms and control strategies vary from person to person – but perhaps common to all is that they are struggling with illness worries and emotional pain and the struggle with these takes them away from what they want in life.

- **Exercise: Take your mind for a walk**

This exercise addresses a key component of ACT, namely, to examine how we relate to our thoughts.

Something we will emphasize during the next few weeks is how we relate to our thoughts. This is an important part of ACT as our thoughts can easily lead us astray, as seen in the role play just before.

Sit in pairs (set them up with someone they have not worked with before).

Write down some of the thoughts that can make you most scared or upset. It can be thoughts related to health anxiety or other thoughts you may have about yourself or your life. At this point, however, you should not choose the most difficult or scary thoughts.

Participants exchange notes. Instruct participants to walk around while one participant (A) plays the role of being the other's (B) thoughts (improvising thought content from the thoughts their partner have written down). In the first round, person B is instructed to argue against their thoughts, that is person A speaking the thoughts. In the same way that people might have internal dialogues with thoughts about health anxiety. In the second round, instruct person B to leave thoughts as a background commentary or as a radio running in the background. In this round, person B must not argue with the thoughts (person A), but just leave them there while they go wherever they want.

Recap and pointer:

The exercise is used to introduce working with the *relationship* with thoughts rather than the content of the thoughts. For example fusion is where the participant is immersed in and fighting with the thought and defusion is when the participant is distanced from the thought. One can examine which of the two situations require most energy and any physical reactions as they were listening to the thoughts. Thus, the purpose is not to create defusion immediately - just to begin to introduce the idea that there may be different ways to relate to thoughts.

- **Avoidance in the group (see H2.3)**

As we've talked about, we as humans may avoid or control anxiety in many ways. We have all learned our own methods to handle health anxiety or uncertainty, and we will not take these away from you. They have had an important function and may even have protected you against overwhelming feelings that you could not handle at that time. But as we've also talked about, a problem arises when avoidance is inflexible and automatic - whether we want it or not, whether it is in line with our values or not. In these cases, avoidance may come to reinforce what we want to get away from, and our quality of life deteriorates.

Since avoidance often takes place in our relationships, the group is a really exciting place to explore your own avoidance strategies. The group is also a great place to practice and try out new strategies.

6. What is mindfulness? (see H2.2)

Definition

"To intentionally bring attention to the present moment in a non-judgmental way"

Jon Kabat-Zinn

The definition can be deepened by dividing it into 3 parts:

1. *It is an intentional attention. This means that it is directed towards something - and thus differs from our usual wandering attention.*
2. *And what is it directed towards? It is directed towards the present moment. And the moment has to do with what we perceive. It can be external objects we listen to, see, or smell. Or it could be internal objects, such as thoughts, feelings and body sensations. Breathing is used in many exercises as the breath is always present and available in the moment.*
3. *Attention is present with a special quality, namely a non-judgmental or accepting attention. Our daily attention is actually incredibly judgmental. It divides everything we encounter into "I like", "I dislike" or "I don't care about". But mindfulness focuses our attention to be present in the moment without adding to or subtracting from it.*

Through mindfulness training, the ability to be meta-aware is trained, i.e. an awareness of attention. It allows you to be aware of the "vicious cycle" between thoughts, feelings and bodily sensations (see anxiety cycle) and helps us to gradually reduce the tendency to unintentionally feed or perpetuate these cycles.

As a link to previous themes, you can draw 'the vicious cycle of anxiety or worry' on the board and draw mindfulness as a circle around it (see H2.2). The idea is that mindfulness is a meta-attention that can *both* accommodate internal experiences (thoughts, feelings, and body sensations), and increase awareness of "vicious cycles". This creates a distance from these and makes it possible to act with awareness rather than automation. In turn, this makes it easier to lead a values-based life rather than a life ruled by anxiety and difficult sensations.

- **Breathing space exercise (E3)**

The breathing space exercise is repeated from the start of today's session. The reason is that this is a very central exercise from which the participants can gain great benefit as a home assignment if they practice it. Also, the exercise illustrates in many ways several of the points of mindfulness.

The breathing space exercise is a very short exercise divided into three distinct steps. The last step, where the participants are instructed to breathe out throughout the body with an open and inquisitive attitude, is an example of acceptance in practice. Here, the participant gets an experience of what it means to practice an *open and allowing* kind of attention, as practiced through mindfulness.

The breathing space exercise can be done "formally" i.e. as a sitting meditation. But it is meant to be used during everyday activities; e.g. on the bus, on the toilet, at work, in between tasks, or during a meal. It is not a meditation but rather a way in which the participant can "take the temperature" of his/her thoughts, feelings and bodily sensations and be aware of these, so that the negative cycles can be nipped in the bud.

To begin with, it is a good idea to invite the participant to do the exercise at a fixed time every day. This could be at a certain time or be linked to specific actions, such as cycling to work, shopping, or in the morning after the alarm has rung. It may seem awkward and formal in the beginning, but the exercise may gradually become a natural part of everyday life.

Points from the breathing space exercise:

It can be used to illustrate exactly what we mean by acceptance, i.e. a non-judgmental attention. In the last step of the exercise, participants are trained to *breathe into* body sensations and emotions. The person shows him-/herself that everything that is present in the moment (thoughts, feelings and body sensations) can be accommodated and they do not have to run away from it. "Now" is not to be understood as the situation you are in, but rather as one's inner reactions to the situation (thoughts, emotions, bodily sensations). These are to be accepted, as control does not work here.

7. Home assignment

- **What did I give up this week due to health anxiety? (H2.4)**

The purpose of this exercise is to increase the participant's understanding of the costs of struggling with health anxiety in his or her life. This is a preparation for next week's theme when we are going to work with creative hopelessness.

- **Mindfulness training in 1 daily activity or Exercise 3 on CD 1 (Breathing Space exercise).**

Participants are encouraged to practice a curious and inquiring attitude while doing 1 activity in his/her daily life such as eating, dressing, brushing teeth, or standing in line at the supermarket.

8. End of session

- **Summary round**
- **Focus of the 3rd session: How have you tried to manage your health anxiety?**

9. Short observing self-exercise (E5)

The aim of this exercise is to briefly introduce the concept of the “observing self” and link it to the presentation of mindfulness. The observing self is the part of our consciousness that does not change. This is the part of consciousness that can observe, hold and allow changing and conflicting thoughts and feelings. Getting in touch with this type of self can increase feelings of independence from illness worries and makes it easier to allow the existence of these. The observing self may be further developed through mindfulness training and hence provide a stance for observing thoughts, feelings and body sensations.

SESSION 3: HOW HAVE YOU TRIED TO MANAGE YOUR HEALTH ANXIETY?

The purpose of this session is to examine the individual's control strategies and experiences in coping with health anxiety. The purpose is to help the individual to examine whether the previously used strategies have been effective in the short and long term in relation to living a values-based life.

Programme overview

1. Breathing space exercise

2. Summarise the 2nd session

3. Follow-up on home assignment

- What did I give up this week due to health anxiety?
- Mindfulness training in 1 daily activity or exercise 3 on CD 1

4. Review today's programme

5. Individual functional analyses in two groups

6. Mindfulness with creative hopelessness

7. Metaphor: To dig yourself out of a hole

8. Home assignment

- Diary: How do you dig?
- Exercise 2 on CD 1: Body Scan Meditation

9. End of session

- Summary round
- Focus of the 4th session: Control or values - your choice!

10. Body Scan Meditation

Primary exercises/metaphors

Breathing space exercise (E3), Functional analysis, Mindfulness with creative hopelessness (E7), Metaphor: To dig yourself out of a hole, Body Scan Meditation (E6)

Delivery to participants

- Today's programme
- Functional analysis
- To dig yourself out of a hole
- How do you dig?

Material to be used during the exercises

Board or flip chart for functional analyses

Therapist's manual

SESSION 3

1. Breathing space - exercise (E3)

Repeated from session 2

2. Summarise session 2

Introduction to ACT, Lifeline, take your mind for a walk, introduction to mindfulness. Have participants thought further about these topics, any questions?

3. Follow-up on home assignment

- **What have I abandoned this week due to health anxiety?**

Leave for later use as background for the functional analyses (see section 5).

- **Training mindfulness in 1 daily activity or Exercise 3 on CD 1 (Breathing space exercise)**

What were participants' experiences with practicing mindfulness in everyday life (walking, eating etc) or breathing space exercise? Was there anything that surprised them?

4. Review today's programme (H3.1)

The purpose of today's session is to examine the individual's control strategies and attempts to cope with health anxiety and discuss different ways in which the patient has felt trapped by health anxiety or felt "stuck".

5. Individual functional analyses in two groups (H3.2)

The group is split into two smaller groups and a functional analysis is drafted for each participant. Write on the board everything that each of the participants have tried in order to solve or eliminate health anxiety until now.

The individual's control strategies are outlined and their effects examined. We examine what the triggers are (unwanted feelings, sensations, etc.), how each participant responds to the unpleasant thoughts/feelings/sensations (such as illness worry), and the short-and long-term effects of these responses. The main focus is on the response rather than the trigger. I.e. to provide an understanding of that it is avoidance/unwillingness and not illness worry (the trigger) itself, that causes suffering.

Instructions: You can probably think of many different strategies (e.g. looking up symptoms at the internet, calling the doctor, criticising yourself, using alcohol, blaming others) you have used - try to list some of them”...

“...what else have you tried?”

“What was the purpose of ...?”

“What advice did you get from others?”

Evaluate how much these strategies have helped you in solving your problem:

“What is your experience of these strategies in the short term in relation to solving your problem?”

“What is your experience of these strategies in the long term in relation to solving your problem?”

“Do these types of strategies look like the way you typically react to other problems in your life? If yes, in what way?”

“Could you say that these strategies have in general been attempts to avoid or control health anxiety?”

As the participants describe their experiences, the ACT model is used to develop a case conceptualisation for the individual (examples of fusion, emotional control strategies, distance from values, etc.)

Objectives for doing the functional analysis:

- to emphasize creative hopelessness in relation to the various control and avoidance strategies that have been used to eliminate health anxiety; i.e. create an experiential insight that control does not work because it *cannot* work.
- to create motivation to try something new - the participant may start talking about the willingness to accommodate the unpleasant (such as illness worry), rather than avoiding it - and may relate to the exercise of “walking around with it” rather than fighting with it.

6. Mindfulness with creative hopelessness (E7)

Purpose: To create opportunities for the experience of creative hopelessness.

7. Metaphor: To dig yourself out of a hole (see H3.3)

The participant's control strategies are compared with trying to dig yourself out of a hole: The more you dig, the bigger the hole you are caught in becomes.

- HOLE = Anxiety. All people fall into holes from time to time = experience worry or anxiety. This cannot be avoided.
- DIG = this is how we *react* when we are in a hole.
- SHOVEL = As long as the participant does not release the shovel, nothing new can happen.

Points

- *The things you have learned to do don't work, even though they work well in other areas.*

- *The problem is not the tool (the shovel) - it's the situation in which you are using it.*
- *You know that all this has NOT worked, and what I'm saying is that it CANNOT work. If you do not believe me, think of your own experiences. You can under no circumstances dig yourself out of a hole - it's like a rigged game, it's hopeless!*
- *This does not mean that there is no way out. But with the system you have used, where your strategy is to dig, no matter how motivated you are, how hard you work to dig - there is NO WAY OUT - you're stuck!*
- *Maybe you came here with the hope that I would give you a "golden shovel" or help you to dig - I neither can nor will because it does not solve your problem, it just makes it worse.*
- *You cannot do anything productive until you release the shovel and let go of your agenda to dig - you have to make room for something else in your hands!*
- *Have you suffered enough? - Are you ready to stop digging and do something else?*

It is important to point out that this is not the participant's fault. This is not a matter of guilt or lack of willpower/motivation - the participant has simply responded with what he/she has learned - and this certainly had an important function in a different context, perhaps in childhood - but maybe not any more!

Predictable reactions to the metaphor from participants

- "Maybe I should just put up with it, it probably has meaning that my life is like this"
To tolerate and give up is still part of the same agenda (to dig your way out), but you just don't try any longer – I suggest changing your agenda!
- "I have to understand my past"
To have knowledge of the steps and experiences you had before you fell into the hole will not help you get out of the hole.!
- "Am I to blame for my problems - should I blame myself for being in the hole?"
Blaming yourself is like standing at the top of the hole and throwing soil onto the head of the person and saying, 'dig yourself out, dig yourself out' - it's hopeless!
- "Then, what is the way out? You have to give me another tool!"
Let's start by looking at what does not work. You have to release the shovel before you can do anything else.

8. Home assignment

- **Diary: How do you dig? (H3.4)**

During the next few weeks the participant is invited to examine the individual ways, in which they try to control and avoid difficult feelings, thoughts and bodily sensations. It is important to emphasise that during the next week, the participants do *not* need to change anything. Control strategies have been with the person for most of his/her life and still serve an important function and cannot be removed or altered so easily. The purpose of this exercise is simply to discover and learn to recognise and familiarise themselves with the strategies they use, so eventually it may be easier to detect when they are in the process of "digging".

The therapist can introduce the home assignment by saying something like:

“Today we have worked with the metaphor of “digging yourself out of a hole”. We have learned that shovelling is good at making holes, but not to escape from them. It has also become clear that your problem is not caused by a lack of motivation or enthusiasm because you have strenuously tried many things, but no matter how hard you try to avoid or control the unpleasant thoughts, sensations and emotions they are there - in other words, you’re stuck!

The paradox is that many of the things you have learned to do in other situations, such as problem solving, don't work with illness worries, although they work well in other areas (e.g. to solve practical tasks). Thus, the problem is not the “tool”, but the situation in which you are using it. This means that before you can try something different or productive, you need to get rid of the shovel! By letting go of your agenda to “dig”, you can create room for something else in your hands!

First, for getting rid of the shovel, we must know exactly what it looks like when YOU dig. The purpose of performing this exercise and filling out this form is to give you insight into your personal strategies in relation to health anxiety. So for this week’s homework we invite you to record episodes in your everyday life (small and large), where you find yourself in the process of “digging”.

It is important that you get insight into how you “dig” because if, at any time, you are ready to do something else you will most likely find that the habit of “digging” is deeply ingrained in you and returns easily. Therefore, we must prepare ourselves for the situation when we need to “drop the shovel” because we have fallen into the old habit of “digging”. The more aware you become of when (in what situations) and how you start “digging” (for example, by distracting yourself, blaming yourself, finding reasons and explanations, avoiding situations, etc.) the easier it is for you to catch yourself in it and stop it when it is not helping you.”

- **Exercise 2 on CD 1: Body Scan Meditation**

9. End of session

- **Summary round**
- **Focus of the 4th session: Control or values - your choice!**

10. Body Scan Meditation (E6)

The purpose of this exercise is to create a good centring for participants at the end of the session. The purpose is *not* relaxation or freedom from thoughts - these are pleasant random side effects. The purpose here is to cultivate and practice being a non-judgmental observer and develop a conscious attitude to bodily sensations as they arise and disappear. This increases the willingness to experience strong emotional and physical sensations without reacting automatically (with avoidance) to them.

Points:

- bodily sensations change even if you do not respond to them.

- difficult bodily sensations often involve evaluative thoughts
- evaluative thoughts easily lead to automatic action

SESSION 4: CONTROL OR VALUES? - YOUR CHOICE!

The purpose of session 4 is to extend the insights and experiences from the last session in relation to the control agenda's limited effect on anxiety. Through experiential exercises, the effect of the control agenda is further tested and examined. Further, values-based living is introduced as an alternative to an avoidance and control-driven life. Values are introduced in the context of willingness - the theme of the next session.

Programme overview

1. Short body scan

2. Summarise session 3

3. Follow-up on home assignment

- Diary: How do you dig?
- Exercise 2 on CD 1: Body Scan Meditation

4. Review today's programme

5. Control - a double-edged sword

- Exercise: Chinese finger traps
- Metaphor: The little tiger
- Exercise: The polar bear

6. Values as an alternative to control

- Exercise: Sweet spot
- Exercise: Bull's Eye

7. Shared commitment

8. Home assignment

- Take a dedicated step
- Exercise 2 from CD 1: body scan, Exercise 4 from CD 2: Take a step.

9. End

- Summary round
- Focus of the 5th session: Willingness – A new road.

Primary exercises/metaphors

Body Scan Meditation (E6), Chinese finger traps, The little tiger, The polar bear, Short sweet spot (E8), Bulls Eye.

Delivery to participants

- Today's programme
- Control - a double-edged sword
- Bulls Eye
- What is a dedicated step?

Material

- Chinese finger traps (can be ordered online by searching for “Chinese finger traps”).

Therapist's manual

SESSION 4

1. Short body scan (E6)

Repeated from session 3, but made less detailed.

2. Summarize session 3

We examined how the individual has tried to manage their health anxiety. The impact of individual strategies was examined through performing functional analyses; how do the strategies work in the short and long term? Metaphor: To dig yourself out of a hole.

3. Follow-up on home assignment

- **How do you dig?**

- *What are participants' thoughts in relation to the metaphor "To dig yourself out of a hole"?*
- *What are their experiences with "digging" during the week? Did they discover new strategies?*

- **Exercise 1 on CD 1: Body Scan Meditation**

It is important to inquire about the mindfulness practice as often many difficulties are encountered initially. The therapist's task is to respond to these with the same accepting and curious awareness that is desired from the participant. This means that any difficulty or "error" in the exercises can be explored and investigated, and will thus lead to learning and given insight into the mechanisms of the mind. Examples of feedback on the challenges:

I fell asleep

The participant is instructed to sit up or keep his/her eyes open under the short body scan meditation. Perhaps the problem is that he/she actually comes to feel more tired than he/she feels on a daily basis. The solution may be to respond to this realisation by changing their sleep pattern to allow for more sleep.

I cannot find peace

"Notice how your mind has created a rule that you must find peace, or peace is a goal of the exercise. It happens constantly. We hear instructions as rules. Remember that the purpose is not to get somewhere else, but to be in the moment exactly as it is. If turbulence is present, then this is what you can observe. Where is the turbulence in the body, how much do you feel it, etc.?"

I don't have time

"Many people from the group can probably recognise this problem. None of you here in the group may have an extra 20 minutes a day for some new activity. To create time and space for mindfulness practice is a priority and a choice".

"Think about why you would do that? What in your life is important to work towards? How would your life look in 20 years if the thought "I don't have time" were allowed to control you"

Is the participant motivated? If so, t with them about what could practically be adjusted in his/her life to create time.

I have too many thoughts all the time

Many forms of meditation focus on getting rid of our thoughts and “emptying the mind”. Not mindfulness. The purpose is simply to observe and accept what is present in the moment. When there are many thoughts, this is what you observe and are aware of. The moment you discover that you experience many thoughts; you are in the present moment and fully engaged in mindfulness. Every time your mind wanders, and you bring awareness “home” to the breath, to the present, you exercise mindfulness.

4. Review the day's programme (H4.1)

The purpose of today's session is to further test and examine the effect of individual's control strategies.

5. Control - a double-edged sword (see H4.2)

The participant is briefly introduced to the paradoxical effect of control and avoidance strategies used for thoughts, feelings and bodily sensations, where the rule applies: “If you don’t want it, you’ve got it”. It is important to point out that control is not necessarily bad or wrong. We only introduce the idea that control does not work for ALL situations and that there are areas of human life where control actually works against us in the long run. It is also important to emphasise that for “internal” events (i.e., thoughts, feelings and body sensations) control strategies are inappropriate and may even have a paradoxical effect. This is emphasised through the “little tiger” metaphor (feelings) and “polar bear” (thoughts) exercise later in the programme. The control and avoidance strategies can be described as ways “to dig” in order to relate to the metaphor from the previous session.

At this point, the “evil flower” model that the participants have in their handouts can be drawn. (see H4.2)

- **Exercise: Chinese finger traps**

Chinese finger traps can be bought on several web-pages.

Instructions:

If you already know this “thing”, then don't say anything. Focus on your own experience.

- Hand out the finger traps.

Now stick your finger inside as far as it goes. One finger in each end.....then pull back and try to get it out.

Evaluation:

- “When your fingers were stuck, what did you want to do?”

- “What did you experience in terms of how this strategy worked?”

- “What thoughts, feelings, behaviours or evaluations showed up during the exercise? – are you familiar with some of these thoughts and feelings?”

When it comes to unpleasant thoughts, feelings or bodily sensations, the solution may not be to forcefully try to escape; rather, that attempt may be part of the problem! But our mind thinks that

the solution is to eliminate the unpleasant through avoidance and control, so it puts you in the process of “digging”.

- **Metaphor: The little tiger**

Instructions:

Imagine that one day when you get home, you find a tiger kitten in your kitchen. The tiger kitten is sweet and loving, but he also snarls at you as if he wants something from you. You look in the fridge and find some minced meat, and gives it to him, because you know that it keeps the tiger away from you. He will be satisfied for a short time but then comes back again and again and again.....and he wants more and more each time.

You continue like this day after day. After 1 year, he no longer wants minced meat, but beef in order to be quiet, and he will no longer meow when he is hungry - but will roar fiercely at you.

Soon you discover that you have nothing more to give him - and when you turn around to look right at him, you discover that he is huge.... and now there's nothing left in the kitchen that he can eat - except for you!

Points:

- Every time you “feed” your illness worries with avoidance behaviour, you help your “anxiety-tiger” to become a little bit bigger and stronger.

- Illness worries can only be avoided or controlled for a short period. They will get more and more intense over time and play a larger and larger role in your life - requiring more and more of your attention. In the end, it might happen that health anxiety will overshadow every other part of your life and you will spend all your time and energy trying to control it.

- It may seem wise to feed health anxiety in this way, as the “anxiety-tiger” roars furiously to warn you that if you do not feed him, he will eat you up.

- You've done the best you could do. You have fought and fought. It's not that you have done something wrong. But even your best attempts and major efforts have been part of the problem you are trying to avoid.

Do not think about it, but check with your own experience: Does this fit with my experience?

- **Exercise: Don't think of a white polar bear**

Instructions:

Now I'm going to ask you to sit and just let your mind wander. Think about whatever you want. There is just one thing I want to ask you - and that is not to think of a polar bear. So just let your thoughts wander as they please, but without thinking of a white polar bear. Without getting an image of a polar bear or hearing a polar bear. Otherwise, think about anything you want for the next minute, anything aside from a polar bear. I will tell you when one minute is up. Off you go.

Points

How many people thought of a polar bear at some stage?

Usually, most people put their hands up.

How many of you, do you think, would have thought of a polar bear, if I had not asked you NOT to think about it?

Typically no one.

A polar bear is for most of you a neutral object with which you have had no direct experience. They are not part of your everyday life and you have no immediate reason to be afraid of polar bears. And yet the instruction NOT to think of a polar bear holds so much power over your mind that it actually produces exactly what you're trying to avoid.

Think about if this paradoxical tendency may also be true for the anxious thoughts about your health that you try to avoid and control in different ways. Anxious thoughts are not neutral objects but thoughts linked to strong physical sensations. What power do these have if we try to avoid and escape them?

I'm not trying to convince you of this, check your own experiences with trying to escape or control anxious thoughts. Has it worked in the long run? Has the thought become more or less powerful?

6. Values as an alternative to control

Values are formally introduced in this session as an alternative to control strategies because the attempt to avoid or control emotions, thought etc. often leads us away from the life we basically want. Clarification of values is necessary to become aware of the costs of a control driven life and thus to create additional motivation to letting go of control. Thus, awareness of values creates a context for doing something else, namely to begin meeting thoughts and feelings with willingness.

As an introduction, participants are briefly introduced to the concept of "values" by differentiating them from goal, duties, actions, etc.:

- Values are not goals
- Values are not obligations
- Values are not dependent on financial status, age, or physique
- Values are a continuous, dynamic process.

(see session 8, where the concept of value is discussed in more detail).

• **Exercise: Sweet spot (E8)**

Purpose:

- To create opportunities for further clarification of values and increase the individual's ability to identify and act on values.

- To give a sense of how much vitality is present in values. Sometimes, health anxiety is so dominant that participants do not experience any contact with their values. It is important to normalize this experience. However, recalling a meaningful time in his/her life may bring the person in touch with *how it feels* when living in line with values. This experience may later become a benchmark for the person to clarify their values.

- **Bull's Eye exercise (H4.3)**

Instructions:

Participants are instructed to sit by themselves (or sit in groups of two) and fill out their personal values, obstacles and actions in one of the given areas of life. These may be based on their experience from the previous exercise (sweet spot). The Bull's Eye is introduced as an exercise we will return to and that will be repeated throughout the treatment.

Moreover, participants are requested to choose a concrete step to take in the area of life they have just filled in on the handout. It should be a step that they can accomplish in the coming week and that will likely evoke unpleasant thoughts or feelings. If they are unsure whether they would be able to complete the particular step because of for instance strong emotions, they are instructed to choose a "small" step that would still be in line with their values.

For example, If the value was "to take care of my body", one possible step could be: to run three days a week. But it could also be going to the swimming bath once. Or if there has been much avoidance of this value, a first step might just be to go shopping and buy a swimsuit or running shoes. All these steps are fully in line with the value "to take care of my body".

If convenient, include points from - or refer to - handout (H4.4) (What is a dedicated step?), which has been provided as a supplement to today's homework.

7. Shared commitment

Each participant is invited to stand in front of the group and say:

"I will do (concrete step/action) ... Barriers will be (thoughts/feelings/sensations)... I will do it anyway because (value)."

These elements may be written on the board.

Participants are instructed to stand up, look everyone in the eye and say what they will do, what could stop them and why will they do it anyway.

Therapists can emphasise the rationale behind this, namely that studies show that the probability of completing an action is greater if it is shared with at least one other person.

8. Home assignment

- **Take a dedicated step**
- **Exercise 2 from CD 1: body scan, Exercise 4 from CD 2: Take a step.**

9. End of session

- **Summary round**
- **Focus of the 5th session: Willingness – A new road.**

SESSION 5: WILLINGNESS – A NEW ROAD

The purpose of session 5 is to introduce acceptance as an alternative to attempting to control anxiety. The control-agenda is additionally challenged by looking at the lack of success in applying these strategies to internal states. Remind participants that mindfulness is a practice in willingness - and that willingness may increase the ability to act on life.

Programme overview

1. Short acceptance of health anxiety

2. Summarise session 4

3. Follow-up on home assignment

- Take a dedicated step
- Exercise 2 from CD 1: Body scan, Exercise 4 from CD 2: Take a step.

4. Review the day's programme

5. Why do we use control?

- Three types of motivation

6. Willingness - an alternative to control

- Bus metaphor
- Pain vs. suffering

7. Panic induction

8. Mindfulness exercise with breath and body

9. Home assignment

- Take a dedicated step
- Exercise 1 on CD 2: Acceptance of emotions, Exercise 4 from CD 1, Breathing meditation

10. End of session

- Summary round
- Focus of the 6th session: Distance from your thoughts - defusion

Primary exercises/metaphors

Short acceptance of health anxiety exercise (E9), Three kinds of motivation, Bus metaphor, Pain vs. Suffering, Panic induction (E10), Mindfulness of breath and body (E11)

Delivery to participants

- Today's programme
- Three forms of motivation
- Willingness

- Bus metaphor
- Pain vs. suffering

Therapist's manual

SESSION 5

1. Short acceptance of health anxiety exercise (E9)

This exercise is used as an initial centring and to remind participants of the function of mindfulness in relation to dealing with health anxiety in a new way; i.e. with an open, inviting attitude (breathing *into* and *with* the difficult emotions and sensations).

2. Summarise session 4

“The solution” (purposeful control) may be part of the problem and control strategies only have a limited effect on health anxiety. In the long term, using control strategies takes more and more time and effort (“the hungry tiger”) and life is put on stand-by (values are restricted). Living a value-based life was introduced as an alternative to control: A life where values drive actions rather than the struggle with health anxiety.

3. Follow-up on home assignment

- **Take a dedicated step**

It is important to follow up the steps taken by the participants since the last session. This underlines how important it is for them to engage behaviourally between sessions. It may be appropriate to take a round where each participant speaks about their step. Frequently, participants experience that their prediction of what will happen when they take a dedicated step, is worse than what actually happens. Therefore, it may be helpful to ask what their expectations were in terms of anticipated barriers (thoughts, feelings and bodily sensations) and what actually happened and how they handled the obstacles. Furthermore, it is equally important to examine reasons that prevented participants from acting on what they had set out to do. The thoughts and feelings preventing the dedicated action are explored, and it is further clarified that fusion with thoughts or avoidance of feelings make it difficult to act as we wish.

- **Exercise 2 on CD 1: Body Scan, Exercise 4 from CD 2: Take a step.**

4. Review today's programme (H5.1)

5. Three forms of motivation (See H5.2)

Three different forms of motivation (“Avoiding Allan”, “Performing Petra” and “Vital Viktor”) are outlined on the board to raise awareness about what motivates us to use control and avoidance.

6. Willingness - an alternative to control (see H5.3)

- **Bus metaphor (see H5.4)**

The metaphor is presented as an illustration of what is meant by willingness.

After the bus metaphor the concept of willingness is introduced. For example, the therapist can introduce the concept of willingness as follows:

We have talked about, illustrated, and learned that the following rule applies for internal states: "If you don't want it, you've got it!" Supposing that the rule is true, ask yourself the question: If you have already suffered, what can you logically do to put this rule into practice in relation to your worrisome thoughts and feelings?

Ask the group to spend just a few minutes writing down any ideas.

Maybe you began to consider how you might be willing to have your illness worries, if this meant that your illness worries would diminish or even disappear. You may start saying the following to yourself: if I am more willing to carry my illness worries with me, then I might not be so worried.

Yet, this is not really willingness - as here you are only willing something IF it reduces your worries. This form of willingness implicitly states that you don't want to carry your worries with you and that you will use willingness as a new attempt to avoid or control your experience.

It can be quite difficult to understand and learn this approach to dealing with your health anxiety.

You may ask some/all of these questions as prompts:

Suppose that in order to live a meaningful and vital life you have to give up control of your inner thoughts, feelings and sensations before you can move forward in the direction you want - if that is what it takes, to what extent will you be willing to do it? We are not asking you to know how to do it, we are only asking whether you would be willing to do that or not.

If 1 means totally unwilling and 100 means totally willing, what number would you use to indicate your willingness to begin focusing on your values and actions rather than controlling your thoughts and feelings?

- remember that a low number does not mean less illness worries or discomfort; it means a more limited and inflexible life.

The words on the board summarise the key points about acceptance/willingness (see H5.3).

- **Pain vs. suffering: What are we accepting? (see H5.5)**

In case of lack of time, the model can be drawn on the board as a model instead of using it as an exercise, and possibly used as a homework assignment.

Purpose of the exercise:

To increase the participant's ability to distinguish between natural *pain* that is a part of human life and the additional *suffering* we as humans produce by adding to the pain: a lot of judgements, predictions, analyses, causal explanations, etc. and by acting on the pain by attempting to control or prevent it.

The therapist can illustrate using the following example:

When we try to escape a painful or unpleasant thought, feeling or bodily sensation (e.g. trying to escape the thought “could this be a tumour in my breast?!” by avoiding news broadcasts and information about rates of cancer), the thought indirectly gets more and more attention and requires more and more effort, which makes it more likely to occur with greater intensity and frequency (after a short time not only are you aware of your chest and news broadcasts, but also newspapers, radio, and you might stop wearing tight sweaters, and become unable to tolerate contact on the upper body). Therefore, avoidance behaviour often means that we prevent our unpleasant and frightening thoughts from becoming more credible and realistic (after some time, this is no longer “just” an unpleasant and frightening passing thought, but you are convinced that you have cancer - you spend much of your time worrying about this, as well as avoiding being reminded of it. You might also focus on denying or confirming your fears and seeking medical advice). The result is that you experience more discomfort and you get caught in suffering - the outer rings grow and grow like the layers of an onion. Life is switched to standby while you struggle to push the unpleasant away.

7. Panic - induction (see E10)

First, ask the individual to indicate their willingness to do the exercise on a scale of 0-100 before starting the exercise, and between the first and second exercise.

It is important to prepare participants for this exercise by making the aim of the exercise clear. Why should they deliberately produce difficult feelings and bodily sensations? Emphasise that the difference between this and a regular panic attack lies in the attitude towards the symptoms. Here, they will *decide* themselves to *have* and *own* the feeling. They will get the opportunity to examine and try a different approach to symptoms rather than control and avoidance; not because it is more pleasant or comfortable, but because it is the only way to get closer to a flexible and values-based life.

Points: There are several points that can be discussed after this exercise, but let the post-processing of the exercise be inspired by participants' own experiences and comments. Often you will talk about the purpose of doing an unpleasant exercise. This provides a good opportunity to repeat some of the important points regarding willingness. In addition, you can discuss from the statement 'If you don't want it, you've got it.', how health anxiety may occur and be amplified by avoidance behaviour. Some may learn that anticipation of illness worries and bodily sensations were far worse than the experience itself, and this experience may motivate to working with exposure between sessions by taking dedicated steps. Participants who react very strongly to the exercise and maybe even get a full-blown panic attack during the exercise should particularly be encouraged to use panic induction as homework because worry and avoidance of bodily sensations may play a prominent role here.

8. Mindfulness exercise with breath and body (E11)

An extended meditation is performed to connect mindfulness to the concept of willingness - mindfulness is introduced as a practice of willingness. At the end of the exercise, the poem “The Guest House” by Rumi may be read aloud. The poem can be used to reflect on what is meant by

willingness. The unwanted guests within the poem can be seen as a metaphor for difficult emotions, thoughts or sensations. Can we meet them with openness and curiosity or will we spend the whole day guarding the door and struggling with unwanted guests?

Points:

Willingness can be trained by allowing the breath to be as it is.

Willingness is to observe bodily sensations without reacting *automatically* to them - for example, by getting away from unpleasant sensations (unconsciously changing position, scratching, evaluating and judging sensations, restlessness) or trying to maintain pleasant sensations (breathing deeper for obtaining a quiet breathing/peace, identifying with when it “goes well” in meditation). Every time we notice ourselves controlling or avoiding something in the exercise, we have the opportunity to cultivate a more friendly and curious attitude toward bodily sensations and emotions that we experience.

9. Home assignment

- Take a dedicated step *with* difficult feelings (willingness)
- Exercise 1 on CD 2: Acceptance of emotions, Exercise 4 from CD 1: Breathing meditation

10. End of session

- Summary round
- Focus of session 6: Distance from your thoughts (defusion)

SESSION 6: DISTANCE FROM YOUR THOUGHTS - DEFUSION

The purpose of session 6 is to introduce the concept of defusion through various exercises. Participants experience the difference between being immersed in thoughts and experiencing distance from worrisome thoughts. Participants will be introduced to the techniques with a focus on creating distance from thoughts, as this can help the participant to act on thoughts and feelings in line with their values - rather than use control and avoidance behaviours.

Programme overview

1. Mindfulness exercises: Watching thoughts drift by

2. Summarise session 5

3. Follow-up on home assignment

- Dedicated step *with* difficult emotions
- Exercise 1 on CD 2: Acceptance of emotions, Exercise 4 from CD 1: Breathing meditation

4. Round: what will I use the next 5 sessions for?

5. Review today's programme

6. Defusion - distance from the thoughts

- Blue glasses
- The body makes noise
- Metaphor: Anxiety and distress news channel
- Exercise: Thought cue-cards
- Exercise: Defusion in pairs

7. Bus exercise

8. Home assignment

- Take a dedicated step
- Carrying thought cue-cards
- Exercise 5 and 3 from CD 2: Watching thoughts float by/Observe a thought

9. End of session

- Summary round
- Focus of session 7: You are more than your stories

10. Mindfulness: Observe a thought

Primary exercises/metaphors

Watching thoughts drift by (E12), Blue glasses, Anxiety and distress news channel, Thought cue-cards, Defusion in pairs, Bus exercise (E13), Observe a thought (E14).

Delivery to participants

- Today's programme
- Distance from thoughts

Material

Cue-cards

OPTIONAL: labels for thoughts

Therapist's Manual

SESSION 6

1. Mindfulness: Watching thoughts drift by (E12)

This exercise is a preview of today's theme and aims at giving participants a visual image of the difference between being absorbed in, and being at a distance from thoughts. Point out that it is normal for some participants to find it hard to create visual images, but others will find visual images very helpful.

2. Summarise session 5

Willingness was introduced as an alternative to control and as a prerequisite for moving forward with greater vitality and flexibility. Panic induction was used as an example of willingness with severe illness worry, and mindfulness was used as an exercise in willingness. Summary from the model 'pain vs. suffering' from handout 5.5 can be used.

3. Follow-up on home assignment

Have participants had experiences with practicing willingness in their mindfulness exercises?

- **Dedicated step *with* difficult feelings (willingness)**
- **Exercise 1 from CD 2 (Acceptance of emotions), Exercise 4 from CD 1: Breathing meditation**

4. Round: What will I use the next 5 sessions for?

Participants are given the opportunity to say if there are areas they would like to but have not yet explored.

5. Review today's programme (H6.1)

6. Defusion - distance from the thoughts

- **Metaphor: Blue glasses**

Thoughts may come to "colour" reality in the same way as if you were looking at a yellow banana through a pair of blue glasses. The banana would look as if it was green. If you were not aware that you were wearing blue glasses, you would be convinced that the banana was green. Your actions would even be strongly influenced by your perception of the banana. You might believe that it was unripe and therefore not eat it.

In this session, we will investigate the colour of the glasses, we wear – that is, the filter we experience the world through – e.g. rules learned in childhood or upbringing. We cannot remove this filter, but we can train ourselves to discover and observe it, and then choose how we will act.

Short presentation on defusion and the body makes “noise” - from the following points: **(see H6.2)**

- Our mind constantly produce thoughts in the form of categorization, assessment, analysis, predictions, comparisons - our mind is a “talking machine”. This is not wrong, but has been functional in human development. The problem occurs when we cannot stop it and become consumed by thoughts - and especially when their content is linked to feelings of health anxiety or other difficult emotions.

- In the same manner that we describe our minds as a “talking machine”, we can say that our body makes “noise”. Our body sends signals all the time, these can be useful and important for our survival. But there is also a lot of natural and harmless noise in the body, that we normally do not notice, unless for some reason we are made aware of it. If we give too much attention to this harmless noise, we amplify it and may asses it as symptoms, which in turn increase awareness and further amplifies it.

- **Metaphor: Fear and distress news channel**

ANXIETY AND DISTRESS NEWS RADIO (ADR): The ANXIETY AND DISTRESS NEWS RADIO (ADR) transmits inside your head 24 hours a day, 7 days a week. No matter where you are, this signal will reach you. When you wake up early in the morning, we will be here to remind you of all the unfortunate aspects of your life before you even get out of bed.

Let us take over and control your life. ADR is addictive and guess why: This is the news station you grew up with, and now you receive it automatically 24 hours a day. Pay attention! ADR knows what is best for you and we want you to buy our products. We will only sell what is most disturbing and stressful for you. So don't forget us -, and if you do, and act without seeking our permission, we will transmit all the more. Remember that what you feel and think can be very uncomfortable, so you'd better stay with us to know how to think and how to control it.

HERE AND NOW NEWS RADIO (HNR): Wake up! ANXIETY AND DISTRESS NEWS RADIO is only one channel you can tune into it - or you can find another channel! One thing is certain, no matter what time of the day, you will only hear the same old songs on the ADR. If this has been of great help to you, then keep going, tune in to the channel and stay there! If it has not helped you, stay here with us at HERE AND NOW RADIO. We bring you news on what you actually experience, here and now, all the time LIVE. Reality is what we are working with! We serve reality for you - as it is, not as your mind tells you it is. In contact with the outside and inside world, you can experience what it means to be human, and it's completely free! We can guarantee that it will never hurt you to see what is happening inside of you - just as it is, it will more likely bring you joy. HNR brings you information about how things are, not how you fear they could be.

HNR invites you to go back and notice the world, just as it is, and to be in your life as it is right now. The more you listen to us, the clearer this channel becomes. So, stay with us. Stay tuned. Give us a fair chance. And if you are not convinced by your own experiences (do not take our word for it), then you can always tune to ANXIETY AND DISTRESS NEWS RADIO again.

- **Exercise: Thought cue-cards**

Participants write down what their personal “anxiety channel” tells them on the index cards (thoughts, feelings, symptoms/sensations).

The therapist can introduce the exercise as follows:

We will now ask each of you to write on these cards some of the distressing thoughts, feelings or sensations you struggle with (e.g. “my breathing is too fast, it is not normal”, “tension in my chest is a sign of cancer”, “if I go to the party, I will definitely get the flu”) and any negative thoughts about yourself (e.g. “I cannot do anything right”, “I cannot figure out how to be in therapy”). You don’t have to show the cards to anyone unless you want to - so you can safely write some of the most difficult thoughts down on the cards. Maybe even something you’ve never told anyone before.

Extras: Participants can choose one distressing thought, feeling or sensation and write it down on a sticker, put it on his/her jacket and walk around with it the rest of today’s session. It is important this is an active choice, as the participants are instructed to choose a thought that is not too anxiety-provoking, but which is difficult for them. They are asked not to talk about or comment on each other’s stickers, but just to let them be there.

- **Exercise: Defusion in pairs**

Participants get together in pairs, sitting on chairs facing each other. They have a few minutes to write a somewhat difficult thought or phrase down, something that their thoughts would typically “say”. They may choose one of the examples from their “anxiety and distress channel” that they would like to investigate further.

After that, they will practice identifying and observing the difference between fusion and defusion.

One starts by saying sentence 1 (see below) and after each sentence, the other has to assess if defusion was obtained or not. The observer says “no” or shakes his/her head and the other repeats until the observer says “yes” - indicating that there was defusion (that the phrase is said neutral and without emotional attachment to the content of the words; as if the sentence is merely a series of random or meaningless words or sounds).

1: “It’s nice weather today”

2: “I am a cute little girl/boy”

3: Optional sentence from own typical mindset

7. Bus exercise (see E13)

Invite one participant to do the bus exercise and involve other participants as thoughts etc.

Purpose: To provide an experiential illustration of the following points:

- Trying to control thoughts by pushing away/arguing with them takes energy and does not work in the long term. There are always new thoughts coming up.
- Acceptance of thoughts takes less energy (but involves perhaps difficult emotions etc. to start with) and makes it possible to keep the focus on values and desired life direction.
- Thoughts do not necessarily control the bus/life direction if we can invite them on the bus/allow them in our lives.

8. Home assignment

- **Carrying thought cue-cards**

Use the completed thought cue-cards from the previous exercise.

Instructions:

For your homework, would you be willing to take the distressing thoughts and feelings written on these cards with you and carry them during the week (for example, in your purse or pocket)?

Furthermore, will you be willing not only to take them with you, but also to take them out once in a while during the next week and read them to yourself? Will you even take them with you when you take a dedicated step during the week?

Purpose:

To give an experience of defusion or fusion. Some may find that thoughts become less powerful when they carry them as a conscious choice (defusion), others find that thoughts on the cards become more powerful (fusion).

- **Take a dedicated step *with* difficult thoughts**
- **Exercise 3 or 5 from CD 2 (Observe a thought/Watching thoughts float by)**

9. End of session

- **Summary round**
- **Focus in session 7: You are more than your stories**

10. Mindfulness: Observe a thought (E14)

Purpose:

- to begin to distinguish between having a thought and believing in a thought
- seeing thoughts as thoughts - and sensations as sensations
- to reduce the “literalness” of thoughts and sensations

SESSION 7: YOU ARE MORE THAN YOUR STORIES

The purpose of session 7 is to provide an understanding and personal experience of the observing self - the perspective from which you can create distance from your thoughts and work with mindfulness techniques. The concept of the observing self can be crucial in terms of creating willingness to experience difficult feelings and observe thoughts, etc. without having to react automatically.

Programme overview

1. Short observing-self exercise

2. Summarise session 6

3. Follow-up on home assignment

- Carrying thought cue-cards
- Exercise 5 and 3 from CD 2: Observe a thought/Watching thoughts float by
- Take a dedicated step

4. Review today's programme

5. The observing self

- Chessboard metaphor
- The Confessional
- Exercise with self-narratives

6. Mindfulness: Stories about yourself

7. Lifeline in two groups

8. Home assignment

- Dedicate yourself to mindfulness training
- Exercise 2 on CD 2: Stories about yourself

9. End of session

- Summary round
 - Focus of the 8th session: What is valuable to you?
-

Primary exercises/metaphors

Short observing-self exercise (E5), The Confessional, Exercise with self-narratives, Stories about yourself (E15).

Delivery to participants

- Today's programme
- The observing self
- My self-narratives

Material

Materials for Lifeline (notes, scarf/rope, if necessary post-its).

Therapist's manual

SESSION 7

1. Short observing-self exercise (E5)

The exercise is used as an experience-oriented preparation for the observing self theme.

2. Summarise session 6

The theme of the 6th session was defusion - to learn to distance yourself from thoughts and language by seeing multiple perspectives. This is to achieve a greater flexibility of action and to manage private experiences in a more nuanced way. The purpose was also to learn to distinguish between simply having a thought and observing it compared to being immersed in it.

3. Follow-up on home assignment

- Carrying thought cue-cards

Questions for reflection in the group:

How has it been for you to carry the cards with difficult thoughts with you? Was there an unwillingness to have them with you? Did you forget about them or were you very preoccupied with them? Have the thoughts become stronger, or have they gradually lost their influence? Are these experiences something you can recognise from your relationship with thoughts in daily life?

- Exercise 3 and 5 from CD 2: Observe a thought/Watching thoughts float by
- Take a dedicated step

What did participants do with the difficult thoughts? What experiences, challenges and resistance did they meet?

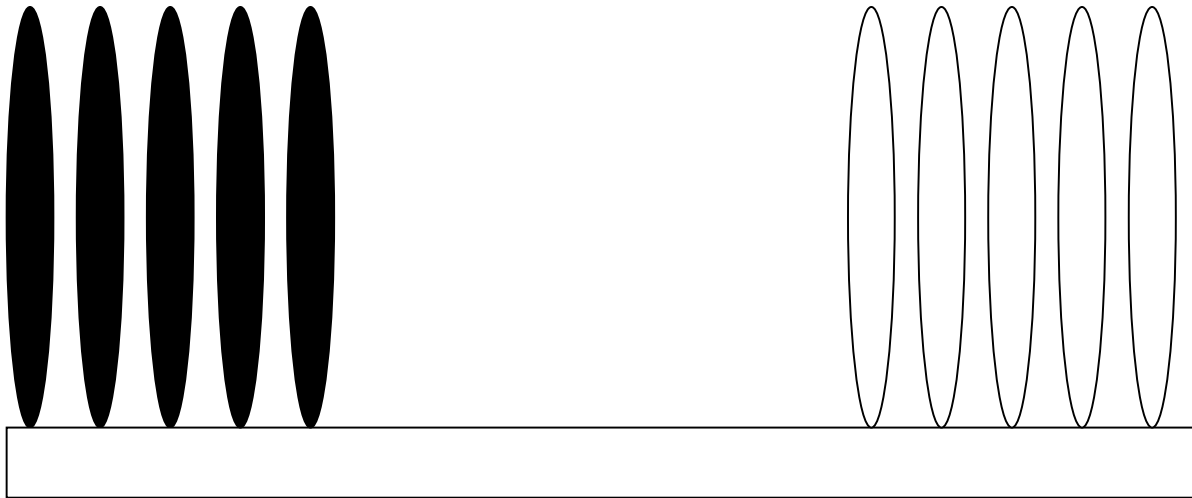
4. Review today's programme (H7.1)

5. The observing self (see H7.2)

- Metaphor: Chessboard

The metaphor is drawn on the blackboard. Draw black and white players on a chessboard.

The black players are compared with the “negative” thoughts we have about ourselves. The white ones with the “positive” thoughts we have about ourselves. The metaphor is used to explore what it means for us to be the players, i.e. if we identify ourselves with our thoughts about ourselves.



Points:

If we were the players, we must always fight against the opposite party. We need to fight to stay "in check" to maintain a certain self-image. If we are the white players/positive thoughts, we must constantly avoid/control the black players, i.e. be in combat. In your experience, how has that worked? Sometimes, we may find that we've got the white ones positioned so that we can hardly see the black pieces...but they usually come back....

If we are the one moving the pieces around, we are always trying to DO something about the thoughts. Check your experience, is this something you do? How has it worked?

If we are BOTH the black and the white pieces it becomes confusing. We will alternately be one side and then the opposite. Caught up in questions and dialog all the time. What happens if we do not have to be the players? If we give up on trying to win the game, that is let go of the identification with the stories about ourselves? Are there other options?

What would it mean if we were the board, which holds BOTH the white and the black pieces?

Questions for reflection/discussion:

What does it mean to be the chessboard in relation to our thoughts?

- We could let go of struggling with our self-images and save energy - use the energy for something valuable
- We would not be dependent on having to have only positive stories
- There might be more peace in our mind
- The chessboard is constantly present and makes it possible to carry our thoughts without having to do anything
- We would be able to act more freely because we would be able to hold conflicting self-images without confusion

Short presentations on the observing self:

The last session was about achieving distance from your thoughts, today's session is about your relationship with your thoughts about YOU. We will work to create an understanding of, and experience with, what we call an observing self. The observing self is the perspective from which you can create distance from your thoughts and feelings - a perspective that is trained through

mindfulness techniques. The observing self is the part of you that is able to detect and observe your private experiences as nothing more or other than just experiences - to relate to a thought (feeling or, emotion) as just an idea and nothing else.

By increasing contact with the observing part of you, you become less invested in identifying yourself with your thoughts. As long as you are identified with your thoughts, your whole identity and the person you are will depend on what the thoughts say. If they say something positive about you, such as "I'm good at..." you will be in a good mood and feel energised, but if they say something negative, such as "I'm not good at...", "It was not good enough", or "others do not like me", it may lead to feeling low in mood.

Remember what we have learned about attempting mind control: If you don't want it, you've got it! Apply this to your own thoughts about yourself. If the negative thoughts, when they occur, define you as a person, it means that you must suppress them, get away from them - for example, by arguing with them or trying to think positively. As we have seen, it often works well in the short term but in the long term, the negative thoughts become more powerful.

The observing self is a position from which you can integrate both the negative and the positive stories about yourself, recognise that they are there, but without taking them as absolute truths. By training this position, you may gradually stop the endless struggle with thoughts and accept that they have their own lives in many ways. Looking at your thoughts from an observing perspective may make it easier to hold a complex and nuanced picture of you, where there is room for both the negative and positive stories and where you do not need to cling to or push away sides of yourself to maintain a certain self-image.

Today's exercises can inspire you and can be used when you are experiencing being engulfed by distressing thoughts and feelings, especially when this occurs between sessions.

These points are not said to the participants, but instead incorporated as the exercise progresses. It is best not to teach too much on this subject, as it can easily become an abstract discussion, which does not necessarily contribute to understanding. You can rather let participants' experiences from the exercises be a starting point for reflection.

- **Exercise: The Confessional**

Get participants sitting in pairs with chairs side by side but facing the opposite direction, away from each other. One is asking and the other one is answering - roles are swapped after a while.

One asks: *"Who are you?"*

The other answers with a sentence starting with: *"I am..."* (e.g. *I am a mother, I am a daughter, I am a psychologist, I'm breathing, I'm a body, I'm good at baking bread, I'm nice...*)

Say one sentence at a time, e.g. *"I'm ... afraid"*

Then the partner answers *"Thank you."* and asks again *"Who are you?"*

Give time to let the sentence be heard and let new sentences come.

Silence is OK. The one answering, can say “*I am...*” and then just sit and wait for an answer to come to them. There are no right or wrong answers.

Questions for reflection: *Was there a difference between the content of the sentence from the part of you that choose the sentence, said the sentence, and heard the sentence? Was there something in you that was experienced as constant while you told different stories? Were different stories associated with different emotions or bodily sensations? What part of you registered these reactions?*

Perspectives: *What you have said or listened to in the exercise is only parts of your “story”. You could repeat the exercise with another person and take a different approach and use new phrases such as “I am afraid of the dark, I’m in love with the postman, I have health anxiety, etc.” - it will still be true, but it does not say who YOU ARE - it will be just another story about you - a chapter in the endless book that is all about YOU, which constantly writes new chapters.*

We all have a lot of “stories” about ourselves, these are truths that can stand alone (e.g. “I am afraid, because my mother was always concerned”). There is nothing wrong with telling stories, but we must be aware that these are ONLY stories and not be fully absorbed by individual stories. Being absorbed in individual stories prevents us from fully and rightfully experiencing here-and-now and integrating and holding all our other stories.

The purpose of the exercise is to tell different stories about ourselves, accommodating varying and even conflicting stories about ourselves, and begin to distinguish between the story and telling the story (language itself and the observing self).

- **Exercise with narratives (see H7.3)**

Participants are given the exercise “My self-narratives” on a piece of paper and try to identify their typical ‘verbal self-related rules’ about themselves. It may be “*I’m always happy, I must have 110 percent control of things, If my children experience any pain, I’m a bad mother*”.

Then, the thoughts, feelings and actions that are impeded or enhanced by these rules are assessed.

Purpose:

To develop an observer-self perspective by writing down individual stories and rules.

To give room for a more nuanced self-image that can increase willingness to accommodate conflicting emotions and thoughts.

To recognise stories about ourselves as verbal rules rather than “the truth”.

6. Mindfulness exercise: The stories about yourself (E15)

Purpose:

To get a sense of the observing self by creating distance from the stories we tell about ourselves and seeing that even the “positive” stories about our selves are just stories that can never accommodate our nuances and complexities. To practice willingness to experience the feeling of

emptiness or absence that may follow when creating distance from a positive or negative story about ourselves that may have had an important function.

7. Lifeline in two groups (E4)

Here, we have the opportunity to look at one or more of the participants' individual problems in depth. An individual can step on the lifeline and examine where the person wishes to go and what thoughts and feelings are preventing movement. If feelings and thoughts arise during the exercise, the therapist can use this opportunity to invite willingness, e.g. through mindfulness or focus on breathing.

8. Home assignment

- **Dedicate yourself to mindfulness training**

Here you can spend a little time to let each participant consider the importance of mindfulness training for them and clarify the purpose of mindfulness if this is still unclear to some participants.

- **Exercise 2 on CD 2: Stories about yourself**

9. End of session

- **Summary round**
- **Focus of session 8: What is valuable for you?**

SESSION 8: WHAT IS VALUABLE FOR YOU?

The purpose of session 8 is to help participants further identify and clarify their own values in order to provide direction in their lives when treatment ends. Value-based action is introduced as an opportunity to expand the participants' repertoire with activities other than avoidance behaviour, control or excessive preoccupation with bodily sensations. Conscious and defined values are also essential for a motivating context to practice acceptance.

Programme overview

1. Short mindfulness exercise with roles

2. Summarise session 7

3. Follow-up on home assignment

- Dedicate yourself to mindfulness training
- Exercise 2 on CD 2: The stories about yourself

4. Review today's programme

5. Mindfulness exercises: A long journey

6. Introduction to the concept of values

7. Bull's Eye and Lifeline in two groups

8. Mindfulness exercise: Visualisation of dedicated action

9. Home assignment

- Three things I gained from the course
- Dedicated action

10. End of session

- Summary round
 - Focus of session 9: Living your values
-

Primary exercises/metaphors

Short mindfulness with roles (E16), A long journey (E17), Visualisation of dedicated action (E18).

Delivery to participants

- Today's programme
- Introduction to values
- Three things I gained from the course
- Dedicated action

Material

- Possibly extra Bull's Eye (H4.3)

Therapist's manual

SESSION 8

1. Short mindfulness with roles (E16)

2. Summarise session 7

The observing self is an experiential position that is best taught through practical exercises. It is a perspective from which you can create a distance from your thoughts and hold difficult emotions by using mindfulness techniques. It is an awareness of that our self-image consists of some content (a continuous stream of thoughts, feelings and bodily sensations), but that we are not defined by or reduced to this content. We also have a consciousness that can hold and observe all this.

3. Follow-up on home assignment

- Dedicate yourself to mindfulness training
- Exercise 2 on CD 2: The stories about yourself

4. Review today's programme (H8.1)

5. Mindfulness exercises: A long journey (E17)

Introduction: *If you are willing, we will invite you to participate in another exercise that could help you get closer to what you want your life to be about - you are free to choose. We call this exercise "A long journey".*

Recap: Ask if any of the participants are willing to share with the others the important values they have become aware of in their lives - write any common features on the board. It is also important to follow up the difficult feelings that may have emerged during the exercise. To get in touch with one's values can often be associated with feelings of sadness, anxiety, or guilt which can prevent contact with values if these emotions are not met with willingness.

6. Introduction to the concept of values (see H8.2)

Participants are further introduced to the concept of values from the following headings:

- Values are a continuous choice.
- Values are dynamic and take place in the present.
- The difference between goals and values.
- The difference between values and duty (rule government).

Goals are something you can achieve when you follow a valued way. In this specific way goals are measurable and achievable - goals are therefore not the same as directions. It is important to understand the difference between goals and values because if goals are confused with values, then further progress will not be possible when you have achieved your goals. There is nothing wrong with having goals, but if we focus exclusively on the goal, we may not see the value in what we do. If the goal is not achieved for some reason, the action and the journey can feel worthless. You probably know this from your own life. For example, in relation to your career you might have struggled to do well in a final exam or to get a promotion, and when you have reached your goal there may come a subsequent period when you might have felt a little sad or empty.

Goals are good to keep us on track when we have chosen a direction - a bit like with orienteering, which uses a compass or object in nature to anchor the direction. In the same way, a person who appreciates being independent, may undertake specific training to be in a better position to follow this value.

Example: *An example illustrating what we mean by values : To play football.*

This action can accommodate many different values for different people.

- to participate in a community with others*
- to be outdoors and feel the contact with nature*
- to move your body and keep it healthy*
- to come in contact with your body*
- to be with your son*

When we are in contact with the underlying value we will be able to manifest it in many different ways. Using the above example, even if the person has hurt his/her leg and will never be able to play football again, the value could be lived in new ways. If the value was “community with others”, he/she could start playing card games with others. If the value was to keep the body healthy, the person could find another way of exercising or go to a physiotherapist.

7. Bull's Eye (H4.3) and Lifeline (E4) in the two groups

Divide the group into two smaller groups and continue working with the Bull's Eye - an exercise introduced in session 4. Participants are asked to look in depth at all four areas of life and assess how close or far they are from their values. Ask participants to consider: what could I do to get closer to this value?

It is important to stress that what we are looking for are your OWN values, not norms or expectations (“shoulds”/“musts”). Some participants find it easier to clarify values if they use the *experience* of values they encountered during the exercise “A long journey”. It may be a sense of meaningfulness or vitality, which can be used as a benchmark in the value clarification work.

In groups, the lifeline (see E7) can be re-introduced as an experiential approach to value clarification. One participant comes up “on the line” and has the opportunity to work in depth together with the group at a value-based step he/she wants to take. The other participants may

want to be involved: someone could represent the value (dedication=eye contact), some participants might be obstructive/disruptive/distracting thoughts.

Follow-up in the group: What was difficult in determining values? What obstacles did they meet? What discoveries/insights were there?

8. Mindfulness exercises: Visualisation of dedicated action (E18)

This exercise will help participants focus on where they are right now and on the value they are most focussed on, and prepare them for telling each other about their dedicated action.

Sitting in pairs, one tells the other:

- 1) what steps they will take (dedicated action).
- 2) what obstacles may show up (thoughts, sensations and feelings)
- 3) why they will do it anyway (value).

9. Home assignment

- **3 things I gained from the course (H8.3)**

Write down three things you have learned or been inspired by during the ACT treatment. Consider what you want to work on more intensively during the month we will not meet in the group (four weeks between session 9 and 10).

- **Dedicated action (H8.4)**

10. End of session

- **Summary round**
- **Focus of session9: Living your values**

SESSION 9: LIVING YOUR VALUES

The purpose of session 9 is to help the individual further clarify their values and to define specific value-based steps which can be taken in the month where the group does not meet. The group is prepared for the end of the programme by working on how to manage obstacles while continuing to move forward in life.

Programme overview

1. Breathing Space exercise

2. Summarise session 8

3. Follow-up on home assignment

- 3 things I have gained from the course
- Dedicated action

4. Review today's programme

5. What do I do differently now?

6. Mindfulness of breath and body exercise

7. Value-based goal setting

8. Mindfulness before dedicated action

9. Shared dedication

10. Home assignment

- Graduated "steps" from the goal setting sheet
- Exercise 4 on CD 2: Take a step, Exercise 4 on CD 1: Breathing meditation

11. End of session

- Summary round
 - Focus of session 10: Your direction in the future
-

Primary exercises/metaphors

Breathing Space exercise (E3), Mindfulness of breathing and body (E11), Value-based goal setting, Mindfulness before dedicated action (E19).

Delivery to participants

- Today's programme
- What do I do differently now?
- Value-based goal setting sheet

Therapist's manual

SESSION 9

1. Breathing Space exercise (E3)

Repeated as in sessions 2 and 3.

2. Summarise session 8

The concept of values was further explored in session 8. Values are a continuous choice. Values are not goals. Values are not obligations. Value clarification (Bulls Eye), A long journey, Dedicated action.

3. Follow-up on home assignment

- 3 things I have gained from the course

Save this to use in section 5 of today's programme: What do I do differently now?

- Dedicated action

What values were hard to hold onto or were perhaps not clearly clarified? What were the barriers (thoughts, feelings and sensations)? How did they deal with difficult feelings and thoughts?

4. Review today's programme (H9.1)

5. What do I do differently now? (H9.2)

Take the home assignment '3 things I have gained from this course' as a starting point, sit the participants in pairs (10 minutes).

Reflect together over things you do differently now as compared to when you started the group. It may be steps you have taken, new ways of handling thoughts and feelings, metaphors and images you refer to when it's hard, mindfulness exercises, or experiences from the others in the group.

Have the people around you noticed any changes? It can be anything from tiny changes to major steps you have taken. Nothing is too small or insignificant. Over time we often forget the small things, and therefore it is very important to have them written down so you can return to them at times when things are difficult.

Group recap: The therapist summarises by writing all appropriate changes on the board so they can be inspired by each other: "What do I do differently now?"

6. Mindfulness of breath and body exercise (E11)

Meditation is repeated from session 5 - possibly in a shorter version. The exercise can lead into a discussion on how participants will continue to practice mindfulness. Some of the participants have probably gained much from the mindfulness practice and would like suggestions/advice on how to continue with this practice. Moreover, mindfulness as used in daily life and experiences from the group can be discussed. For example, someone might start by telling how they have become better at taking breaks or being present in conversations with their spouse. Or maybe, they have found certain activities during the day where they can be mindful.

7. Value-based goal setting (H9.3)

The concept of value-based graded goal setting is explored in two groups. Here, participants make a “staircase” of specific value-based steps for the month that the group will not meet. Participants can take as a starting point what they have completed in values identification on the Bull's-eye used in session 4 (H4.3).

They will again have an opportunity to exercise value-clarification, using the life-line (E7) to work with an individual's direction and obstacles.

8. Mindfulness before dedicated action (E19)

Mindfulness and visualisation exercise where participants are guided through their chosen dedicated action by imagining it.

The purpose of the exercise is to practice the ability to experience difficult feelings and thoughts arising along the way freely and without avoidance or defence. “I would like to xxx, *but* I'm afraid....” is reformulated as “I would like to xxx *and* I'm afraid...”.

The goal of the exercise is also to train attention towards elements other than distressing thoughts or unwanted sensations. The exercise may further develop the ability to focus on all the different sensory elements in performing an activity, even when illness worry is present. The idea is that worry should only be part of the sensory experience and not the central experience in focus.

9. Shared dedication

Invite participants to stand up individually in front of the group and dedicate themselves to a values-based action they will perform before we meet again.

- 1) Make eye contact with everyone in the group - be open and in touch with the present moment.
- 2) Verbalise your values - what do I want in my life?
- 3) What are my barriers?
- 4) What is my dedicated action aimed at getting closer to my value?

Purpose: Studies show that by voicing your decision to others it increases the likelihood that you will implement the decision in your life. Dedicating yourself to the group allows you:

- 1) to decide on whether this is really what you want to do - and then make a *conscious* choice.

2) to commit yourself to others - by creating a shared commitment to support each other through the implementation.

3) to signal to yourself that this is so important that you are willing to stand up in front of a group and express your commitment.

10. Home assignment

- **Graduated “step” from the value-based goal setting**

We hope that each participant at this stage has created a detailed value-based staircase, so they know what dedicated steps they want to take during the next month - and in what order. To gain experience with dedicated actions and meeting obstacles in new ways is the main home assignment for session 10.

- **Exercise 4 on CD 2: Take a step, Exercise 4 on CD 1: Breathing meditation**

11. End of session

- **Summary round**
- **Focus of session 10: Your direction in the future**

SESSION 10: YOUR DIRECTION IN THE FUTURE

The purpose of session 10 is to summarise the individual's experiences and challenges from the past month, and to help individuals to keep using the learned methods in order to manage obstacles while continuing to move forward in life

Programme overview

1. Short mindfulness exercise with a focus on ending treatment

2. Summarise session 9

3. Follow-up on home assignment

- Graduated “step” from the goal setting sheet
- Exercise 4 from CD2: Take a step, Exercise 4 on CD 1: Breathing meditation
- Interview exercise in pairs

4. Review today's programme

5. My direction in the future

- To stay on the line

6. Evaluation of progress

7. Farewell

Primary exercises/metaphors

Short mindfulness exercise with a focus on ending treatment (E20)

Delivery to participants

- Today's programme
- Interview exercise
- To stay on the line

Therapist's manual

SESSION 10

1. Short mindfulness exercise with a focus on ending treatment (E20)

The exercise aims to create a space to feel any emotions and thoughts arising in connection with ending the group. Knowing that this is the last session may provoke anxiety and this short exercise may help participants focus on where they are right now and at the same time accept this experience and hence making it possible to still work today.

2. Summarise session 9

What do I do differently now? Value identification in small groups with the use of value-based goal setting, Shared dedication.

3. Follow-up on home assignment

- Exercise 4 on CD2 (Take a step)/OR: Exercise 4 on CD 1: Breathing meditation
- Interview exercise in pairs: What has happened since we last met in the group? (H10.2)

Participants sit in pairs and interview each other about experiences from the last month.

Recap with the whole group: (involve the value-based goal setting sheet from the last session) What steps did they take? What were the barriers they experienced - and how have they dealt with them? (failed to complete the action, pushed away emotions, argued with thoughts, implemented the action in defiance, had experiences of accommodating emotions?)

Remember that it may be equally important to examine experiences where they did NOT act on their values.

4. Review today's programme (H10.1)

5. My direction in the future

This last session in the group for most of the participants may be associated with worries of not being able to move on without the group, or worries that their symptoms are getting out of hand again. In this session, it is important to help participants to see and be aware of the tools they take with them, and to determine possible actions for after the end of treatment.

- To stay on the line (H10.3)

Participants fill out their own plan for how to manage obstacles while continuing to move forward in life. This can be done in groups, in pairs or alone. Participants are given the opportunity to consider what early "warning signs" they should be aware of. Participants can be encouraged to include their

spouse or a close friend/family member in working with the plan. The warning signs can often be clearly detected by those close to us and therefore they can provide useful information. This can also be an opportunity to give relatives permission to point out warning signs - even if one might get annoyed when the spouse does so. Thus, it is important to work further with the plan after the group session. Participants may be invited to hang it/put it in an accessible location, such as on the refrigerator door or on the bedside table.

Common recap:

Discussions with the whole group about what the individual can do in the future to stay on track. Are there any relationships or working conditions in their life that needs to be changed? What are areas of development that the participant could still work on, and must this be done alone or in cooperation with others?

There is also room to vent and share any difficult feelings or anxious thoughts that arise in connection with the end of the programme. The therapist can introduce this in the meeting by saying something like:

At the end of this programme it is very common to experience feelings of sadness, anxiety or anger. Some of you may experience anxiety and thoughts predicting that it will be difficult or that there will be even greater disasters. Take note that this happens and that it is perfectly OK. You can take a few deep breaths WITH these thoughts and feelings. Let them be here as part of being engaged in a group and saying goodbye. Breathe out completely in your body right now and make room for it.

Since many participants may experience a worsening of symptoms at the end of the course and perhaps particularly in this final session, it can be a good idea to normalise this. It may be helpful to recall that the purpose of the therapy is not necessarily symptom reduction but rather to enable them to live a vital and meaningful life, even when things are hard. Therefore, the “success criteria” does not mean that illness worry should be gone at this time. One can rather see a so-called “relapse” as an opportunity to further consolidate the learned ACT approach to symptoms. Most of the participants WILL find that symptoms return from time to time, and here they can use all they have learned - and perhaps will gradually find that the symptoms are less intense or limiting of their actions.

In other words, the treatment is by no means complete - the 11th and last session is called LIFE. A good idea would be to explain to relatives that the treatment as such is not over, since relatives often come to expect that the participant comes home “healthy”, i.e. asymptomatic. Such expectations may reactivate the participant's control agenda because they are afraid to disappoint their partner or family.

6. Evaluation of the progress

Evaluation of the content, form, exercises, role plays, and handouts.

7. Farewell

This can be done with or without words. One option is a round in which those who want to say something to the group, are given the opportunity.

Another option is an "Eyes-on" exercise where participants walk around among each other, find a partner and look into each other's eyes for at least 15 seconds and say goodbye without words, but only with their presence and eye contact. They move around until they have "said goodbye" to everyone. It is important to prepare participants by saying that many of them may find mild physical discomfort, such as palpitations, light sweating, flushing, etc. This is quite normal and is part of the exercise and part of being human. Sensations are part of daring to meet someone who means something to us in this way.

Appendix E

Exercises

Short mindfulness exercise with centring

Sit down comfortably in the chair. Let your body indicate that you are alert with a straight back and neck, without there being any unnecessary tension in your body.

Pay attention to where you have contact with the chair, the seat and back of the chair. Pay attention to your feet on the floor, - and if it feels comfortable close your eyes.

Take a moment to pay attention to sounds within and outside the room. Allow the sounds to be present as part of your experience. You do not need to eliminate the sounds. Just let them appear and disappear again. And slowly let the sounds recede into the background and turn your attention to your body.

Take a few deep breaths and pay attention to how your body feels right now. Then breathe out fully, right to the limit to which your body will do this. Pay attention to how your body feels right now, regardless of whether the feeling is comfortable or uncomfortable.

Now let your breathing find its natural rhythm as it is at the moment. You do not have to force yourself to breathe in any particular way. If the breath is strained and shallow then pay attention to how this feels. Allow your breathing to remain as it is. Pay attention to your breath – air coming in and going out. Pay attention to how the body breaths completely on its own. You do not have to take over or control your breathing. Become curious about how breathing really feels. Pay attention to where you are best aware of your breathing. This can be at the bottom of your stomach... in your chest ... throat... or in your nostrils where the air moves in and out.

Soon you will realise that your thoughts have taken your attention away from your breathing. This is completely normal. This is what happens with your attention. It wanders. See if you can just let this happen and then once again gently turn your attention back to your breathing at this time.

Perhaps you will discover that you have begun to evaluate and assess. That you have begun to have thoughts about to what extent “you are still doing it properly” or whether your breathing is “correct” or “deep enough”. If this happens then just acknowledge that your attention has wandered to thoughts and assessments and just simply redirect it gently but firmly back to your breathing.

Just take some time to register and to pay attention to your breathing

And when you feel ready then turn your attention back to the room you are sitting in ...

The chair you are sitting on

And when you feel ready open your eyes.

Where would you like to go?

Before the exercise:

We are now going to do a short exercise where we will take a closer look at your motivation or background for being here today. Are you willing to do this?

I will now ask you to sit comfortably on your chair. See if you can maintain a position that indicates alertness with a straight back without there being too much tension. If you like you can sit slightly towards the edge of the chair, so that you are not leaning against the back. But if this makes you too uncomfortable then do use the back of the chair if you want to. Put your feet on the floor and your hands on your thighs with your palms facing either down or up. You can close your eyes but if this does not feel comfortable then you can choose to keep your eyes open and instead just focus on a point on the floor a few metres in front of you.

Start by paying attention to sensations you are feeling right here and now. In this moment. In this room. See if you can notice the points of contact with the chair. The places where your body is touching the chair. Your thighs which are in contact with the seat of the chair. Your feet on the floor. Become curious about the sensations in your body in this moment: Tingling, warmth, cold, tickling sensations, pressure, tension? What sort of a sensation is present? Also notice how the sensations change from moment to moment. Do not try to change or to hold onto these sensations.

Now spend a little time paying attention to the movements and location of your breathing in your body. This could be in your stomach... chest ... or perhaps in your nostrils. Allow your breathing to proceed as it is. Continue to notice how you breathe in ... and how you breathe out.

In a moment I am going to ask you some questions. See if you can let the questions stand without having to force an answer. Simply listen to the questions and allow them to land in an open and curious awareness. Perhaps an answer will come, perhaps it won't. This is OK. Perhaps it is enough to ask yourself the question.

So ask yourself the question: Why am I here? In what direction would I like to move? Continue to pay attention to your breathing and explore the question. There is no right or wrong answer. Keep an open mind to whatever shows up for you, perhaps images, feelings or sensations. Why am I here?.

In what direction would I like to move?

Think about what has motivated you, when you found out you were able to join this group. What wishes, hopes and dreams were there? You have made an effort to come here today. Many small choices and actions have made it possible for you to be here today. You have taken time to come here. Your motivation was present in all those actions. Again and again you have created motivation. How many times have you thought about it since yesterday? When you set the alarm clock? When you packed your bag this morning? When you prepared your packed lunch? What was driving you? What direction would you like to take?

And now ask yourself the question: Am I willing to move in this direction? Am I willing to take steps in the direction in which I want to move? Look at the barriers which may arise: Think

about what may stop you, discomfort, tension or illness worries. Is there a specific place in your body where you notice resistance to taking steps? Look at this. Maybe there isn't but if there is then have a closer look at this place. Where precisely do you feel this sensation. Take a few deep breaths and really feel the sensation for what it really is.

Now ask yourself: Am I willing to move in the direction I wish to WITH these barriers? Can I take a step AND have this resistance with me? Again, avoid forcing an answer to come. Be curious about the answer. If the answer is no that is what it is. If the answer is yes that is what it is. Allow yourself to be exactly where you are right now.

Now let the questions and answers recede into the background and start to pay attention to the room again. Notice the sounds you can hear. Notice the way you are sitting and your feet on the floor. Notice that you are sitting in this group, where everyone is sitting with their feet on the same floor. And when you feel ready open your eyes again.

After the exercise:

Now take a sheet of paper and a pen and take a moment to write down:

- 1) in which direction do you want to move?*
- 2) which barriers, if any, did you register in this exercise?*

Keep to the answers that came to mind during the exercise. If you have not observed a direction or a barrier then just write this down.

Breathing space exercise

Sit on the chair comfortably.

Let your body indicate a posture of alertness and awareness. Straighten your back and neck without any unnecessary tension, and notice how the chair supports your back. Also notice how your feet rest on the floor

If it feels OK for you then close your eyes.

1st part:

Now, give your full attention to the present, concentrate on being here and now and be curious about what you are experiencing and perceiving.

What are you noticing in your body? You do not have to look for anything in particular. It can be a feeling of coldness or warmth, movement or stillness. Or perhaps there are no sensations and then that is what you notice.

And now notice your mood or any emotions. Just notice your emotional state without analysing or trying to find out WHY it is there.

And what thoughts are going through your head? You do not need to argue with them or push them away. Just note the thoughts that are going through your head.

The only thing you have to do, is to register your state of mind as it is right now regardless of whether it is "pleasant" or "unpleasant".

2nd part:

Now turn your attention to your breathing. Pay attention to every single breath you take.

Notice how you breathe in and breathe out again. Perhaps you will notice your breathing in your stomach, chest or in your nostrils. Choose one of these places and allow your attention to return to this place every time it starts to wander. Breathe in ... and breathe out.

3rd part:

Now allow your attention to expand together with your breathing. Make contact with the whole of your body and all the sensations, thoughts and feelings that are present. Be curious about and receptive to everything you are experiencing – regardless of whether it feels "comfortable" or "uncomfortable"

And just to round off the meditation ... can you perhaps make a decision to devote a similar level of attention and awareness to other situations in your life ... so that in this way you can take care of yourself and the people around you

When you feel ready open your eyes and turn your attention back to the room.

The life line

Materials: A scarf or a rope, sheets of paper or post-its, a clear marker pen

One participant is invited to come onto the floor and to stand at the end of a line (scarf, rope). The participant is asked to think about a situation or an activity which he/she would like to engage in but which they are prevented from doing so due to health anxiety. This could be: *going to the cinema with my friends.*

Next explore the values that are inherent in this activity

The following questions can be asked:

Why is it important for you to be able to go to the cinema with your friends?

What do your friends mean to you?

What does going to the cinema mean to you?

The values could be:

Being together, community, presence, closeness, development. learning

The **values** are to be written on pieces of paper and placed at the end of the line.

The participant are then challenged to think about what happens when he/she is planning to go to the cinema, and also what will happen on the day up until this activity takes place

Therapist: Try to imagine that you are at home and you are thinking about having to go to the cinema. What is happening inside you/ how is this experienced in your body?

Participant: I notice butterflies in my stomach, I feel a lump in my throat. I feel like I can't manage to go and think a lot about whether I can cancel. The more I think about it the worse the anxiety gets. I get agitated as I notice my stomach is hurting and I start to think that something serious is wrong. I become more and more convinced that I have to cancel. Finally I cancel and instead I spend the day checking over my body and I call the doctor for reassurance.

The therapist writes on the sheets as follows:

Thoughts (are placed on the line): *"I can't do it", "I have to cancel", "is there something seriously wrong?"*

Feelings/body (are placed on the line, as a sign that this arises when the person has to act on his/her values): *Anxiety, butterflies in my stomach, lumps in my throat*

Avoidance/controlling behaviour (placed next to line – as a sign that this behaviour takes the person away from the values): *thoroughly checking the body, calling the doctor for reassurance.*

Continue dealing with avoidance and controlling behaviour:

Therapist: When you look at these actions, do they bring you closer to or take you further away from your values – From the person you want to be? From the life you want to live?

Participant: Further away.

Place this sheet of paper away from the line and ask the participant to walk away from the line and go over to the sheet of paper which describes the avoidance and controlling behaviour. You can if you want, walk around in circles arm in arm with the participant in order to demonstrate that this behaviour is repetitive and will get them nowhere.

Therapist: How did it feel to go around like that?

Participant: Not particularly nice. My worries and agitation are less when I'm doing it, and I know that it "works" at the time but it is still not a nice feeling.

Therapist: I can see you are sad. Is that right?

Participant: Yes, I am feeling sad because I can see how these worries are taking me away from what I want – in the beginning, it is a relief but afterwards I feel sad. And angry with myself.

Finally there is a summing up and **a choice is** sketched out for the participants:

Therapist: So to sum up, there are two options here: One is to remain on the line and to live the life you want to live. The life which focuses on your values and reflects the person you want to be. But this life brings with it a lot of pain and many uncomfortable feelings and thoughts. The other is to carry on doing what you have been doing for a long time. Which is to try and avoid and control the discomfort (by calling the doctor, cancelling) but at the same time moving further and further away from the life you want for yourself.

What if these two options are the only ones there are? What if the struggle to avoid discomfort greatly restricts your life? What do you want to do? This is your choice!

Participant: Oh but I had hoped, you would help me get rid of this anxiety, so I could start living my life.

Therapist: Of course – but haven't you tried that already? What is your experience with that strategy? You can continue to use all your strategies. It is your choice.

Participant: No. I do want to share my life with my friends. I miss my friends.

Therapist: Of course, come back in and get on the line again. Let's explore what it means to be here? Is there anything here that you are unable to bear just at the moment?

Participant: No, right now it's OK. It is uncomfortable but I can put up with it. But it would definitely be worse if I did have to go to the cinema.

Therapist: Thank you for the thought: "It will be worse if I have to go to the cinema". I will write this on a piece of paper. Can you take this with you when walking on the line?

Participant: Yes.

Therapist: Is this the path you are choosing? Look at the values. Is this important enough for you to put up with the discomfort?

Participant: Yes, it is, I will

The exercise may be closed with the participant walking along the line whilst the therapist tries to drag the participant away from the line and in the direction of the avoidance strategies. The therapist can at the same time act out the participant's thoughts by saying them out loud (defusion), trying to convince him or her to move away from the line and the discomfort.

Alternative version of Lifelines to use at a later stage in the programme

The therapist can possibly involve the Lifeline exercise when carrying out individual functional analyses (such as in session 3)

The Lifeline exercise can be brought into group work, where functional analysis is worked on individually with a focus on identification and insight into individual “triggers”. The therapist places the line/rope on the floor and shows how the participant turn his back on his values and choose control strategies.

Alternatively, the functional analyses can be carried out exclusively within the Lifeline exercise, as a more experience-based approach:

That is to say ABC – analysis. The individual control strategies and their short-term and long-term effects are explored by taking the participants “on the line” one by one.

A: Triggers, for example a headache, which arises “on the line” and which the participant is trying to escape from.

B: The behaviour which the person engages in so as to escape. For example “calling the doctor”, asking my partner many times over if he thinks there is something wrong”.

C: Consequences of avoidance or controlling behaviours are alleviation in the short-term but the values-based actions and flexibilities are limited in the long-term.

Short observing-self exercise

First instruct participants to close their eyes, notice the sounds around them, make contact with their breathing or similar.

- Now start to notice: Where are your thoughts? Above you, below you, in front of you, to the right or to the left of you? Are they inside or outside your body?
- Are your thoughts images, words or sounds? Do they move around or stand still? If they move around – how fast are they moving and in which direction?
- There is your thoughts – and there is the “you” observing your thoughts
- Your thoughts change all the time. The part of “you” which is observing your thoughts does not change.
- *Perhaps stop here or continue if convenient:* All this can make your mind become fuzzy and maybe you start analysing or arguing – so let us try one more time. Notice where your thoughts are ...

Conclude by returning to observation of breathing and sounds.

Body scan mediation

Lie down comfortably on a mattress / sit down comfortably in a chair.

Lie with your palms up and let your feet fall naturally out to the side.

Notice the ground under you – and if it feels comfortable close your eyes.....and register how it feels to be in the room right now. Breathe naturally – register the movements in your body when you breathe.....pay attention to the air as it comes in and out of your nostrils. Register how your chest rises and falls and pay attention to how your stomach fills with air when you breathe in and empties when you breathe out Just let this happen – and on each breath out allow your body to sink down a little deeper onto the mattress.

The aim of this exercise is not to make things different, to attain a certain condition or a specific degree of relaxation or peace – this might happen, or it might not happen. Either way, all you have to do is practice becoming aware of what is present right now. Let go of your expectations and of the tendency we all have to wish that things were different.

See if you are able to carry out the exercise with an attitude of openness and curiosity. Make room for your experiences with an attitude of acceptance and patience.

Now direct your awareness to the lower part of your stomach – notice the sensation in your stomach, when you breathe in ... and out. Breathe naturally and without effort – but remain aware, so that you know you are breathing in and you know that you are breathing out.

Now start to pay attention to your feet. Focus on the feet – explore the different physical sensations – perhaps you will register warmth or cold, tingling or stinging – perhaps you will not register anything.... If this is the case then register an absence of sensation – there are no right or wrong responses – give yourself permission to experience what you are experiencing. Breathe right down into the feet – and let go on the exhalation, and now focus your observations on the sole of the foot, the arch and the heel – to the point where the heel is in contact with the ground. Pay attention to the sensations you feel – maybe you will notice pressure, warmth or hardness. Just register what arises. Register sensations around the ankles and on the back of the feet. Allow your observations to go deep into your foot – pay attention to bones, muscles.....all the obvious and also the more subtle sensations. Take a few breaths and allow your awareness to include all the sensations in your feet – pay attention to these from moment to moment, with your full attention and without making any judgments.

Now you are ready to turn your attention to your lower legs. Register sensations along your shins – sensations in your legs - the contact between your legs and the ground. Perhaps you will experience pressure, warmth, tension – or the absence of pressure, warmth, tension. Just pay attention to what arises – and explore with curiosity from moment to moment.

From time to time you will find that your attention will start wandering away from the sensations in your body – when you notice this, acknowledge that your attention has wandered and resume your observations of your breathing and the physical sensations in your body – and do this with an attitude of acceptance and kindness – let go of self-critical thoughts and self-blame. You can always go back.....and with renewed intensity pay attention to what is happening, from breath to breath.

Now, go ahead and take a deeper inhalation and feel all the sensations in your shins – and when breathing out, let go of this area and move your attention to your knees. Explore the sensations in your knees – sensations in the skin – and sensations deep within the knees. Draw breath into your knees – and on a breath out let go ... and then start to pay attention to sensations in your thighs.... Explore your thighs – and all the sensations in your thighs – notice them. Give yourself space to take note of all sensations in your thighs – on the skin, and inside the thigh. And then move your observations further up to the hips – register sensations around the hips. Pay attention to sensations around the muscles, bones... perceive the blood flow through the hips – register changes and movements. Breathe in the air around you – and when you are ready - let go and move your attention to include the back area, notice sensations around bones and muscles and the internal organs – register sensations around the groin and the pelvis and in the lowest part of the stomach. Make space for this and pay attention to this with curiosity and gentleness.

Breathe in and then on a breath out let this area go – and move your observations again up towards the upper part of the stomach and the chest area ... register all sensations in the stomach, on the skin and inside the stomach

Let this go on a breath out and move your observations up ... towards the chest - register the physical sensations as the chest rises and falls ... and experience the sensation of how the heart and lungs expand and contract – when you breathe in and breathe out.

Perhaps you will experience tension or pain of a particular intensity – stay with the sensation without changing anything – pay attention to it – and see if you can notice the pains and tensions in themselves... perhaps feelings of warmth or hardness, perhaps feelings of fear or sadness ... Inhale and let the thoughts and evaluations go – and just notice the physical sensations as they come and go.

On a breath out let this go and move your awareness down to the lowest part of your back... follow the vertebral column up to the neck ... explore the physical sensations ...around the vertebral column.... and further up to the shoulder blades... register all physical sensations ... obvious as well as subtle.

Breathe in the air around you – make space and room for your experience and let go on an exhalation.

Move your awareness to the shoulder area - notice all sensations around the shoulders ... Allow your awareness to move down through both arms....via the elbows, underarms, down to the hands and into the fingers.

Explore the sensations in your fingers – around the joints....Register the sensations in your palms, on the backs of your hands ... the contact between the hands and the ground. Give your full attention to your hands – and inhale in pace with everything that you feel in your hands. Inhale down into your hands – and on a breath out let go of this area and move your observations up to the wrist, further up between the underarms – register the sensation on the skin and inside the underarms – around the bones, muscles, stay alert and observant ...

And move your observations further up to the elbows – register the physical sensations in the elbows. Move your observations further up to your upper arms – register sensations of cold, warmth - tingling and stinging – and remind yourself that there is nothing you need to change... you are just registering from moment to moment ... by observation and without judging.

Inhale – and experience the sensations from both your arms, as they lie here on the floor ... and when you are ready then move your awareness along the shoulders to your neck and to your throat. Register the sensations around the neck.

Move your observations to the chin... to the jaws ... Notice the physical sensations round your lips, your teeth and your tongue....

Move your awareness to your cheeks – pay attention to the physical sensations around your nose... and your eyes... around your eyebrowsmove your observations to your forehead ... register any tension ... let go, when you breathe out – and include the sensations around the roots of your hair – take in the sensations of your whole cranium, the back of your head ... and take in the sensations of your whole head ... the obvious and the more subtle structures Take in the sensation of your brain ... explore ...– make room for what you are experiencing ... and let go of what you are experiencing.

Now extend your observations to cover the whole of your body – as you lie here on the floor Pay attention to all sensations.....from the top of your head right down to your toes ... from your toes to the top of your head to all the physical sensations which arise from moment to moment ... from breath to breath...

When your thoughts wander ... register this ... and just return to your breathing, noticing the physical sensations in your bodyarising from moment to moment ... register the sensations in your whole body ...

Now take 3 deep breaths in.....and out. And start to move your fingers slowly.....and your toes... notice any changes, as you start to move....

And to finish the meditation....can you perhaps make a decision to transfer a similar level of attention and conscious presence to other situations in your life ... in an attempt to take care of yourself and the people in your life around you....

Mindfulness exercise with creative hopelessness

Sit on the chair comfortably. Sit in a state of alertness and awareness. Straighten your back and neck without straining, and notice how the chair supports your back and neck. Also notice how your feet rest on the floor. If it feels OK for you then close your eyes. Take a few deep breaths and allow your body to settle into the chair. Check your posture again and see if you can sink down a little deeper into the chair without losing your posture of alertness.

Take a moment to notice sounds within and outside the room. Slowly let the sounds fade into the background. You do not need to be disturbed by this right now, and you do not need to eliminate the sounds either.

I will now ask you to think of the strategies you use in relation to your health anxiety..... All the ways in which you try to control or to avoid health anxiety... Perhaps calling the doctor ... seeking reassurance from friends or your spouse...

Try to look at yourself from the outside...How does it look when you are engaging in these strategies? How does your body look? What is your posture? Facial expression and emotion? Where is your attention directed? How do your eyes look?

Observe for a moment how it feels to be fighting in this way with health anxiety. Think about how long you have been struggling ... and ask yourself: Has it worked? See if you can let your experience answer this one. What is your experience telling you? Has it worked?

Perhaps the thought will occur to you that you are to blame and that you should have done it differently. Or perhaps thoughts come up that defend you and explain why you had to do what you did. See if you can let these thoughts be. We are not talking about what's right and what's wrong. But we are trying to explore using your own experiences. Has this worked?

Perhaps a feeling of heaviness or sadness will occur in connection with the question. That is OK. Just explore with curiosity what sensations or feelings are present. Let your attention turn to the place the sensations or feelings are most intense and take a few deep breaths in and out while experiencing this sensation. Allowing your experience to be just as it is right now.

Towards the end of the exercise take a moment to once again come into contact with your breathing and notice how your body ensures completely by itself that you get the oxygen you need. Take a moment to notice the sounds inside and outside the room. And whenever you feel ready, you can open your eyes again.

Sweet spot

Sit on the chair comfortably. Sit in a state of alertness and awareness. Straighten your back and neck without straining, and notice how the chair supports your back and neck. Also notice how your feet rest on the floor. If it feels OK for you then close your eyes.

Direct your focus to your breathing and to the sensations associated with your breath.

Over the last few weeks we have talked about your struggle and about your suffering. We have talked about the challenges posed to you by your health anxiety... and where this has brought you to in your life.

Now I want to ask you to think about a time in your life, or a situation, where you experienced being exactly where you wanted to be ... an experience that was meaningful or where you felt things were coming together ... Maybe a feeling of really being alive ... perhaps this was associated with security, well-being, or enjoyment – in contact with your true self – a time free from stress, when you knew who you were and where you belonged.

This could be something recent or further back in time ... but a point in time, which, when you think about it, gives rise to a feeling of warmth and security ... a feeling of being present and alive.

I want to ask you to choose a certain situation or a special memory and look at it a little more closely ... It does not have to be the most important or the happiest moment ... it can be something quite simple.

Allow yourself to return to this time just for a moment – in this moment of peace, security and warmth.

Get to know the feeling really well and let it fill up your entire body, and observe it.

It may be that a feeling of sadness emerge – if so, try and make space for this feeling. This is OK.

If the feeling of being safe and content comes and goes, this is also OK.

Avoid forcing it or making too much effort. Just observe what this is like.

Now put this to one side, let the scene slowly recede into the background. Turn your attention back to the room in which you are sitting and the sounds around you, your breathing and the chair you are sitting in.

Think about what you will see when you open your eyes. Then slowly when you feel ready open your eyes.

Short acceptance of health anxiety exercise

In this mindfulness exercise we will explore how health anxiety is experienced in the body

Sit comfortably in your chair. Keep a straight back and neck, without there being any unnecessary tension. Notice how the chair supports your back and neck. Notice the contact your feet are making with the floor, and if it feels comfortable close your eyes.

Take a few deep breaths and allow your body to settle into the chair. Check your posture again and see if you can sink down a little deeper into the seat without losing your posture of alertness.

Take a moment to notice sounds within and outside the room. Slowly let the sounds fade into the background. You do not need to let this disturb you right now, and you do not need to push away the sounds either.

Now give your full attention to the present moment, concentrate on where you are right now. Explore with curiosity what you are experiencing and perceiving.

Think about a recent situation where you have felt caught up in ruminations about illness.

Now imagine that you are a scientist, who is investigating and observing health anxiety for the first time. First of all observe where in the body you most clearly feel health anxiety... where is the centre of this? Now go a step further and investigate: how big is this anxiety ... what color is it ... what shape is it? If you feel that some of these questions are difficult or silly, still see if you can use them to get to know your anxiety a little better.

Now try to breathe air into your health anxiety and worries. Imagine that you are drawing fresh air into the anxiety and that you are breathing out used air with its waste materials....

If and when your thoughts arise and your attention wanders of - simply note them and return your focus to the breath.

Now try to breathe air into your health anxiety again, but imagine that every time you exhale you spread the anxiety to the rest of your body ... And to the whole room ... spreading anxiety as far as you can imagine

You should not try to eliminate the anxiety or to control it, but try if it is possible to simply observe the anxiety for what it is.

Towards the end of the exercise take a moment to once again come into contact with your breathing and notice how your body ensures completely by itself that you get the oxygen you need.

Take a moment to notice the sounds inside and outside the room.
And whenever you feel ready, you can open your eyes again.

Panic induction and willingness exercise

We now invite you to participate in an exercise which concerns willingness to experience symptoms of anxiety. The exercise is called panic induction or interoceptive exposure. Thorough interoceptive exposure we deliberately generate bodily symptoms. We will invoke either pressure in the chest or sensations of choking by doing one of two completely safe things:

- 1) Pressure in the chest: Place hands folded at the back of your head, whilst elbows are pulled backwards. Take deep breaths (1 per second for 1 minute).
- 2) Choking sensation: Press down on the middle of your throat while moving your head down at the same time for one minute.

Try to observe how you react to what I have just said. Note the thoughts going through your head right now Note whether you are already experiencing some symptoms from your body just by thinking about the exercise ... Also try to notice whether your posture has changed? Have you become tense or moved your arms or hands?

Try to make space for what is happening now.

Sensations of chest pressure and choking are symptoms very often experienced in connection with anxiety. It is completely safe to invoke these physical symptoms but it can at the same time be uncomfortable. I will now ask you if you are willing to experiment with invoking these symptoms in the next 10 minutes.

Consider first how willing you are right now to jump in and do the exercise on a scale from 1 – 100, where 100 is completely willing. Also note how much anxiety/discomfort you are suffering right now because you are anticipating doing the exercise (scale of 0-100). (Write a figure down for each of the participants at the table).

(Each person chooses one of the exercises and performs it for one minute). Give the participants a moment to recover after the exercise.

Take a moment to note down how you feel right now. What thoughts are going through your head ... which signals or symptoms are you noticing from your body ... What is your posture like? Make room for whatever is now present, gently and with care for yourself.

We will now carry out one more panic induction. Consider if you want to do the same again, or perhaps you are willing to try the other. How willing are you now to jump right in and do it on a scale of 1 – 100, where 100 is completely willing. Also note how much anxiety/discomfort you are suffering right now because you are anticipating doing the exercise (scale of 0-100). (Write a figure down for each of the participants at the table)

(Each person chooses one of the exercises and performs it for one minute). Give the participants a moment to recover after the exercise.

Mindfulness meditation with focus on breathing and body

Find a comfortable position which reflects a relaxed alertness. Lower your shoulders and move them back a little to open up your chest. Let your breathing be exactly as it is without deliberately trying to change anything.

You can choose to close your eyes or have them half open so that your mind's eye is focused on the floor in front of you. Observe how it feels to sit here in the room. There is nothing you have to do and nothing you have to prove. Take a few deep breaths and let go of expectations. Register your breath from moment to moment with full awareness.

Now, take a moment to investigate, why you want to meditate. What is your attitude to this meditation in particular? Remind yourself about your values... which direction do you want to move in? Let your chosen direction be the motivation for this exercise.

And when you are ready allow your attention to rest with your breath. Be aware that you are taking air in and be aware that you are blowing air out. Be attentive and alert with your full attention on your breathing ... take note of the physical sensation of the air coming into your nostrils and going out again, observe if there is a change in temperature, in intensity. Observe your breathing from moment to moment ... without making any further comments about what you are experiencing.

Now turn your attention to your chest and observe the physical sensation when your chest rises and falls, then turn your attention down to your stomach, and take note of the physical sensations when the stomach rises when you inhale and falls again when you exhale.

Extend your attention to following the whole process. Register movements, changes and pauses between the inhalation and the exhalation. Sit calmly and in silence, be in contact with this moment. ... Be in contact with your breathing and the physical sensations from moment to moment ... Breathing can be an anchor for your attention. When your thoughts wander from time to time note where they have wandered to, if it is to the past or the future, without involving yourself in the content of the thoughts and with an attitude of gentle decisiveness bring your attention back to your breathing, and do this again and again ... It is expected that your attention and concentration will decrease during meditation but you can always come back to the present moment and follow your breathing from moment to moment.

Now allow the focus on breathing fade a little into the background and extend your attention to include your body as a whole. Open up and make space for a range of physical sensations, and to the thoughts and feelings that arise. See if it is possible to open up with a welcoming attitude towards all sensations. There is nothing that has to be different right now.

Be curious about your own experience. Like waves on the ocean's surface thoughts, feelings and sensations emerge and eventually disappear. Observe with full attention, be conscious from moment to moment. And remember you are not trying to achieve a certain state, allow yourself to be and to stay in the experience, fully alert and fully in contact.

Notice any tendencies to want to hold onto comfortable experiences, thoughts, feelings and sensations and tendencies to push uncomfortable experiences away, and overlook or lose interest in neutral thoughts, feelings and physical sensations....

Maybe some of the physical experiences are particularly intense. But instead of pulling yourself away perhaps choose with openness to draw closer to these. Explore the sensations, be attentive and aware of what they are like, if they change and if they change in intensity ... Observe without letting yourself be drawn into the history of or any evaluations of them. Inhale and make space for the sensations. .. And when you are ready once again extend your attention to the whole of your body.

Be alert and in contact ... When your thoughts wander. Register this and bring your attention back to your breathing, back to your body as a whole.

*

To round off the meditation, take a moment to acknowledge yourself and the time and effort you have put into this meditation, as it requires discipline, will, and perseverance to practice full awareness.

- **The poem "Gæstehuset" (Guesthouse) by Rumi can also be introduced:**

To end the meditation I will now read you a poem. Listen to the words as the poem unfolds.

The guest house

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.

Be grateful for whatever comes.
because each has been sent
as a guide from beyond.

-- Jelaluddin Rumi, translation by Coleman Barks

Watching thoughts drift by

Sit down comfortably in your chair. Sit up straight with your feet flat on the floor. Avoid crossing your arms or legs and let your hands rest in your lap with the palms either up or down depending what you find most comfortable. Gently, allow your eyes to close. Take a few moments to get into contact with the physical sensations in your body, in particular sensations of movement or pressure, where your body is in contact with the chair or the floor.

Now try to imagine that you are sitting next to a stream.

Take some time to look at the picture. Perhaps it is a place that you know. Maybe a place you have invented. What does it look like?

While you are looking at the water you notice some leaves on the surface of the water. Keep looking at the leaves and observe them as they slowly move with the current.

Now, when thoughts arise in your mind, gently place each of them on a leaf and observe them as they move away from you and finally move out of sight. You can put each thought on a leaf in the form of a sentence or a picture.

Return to gazing at the stream while you wait for the next leaf to float by with a new thought. If one comes then watch it come nearer again and then let it drift out of sight. Think whatever thoughts you think, and allow them to float freely on each leaf, one by one. Imagine that your thoughts are floating by like leaves down a stream.

Notice if there is a difference in how easy it is to release the leaf, and therefore the thought, when it goes out of sight. Are some thoughts harder to release? Perhaps some more compelling, overbearing, welcoming or attractive? Are some thoughts easier to release? Some more neutral, more "tiresome"? Explore this. You do not have to struggle to remove the thought. If it comes back again and again, just repeat the practice.

Ok, I will now ask you to let the last leaf float past – just register how it moves in the water, until you can no longer see it clearly – and begin to prepare to return to the room you are sitting in.

Take a moment to bring your attention back to the chair you are sitting in, your breathing, the sounds in the room, and when you feel ready open your eyes again.

Bus exercise

In this exercise, we are going to further explore how uncomfortable thoughts, feelings and sensations may lead to problems if we try to control them; for example if we take them literally and try to bargain with them, displace them, avoid them, or debate with them etc.

First part of the exercise:

1) Value/direction:

Invite a participant to participate in the exercise – point out, if applicable, that everyone will be taking part in the exercise but that we need to have one person to start with.

The therapist is to stand close next to the participant. Ask the participant to hold his or her hands up as though holding a steering wheel. The therapist can do the same. Something can be said along the lines of: *This is your bus and it is going to run in the direction you want your life to move in. Where would you like to go?*

The participant answers with a value, for example *I want to be closer to my children.*

Directions/values are written on a piece of paper or card, which one of the other participants is given to hold. The “driver” is instructed to maintain eye contact with the person who is holding the paper.

2) Thoughts:

Therapist: *Some days the bus driver will meet happy, friendly and accommodating passengers, who say “good morning” and smile. But other days it will be difficult, complaining and miserable passengers who get on the bus. The passengers are your thoughts. Which thoughts typically appear and get in the way of your direction?*

Participant: *That could be thoughts about my own or my daughter’s health. Or sometimes I think I am not a good mother.*

Invite the other participants in and give them each a thought on a card to improvise from. Their task is to “be” this thought, feeling, symptom etc and later they are to come up and in a very insistent manner tell the “driver” what is on the card and in this way try to stop the bus.

3) Control of thoughts:

Ask the participants to come up and in a steady stream to disturb the driver. In the first instance, ask the driver to debate with the “passengers” and to try and convince them of/contradict what they are saying (= to rationalise, push the thoughts away, talk sense into the thoughts).

Start the exercise. And let it carry on for some time.

Ask the driver how it was – what did he/she feel, what sort of urges, what thoughts did he have etc.? Did it give him more or less energy to debate with the passengers? What happened with the direction that the bus was taking (typically the bus stopped and the focus was on the thoughts/passengers and not on the values/directions)

Second part of exercise:

4) Willingness:

Again ask the participants to come up and in a steady stream to disturb the driver, but now ask the driver just to register and to acknowledge the passengers (make eye contact, touch on the shoulders) but NOTHING else (do not debate, urge, explore etc.) while at the same time the driver maintains his direction/focuses on the values that have been written down.

Start the exercise. And let it carry on for a while.

Ask the driver how it was – what did he/she feel, what sort of urges, what thoughts did he have etc.? Did it give him more or less energy to allow the passengers onto the bus?
Was it easier to keep focussed on the directions?

5) Conclusion:

All passengers/thoughts now stand behind the driver with a hand resting on his/her shoulder. The driver begins to move forward with his sights fixed on his values, while all the passengers/thoughts say what they have to say all at once. The driver lets the passengers speak as though they were coming from an old radio that cannot be turned off, and he lets them carry on.

Evaluation and feedback:

What were the challenges?

What reactions were experienced?

What were the differences in the two situations?

How did the passengers experience it?

How did the rest of the group experience it?

How can the exercise be linked to today's subject: defusion?

When pursuing your values these passengers will be encountered – they will try to warn you of anticipated dangers and remind you of your past failures. And what have you done? You will undoubtedly have listened to them and done what they advised. And what did that mean? That you have avoided doing the things that you really want to do and which have meaning for you - because the thoughts are so scary.

You have tried to get rid of the thoughts, to overcome them with positive thoughts, avoid them or maybe drown them with pills or wine. But that rarely helps - the more you try to chase them away the more conscious of them you become in the long run.

For discussion:

- Thoughts etc. are a part of your past, but not the whole of your past. It is not possible to “delete” a part of your past that you have experienced - but you can add new experiences.

- We cannot “get rid of” our thoughts but we can choose how we react to our thoughts and feelings. You can choose to listen to them and do what they tell you or you can choose not to do that.

- You should not ignore them but recognise and accept them as thoughts and feelings from your past. You are taking a step in the direction of your values, which will potentially involve discomfort or stress. Sometimes that may be necessary in order for us to overcome challenges and to move forward. That is to say, you must face up to the fact that you risk pain, stress, anxiety and failure without being guaranteed success – and the big question is how far are you willing to take this risk with the aim of giving yourself the possibility of success.

Observe a thought

Sit comfortably in the chair in a position in which you will remain alert. Close your eyes if that feels Ok and take a moment to register how you are sitting on the chair, notice where and how your body is in contact with the chair.

In this exercise we are going to work with imagination, that is to say your ability to call up pictures in your mind's eye. During the exercise I will also ask you some questions, do not force pictures to come or look for answers to questions. Just do your best and see how it goes.

I will now ask you to consciously focus on a thought which is difficult or troublesome for you. Perhaps a thought connected with health anxiety or another painful thought. Maybe a thought that is new, or one that has been with you for a long time.

Now imagine that you can take this thought and put it in front of you. Imagine that it is about 4-5 steps in front of you.

I will now invite you to look at this thought more closely. Imagine that you are a scientist who has to research and observe this thought.

- Now imagine that if this thought had a shape what shape would it take? It could also be an image, a figure, or a person.

- And if it had a colour what colour would it be?

- And what is the size of the thought in front of you?

- What structure does the thought have? Is it hard, soft, angular ...?

Try to make a picture ...and allow yourself to experience it fully and without any defence.

Take some time to be here in the presence of the thought without doing anything. Explore whether any reactions to the thought occur: This may be a bodily reaction... Maybe your breathing changes. Maybe you experience tension. Maybe new thoughts and feelings arise. Maybe there is an urge to escape or control them?

Try to find the strongest reaction to the thought and take the worrying thought you have imagined and move this thought a little to the side and instead take this reaction and put it in front of you.

(Repeat the objectification parts)

If this reaction to the first thought were to have a form then imagine this form (colour, size, power, weight, speed, structure etc.)

Now try again to place the first thought in front of you again. Explore it as though you are seeing it for the first time. What does it look like in this moment? What form does it have, what colour, what structure?

Now end the exercise by taking the thought back into yourself and register how it feels to have the thought inside you again. Take a moment to register if you have any reaction to taking the thought back again ... See if there is room for the thought. Take a few deep breaths into your body and make space for the thought.

Finally turn your attention back to the room around you and open your eyes.

The stories about yourself

Sit comfortably in the chair and let your body reflect alertness and wakefulness. Notice the contact with the chair. Notice your feet on the floor – and if it feels comfortable close your eyes. Take a moment to notice the sounds inside and outside the room. Allow the sounds to be present as part of your experience. And then let the sounds fade slowly into the background and turn your attention to your body.

Take a few deep breaths and take a moment to observe how your body feels right now. Notice your breathing inside your body.

Now start to imagine yourself in a situation where you are the perfect version of yourself. You are what you really want to be. Maybe you have never experienced yourself being this way but try to imagine what this could be like. What would you look like? What would your posture be? And your facial expression? How will others see you? What will they admire, look up to in you? You can place a few words with the picture, which describe what you are like here: for example “strong”, “fun” etcetera. What sort of feeling is linked to this picture of you? Observe how your body is experiencing this.

Now I will invite you to release this picture. Imagine that you are looking at it close up, but you slowly begin to move backwards while allowing the picture to become smaller and smaller. Finally only a dot will be visible, and the picture of you will disappear completely.

Now explore how it feels to be at a distance from this particular picture of you. What is left now? Who moved away? Who observed? Who is observing right now?

Repeat the same process with a “negative” self-image: a picture of yourself.

Imagine yourself in a situation where you are the worst version of the person that you would like to be. What would you look like? What would your posture be? And your facial expression? How will others see you? How will they react to you? What feelings are associated with this picture of you? Observe how your body is experiencing this.

And now slowly move away from the picture. Imagine that you are looking at it close up, but you slowly begin to move backwards and you see the picture become smaller and smaller. Finally only a dot will be visible, and the picture of you will disappear completely.

Now explore how it feels to be at a distance from this particular picture of you. What is left now? Who moved away? Who observed? Who is observing right now?

Now take some time to reflect: Which self-image is most “you”? Could it be, that neither of these images is you? That these images are nothing more but simplified images of a much more complex and whole person? Explore this. Is there a part of what you call “you”, which has been with you all your life? Which can accommodate different and contrasting pictures of who you are, and which is constant, even if the self-images change?

Now allow your attention to return to your breathing ... Take some time to register and consider your breathing without making any judgement ... and when you feel ready turn your attention back

to the room you are sitting in ... the chair you are sitting on ... and when you feel ready open your eyes.

Short mindfulness exercise with roles

Get into a comfortable position in the chair. Sit up straight with your feet on the floor, avoid crossing your arms and legs and let your hands rest in your lap.

Let your eyes close slowly.

Take a few deep breaths: inhale and exhale. Notice the feeling of your breathing while you inhale and exhale.

Now turn your attention to just being in this room. Notice the sounds which may arise in the room and outside. Notice how you are sitting on the chair. Focus on the place at which your body comes into contact with the chair. How does it feel? How does it feel to be sitting where you are sitting? Notice the place where your hands are in contact with your thighs. How do your feet feel in the position they are? What sensations are you registering in the rest of your body?

If you notice some form of sensation in your body then just notice it and acknowledge its presence. Notice how they perhaps change completely by themselves from one minute to the next. Do not try to change them.

Let us now explore a subject: your roles: Notice how many roles you have had in your life. Sometimes you have had roles as mother/father, daughter/son, spouse, brother/sister. Sometimes you have been the teacher and other times the pupil. Sometimes you are a leader, other times a follower. You are in one or the other of these roles all the time. Even now a part of you is playing a role, the role of a participant in this course.

Try at the same time to be aware that all the time *you* are also present. The part of you that you call *you* notices and is aware of what you are aware of. And one way or another this *you* does not change.

This part of your mind has been with you all your life, and has observed the world from just this perspective. So if your roles change constantly, and the you that you call you, has existed all your life, then this must mean that even if you have roles, you do not have to experience yourself as *only* being these roles. Do not take my word for it. It is not a question of belief. Just explore and notice the differences between what you observe and the you who observes this.

I will now ask you to round off these last thoughts – and begin to prepare to come back to the room. Take a moment to turn your attention back to the feeling of chair you are sitting in, your breathing, the sounds in the room, and when you feel ready open your eyes and turn your attention back to the room.

Mindfulness exercise: A long journey

Now, please close your eyes if it feels ok, and find a sitting position which is as comfortable as possibleplace your feet flat on the floor.....notice how the chair supports your back ... Now focus on your breathing and on your bodily sensations. ...Also take a moment to sense the room around you.

I will now describe a situation, which you should try to imagine... Notice what happens as we move through the different images.

Start by imagining a time in the near future, perhaps a few months from now ... you have worked hard with your situation, and many things have fallen into place for you. Your friends, acquaintances and colleagues/former colleagues have arranged a big party in your honour ... because they feel you have earned it. After the party you are going to go on a long journey or holiday. You can only take the person or persons closest to you. It will therefore be a long time before you talk to all the people you know again. It is not important where you are going. But it is important that you are going away for some time. Now imagine all the people who really mean something to you in your life – those who are closest to you. They have arranged this big party here in your honour. They want to see you and share all the experiences they have had with you before they send you off on your journey.

Imagine everyone who is closest to you gathered at this leaving party standing close to you ... Form a picture of the room where are you? Who is there? How does it sound? What is the atmosphere like ... what feelings and sensations are you filled with?

At a certain point people start making speeches. The speeches are about how they feel about you, and what you mean to them. First your partner or the person you are closest to in your life gets up, ... What would you most like this special person to say about you - about what you have experienced together in life. How you have lived life together and shared it with this person? You are free to wish just what you would like this person to say about you – even if you have perhaps not lived up to it until now and it will perhaps never happen. You do not have to think about what you think this person would say in reality, but what you would wish them to say. Hear them say it, take it in. Listen and remember what is said ... are there one or two important words, which you can hold onto for a moment and perhaps see that they are for you...

Now your children get up or another child to whom you are close ... What would you like them to say about you - about how you have lived your life as a father, mother or role model for the child Hear them say it. Listen and remember what is said.

Your best friend gets up now..... Listen to what your friend says, how your friend sees your life and what you have achieved up until now, listen to how they describe you – not necessarily as the friend you are today or have been, but as the friend you most want yourself to be. There is no reason to worry about how far away from this or otherwise you are today Hear him or her say it. Listen and remember what is said. ...

Now listen to the last words, and afterwards notice how you sit full of people's impressions, and with pleasure about the many nice things that have been said about you.

Now listen to the last words and notice how your body reacts to these. Have certain feelings or sensations arisen due to having heard these words. What are you noticing right now? Take a few deep breaths and try to make space for these feelings exactly as they are. Allow yourself to notice what they are regardless of whether they are feelings of pleasure, longing, sorrow, or other feelings.

Now let the scene fade into the background. Turn your attention back to the present, to the room you are sitting in and the sounds around you, your breathing, and the chair you are sitting in. Think about what you will see when you open your eyes. Slowly, when you feel ready, open your eyes.

Visualisation of dedicated action

Close your eyes and allow your body and your thoughts to relax. Find a sitting position which is as comfortable as possible. Place your feet flat on the floor ... notice how the chair supports your back.Direct your focus towards your breathing ... and to the physical sensations you are feeling. Take a moment to just notice the feeling of sitting here in this room right now.

During the exercise try to observe which physical sensations, thoughts and feelings arise while we go through the exercise.

Start by remembering the value-based step you have chosen to take during the next week It needs to be a realistic and concrete activity ... perhaps something which you have not done for a long time due to health anxiety.

When you have decided on an activity try to form an inner picture of yourself as you carry out the activity. What is your posture like? What is your facial expression like? Try to imagine the clothes you would be wearing in this situation. What do your surroundings look like and are there others present? Where are they and how are they participating? What are they doing? What time of day is it ... is it light or dark?

After you have given yourself a good sense of the situation, try to observe the feelings and physical sensations that are present ... what is your breathing like, are there any uncomfortable and / or troubling thoughts present? If this is the case, how intense are the uncomfortable or troubling thoughts? Now try to imagine what you will be thinking whilst you carry out the value-based action. What usually goes through your mind when you carry out this activity? What other sensations are present apart from discomfort, what else do you notice?

Notice what sounds are present, if there are any smells and what you notice when you come into contact with things. If there are other people present what are they saying, what sounds can you hear? - try to turn the sound up ... Notice the smell of perfume, flowers, the air, other plants, food ... that fit with where you are and what you are doing. Try to notice how it feels to be in contact with the different things or the other people who are a part of the activity ... allow yourself to experience any troubling thoughts or physical sensations as a part of all the other sensory impressions which are occurring when you carry out the activity ... concentrate on all the sensory impressions and sensations that are present and allow yourself plenty of time to experience them all. Try to keep your awareness open and avoid holding on to or pushing away any part of your experience.

Now remind yourself of the value you are strengthening in your life by carrying out this action. Why is it important for you? What greater purpose is served by this action? And ask yourself: Am I willing to move forward WITH all these thoughts and feelings, because this is important to me? Explore this question while taking a few deep breaths, where you really observe everything that is present at the same time as keeping in contact with your breathing. Is there something here that you cannot bear? Note that it is only you who has the answer to this. You have a choice here. Is it important enough to you?

Now slowly let the scene fade into the background. Turn your attention back to the room you are sitting in and the sounds around you, your breathing and the chair you are sitting in. Think about what you will see when you open your eyes. Slowly, when you feel ready open your eyes.

Mindfulness exercise before dedicated action

Close your eyes and take a moment to take up a comfortable position in the chair.

Now make contact with your natural breathing and allow whatever feelings, sensations and thoughts that may occur to be present ... register them ... and let them pass by ... and come back ... again and again come back to your presence here in the room – here and now -see if it is possible for you to go with what is happening right now ... let it occur and let it pass ... without holding onto anything whether it is comfortable or uncomfortable. Like a stream ... where you place your feelings, sensations and thoughts ... they are not you, they do not control your life, because YOU are always here, in your breathing, here in the room.

Now turn your attention to your values and take a moment to make contact with a value that is very important for you.

Try to observe how much vitality and self care you will experience when you live out your values to a greater extent. Begin to prepare, in a minute, if you are willing, to tell others in this group what your dedicated action is.

It may be that you will now register a range of thoughts which can be a bit scary. Try to notice how easily you can choose to tune into this “channel” but at the same time also try gently but deliberately to tune yourself into the “other channel” – your “here and now willingness channel” ...and once again take a moment to observe how much vitality it will give to your life when you live out your values to a greater extent.

I will now ask you to let go of these last thoughts and images – and begin to prepare yourself to come back into the room you are sitting in. Take a moment to direct your attention back to the feeling of the chair you are sitting in, your breathing, the sounds in the room, and when you feel ready, open your eyes and direct your attention back to the room.

Short mindfulness exercise with focus on ending treatment

Find a comfortable position in the chair. Sit with your feet flat on the floor, avoid crossing your arms and legs and let your hands rest in your lap. Let your eyes close slowly. Take a few deep breaths: inhale and exhale. Observe the sounds and feel of your breathing while you inhale and exhale.

Now turn your attention to just being inside this room. Notice the sounds which may occur in the room or outside. Notice how you are sitting in the chair. How does it feel to sit how you are sitting? What sensations do you register in the rest of your body? If you notice sensations in your body just notice them and acknowledge their presence. Notice how they may change from one moment to the next completely by themselves. Do not try to change them.

Today is the last day we shall be meeting in this group. This knowledge has perhaps aroused a whole range of thoughts, feelings and sensations in the days leading up to today, this morning or it may be occurring right now it may be that you have registered a range of thoughts which may seem scary, perhaps thoughts like: *"I am not ready to go it alone"* or *"what now?"* Perhaps you are registering these thoughts right now. Try and see how easily you can tune into this "channel", that broadcasts these scary thoughts – and how you, when you tune into this "channel", can be engulfed by these thoughts and drawn back into experiences from the past or fears and anxiety about the future....

But at the same time also gently but firmly try to tune yourself into the "other channel" – your "here and now willingness channel" – try to see if you can just register the natural and expected anxiety or discomfort, which is associated with this group finishing and also find a place for this inside yourself.

Set yourself the task of exploring which mood or feeling is found in all these thoughts. Investigate whether it is an upsetting mood which is present in all these thoughts about the future. If you notice a feeling then make a conscious decision to pay attention to this feeling. Where does it sit exactly? How are you experiencing it in your body? Can you meet it, welcome it? You do not have to change anything, just allow the feeling to be exactly what it is. If thoughts arise which take you away and onto the "anxiety channel" then just turn your attention back to this moment and the feeling you are sitting with.

It is not the end yet, you have chosen to tune into your "here and now willingness channel" and use the day today to work further with that which is important to you.

Try for a moment to pay attention to your values – why you are here. Just give yourself permission to be in this. Try and see if you can perceive your values, mine and those of the other participants in this room - which is why you are here. Pay attention to the values that you and we are acting upon by being here. Try and see if you can allow yourself to be in the presence of that of which you are afraid. Notice every form of doubt, reservation, fear and worry. Just see if you can observe them, acknowledge their presence and make room for them. You should not make them disappear or work against them. Now try and see if you can – just for a moment – be in the presence of your values and goals. Why are you here? What do you want to move toward? What do you want to do?

I will now ask you to round off these last thoughts – and begin to prepare yourself to come back to the room you are sitting in. Take a moment to focus your attention back on the chair you are sitting in, your breathing, the sounds in the room, and when you feel ready open your eyes and turn your attention back to the room.

Appendix H
Handouts

1. Meeting

Welcome and introduction

Programme overview

- Mindfulness exercise
- Welcome
- Introduction of therapists
- Frameworks for the group
- Methods of treatment
- Mindfulness exercise: Why am I here?
- Interview exercise - introduction to one another in pairs
- Fixed points
- What is health anxiety?
- Introduction to home assignments
- Summary round
- Mindfulness exercise

Fixed points for each session

1. Mindfulness exercise (focusing on the present moment)
2. Presentation of the agenda
3. Recap from the last meeting
4. Home assignments from last time
5. Introduction to today's topic
6. Exercises
7. New home assignments
8. Summary round: important points from today's theme and feedback
9. Final mindfulness exercise

Treatment approach

In this group therapy we will use a variety of teaching methods, such as short presentations/teaching, using the blackboard, telling stories and metaphors, and experiential exercises.

The treatment will sometimes take the form of teaching and discussions. Other times, it will mainly be based on exercises - usually it will be a combination.

Acceptance and Commitment Therapy (ACT) is a form of therapy focusing on learning and gaining knowledge through our own experiences rather than just being taught what might be appropriate. Learning through our experience is the way we learn to speak, walk and ride a bike.

You will get a folder with information about the background of the treatment and exercises, worksheets, and home assignments we will be using during this treatment - thus, you will always be able to look back at your thoughts and experiences from the beginning of the treatment and follow your progress. We would recommend you to use these worksheets as support for homework assignments and to involve your family.

Framework for the group

Framework

Confidentiality: We ask you not to speak to others about anyone who is in this group and as far as possible, not about what is being said in the group. If you talk to others about your participation in the group, please focus on your own experience, and let other group participants' contributions remain within the group.

Participation: Everyone has the right to choose how much personal information to disclose and decide on exercises he/she cannot manage - but exercise also the courage to try new things. Change and development often happens when we move beyond our comfort zone.

Our expectations for us as therapists are:

We aim for an atmosphere of acceptance; it is important for us that you feel comfortable in the group. That you know you can talk about your problems and they will be taken seriously. We will provide a space for serious topics, fun and humour. Frustration, scepticism, and laughter are all very welcome too. We will help you to become more aware of your own values, resources and barriers. We want to give you new perspectives on your situation and thus ideas for new ways to handle your difficulties.

Our expectations from you:

Active participation: We ask you to attend every session, show courage in examining new opportunities and try out exercises that will give you new perspectives on your situation. It's okay if there are days where you will be more active than others, and days where you will be sceptical or quiet. It is also different for each of us how quickly we feel secure in a group. But it is important for your own and others' benefit to attend and have confidence that this therapy will be beneficial.

We also request that you participate constructively in the discussions and try to support the other participants. We ask that you be willing to be in an experiential group and commit to the group process, remembering that this therapy can have great benefits. We ask you to work with the exercises and newfound knowledge to the best of your ability between sessions.

Interview exercise; Introduction 2 & 2

Introduce yourself to your “neighbour” and ask questions to learn more about them. Build upon the questions from the exercise we have just completed. You don’t need to disclose anything that feels particularly private.

You have 15 minutes. You will then briefly introduce each other to the group.

It may be helpful to write down a little about your neighbour, so you better remember him/her after the break.

You can, for example, ask the following questions:

1. What is your name? What are your interests? What are you good at? What barriers keep you from doing what you wish to do? What keeps you from being who you want to be? What do you desire? What have you previously loved to do?

2. What activities do you miss being able to spend more time/energy in?:

Activities (recreational, social life):

Your work, study: _____

Your family life/relations: _____

Your experience of your self/Your mood?:

3. What prevents you from engaging in these activities? (e.g. worries, pain, certain emotions?):

4. What do you expect to be able to use the group for?

5. What do you want out of treatment?

What is health anxiety?

Health anxiety

- Is a new diagnosis, which is thought to replace the diagnosis *Hypochondriasis*.
- Severe health anxiety is characterised by excessive worries, preoccupation or fear of harbouring a severe physical disease and these thoughts being difficult to stop.

Symptoms of health anxiety

- If you hear or read about disease, you may easily become afraid that you have or will have the same disease.
- You may be very attentive to bodily functions.
- You may be very interested in information about health and disease, or you may have an unrealistic fear of being infected by something you have touched or eaten, for example.
- You may be afraid to take prescribed medication.
- The symptoms may in severe cases reduce your quality of life or disturb you in your everyday activities.

Contact with the doctor and health system

- You may often consult the doctor and request to be examined hoping to have your thoughts about disease disproven.
- Although your doctor will examine you thoroughly and say that you are not to worry, you may not feel reassured, or you may only feel reassured for a short period of time.

Reasons for health anxiety

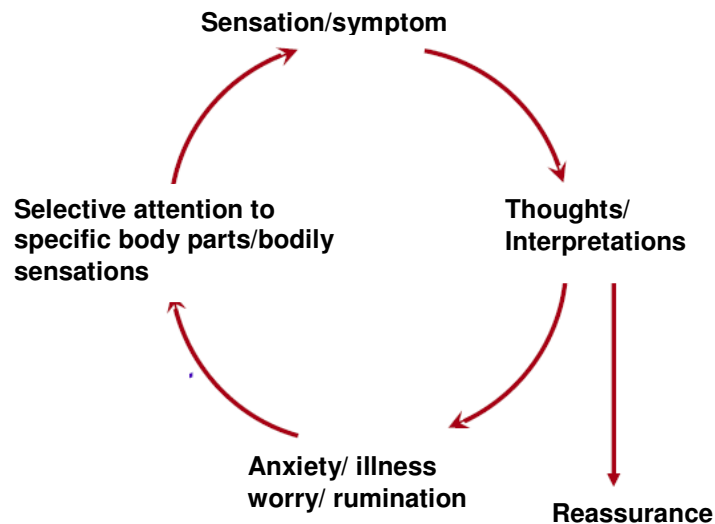
Health anxiety may start:

- after a crisis, such as losing someone close because of a fatal disease
- following a difficult period in your life.
- in childhood or adolescence. Some families show concern and preoccupation with health anxiety more commonly than others.

How widespread is health anxiety?

- Health anxiety often has an early onset and a chronic course may be seen in severe cases of untreated health anxiety.
- Health anxiety is prevalent and studies have found that around 5% of the general population and up to 10% of patients seen in primary care may suffer from health anxiety.

Figure 1 “The increasing anxiety spiral”



The figure shows how you can become stuck in a negative self-reinforcing spiral. Some research show that rumination may be the primary element of health anxiety.

Co-existing diseases

Health anxiety occurs sometimes in conjunction with anxiety disorders and/or depression. Furthermore, the attempt to alleviate health anxiety via alcohol and sedatives can sometimes lead to misuse.

Medical treatment

The type of medication sometimes used for health anxiety is the same as used for anxiety disorders; SSRIs or SNRIs (anti-depressant or anti-anxiety medications). The medication is usually slowly increased until a satisfying effect is observed. Taking SSRIs and SNRIs do not lead to dependence and may not be abused as they do not result in euphoria.

Homework assignment: What do I really want my life to be about?

The purpose of performing this exercise is to begin to consider what you would like your life to be about if not filled so much with health anxiety. This exercise also allows you to consider what you think could get in your way of making changes in your life - what barriers might be in your way?

Write down brief answers to the following 4 questions - it's only for personal use:

1) What do you really want your life to be about?

(Put aside whether or not you think you are likely to be successful in these, but allow yourself to be free to wish for what YOU ideally want your life to be about)

2) What are the internal barriers preventing you from achieving this?

(For example, think about why you would not succeed; thoughts that you're not strong enough or have had negative experiences with previous attempts, difficult emotions that arise when you think about acting)

3) Which barriers (thoughts, feelings, sensations) would you be willing to discuss in this group?

4) What are some of the barriers that you will never be willing to discuss?

How do I get started with the home assignments?

What are home assignments?

A very important part of Acceptance & Commitment Therapy (ACT) is doing home assignments. The therapy is an active collaboration between you and your therapists, but since we can only be together for a few hours, it is important that you try different exercises at home. In fact, the time between the sessions is the most important because when therapy is complete, home will be the place where you live your life - and practice makes perfect! Working together towards your goal of getting better requires an effort from all of us in the time between our meetings, where each of us is preparing for the next meeting.

What do home assignments consist of?

Home assignments are based on the exercises reviewed and practiced in the group. A home assignment may be to fill out a form for the week, for example recording thoughts or bodily sensations. It can also be more open exercises, for example, generally having to pay attention to what you do in certain situations or exercises on breathing and focused attention.

How do I get started with home assignments?

Take time to think about your personal motivation to devote time to homework assignments in addition to the group. Why would you do that? Think of the exercise from the first session. What response did you get from the exercise? Why is it important for you to get involved in this treatment? What dreams, hopes and desires have led you to seek treatment?

Once you have considered your motivation, you can take an active and conscious choice on how much time and energy you want to devote to this aspect. The choice is yours and only you can decide what is realistic and best for you.

Remember that home assignments are a dedicated step in themselves and contain all the processes we work on in the group. Each time you devote time and energy to working on home assignments, you are acting in accordance with your values and taking a dedicated and determined step. From time to time, it may be painful and uncomfortable to deal with difficult topics. When you do it anyway, you practice acceptance and willingness to be with the difficult, so you can move in the direction you want. The actual work on a task is a task in itself - regardless of whether you feel you have made a "good" or "adequate" response. Just 5 minutes of home assignments can be an important and crucial step.

Help to get started with home assignments:

Here are some questions you can ask yourself, which might help you to get started and persist with doing home assignments.

1. What is the hardest thing for me when I need to start a home assignment (possible thoughts and feelings that are likely to pop up)?

Answer: _____

2. What problems can get in my way that might stop me from doing home assignments?

Answer: _____

3. What are the first steps I need to take to get started with home assignments?

Answer: _____

2. Meeting

Introduction to ACT and mindfulness

Programme overview

- Mindfulness exercise
- Presentation of the agenda
- Recap from the last meeting
- Experience with home assignment
- Programme overview for the entire course
- What is ACT?
- What is Mindfulness?
- Exercises
- New home assignment
- Summary round
- Mindfulness exercise

What is ACT and mindfulness?

Acceptance & Commitment Therapy

ACT is;

- an acronym for Acceptance & Commitment Therapy
- a form of cognitive-behavioural therapy, which has been shown to have good outcomes in the treatment of a variety of problems, including chronic pain, depression, anxiety, epilepsy, substance abuse, and psychotic symptoms.
- an experience-oriented treatment, which means that in the treatment, we are working with learning and changing through our own experiences.
- a form of treatment where you work to become better at managing discomfort, such as illness worry and bodily sensations, and life problems in general by learning to focus on the things you can change and control rather than those you have no control over and which zap your energy. In therapy, you will learn a number of awareness exercises (mindfulness meditation).

The purpose of the ACT group therapy for health anxiety is;

- to investigate what is really important to you, and increase your ability to act in accordance with your values, even on hard days.
- to help you live a life where symptoms no longer control your life, but where you can live a valued life WITH symptoms – and possibly with less symptoms than now.

Mindfulness

Mindfulness is a kind of overarching-awareness or meta-awareness, i.e. an awareness of being aware. It allows you to be aware of the “vicious cycles” between thoughts, feelings and the body (see the 'vicious cycle of anxiety or worry' below) and helps us to gradually avoid unintentionally feeding into or perpetuating these cycles.

Definition of mindfulness:

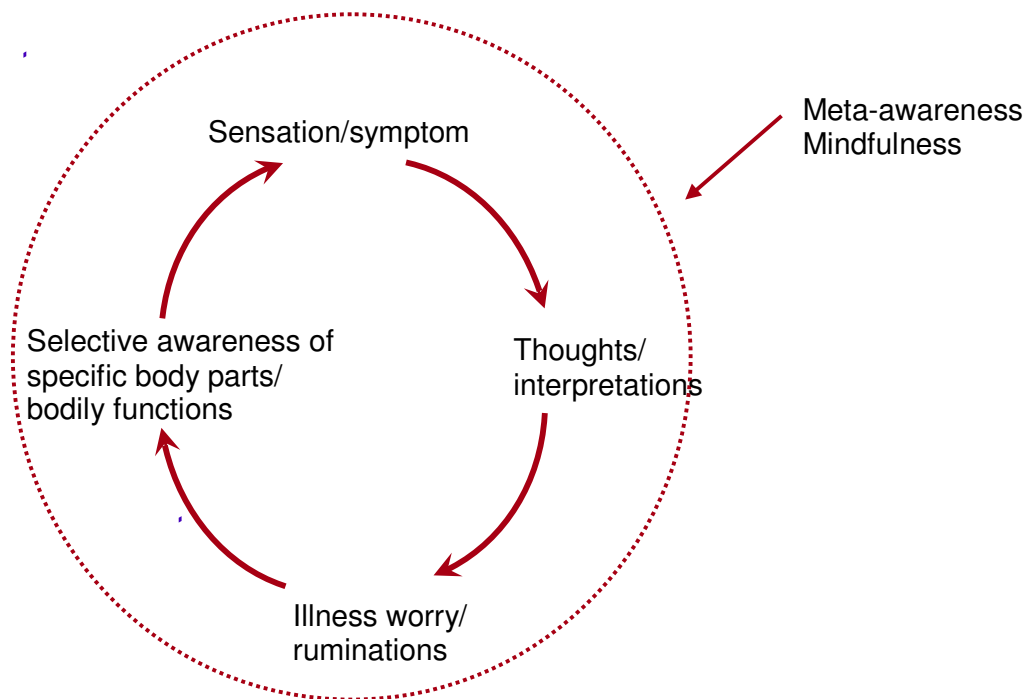
“To intentionally bring awareness to the present moment in a non-judgmental way”
Jon Kabat-Zinn

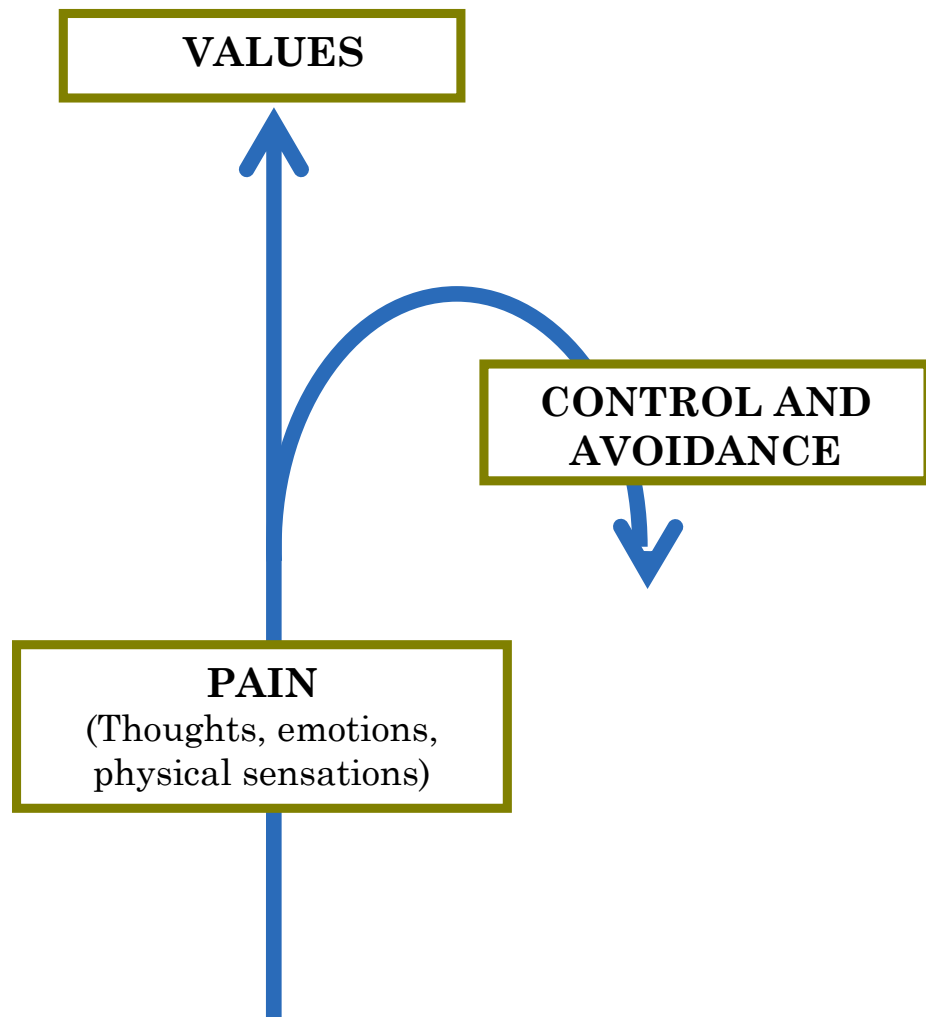
Mindfulness can be translated as conscious awareness. This means that we will concentrate on being present right now, in this moment. Let us unfold this a little: Our everyday awareness/attention is continually jumping from one thing to another, from thought to thought, without us being really aware of what it is dealing with. It runs on autopilot.

- Mindfulness refers to a condition in which we KNOW where our attention is.
- Attention is focused on the present moment, encompassing all that is present in the moment, i.e. different sensory inputs from the environment or internal phenomena such as thoughts, feelings and bodily sensations. At the same time it is a special kind of awareness.

- It is non-judgmental, which means that we adopt an attitude of openness, curiosity and acceptance in relation to what we are aware of.

As humans we continually judge ourselves, our actions, other people or the situation we are in. Our minds divide everything into “good” or “bad”, “right” or “wrong”, “pleasant” or “unpleasant”. When we do this, awareness starts wandering away from the present moment and thus away from the direct experience of what is happening in the present. When awareness is in the past (comparing with past events) or future (worrying about what will happen), there is a greater risk that we can get caught in the vicious cycle of fear.





ACT is about living the life you want, about knowing what you want and acting accordingly. Mindfulness is to develop the ability to allow and accept pain, which is part of acting on your values. By allowing the pain in the present moment, you are less likely to be caught in control and avoidance. This is important because control and avoidance only work in the short term but often take us away from our values in the long run.

Avoidance in the group

We have outlined below some of the typical ways we see participants (and ourselves) making use of control and avoidance strategies. It is common for all strategies to reduce anxiety and insecurity in the short term but they can make it difficult to work in depth with health anxiety in the group setting. Check to see if you can recognise yourself in any of these. Sometimes we do not even see how we avoid feeling anxious. Then ask yourself with curiosity and concern: *“how exactly do I avoid?”*

These roles should not be understood as personality traits. You may recognise yourself in several different roles depending on the social context you are in.

JOKER

As a “Joker” you avoid feeling uncertainty by assuming the “fun” role. You take responsibility for the situation by relaxing the atmosphere with a joke or by using self-irony and sarcasm towards yourself.

Advantage in the short term: You may obtain recognition and feel accepted. You get away from the difficult emotions and perhaps avoid thoughts of being “boring” or “not contributing with something.”

Disadvantage in the long term: This role may make it difficult for you to allow yourself to be “the sad/serious one” or the one not having a joke - and thus become constricting in the long run.

LEADER

As a “leader” you take on the role of the one who understands what is being taught and making sure the others understand it. You are quick to understand and perhaps take on the role of the trainer - e.g. rephrasing what is being said when others in the group do not understand it. The “leader” often takes control when there is teamwork and tells the others how the task should be understood.

Advantage in the short term: You avoid feelings of uncertainty and insecurity in not having answers.

Disadvantage in the long term: If this role is well established, it can be hard to allow yourself to be the one who does not know everything. It can be difficult to ask the “dumb questions” necessary in order to get the maximum out of treatment.

HELPER

As a “helper” you take care of all the others in the group and put the problems of others above your own. Maybe you neglect your own problems and think that others have it much worse than you.

Advantage in the short term: You get the focus away from your own personal difficulties and you feel “good enough” and accepted. You avoid feeling rejected by ignoring your own problems and feelings.

Disadvantage in the long term: You might feel unable to show “the whole you” and therefore might not get the full benefit of treatment.

PESSIMIST

As a “pessimist” you get stuck in a “negative” story about yourself. For instance, “the one who cannot be helped”, or “the broken one.” The pessimist finds it easy to minimise their progress in the group and rapidly returns to talking about all the things that have gone wrong or could go wrong.

Advantage in the short term: You may find – without realising it – a sense of security from this story. A “negative” story may be more recognisable and more comfortable than the “positive” story.

Disadvantage in the long term: Experiences of joy, hopefulness, and satisfaction must be avoided because it feels unsafe. While you may be stuck in the difficult feelings, you remain passive and

find it difficult to act on your values. Perhaps you will feel reluctant to get better, because it involves insecurity.

OPTIMIST

As an “optimist” you have discovered the value of “positive thinking” and look at things from the “bright side”. You turn all the difficult experiences/feelings into something positive or constructive almost before you have time to acknowledge the difficult feelings. Maybe you transfer the same strategy to other group participants by exclaiming: “Don’t be so down. When I see sadness, I just focus only on the good things in life. You should try it!”

Advantage in the short term: You avoid noticing and acknowledging the difficult emotions and relating to your own and other people’s difficult emotions.

Disadvantage in the long term: There is nothing wrong with this strategy, but if this becomes a way to avoid/suppress hard feelings, in the long run it could worsen your problems (plus, it can make it difficult to meet other people’s suffering with compassion).

THINKER

As a “thinker” you try to “understand” everything before you try it in practice. Maybe you have read about this subject or understand the therapy direction, techniques, etc. You may also have a somewhat rational approach to your emotions and think a lot about these, but maybe don’t rely so much on feelings. The thinker will often sit with a brooding look in his eyes and ask many questions: “Why?” is the big question. Maybe you are spending too much time asking yourself “how?” and finding causal explanations, analysing, and attempting to understand your health anxiety.

Advantage in the short term: The function of attempting to “achieve certainty” is often to avoid uncertainty/insecurity/anxiety. It can be a way you have learned to relate to difficult feelings.

Disadvantage: The enormous confidence in common sense/rationality can prevent the thinker from trying things in practice that might help.

Homework assignment: What have I abandoned this week due to health anxiety?

The purpose of performing this exercise and filling out this form is to show the cost of your struggle with your illness worries.

What have you given up in order to reduce and/or prevent illness worries? What opportunities to do things that you like or that are important to you, did you give up in order to control illness worries? What are you missing out on?

In the first (left) column, write the situation or event that triggered your disease-related thoughts, concerns or behaviour.

In the second column, write down your bodily sensations, thoughts, fears or concerns.

In the third column, write down what you actually ended up doing to control your illness worry.

In the fourth column, write down the impact of your efforts to control or reduce your illness worry. For example, how did you feel afterwards?

In the fifth (right) column, write the consequences and costs in relation to your efforts to control your anxiety - what did you give up or did you miss?

| Situation/Event Example: I was invited out with friends | Illness worry /Concern Example: I was afraid of becoming infected with influenza. | Behaviour attempting to control illness worry Example: I stayed home and watched TV | Consequence for you Example: I felt lonely, sad and angry at myself for being so weak | Costs Example: I missed time with my friends and an opportunity to deepen friendships |
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3. Meeting

How have you tried to manage your health anxiety?

Programme overview

- Mindfulness exercise
- Presentation of the agenda
- Recap from the last meeting
- Experience with home assignment
- How have you tried to manage your health anxiety?
 - Exercises and presentations
- New home assignment
- Summary round
- Mindfulness exercise

How are you trying to deal with the unpleasant?

| “Trigger” (unpleasant emotions, sensations, thoughts) | Behaviour attempting do deal with the unpleasant | Short-term effect | Long-term effect |
|--|---|--|---|
| Ex.: illness worry associated with visiting sick friends | Come up with a poor excuse for not going. | Worry decreases – pew! Sense of relief | Friendship disappear - isolation, sadness, guilt, increase of illness worry because I know I have to visit her some other time |
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Metaphor: To dig yourself out of a hole

Imagine that you have been blindfolded and have been given a small bag with tools and placed in a field. You know that your task is to live your life by moving around in this field blindfolded. So you start to move around in the field and at some point you fall in a hole.

A tendency you may have is to think back and try to find out how you ended up in the hole. You might say to yourself, "*...I went to the right,...and left...and then...etc*". On the one hand, it is true - you're in the hole because you went this way. However, this knowledge does not grant you any solution for getting yourself out of the hole.

What you may want to do is to take your bag with tools and use them to get yourself out of the hole. Now imagine that all the tools are shovels - so you dutifully begin to dig - but you cannot dig yourself out of a hole. Shovels are good for making holes, but not to come out of them. You may try to dig faster, take more in your shovel or another style.... More, better and different ... but it makes no difference as digging is not the way OUT of the hole - it only makes the hole bigger!

Soon you have a bigger hole having many rooms, corridors and caves. So you stop for a while and try to make yourself comfortable for a while - but it does not work - you're still in the unpleasant and anxiety-filled hole.

Is this the same as with your health anxiety? It has become bigger and bigger and is now perhaps the main focus of your life?

Homework assignment: How do you “dig”?

Your task for the next week is NOT to change your behaviour, but simply REGISTER *when* your illness worry occur, as well as *how* you try to control it.

Daily recording:

| WHEN DO ILLNESS WORRY OCCUR (Describe in keywords the situation where concerns, thoughts, sensations arise: who was there, what were you doing when they occurred, etc.) | HOW DO YOU “DIG”? (Describe in keywords <i>how</i> you've tried to control the unpleasant thoughts, feelings and sensations - what did you do?) |
|--|--|
| <i>Ex.:</i> <i>I was sitting with my husband eating breakfast. Heard on the radio that Influenza A has spread to several airports.</i> | <i>Ex.:</i> <i>I tried to get my husband to reduce my illness worries by reminding me that we have not been travelling recently. I began to scold the children because they had not packed their bags. Got upset and angry with myself.</i> |
| <i>Ex.:</i> <i>In the shower, I think I can feel a lump in the skin on my hip.</i> | <i>Ex.:</i> <i>I rush out of the bath to search the Internet. I try repeatedly to call my doctor to make an appointment. I need to have jogging pants on, because I cannot tolerate the feel of the lump against my hip.</i> |
| | |
| | |

4. Meeting

Control or values? – Your choice!

Programme overview

- Mindfulness exercise
- Presentation of the agenda
- Recap from the last meeting
- Experience with home assignment
- Control as the problem, not the solution
 - exercises and presentations
- Values as an alternative to control
- Dedicated action
- Summary round
- New home assignment

Control – a double-edged sword

It is hard wired into both humans and animals to steer away from discomfort and to strive towards pleasure. Avoidance and control behaviours are actions that are intended to avoid the experience of anxiety and discomfort. You may try in various ways to dodge certain experiences that you find unpleasant and undesirable. Some general examples of this are included below:

- not asking about a friend's illness/not visiting him at the hospital so that you don't feel uncomfortable.
- not exercising, e.g. jumping on the trampoline with your child, or having sex, in order to avoid your heart rate increasing because that makes you worry that you might have a heart attack.

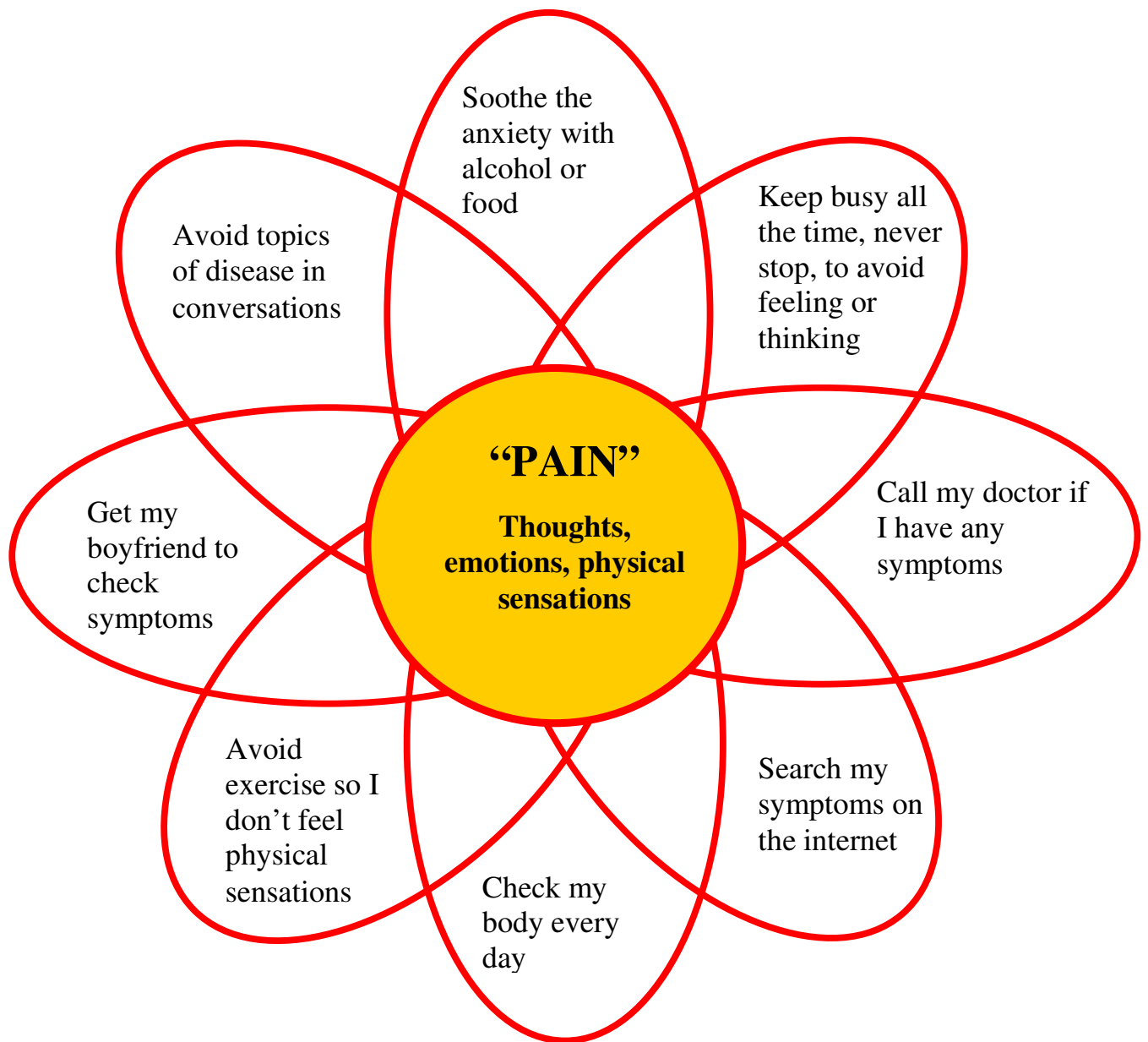
In doing these things our behaviours are reinforced and maintained because the short-term effects often have a stronger influence on our learning than long-term effects. This can keep us trapped in the cycle of avoidance behaviour when the effect of the behaviour in the short term is experienced as positive. Using avoidance behaviour is very human and understandable but is a major problem in relation to health anxiety as the cost is very high in the long term.

Avoidance behaviour is an attempt to avoid our experiences (thoughts, memories, emotions, physical sensations, etc.), even if this causes long-term problems (e.g. you cannot have company because you fear catching the 'flu'). Avoidance behaviour is in many ways inadequate when it is done to avoid unwanted thoughts and feelings. Firstly, because avoidance behaviour undermines value-based actions. Secondly, because it is not possible to control our thoughts and feelings through control of the situation (i.e. avoiding it), because any situation can be (or become) associated with unwanted thoughts and feelings, and thus provoke them. This means that more and more situations must be avoided and the life you live is increasingly restricted. The power of anxiety increases and the vitality of life decreases.

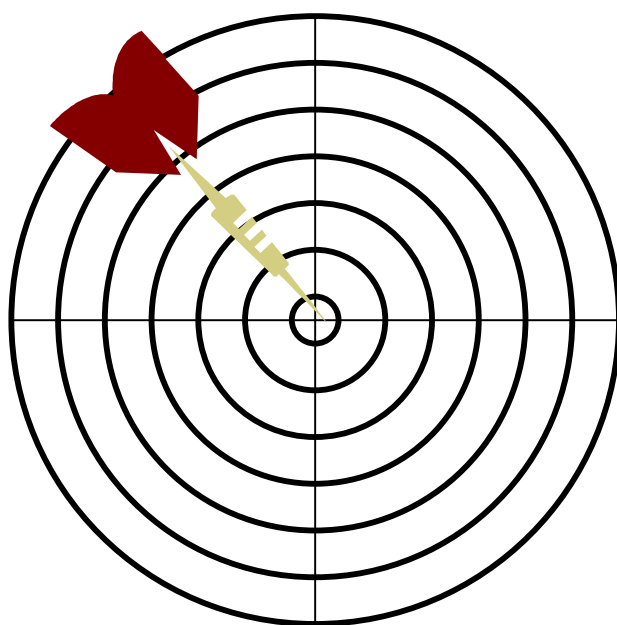
You're probably inclined to feel an immediate sense of relief when you do not have to experience an unpleasant thought, feeling or sensation - otherwise you would hardly use avoidance strategies. The relief you immediately feel strengthens your desire to use the same strategy the next time you are confronted with the possibility of dealing with unpleasant thoughts and feelings. But every time you do it, you actually increase the likelihood of further unpleasant thoughts, feelings and sensations.

We will ask you to consider the possibility, however unlikely it may seem that these control and avoidance strategies *have not worked*, but also that they *cannot work*. The avoidance behaviour simply increases the meaning and importance of what you want to avoid - in other words, when you try to avoid your problem it grows!

Consider how strong the long-term impact of your strategies is - how much are your strategies actually changing your experiences in the long run? How much do you lose in having to maintain these strategies? How much energy do you use that could be spent on things you really care about?



Bull's Eye



Name: _____

Date: _____

Bull's-Eye

The dartboard below is divided into four areas of life, which are typically important in human life: work/education, leisure activities, relationships and personal development/health.

- 1) Work/education refers to career goals, values in relation to improving your education, experience and knowledge in this area, and more generally a feeling of being useful to other people or society - locally/globally (e.g. voluntary work, political commitment , daily activities at home etc.).
- 2) Leisure activities covers how you “play” in your life, how you entertain yourself, your hobbies or other activities that you enjoy in your leisure time (e.g., gardening, sewing, coaching, baking, golf, fishing, reading fiction, solving crosswords)
- 3) Relationships refer to the close relations in your life, for example, with your partner, children, family, friends and other social contacts.
- 4) Personal development/health refers to your spiritual life, either in an organised religion or personal relationship with spirituality, exercises, therapy, mindfulness, nutrition and general care of both mind and body.

In this exercise, take a closer look at your personal values in these areas of life and write them down. Then evaluate how close you are to living your life as you want to live it. You will be invited to take a closer look at the obstacles that stop you and stand between you and the life you want to live. Take your time to consider the various parts of the exercise.

Part 1. Identify your values/life direction:

Work/education: _____

Leisure: _____

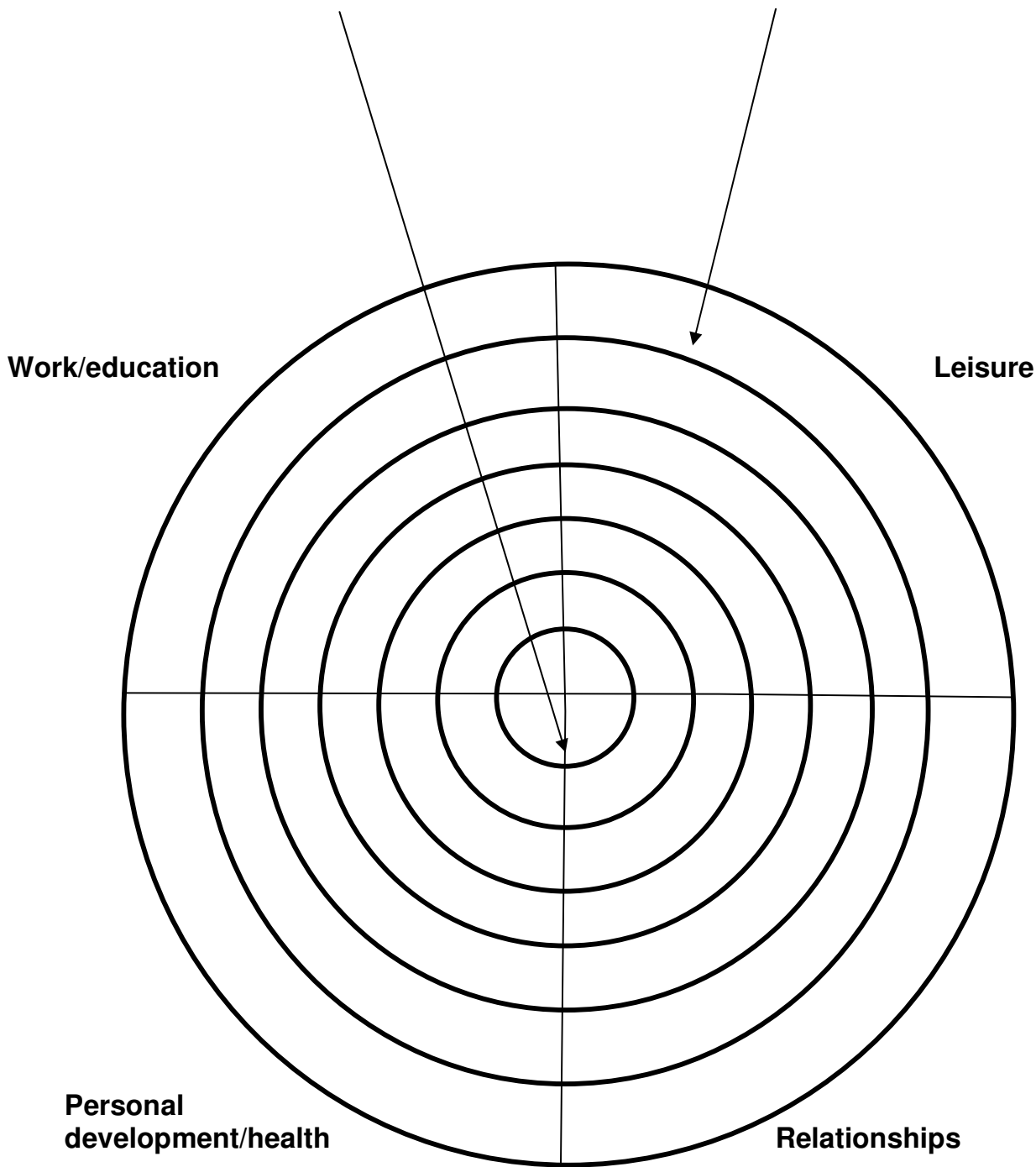
Relations: _____

Personal development/health: _____

Now mark on the dartboard with four crosses, the extent to which your life is as you would like it in each area:

My life is exactly as it should be

My life is far from what I want



Personal development/health: _____

What is a dedicated step?

When we choose to act on what is important to us, we often meet a lot of obstacles. We may think that it is not possible due to the economy, because of our abilities, physical condition, etc. However, we would ask you to consider the possibility that it is always possible to act on a value. Here and now! If it seems impossible, consider the following:

Do I really hold a value - or is the value bound by a particular form?

If the value can only be realised through a specific form, it is not a helpful value. For example, if you really want to go on a vacation around the world and you cannot afford it, you need to consider: What is the value in travelling the world for me?

- To gain new experiences/perspectives? To meet new people? To learn new things? To spoil myself with warmth and sunshine? To have common experiences with my boyfriend/girlfriend?

When we are dealing with the value, it no longer depends on a specific form. All of these values can be lived in other ways. For example, you can create new experiences with your boyfriend/girlfriend on a weekend instead. Spoiling yourself might be achieved through a health spa or by relaxing in the swimming baths' sauna etc.

Should I divide a dedicated action into several smaller actions?

Example: a woman wanted a loving relationship characterised by intimacy and closeness, but she did not have a boyfriend. A first step could be to create the opportunity to meet a man. She chose online dating, but found it difficult to write her profile. One step might be to talk to her good friends about what she could write in such a profile. If she had no internet connection her first dedicated step could be to establish an internet connection.

A completely different way for this woman could also be creating 'intimacy and closeness' in relation to herself or her friends rather than putting it into a specific form and making it dependent on a partner.

Have I been too preoccupied with the goal rather than the path?

A dedicated step is a dedicated step whether it leads us to where we wanted it or not. We cannot control the outcome, but we can try to take steps in accordance with our values and have confidence that we are doing the best we can.

We cannot control how others react to it. For example, I don't expect that others will meet me with respect and acceptance, although I try to meet others like that. If we hold a dinner for our family, we cannot control whether it will be pleasant or successful. However, if the value was "togetherness" or "to share something of myself", then it was in line with the value no matter what.

5. Meeting

Willingness – a new road

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- Experience with home assignment
- Willingness - an alternative to control: Presentations, exercises and metaphors
- Introduction to home assignment
- Summary round
- Final mindfulness exercise

Three types of motivation:

| Types of motivation Behaviour | Avoiding Allan | Performing Petra | Vital Viktor |
|---|---|---|--|
| <i>E.g. jogging</i> | <i>To avoid feeling anger at my wife after an argument (20 percent)</i> | <i>To keep me slim and feel healthy so that others like me. (30 percent)</i> | <i>To take care of my body To be in nature (50 percent)</i> |
| <i>E.g. Baking cookies for the grandchildren.</i> | <i>In order not to have to sit close to them and feel uncomfortable with the intimacy. (30 percent)</i> | <i>To feel like a "good" grandma and make my daughter happy. (40 percent)</i> | <i>To experience sense of 'togetherness' from doing something with my grandchildren (30 percent)</i> |
| <i>E.g.</i> | | | |

According to learning theory there are three primary motivation types, three primary motives that govern our actions. It is important to note that they are not mutually exclusive, but that the same action may be motivated by all three to a greater or lesser extent (therefore percentages are given in each of the examples above). Sometimes it is not enough to change our actions by making more of "the good stuff" to live in line with our values. If an act looks outwardly "real", but is actually motivated by avoiding a difficult feeling or obtaining other people's recognition, it can make it less vital and meaningful. At the same time, an action that is seemingly "boring" or "ordinary", may be

more life-giving by working with the motive behind the action. Could I be more present in this action - rather than seeing it as something that simply must be overcome?

Look at your own actions in the course of a day and examine further whether you can find the three types of motivation. Are there actions that could be less driven by health anxiety and more guided by what you really want in your life?

Willingness as an alternative to control - what is meant by acceptance?

We have now talked about, illustrated, and learned that the following rule: “if you are not willing to have it, you will get it” applies for internal states.

Willingness is:

- 100% at the given moment!
- not a “desire”, not a “I can try...”
- either-or, either you're ready or you're not!

However, it is OK to limit the willingness in a given situation. For example, you may choose to be with your worrisome thoughts in an exercise for 10 minutes - or maybe just 1 minute, if this is the frame that enables unconditional willingness.

The aim of willingness is flexibility:

When you are able to be fully present here-and-now without being judgmental or pushing experiences away from you, you have much more freedom to choose and take the necessary steps to act in a valued direction. Open yourself to being present in the moment and move in the direction of your value.

The aim of willingness is therefore *not*;

- to resist or ignore your worrisome thoughts and sensations
- to feel better about yourself

Rather than feeling *better*, willingness is about learning how to *become better at feeling*.

Willingness can be used synonymously with acceptance. You could say that acceptance is an act of taking what you are offered and having it whether you like it or not.

When we talk about learning and practicing acceptance and willingness as an alternative to control and avoidance behaviour, we believe that;

- You must learn to respond actively to your thoughts, feelings and sensations by registering, feeling and experiencing them.
- When you learn to relate to your thoughts and feelings with willingness and acceptance, you will find that you can better observe and relate to your thoughts and feelings as they are - merely thoughts and feelings, and not necessarily take them literally as truths that may be correct or incorrect.

Bus metaphor

Imagine that you are a bus driver and drive a bus that represents your life. The direction you drive in follows the values that are important to you, that is, the direction in life you want to head toward. The sun is shining and you're in a good mood. You control your bus.

Passengers are getting on and off. Some smile and say “hello” and “goodbye” and are in a good mood. But others look fed up or tired and complain about how you drive or the direction you are travelling in. They may think you should take a different road. They remind you of the other times you've driven in this direction and had a bad experience. They predict things that can go wrong and be upsetting. They make it hard to be a bus driver and your mood is affected the more they talk and the more passengers like them appear.

There were times when you've tried to argue with them. You have tried to make them see reason by convincing them that your direction is correct and that you have mastered it. But all this makes you tired. Each time one good passenger boards, new difficult passengers board as well. Maybe you refuse these passengers access to the bus. You are driving past the passengers who look grumpy. But the next day they stand there again. And now they are even more grumpy. Sometimes you may become so tired and discouraged that you start listening to passengers and drive in the direction they want. Finally, you may have completely forgotten where the bus was going?

So what can you do?

You want to move in your desired direction, but your bus is always stuck when you need to discuss and argue with difficult passengers. You are tired and upset that the bus stops or that you sometimes drive in a completely different direction.

Are there other options?

If the bus is running, it appears that the only possibility you have left is to take passengers with you. Focusing on driving your bus and accepting both happy and grumpy passengers is part of being a bus driver.

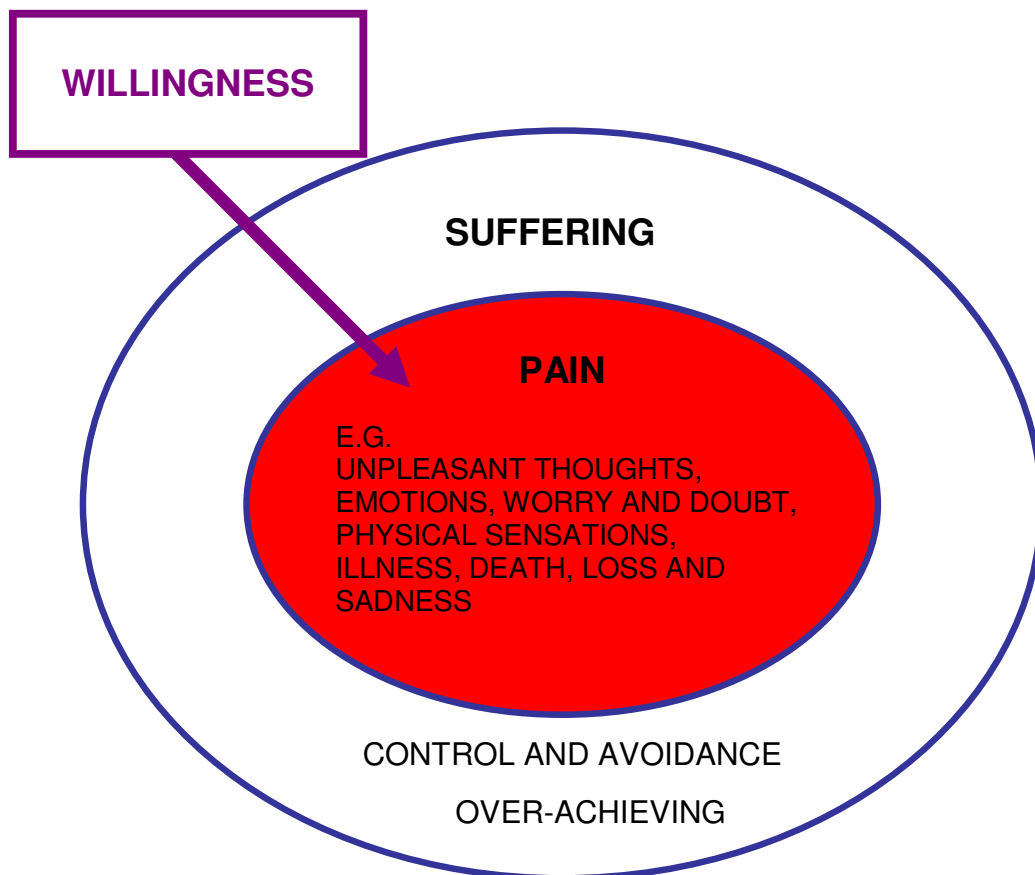
Passengers are, as you might have guessed, a picture of your thoughts. And hard thoughts tend to arise when we begin to take steps in the direction we want. It cannot be avoided, it is part of being a human being, and the unpleasant thoughts cannot help but affect your mood. Some days there will be few, other days many. Are you willing to welcome all passengers if this could mean that your bus will run?

Note that you can accept their presence without having to do as they say. You still control the bus while the passengers are with you for the ride.

Consider whether you have fought long enough or if you have further strategies you want to try. Consider whether your strategies will make the bus go or get stuck. Consider whether or it's time to try a new way?

Pain versus suffering

Exercise: The cost of not being willing



1) As human beings - no matter how diligent, decent or good we are - we cannot avoid experiencing **pain and discomfort** (written in the inner circle). We may lose a person close to us, experience failure, be disappointed, or experience loss and deprivation. The body deteriorates and will eventually inevitably confront us with painful and unpleasant sensations. This is normal and completely unavoidable.

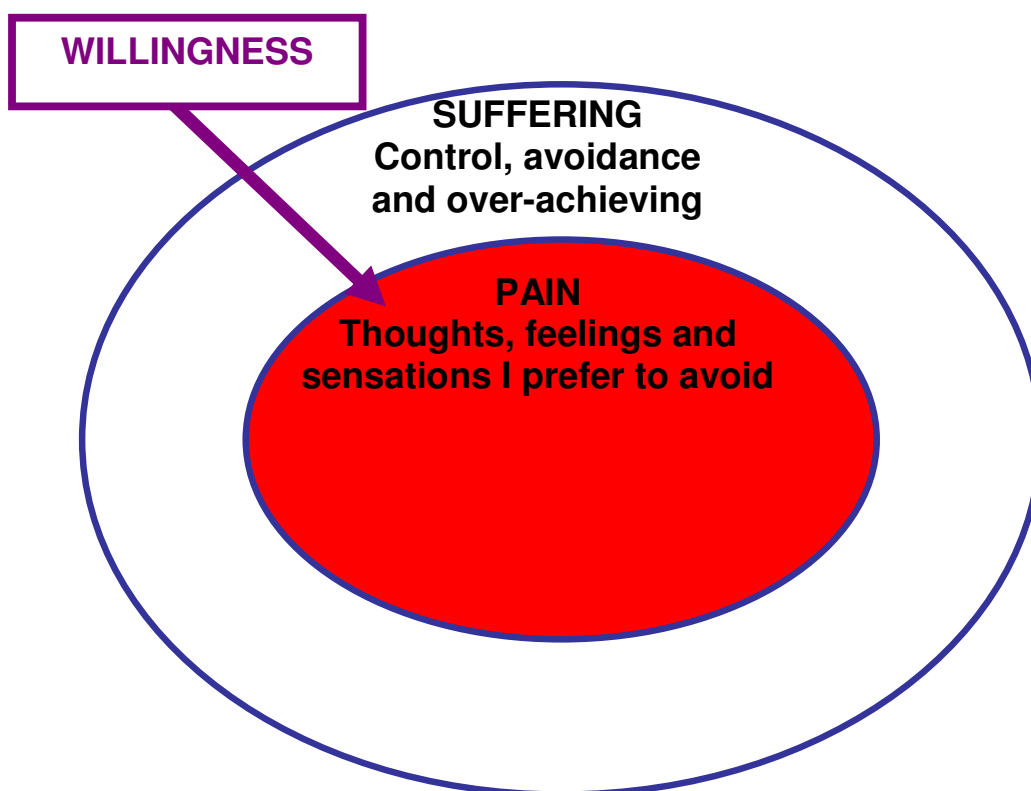
2) However, in our attempt to avoid the painful or uncomfortable - to make it disappear or control it - we often create unnecessary frustration and discomfort to ourselves that is what we call **suffering** (written in the outer circle). We might try to push the unpleasant or unwanted away in many ways, for example by drinking, working long hours, withdrawing from social activities, becoming irritable, etc. In our attempt to avoid this pain, we only amplify the discomfort (think of the rule: "If you are not willing to have it, you'll get it") and the circle of suffering grows.

Choosing acceptance

When we invite you to be willing or accepting with your physical health difficulties, we are not referring to the suffering, but the natural **pain** or discomfort which is a part of life - in this case having a “noisy” body and worrying thoughts. Acceptance does not necessarily mean that your feelings or concerns will never change. Conversely, the changes are most likely to happen if we accept our emotions and feelings and can create defusion from our thoughts.

When we talk about acceptance and willingness, we do not mean passive acceptance of the situation or “giving up”. For example if someone is misusing drugs, being willing does not mean accepting the drug use. It is accepting the urge to use drugs or perhaps acceptance of the mental pain or discomfort that may come if the person stops using drugs as a way of dealing with difficult things.

You can fill your own model as a way of making yourself clear about what you are considering accepting in your particular case:



When I am resisting or trying to avoid these thoughts, feelings and sensations, the following are the costs in my life:

6. Meeting

Distance from your thoughts - defusion

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- Experience with home assignment
- Distance from the thoughts - to explore thoughts versus being consumed by thoughts:
Presentations, exercises and metaphors
- Introduction to home assignment
- Summary round
- Final mindfulness exercise

Distance from thoughts - to observe thoughts versus being absorbed by thoughts

Our mind is a “talking machine” that produces thoughts, and these thoughts often play a major role in determining our behaviour and emotions. The fact that our mind produces thoughts is something very basic and often not something we pay attention to. Our minds predict, assess, compare, and constantly evaluate what we experience - and what our minds “tell” us about what we experience influences how we act. The fact that our mind produces thoughts, and that our thoughts affect our behaviour or feelings is not necessarily negative - this can be extremely useful in many contexts. For example: you are out swimming and feel that the current is strong, your mind tells you from past experiences or from what you've been told about currents, that “this can be dangerous” and in response you swim to shallow water again.

Problems arise with our minds and thinking when our thoughts become too dominant, when we take our thoughts too literally and regard them as “truths”, lose perspective on what actually is occurring, or are unable to experience the full situation.

For example: if you discuss with your children that they should help you out at home and it ends in a verbal fight, then your mind might produce the thought, “I am a bad mother, my children hate me” - perhaps because you compare yourself with what you think other mothers do. As this idea feels uncomfortable, and perhaps overwhelming, you become engrossed in it and want to get rid of it. You might then focus on fixing the things you've asked the children to do and start baking a cake for them. In this way, you can lose your perspective of what is really going on here and now.

When you become totally absorbed by a thought, you lose focus of your present experience. You are not present, but become absorbed by the idea and take it as valid - you might say that you've got blinders on. When we get absorbed by our thoughts and take them literally, this creates unnecessary suffering. It becomes impossible to be willing and open to other perspectives or to engage in more flexible behaviour (think of the “vicious cycle of anxiety and worry” we've talked about a few times). Furthermore, our constant linguistic evaluations (e.g. evaluations of whether a situation is good, bad, desirable or not) influences our ability to experience the situation directly.

The body makes “noise”

In the same manner as we describe our minds as a “talking machine”, we can say that our body makes “noise”. There is always signals/sensations in the body, and this is useful in the same way as with our minds thinking, perceiving signals is the key to our survival.

E.g.: If you sit with a hot bowl on your lap and feel it start to hurt your thighs. The skin is trying to send a signal to you that it is getting too hot and you need to remove it from there.

If we do not respond to these signals, it can have consequences - in extreme cases to our survival - or, as in the example above, resulting in a burn. But there is also a lot of natural and harmless noise in the body we are not aware of, unless we, for some reason, are made aware of it.

E.g.: If we listen or pay attention carefully, we can hear or feel the blood flowing around our body or pumping in our hearts.

This is a natural and safe “noise” from the body, but if we give it too much attention, we could amplify the noise and perhaps through our consciousness start assessing it as a “symptom”.

We can also induce noise into the body by means of attention.

E.g.: If you try to consciously direct all your attention to your big toe – see how the toe is surrounded by the sock, where it touches the shoe, where the nail is etc., after a short time you may feel it starts to tingle in the toe. This is not because there is anything wrong; it's just a natural reaction from having directed your attention to some of the natural noise that is in your toe.

Thus, it is appropriate to be aware of what is going on in our body. However, the problem arises when we are so busy listening to it, that the noise becomes “deafening” and we lose the ability to distance ourselves from our bodily sensations - just as with the thoughts, one can say that instead of having a sense, you become engulfed by a feeling and take it as being valid. We lose track and can no longer distinguish between what was the original physical sense and what has been reinforced by our thoughts (e.g. “there is something seriously wrong”) and our emotions (in this case, often anxiety).

7. Meeting

You are more than your stories

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- Experience with home assignment
- The observing self: Presentations, exercises and metaphors
- Mindfulness exercises
- Value-work
- Introduction to home assignment
- Summary round

The observing self - you are more than your stories

As the last session was about achieving distance from our thoughts, today's session is about the relationship with your thoughts about YOU. We will work to create understanding of and experience with what we call an observing self.

The observing self is:

- the perspective from which you can create distance from thoughts and feelings
- a perspective which can be trained through mindfulness techniques
- that part of you able to detect and observe your private experiences as nothing more or other than just experiences - to relate to a thought (feeling, emotion) as just an idea and nothing else.
- a perspective that is present now and has always been present, but we lose contact with when we are swallowed up by the content of our mind, or by what our thoughts tell us.

We call this position the observing self. This is the part of you that can observe that you think a thought, a feeling, etc. - but where there is a distance from the thought/feeling - you are not the idea, but rather the one observing it. There is awareness AROUND the thought/feeling and you are MORE THAN your thought/feeling.

Why do we train the observing self?

We want to teach you to develop this position - which we call the observing self - because we, as humans, quite early in development make "verbal relations" to learn - i.e. we learn through others' stories and through language. This is smart, because it means we don't have to have personal experience with everything, but can learn to deal with things from what we are told. We all have rules we carry with us from childhood and from the society we live in. Some are passed directly as: *"In our family, we are never sick"*, or *"When you are sad, you must pull yourself together"*. Other rules are formed by ourselves; e.g. when the words *"naughty girl"* are connected to a mother's angry face and a specific action we have done. We may finish: *"When I laugh out loud, my mother becomes angry and does not like me"*; moreover, we may generalise this: *"When you show too much enthusiasm, you will be rejected."* This means that we as adults can suddenly feel uncomfortable by showing enthusiasm. Maybe we don't even notice the discomfort, but hurry to dampen the enthusiasm.

Learning through language has been an important feature of human development, as it is "economical". We don't need to experience everything directly, but can create rules and generalise from them to new situations. The problem arises when we become so consumed with what our minds tell us that we can no longer act freely. Rather, our actions and behaviour have been reduced to a series of "right" and "wrong", "good" or "bad", even though this does not always match our experiences or observations in the here and now.

When we become immersed in our stories about what is right or wrong or how we should be or should not be, we lose the ability to deal with the here-and-now experiences that are "life". At the

same time, our behavioural options are narrowed. That is why we must train the observing self, because we assume that this position enables you to observe your thoughts and feelings and thus leads to more awareness and choice and to several different ways of acting and being.

Through the mindfulness exercises you can train to record and notice yourself as a person who experiences and is present (rather than identifying yourself by your thoughts or stories about who you are, for example *“my thoughts are so scary that I cannot keep them out”*).

My self-narratives

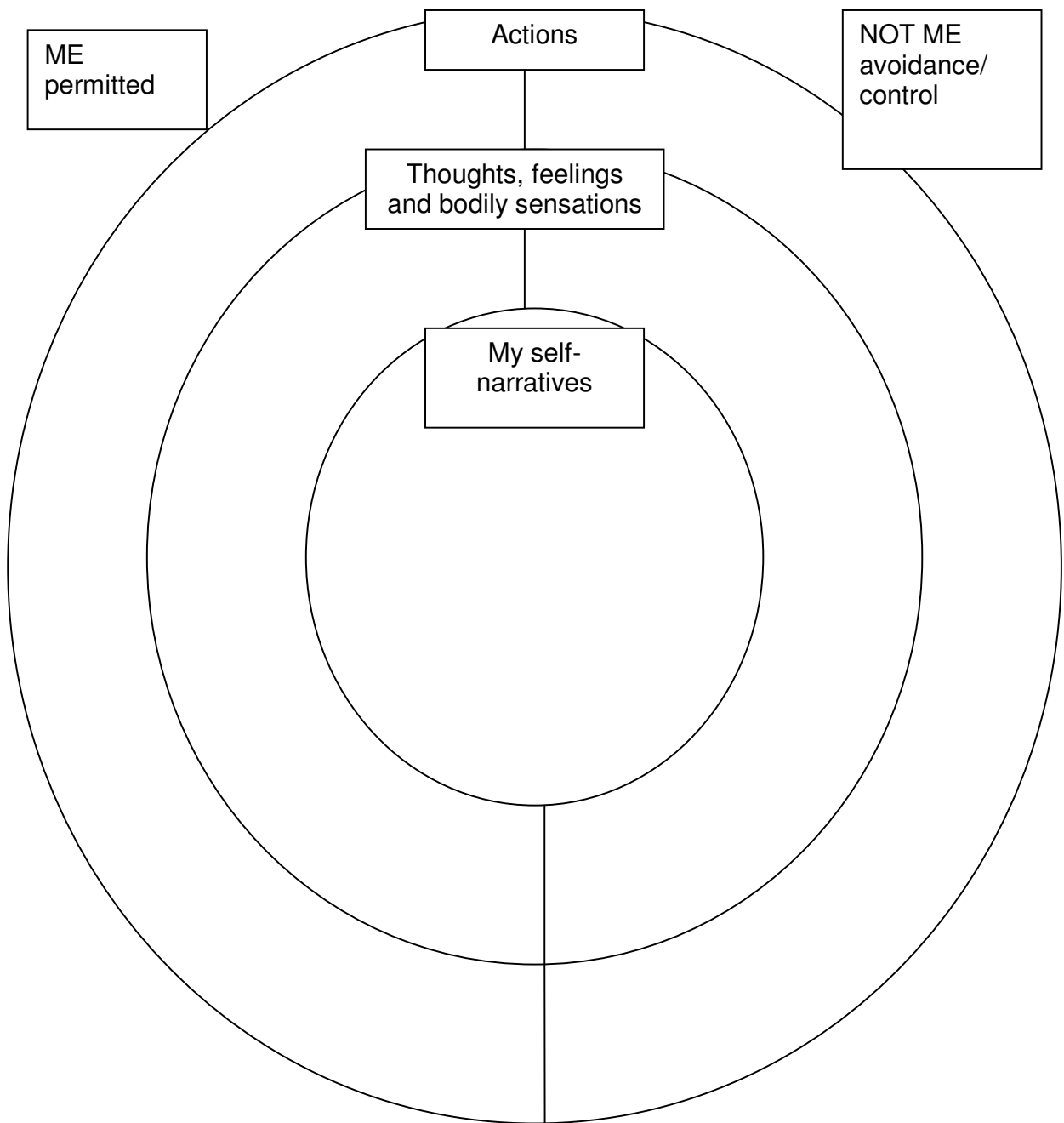
In this exercise we invite you to examine your self-narratives and how they influence your thoughts, feelings and actions.

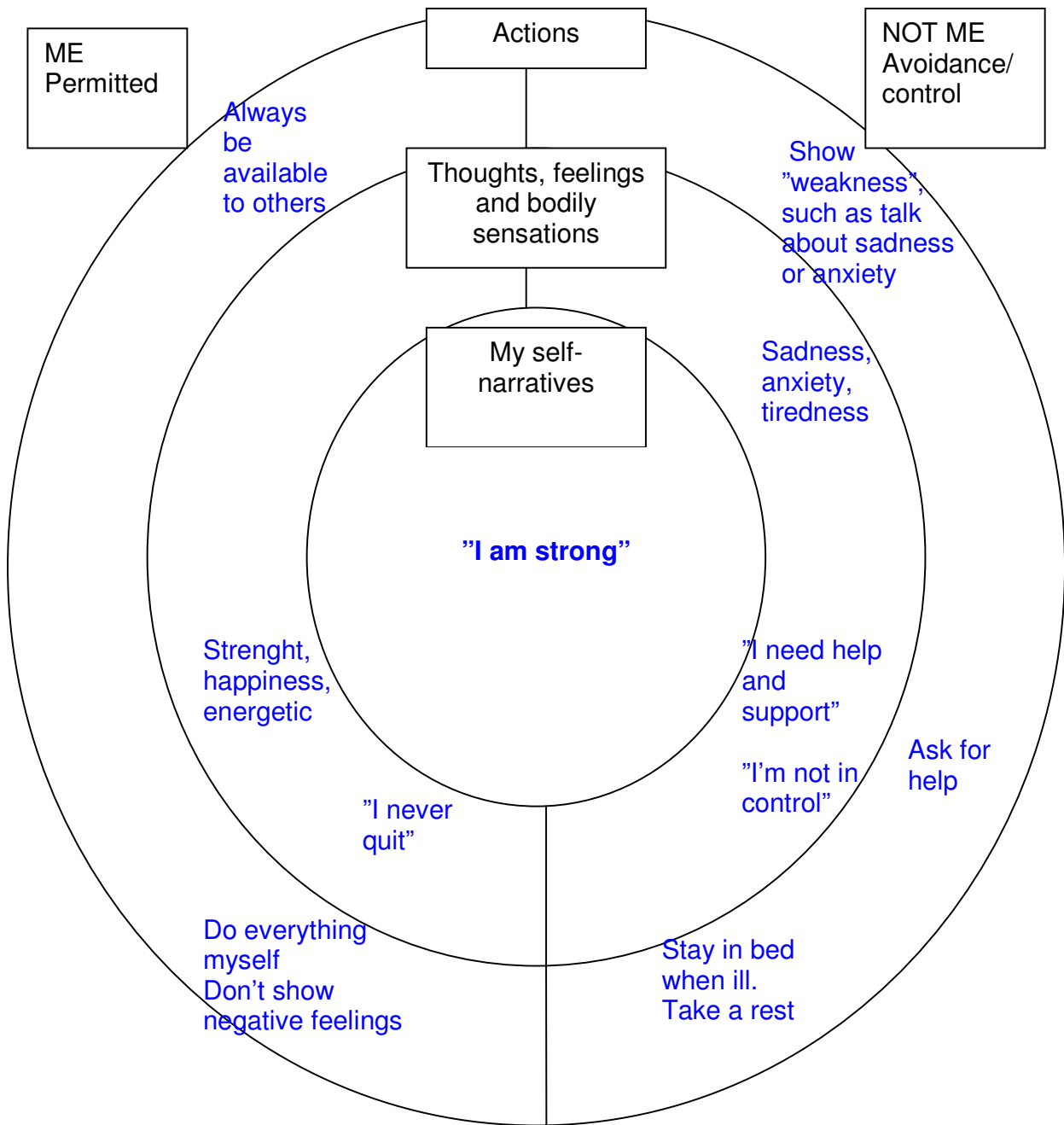
Our self-narratives may play a very important role in how we act and might be seen as “safe and comfortable” whether they are positive or negative.

- 1) In the inner circle please write your typical ‘verbal self-related rules’ about yourself. What narratives do you often express? Are some easier to express than others?
- 2) In the next circle (on the left) write all of your thoughts, feelings and bodily sensations that are in accordance with this self-narrative. On the right, you write feelings, thoughts and bodily sensations that are *not* in accordance with this narrative.
- 3) In the 3. circle (on the left) write actions that this narrative “permit” and on the right, which actions are not “permitted”.

Below is an example of how the self-narrative “*I am strong*” may imply that the person have difficulties in allowing feelings of sadness, anxiety or physical exhaustion, as this may be linked to “weakness” for that person. Also, this narrative may make it difficult to ask for help, as it might threaten that persons self-image and hence result in uncomfortable feelings.

What are your self-narratives?





8. Meeting

What is valuable for you?

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- Experience with home assignment
- Value-work and choices: Presentations, exercises and metaphors
- Introduction to home assignment
- Summary round
- Final mindfulness exercise

Introduction to the concept of values

The difference between values and goals

Values:

- are chosen directions in life, a variety of qualities forming a meaningful way.
- provide direction in your life, as they are what you strive for
- are a selected direction you choose and which can act as a compass
- you will never be finished with, i.e. it's a direction in life which is more than a certain goal; it is not something you can "tick off".
- are important because they help to give you a meaningful and satisfied life as you work towards them.
- are more than just mental exercises - they require action.

Goals:

- are the behaviour or action directed towards values
- something you can see that you do
- are specific, measurable and achievable - something you can "tick off".

Values are a continuous choice

Values are not goals, but choices.

We are not saying that because we choose a direction (a value), that our lives will be without obstacles, interference or bumps along the way. Think of the bus metaphor we have worked with previously. We may intend to run in a certain direction, but may deviate along the way - this is natural and expected. What matters is that we are able to realise that we have gone off track and again change the course, to come back to our valued direction. So if we are all free to choose our values, then the process of choosing values will be considered as a dynamic process. As a dynamic process in your life, you've already made some choices about values - and you will continue to do so.

Values are not obligations

When we need to clarify our values, it is easier to answer based on what we think we should, would, or could do or be. We answer based on standards we have with us from society, from our childhood, from others we look up to. Many of our actions are governed by the rules we have learned and we try to follow in order to gain recognition, acceptance or avoid exclusion. Actions driven by duty and performance are practical and quite OK but are rarely particularly invigorating. So, please note whether your answers fill you with a sense of vitality and life or whether in fact they are driven by performance, duty, norms, or rules.

Values do not depend on age, economics, physical ability or time.

- If they do, it is not a value. Values do not depend on a specific shape or require certain conditions; they can be unfolded and engaged in anywhere, anytime. A value will be applicable even when you're 90 years old.

Remember that values are not located in the future, but are always something that can be acted on in the present moment. The moment you choose your values, you control a valued way, i.e. you take advantage of them now. On the one hand, values are about the future, but on the other hand, they are also about the present.

Three things I gained from the course

Over the last 8 weeks, we worked with many different themes and you've probably met some new perspectives both from us therapists as well as from your fellow participants, and perhaps even from yourself.

We would like to hear what you have gained from your time in the group:

- 1. _____

- 2. _____

- 3. _____

As after the next session, we are not going to see each other for a month, it might be a good idea to start to consider what you will focus on during the next month and what barriers you might encounter.

What would you like to work more intensively on during the next month?:

What challenges do you think you will meet?

How can you work with these challenges in order to get closer to what you want?

Dedicated action

In terms of the direction of the present moment, choose an area in which you would like to take steps.

Take a look at your papers from the fourth session and find the Bull's-eye exercise

An example:

Let us imagine that I have chosen the area RELATIONSHIPS and my values in this area are about being open, attentive, caring and trusting.

Ad 1) What can you do?

- I can make "quality time" for an evening alone with my husband.
- I can prepare myself on how I could manage my anxiety about being touched - for example, by practicing mindfulness techniques where I consciously direct my attention to specific areas or breathing.
- I can make it clear to myself what it would mean for me if I could be open and fully present with my husband, rather than absorbed in my thoughts.
- I can tell him what support I need.

Ad 2) What will it require from you/others?

- That I will be willing to do something that may feel uncomfortable (experience health anxious thoughts when he touches my body).
- That I dare to be open and accepting.
- That I do not choose the "easy solution" - coming up with bad excuses and avoiding physical intimacy.

Ad. 3) What would it mean for you if you could do it?

- I think I will experience joy and satisfaction by daring to be open and act on what I have prepared myself for.
- My self-confidence will increase if I can stop avoiding - because I might be able to do it a second time.
- I might be able to experience the closeness I miss so much.

Dedicated action

In terms of the direction of the present moment, choose an area you would like to take steps in

Take a look at your papers from the fourth session and find the Bull's-eye exercise

Area: _____

My values in this area are: _____

In order to take steps in the direction you want....

1) What can you do?

2) What will it require from you/others?

3) What would it mean for you if you could do it?

9. Meeting

Living your values

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- Experience with home assignment
- Value clarification and dedicated action: group work
- What will you do over the next month?
- Summary round
- Final mindfulness practice and common dedication

What do I do differently now?:

-
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10. Meeting (booster)

Your direction in the future

Programme overview

- Initial mindfulness exercise
- Today's programme
- Recap from the last meeting
- My valued direction
- Evaluation process
- Summary: End of session

Interview exercise: What has happened during the last month?

Interview: two by two from the following questions.

Take notes for your answers

1) What values and “steps” have you dedicated yourself to since last time we met?

2) Have you taken dedicated steps and if so, which?

3) Do you feel that you are closer to or further away from your values?

4) What barriers (thoughts, feelings, body sensations) have you experienced in relation to taking a value-based step?

How can I keep myself “on the line”

When we get away from our values and begin to “dig”, i.e. control and avoid, the risk of symptoms is increased. Becoming aware of the signals indicating that you are moving away from the “line” (your values direction) can therefore be of a great help. A “relapse prevention plan” can consist of many things and be designed in a variety of ways. It’s not so important how you design it, the important thing is that you have made a plan and it is suitable for you - namely, it is realistic, reasonable and practical.

It may be helpful to recall that the purpose of treatment is not necessarily symptom reduction, but rather enabling participants to live a vital and meaningful life, even when things are hard. Therefore, the “success criteria” does not mean that your health anxiety should be gone at this time. One can rather see a so-called “relapse” as an opportunity to further consolidate the learned approach to symptoms. Most of the participants WILL find that symptoms return from time to time, and here they can work out all they have learned - and perhaps will gradually find that the symptoms are less intense or guiding of their actions.

In other words, the treatment is by no means complete - the 11th and last session is called LIFE.

When you try to prepare for how to, also in the future, manage obstacles while continuing to move forward in life, focus on what you DO want to do rather than what you *don’t* want to do!

Here is a draft of a number of points that may represent a “relapse prevention plan”:
(Write down the main points on a “mind map” that you may keep in your purse or pocket.)

- **What are your warning signs indicating that your symptoms are taking over - and that you have moved away from your values?** (think possibly on how you “dig”)

E.g. “I’m starting to get tired and tell my kids off more.” “I’ve lost the desire to be social and this pulls me away from my friends.” Or “I’m starting to watch too much TV.”

- **What are your strategies to getting back on your value-based line?**
 - **Individual methods (maximum 5)**

E.g. “I must remember to stick to my routines in relation to sleep and exercise.”

- **Interaction with others (diversion and support)**

For example, "Maintain social activities by agreeing on a weekly walk with my neighbour."

- **Involvement of family/professionals (who?)**

For example, "Make an agreement with my husband that he must make me aware of when I am getting tired and irritable."

- **What are the obstacles standing the way of using your plan?**

For example, "I haven't involved others."

- **Total belief in being able to use the plan (0-100%)**

- **Where are you going to keep your plan and who should be familiar with it?**
