An Overview of

Feeling-State Theory

The Feeling-State Addiction Protocol

Image Transformation Therapy

and the

Pain/Terror Release Protocol

Robert Miller, PhD

Copyright 2016
The Feeling-State Addiction Protocol

A breakthrough in the treatment of Behavioral and Substance Addiction

Image Transformation Therapy Workshop

A New Approach to resolving Anxiety, OCD, GAD, trauma Procrastination, and many avoidance behaviors that look like compulsions

Robert Miller, PhD

PhD from Pacifica Graduate Institute in 2005.
Dissertation researched the Behavioral Addiction Protocol on subjects with multiple compulsions.
Working at Camp Pendleton focusing on combat PTSD and addictions.
Currently in Private Practice in Vista, CA.

Publications


Quick Overview of 2 Psychological Treatments.

1. Feeling-State Addiction Protocol (focus on behavioral and substance addiction)
2. Image Transformation Therapy (a new treatment for trauma, OCD, depression, and anxiety)

The Feeling-State Addiction Protocol

Behaviors for which the Feeling-State Theory is useful in understanding the psychological dynamics:

1. Behavioral Addictions
2. Substance Addictions
3. Co-dependence
4. Anger
5. Paraphilias
6. Paranoia

Feeling-State Theory

A general theory that hypothesizes:

1. How experiences become fixated memories
2. The results of those fixations.
The Focus for Today:
Behavioral addictions
Substance addictions

First: Behavioral Addictions

Examples of Behavioral Addictions
1. Gambling Compulsion
2. Sex addiction
3. Shopping compulsion
4. Shoplifting compulsion
5. Exhibitionism
6. Voyeurism
7. Food compulsion

However
ANY BEHAVIOR can become part of a behavioral addiction.

A Simple Idea
***A trauma can be created by a single negative event.

***A BA can be created by a single positive event.

***Both PTSD and BAs are just different forms of state-dependent memories.

Behavioral Addictions
The person feels compelled to do some behavior even if he/she knows that doing the behavior will have negative or destructive consequences.
The behavior is justified by the person thinking such thoughts as "I'll win this time," "she deserves it," or "they won't miss it."
Context of negative and destructive behavior.

The Miller Law of Psychological Dynamics

1. Avoid Pain
2. Seek Pleasure

The Survival Law of Psychological Dynamics

1. Avoid Pain
2. Seek Pleasure

The Expanded Survival Law of Psychological Dynamics

1. Avoid Pain & Terror of Dying
2. Seek Pleasure

If a behavior is painful, positive feeling must be connected with it.

Examples: Cutting, masochism,

No one seeks to sabotage his/her life. There must be a positive feeling connected with the behavior.

Emotional Dynamics of Behavioral Addictions

1. Avoiding of a Feeling
   (gambling to avoid feelings of guilt)
2. Seeking a Feeling
   (gambling to feel like a winner)

Traumatic Repetition Compulsion

- The person does NOT seek out the trauma.
- The person DOES seek the positive feeling linked with the trauma-causing event.
The Feeling-State Addiction Protocol focuses on the **Pleasure** part of this dynamic.

Avoidance is not an addiction.

The Standard EMDR protocol and the Pain Release Technique work on the avoidance part of the behavior.

What causes behavioral addictions?

**Doug’s gambling story**

Doug won a single, large poker hand. The experience of being a winner was so intense that it became fixated in his mind.

From that point on, whenever Doug wanted to feel like a winner, he would play poker. This behavior persisted over a period of 10 years—even though he lost over $1 million.

**BAs** can be caused by a single *positive intense* event.

**The Solution**

Just as EMDR has been incredibly useful in resolving the state-dependent memory of traumas, the FSAP is useful in the same way in resolving the state-dependent memories related to behavioral addictions.
John’s sex addiction story

The situation: In high school, a group of guys had a contest to see who could have sex with the highest number of women.

The positive event: When John won, he felt intense admiration from the other guys.

The compulsion: Years later, John was still trying to have sex with as many women as possible.

1. John was not actually interested in the sex for its own sake.
2. After having sex, he would always tell one of his friends what he had done.
3. This allowed John to again feel the peer admiration he had sought after and experienced in high school.
4. After telling the friend about the encounter, he would lose interest in that particular woman and begin the hunt again.

John’s Desire

John didn’t really want sex.

John wanted admiration from other guys.

So did John have a Sex Addiction?

NO!

John had an Admiration Addiction.

Adam’s gambling story

The situation: Adam’s father played poker with the guys when Adam was growing up. Adam longed to be part of the group because his father didn’t pay much attention to him as a young child.

The positive event: Finally, when Adam was in his early 20’s, Adam’s father let Adam join the weekly poker game.

The compulsion: Adam began playing poker at least 5 nights a week, playing until he had lost a lot of money. Even when he had won earlier in the night, he would continue playing until he had lost it all.

Adam’s desire

Adam’s compulsion to play poker was really a desire to feel a relationship with his father.
Feeling, NOT Behavior

The Real desire is for the feeling that underlies the behavior, not the behavior itself.

Important Points

1. A single event can cause a BA.
2. BAs persist long after the original event, even in the face of intense negative events (e.g., losing lots of money).
3. What the person is seeking is the feeling, not the behavior.
4. The same behavior (e.g., poker) can be the result of different feelings (e.g., winning or a relationship).
5. There is no specific association between any feeling and any behavior.

In other words,

Any feeling can become fixated with any behavior.

That is why there are so many different kinds of behavioral addictions.

The Feeling-State Theory of BehavioralAddictions

A new understanding of what causes Behavioral Addictions

Feeling-States

Feeling-State Theory of BAs postulates that BAs are created when positive feelings, linked with specific objects or behavior, form a state-dependent memory.
The state-dependent memory—composed of the feelings experienced during the generating event combined with the behavior enacted during the generating event—forms a unit called a “feeling-state.” (FS)
The FS is hypothesized to be the cause of BAs.

Feelings = Sensations + Emotions + Cognitions

For example, when a person says, “I feel strong,” there is a complex of physiological sensations as well as emotions that are linked to the cognition of the statement.

Creating a Compulsion

Feeling-State = Fixation of [Feelings + Behavior]

How does Feeling-State Addiction Protocol work?

FSAP works by processing the fixated linkage between a feeling and a behavior.

Once this fixation is broken (for all feelings linked to the behavior), the person’s behavior will be released from the compulsion.

Perhaps the most Shocking thing is:

Abstinence is NOT necessary.
Afterwards?

A gambler can still gamble; a shopper, shop; a sex addict, have sex—in a normal way.

In other words, normal behavior returns and is under the control of the rational mind.

While this may seem like heresy in the 12-step world,

In the EMDR world, we know what it’s like to clear a memory in 1 session.

In the EMDR world, once a trauma is processed, the symptoms do not have to be managed or controlled.

The same is true for BAs once the FS is processed.

Traumas and FSs are both state-dependent memories.

The Goal of FSAP Therapy

Not to quit but to
No longer want to do the addictive behavior

Why are some events so powerful they create behavioral addictions?

Feeling-State Addiction Protocol

FS Processing Overview

1. Imagine doing the specific behavior.
2. Identify the specific aspect of the behavior that is most intense.
3. Identify the specific feeling associated with that behavior.
4. Imagine doing the specific behavior and experience the specific feeling associated with that behavior.
5. Perform BLS sets to break the fixation between feeling and behavior.
A positive event can be incredibly intense when the event stimulates a feeling that a person has a very strong desire for.

The Person’s Emotional History sets him/her up to be vulnerable for creating a Behavioral Addiction.

Substance Addictions

The major difference between FSAP treatment for a behavioral compulsions and a substance addiction is the sensation FS.

Sensation Feeling-State

A sensation FS is the result of an intense positive sensation combined with a behavior. For example, the intense heroin or cocaine rush/euphoria. A prior psychological deficit is necessary.

Advantages to using the FSAP

1. Because the client is not asked to control his behavior (in fact, just the opposite approach) client retention is good.

2. There are no manuals to work through, no affirmations to write. In addition, this approach works with the clients’ needs for quick results with minimal effort. Consequently, even people who are less motivated can receive help.

3. For behavioral addictions abstinence is not necessary before, during, or after treatment.

4. Irrational cognitions change to more adaptive patterns with little effort.

Obessions:

When thought is a behavior

Obessions are the result of a FS that connects a feeling with a thought behavior.

Ex: a person who fantasizes about revenge has connected the behavior - revenge thoughts/fantasies with a underlying feeling, i.e. power, control.
Image Transformation Therapy

A New Approach to resolving Anxiety, OCD, GAD, trauma Procrastination, and many avoidance behaviors that look like compulsions

What makes ImTT different from other treatments?

New processing protocols

1. Pain/Terror Release Protocol
2. Image De-Construction Protocol
3. Changing Patterns Protocol

Using the Pain/Terror Release Protocol

- The most intense pain and terror can be released without the client having to experience the feelings.

Examples of Survival Model Dynamics

- Guilt
- Releasing the pain releases the guilt.

- Shame

- Terror underlies shame.
- Release the terror and the shame disappears.

Use the P/TRP to release the underlying pain or terror.

What makes ImTT different from other treatments?

The Survival Model of Psychological Dynamics

Provides a more efficient and effective method of developing targets for processing.
In ImTT:
You don’t have to experience the feelings.

Not having to experience intense pain, terror, guilt, or shame results in:
2. No flooding or dissociation during treatment.
3. Intense traumatic memories can be easily released.
4. Releasing pain and/or terror reduces dissociation even when clients aren’t aware of the memories.

What makes ImTT different from other treatments?

No need for affirmations or positive cognition installation.

The need to perform affirmations is the result of a energized negative image.

Eliminate the negative image and the person will naturally behave with positive action.

The process can be very mysterious to the client.

Problem: A man had an anger problem when his wife asked him to do something that was in addition to what she had previously asked him to do.

He became angry because he would not be able to finish the first task which made him a bad husband. Being a bad husband, a bad provider, was painful.

Solution: Eliminating the painful image of being a bad provider when his wife asked him to do a task, eliminated his anger at her.

The next week, he noted that he hadn’t been angry and didn’t understand why.

Obsessive Compulsive Disorder

Current treatment for OCD is Exposure with Response Prevention (ERP).

The client is exposed to the anxiety-provoking situation and habituates to the situation. A cognitive component is also added usually involving an attempt to restructuring the cognitions of the person to the situation. (“I did this many times and nothing bad happened.”)
Pain/Terror Release

- Emotional pain exists as a chemical and energetic pattern within the body.
- The pain-energy can be released through a breathing technique.

Combining EMDR with the P/TRP

- Use the P/TRP as part of your preparation phase in EMDR.
- This will reduce the intensity of the memory, reducing the chance of flooding or dissociation.

Feeling-State Addiction Protocol Website:

www.fsaprotocol.com
Pain/Terror Technique tab

Image Transformation Therapy website:

www.imttherapy.com
Email: dr.r.miller@gmail.com
The Pain/Terror Release Protocol

General Instructions

Copied from

Image Transformation Therapy
Scripts for Therapists

By

Robert Miller, PhD
Copyright 2016
The Pain/Terror Release Protocol

(General Instructions)

Ideally, the process of the P/TRP moves seamlessly from 1) identifying the event to 2) identifying the feeling about the event to 3) identifying the P/T to 4) identifying the color (sound) of the P/T to 5) releasing the P/T.

Once the color of the P/T has been identified, it is no longer necessary to pay any attention to the event, the feeling, or the P/T. Instead, the focus is to hone in on the color (or sound) of the P/T that has been identified while ignoring the originating event until the final evaluation.

Releasing the color is easier if the color is visualized as being composed of tiny, tiny, tinniest particles of a size that easily flows out of the body. Visualizing the color in this way appears to make the release easier. Some people have difficulty visualizing the color and/or the release of the particles. Sometimes the problem occurs because the person has unrealistic expectations about what they should be “seeing.” A simple way around this difficulty is to have the person pretend to visualize the color, the location, and the release. “Pretending to see” the color removes the anxiety of having to visualize “correctly.” “No perfectionism needed here.”
Even the “pretending to see” technique does not always work. In this situation, it is important to work with the person to find some approach that will work for them. Instead of asking the client to “see” a color, ask them to “hear” a sound or “feel” a tactile representation of the P/T. Work with the person until they can find a way to represent the P/T and release it. The goal is to release the P/T. Exactly how the person releases the P/T is not important. Whatever method works is good.

Whether you use a visual or auditory mode of identifying the P/T, it is very important to think of the color or sounds as an actual substance that is being released from the body. The more intensely this process can be visualized or represented in a sensory modality, the more complete the release of the P/T will be. The more complete the release, the more complete the transformation of the memories, feelings, and behaviors.

Releasing the P/T and the image should be a gentle process. Intensely connecting with the emotion of the event or the pain or terror should not be done. Nobody wants to feel pain or terror. The release process will likely be slowed down or prevented by the intense experience of pain or fear. Identifying the P/T of the event, then the color, then the location is all that is necessary to release the P/T. Once the color has been identified, the event, the feeling, and the pain are not focused on until the color has been released. After the color has been released, then the event is recalled in order to assess if there is any remaining emotional charge.

The parts of the body chosen for release in this protocol have been generally found to be effective. As you become more adept at this process, you may find that the colors are focused more in certain parts of the body and not others. Therefore, you may want to emphasize those areas. However, you cannot know before processing when a release from one area of the body will be useful. Therefore, the entire protocol should be performed every time.

The only purpose of the P/TRP is to release the P/T and begin to transform the behavior and feelings. If the client finds focusing on different areas of the body or visualizing the color in different ways is more effective, go with what works for the client. Sometimes you have to get creative in order to get the P/T to release.

How will you know if the client is doing the protocols correctly? If the client’s attitude and feelings toward the original memory or feeling undergo a permanent transformation, the protocol is being done correctly.

Copyright 2015 by Robert Miller, PhD

ImTT Press publisher
Identifying the Pain/Terror to be released

Identifying a P/T is sometimes obvious such as when a person feels rejected, feels hurt by something someone says, or experiences a significant loss. The pain underlying other reactions may not be so obvious. Feelings of being overwhelmed, being anxious about doing things, or being intensely angry indicate that the P/T is present even though the P/T is not so obvious in these situations. The instructional scripts are set up to help identify and release the P/T.

Some examples of feelings or behaviors that indicate that a P/T is present:

1. Bringing to mind a past event causes emotional pain.
2. Feeling overwhelmed or anxious.
3. Having an overly intense angry reaction.
4. Constantly thinking about what could have been done differently to change the outcome of a situation.
5. Procrastination behavior.
6. Feelings of guilt or shame.
7. Persistent negative thoughts or feelings about the self.
8. Dysfunctional or destructive behavior.
Resistance to Releasing Pain and Terror

Sometimes people resist releasing pain or terror. The following discusses these reasons and a method of reducing the resistance.

There are at least four reasons for resistance to releasing pain.

1. **Loss of Loved One**: The pain is a reaction to the loss of a loved one. The person may feel that the pain keeps him connected to the person who died. The fear is that, if the pain is released, the connection to the loved one will also be released. What often helps is to talk about how the loss of the pain will actually help the person connect with the loved one through the good, positive memories—the fun and loving times of being with him or her. Pain actually blocks memories. Releasing the pain will actually enhance the memories of that loved person. With this in mind, do the P/TRP again.

2. **Attachment to Abuser**: Resistance to releasing the P/T can exist when the P/T was caused by someone with whom the person wanted a relationship, such as a father or mother. Releasing the pain may feel like losing the connection to the abuser. What is often useful to tell the person is that, to the extent there was love in the relationship, releasing the P/T will allow the positive events to be remembered. If this is not successful, the next step is to release the P/T of how painful or terrifying it would be not to have a relationship with the person. Once this is released, the P/T caused by the person can be released.

3. **Guilt and Shame**: The person may feel guilt or shame about their behavior and not be able to release the pain of the event because the pain of the guilt and/or the pain or terror of the shame is stopping them. If this is the situation, use the P/TRP on the P/T of the guilt or shame first. Then do the P/TRP on that painful memory.

4. **Pain of Losing**: Releasing the pain means that the person has to admit that he lost. This dynamic occurs when there is intense anger and rage about the event. The person resists releasing the pain because that would release the rage. As long as the rage exists, there is a feeling that he can do something about what happened. Releasing the rage means that there is no way to change the outcome of the event. The solution to this resistance is to confront the client with the truthful fact that he did lose and no amount of rage will change that. Loss is normalized by noting to the client that sometimes people win and sometimes people lose and that that is a painful truth everyone has to deal with. Acknowledging and releasing that pain allows people to move on instead of being stuck in one past event.
Client Using the P/TRP at Home

Even though this protocol can be done at home by the client, the problem is that a person’s mind tends to lose focus and drift off while releasing the particles. A recording of the therapist’s voice reading the script can be made to help overcome this wandering- mind problem. Listening to a recording can be useful for keeping the client’s mind focused on releasing the color.

Summary of Important points:

1. The person is only to lightly acknowledge the presence of the pain or terror. Make sure the person understands that he is to lightly connect with the feelings and avoid any intensity.

2. Process only one formative event in a session.

3. If the client either expresses resistance to releasing the feeling, the P/T, or has difficulty releasing the color, explore and clear the resistance first.

4. Do the entire protocol every time if the person can maintain psychological stability.

5. Visualize the color/sound as being composed of small units.

6. If the client becomes stuck in the release, be creative in finding a method of release.
Releasing the Pain from a Painful Event
(General Instructions)

The following is a general script of the instructions for using the P/TRP. The script is in *italics*. The words in brackets are instructions for the therapist.

**Script:** *Before we begin, I want you to be very clear about something that is very important for making the treatment easy and gentle. When I ask you about what you feel, I don’t want you to get into the feelings. I just want you to kind of notice the feelings from a distance. Okay? If you experience the feelings too much, it actually slows down the release process. Does that make sense to you? Just kind of notice the feelings from a distance. Once I ask you about the color of the feeling, I don’t even want you to think of the event, image, or feeling again until we have finished processing and we evaluate the change. Okay? With that in mind, let’s begin.*

1. I’m going to ask you to lightly describe that painful memory. Again, I don’t want you to get deeply into the pain. Feeling the pain is not necessary. Just be aware that the pain is there. Once the color of the pain is identified, just focus on the color. Don’t think of the event or the feeling or the pain again—just the color.

2. Now lightly describe the painful memory.

3. What color is the pain?

4. From now on, I don’t want you to think of anything but the color. Forget everything else. Just focus on the color, okay?

5. Where is the [state color] located in your body?


7. Take a slow breath and visualize breathing into the [state color] particles.

8. As you breathe out, see the tiny [state color] particles moving directly out of your body.

9. Breathe into the middle of your brain and release the tiny [state color] particles out the middle of your forehead.

10. Breathe into the middle of your brain and release the tiny [state color] particles out your eyes.

11. Breathe into your chest and release the tiny [state color] particles down your arms and out the palms of your open hands.

12. See your spine as being composed of guitar strings. Breathe into the guitar strings and as you breathe out, release the tension on the guitar strings and see the tiny [state color] particles radiate out in all directions as you release the tension on the lower guitar strings…[pause] release the tension on the middle guitar strings…[pause] and release the tension on the upper guitar strings.

13. Breathe into your abdomen and release the tiny [state color] particles out your navel area.

Copyright 2015 by Robert Miller, PhD

ImTT Press publisher
14. Breathe into your abdomen and release the tiny [state color] particles down your legs and out the bottoms of your feet.

15. See a spot 6 inches below your feet, between your feet...breathe into that spot...and see the tiny [state color] particles drain down your body, go through the spot, and be absorbed into the earth...see the [state color] particles drain down your body, go through that spot and be absorbed...absorbed...absorbed into the earth.

16. Breathe into your heart...breathe into your heart and release the tiny, tiny [state color] particles out of your heart...releasing the tiny [state color] particles out of your heart.

17. Breathe into the depths of your heart...breathe into the deep, deep depths of your heart and release the tiny, tiny [state color] particles from the depths of your heart...releasing the tiny [state color] particles from the deep depths of your heart.

18. Breathe into the right side of your brain...breathe into the right side of your brain and release the tiny, tiny [state color] particles out the right side of your brain...releasing the tiny [state color] particles out the right side of your brain.

19. Breathe into the left side of your brain...breathe into the left side of your brain and release the tiny, tiny [state color] particles out the left side of your brain...releasing the tiny [state color] particles out the left side of your brain.

20. Breathe into the front of your brain...breathe into the front of your brain and release the tiny, tiny [state color] particles out the front of your brain...releasing the tiny [state color] particles out the front of your brain.

21. Breathe into the back of your brain...breathe into the back of your brain and release the tiny, tiny [state color] particles out the back of your brain...releasing the tiny [state color] particles out the back of your brain.

22. Breathe into the center of your brain...breathe into the center of your brain and see the tiny, tiny [state color] particles radiate out in all directions from the center of your brain...see the tiny [state color] particles radiating out in all directions from the center of your brain.

23. Breathe into the core of your self...breathe into what you think of as the core of your self...and release the tiny, tiny [state color] particles out the core of your self...releasing the tiny [state color] particles out the core of your self.

24. Imagine that you are about to yawn. Imagine that you are yawning a deep, wide yawn. As you yawn, see the [state color] particles release from the core of your self...as you yawn, see the tiny [state color] particles releasing from the core of your self.

25. Let’s re-evaluate the pain of the memory. Does it feel less charged when you think of the event again?

26. [If the emotional reaction is acutely painful, if another feeling has surfaced, or if the color has changed, re-evaluate what the person is feeling. If another feeling has surfaced, the P/TRP for that feeling may need to be done.]

27. [If the memory is less charged, do the Image De-Construction Protocol.]