

Support Group: Emotional Freedom While Experiencing Illness - Avoiding Thinking Traps That Make Us Suffer

September 1, 2026

Announcements

- BHC online event schedule
 - 1st Tues: Support Group
 - 2nd Wed: “Coffee” with a Clinician
 - 3rd Tues: Support Group
- Events Calendar: <https://batemanhornecenter.org/events/>
- Previous Session Recaps: <https://bit.ly/3ORcT1T>
- Clinical Care Guide: <https://batemanhornecenter.org/clinical-care-guide/>
- Support BHC’s mission: <https://givebutter.com/BuildingAccessNow>

The following resources and anecdotes were shared by attendees and do not necessarily reflect BHC guidance or endorsement.

Timothy Weymann, LCSW, began the session emphasizing the importance of our thoughts as it relates to living with a complex chronic illness. He framed the concept as the mind being a horrible master and a wonderful servant. Our work is to keep our minds from running us and instead to use them effectively to help us face the challenges that come with illness.

Guiding Questions

1. What criteria do you use that help you know if painful thoughts are true?
2. How do you know if a thought is helpful or unhelpful?
3. What kind of thoughts lead to you feeling stuck in emotional pain?
4. How do you think about yourself and illness that helps you access states of calmness, hope, and/or peace?

Timothy's Shared Wisdom

- Being present-minded can bring a great deal of peace and can be accessed when we realize that the future is merely an idea arising in the mind; as is the past, a memory arising in the mind.

- When we use absolutes and infinitives in our thinking and communication, such as “always” and “never” they tend to aggravate our suffering, and aggravate conflict in relationships when used in our interactions with others.
- For distressing memories and PTSD, evidence-based therapies include cognitive processing therapy, prolonged exposure therapy, and EMDR. In the moment, self-compassion is foundational: simply acknowledging, “This is hard, and I am doing a good job considering how hard it is” helps the body relax. Grounding in the senses, slow and deep breathing, and sensation-focused activity can all help us move out of memories and future projections.
- Recovery communities have a helpful folk wisdom saying that when struggling: “Your mind is a dangerous neighborhood — don’t go there alone.” Expressing thoughts aloud with a trusted loved one or therapist can be grounding. Cognitive-behavioral therapy workbooks are an accessible option to work on our thinking, when therapy isn’t available.
- Normalizing can be grounding — both individually (“this symptom is part of my disease”) and in a broader sense. As we approach fall, we can observe that decline and decay are a normal part of nature, and our bodies follow and belong to nature as well; we often disturb ourselves by treating the losses of illness as abnormal rather than normal parts of life and living.
- Whatever we practice gets stronger. If we practice embellishing dark or irrational thoughts, that pattern strengthens; if we practice interrupting, redirecting, and reforming our thoughts, that becomes stronger instead. We can soften toward a difficult thought by recognizing our mind’s positive intention to protect us, even when it is misguided in its efforts to do so.
- The goal is managing our thinking rather than controlling it — just as we manage symptoms rather than control them. It is in our response to what we cannot control that we find our emotional freedom.
- When “being okay” feels out of reach, it helps to define intentionally what being okay would mean if the illness never fully goes away. There can be a shift from “I have to get better” to “may I face whatever happens with grace, courage, and dignity,” or with whatever personal values you hold. Picking achievable goals is very important as unachievable goals leave us chronically frustrated and agitated in distress.
- On knowing what is true: the Western world often points to the preponderance of evidence, “What does the preponderance of evidence suggest about this situation?” Clarifying what is true is also a behavioral question, not only a mental one — we

can experiment with our behavior to discover what is true for us, as we already do with treatments. Normalizing that everyone is figuring out what is true can help as we come to realize that all people face that inquiry on various levels, not only those who are ill.

- A simple, portable skill is to differentiate judging from perceiving (describing). “This is horrible, I can’t stand it” is judging; “I’m having a hard time getting out of bed today” is describing. Staying in describing lightens the emotional load and keeps us with the facts rather than inflaming distress.
- Hope matures over time. Early and immature hope can be unhelpfully defined as, “I get exactly what I want;” whereas, mature, pragmatic hope says, “I can still live a life that is meaningful, with moments of joy no matter what happens.” Hope can mislead when it is fixed on something unattainable, so it helps to lose hope in the things that don’t work for us — without generalizing that hopelessness to ourselves, our future, or life itself.
- Meaning-making can go dark or light. Blaming ourselves for our illness is dark meaning-making; it fuels distress and isn’t accurate. A more empowered approach does not ask, “What meaning will I find?” but “What meaning will I create out of this?” It focuses on our power in creating meaning in our lives regardless of any circumstances we find ourselves in.
- After acknowledging a, “can’t,” the next move is “what can I do, given my limitations?” Depression tends to keep us stuck in the “I can’t.” We know people who are not resilient focus on what they can’t control; while resilient people focus on what they can control. And many of our “shoulds” and “musts” are really preferences — “I really want to get out of bed” is gentler than “I should be able to,” and hurts less when it arises.
- It is important to rest on the fruits of our labor — to recognize when we have put in the work to help ourselves and to allow ourselves to come out of “problem mode” to reinforce our own sense of power and accomplishment.

Verbal Comments

- Participant shared that on beautiful days they make the plans any able-bodied person would make — to go outside, sit in the sun, bring their knitting — but the body won’t allow it, and the day ends in “I didn’t do anything.” They get unstuck by reframing rest — lying in bed with the cat, reading or listening to a book — as something most people would love to do, and by making plans according to what the body can handle.

- Participant shared that after being diagnosed a year and a half ago they could not get workplace accommodations and had to retire six years early, living on a shoestring. They have found gratitude in no longer having to work, and realized their primary purpose now is to manage their health, with everything else flowing from that. They also described how getting stuck in the past or obsessing over the future is a real bummer, and how discovering that untreated hearing loss was quietly draining their energy gave them both grief over lost time and hope for a fix.
- Participant shared that, as a mindfulness trainer, their first question about any thought is “am I breathing into my belly?” If they are not in their body, even a joyful thought can’t truly help and a painful one only spirals. Grounded in the body, a hard or untrue thought can instead be observed with curiosity rather than self-criticism, opening the door to real transformation.
- Participant shared that they are new to BHC, calling in from a six-month bed-bound crash. With so much time to notice their thinking, they found their scary thoughts fall under three “umbrella” thoughts — I’m never going to get better, it’s getting worse, and I can’t handle it. Simply naming which category a thought belongs to lets them let it go.
- Participant shared that severe PTSD has flared up due to family circumstances, bringing intrusive memories that are hard to move out of. Now bed-bound, they can no longer use the coping strategies that once helped — walking, cleaning — and that has been difficult on them.
- Participant shared that they rely on a power greater than themselves, because they can’t fix their mind with their mind. After a day when they could do nothing but rest, a gentle inner voice reminded them that they’d had days like this before and it would change — and it did. They also keep a couple of trusted friends who can reflect back what is true when their own thinking turns harsh.
- Participant shared that they are an analyzer by nature, and while thinking a worry through often diffuses it, the pattern of catastrophic “what’s coming” thoughts keeps returning and can change their mood for a day or more. They wondered aloud whether there is a way to break that habit other than more thinking.
- Participant shared that, at 32, they have been unwell since first grade — severe treatment-resistant depression that only eased two years ago with psilocybin-assisted therapy after many other treatments failed, followed by worsening physical symptoms and now ME/CFS. With essentially one good year in their life, it is hard to believe they will ever be okay, and they described the fear of racing to find treatments before becoming too sick to seek help.

- Participant shared that two weeks ago their husband announced he is seeking a divorce and said cruel, ableist things about their illness. They spoke with great pride about how they responded: refusing to see their life as a tragedy or as less worthy than others, and refusing to pass that message on to their two children, who may face health challenges of their own.
- Participant shared that they keep written affirmations and coping statements to read whenever they start to feel bad — among them, “I’m not equal to my limitations,” “worrying about symptoms will not give me control,” and “the fatigue is unfortunate, not unbearable.” For difficult memories they remind themselves, “it’s just a memory of a past event; it will pass.”
- Participant shared that they chose the question about knowing what is true because it genuinely bothers them: living in the gaps of the medical system, where different clinics hold different theories and what helps one patient does nothing for another, leaves them perpetually asking what is true.
- Participant shared that after six years of serious ME/CFS they have stabilized with pacing and a medication that works well, and are only now releasing the bottled-up stress of those overwhelming early years through gentle yoga, walks, and meditation. They noted the topic didn’t quite fit where they are right now — rather than needing to change their thinking, they feel proud of the resources they’ve built and ready to rest and step out of “problem mode.”
- Participant shared that, only a couple of months into a long COVID/ME-CFS picture, IFS therapy has helped them loosen a hypervigilant habit of tracking every symptom. They reframed hope as something gritty and small rather than shiny or storybook — crawling to the bathroom, fighting an insurer, or managing a good cup of tea all count as hope. They described hope as a daily choice, like lighting small beacons, working hand in hand with trust.
- Participant shared that they used to be very angry — crying at doctors’ offices that had no answers — until accepting that they are ill brought the greatest peace they’ve known. They resist pressure to “make meaning” of the illness, since that can become its own burden; acceptance only asks that it is real. Understanding their ME even helped them better manage lifelong depression, and focusing on the present — owning just this one hour — gave them calm.
- Participant shared that this was their very first group of any kind. Before the meeting they told themselves “I can’t do this,” then worked through the difference between “can’t” and “won’t” — realizing that this was really a “won’t,” and choosing to show up anyway. When something truly is a “can’t,” they ask for help.

Participant Comments from the Chat

- “Focussing on what I’ve lost is usually unhelpful. Focussing on what is going on right now, and making a point of noticing good moments, helps. So does problem-solving: when I discover a way to cope with some challenge, it’s a big boost!”
- “I try to reframe painful thoughts as if they were coming from a friend or a loved one. It’s easier for me to give grace to people I love compared to giving grace to myself.”
- “I keep sticky notes on my kitchen cabinet that say: IF I COULD I WOULD HAVE which not only help remind me, they seem to help remind my aide and others as well.”
- “This is a tough one for me because there are so many forces (doctors, friends, family, culture at large) telling me that what I’m experiencing isn’t that serious or isn’t real or could be overcome with a better attitude, etc. So there’s a real drive to fight against those misconceptions, especially when everyone is telling you that the truth, the very reality of the situation, isn’t welcome. I don’t want to get lost in negative patterns, but I want to honor what’s real about the daily pain and discomfort (physical, cognitive, and emotional). Hoping someone has some thoughts on finding the balance.”
- “#3: when I start focusing on what I cannot do versus what I can do. either way, both actually involve what I want to do, but focusing on what I cannot do doesn't work well.”
- “We need to be conscious about not worrying about what happened and what MAY/COULD happen. We have enough to deal with already on a daily basis. We have to learn to be present and not take on ANYTHING additional.”
- “Toxic positivity has a lot to answer for ! I have come to realise that a constant "sunny side out" persona isn't allowing others to see the realities of how this illness affects me.”
- “Radical acceptance has helped me stay grounded in the present without the spiral”
- “I like Byron Katie. She has written books and also gives away a lot free. She has an exercise and asks if the thought is even true. And shows ways that there are a lot of ways to think about one thought. Once do exercise it is very freeing and empowering.”
- “A friend once shared with me, ‘Your illness may not change, but your experience of it will.’ That was helpful framing!”
- “3. What kind of thoughts lead to you feeling stuck in emotional pain? FML. I hate living this way. Thoughts attached to shame. Other than that it isn't thoughts. It's emotion connected to deep trauma. I have lifelong and intergenerational PTSD.

Sometimes there are no thoughts at all, just the deep pain coming up to come out. I don't get stuck in it. There's just a lot of it that has to process and release itself in waves."

- "Dealing with ongoing grief that doesn't have closure is so so hard. I'm estranged from my family and that grief definitely comes in waves. Navigating that grief sort of prepared me for navigating the grief of chronic illness, weirdly. Knowing how to cope with something that's unending is very hard."
- "What helps me is mindful breathing, grounding, saying affirmations ALOUD not just in my head, journaling, concentrating on what I can do ... no matter how small ... rather than what I can no longer do, staying present and practicing gratitude."
- "re #4: when all I can do is lie in bed with headphones and eye mask and even that's too much, I try to breathe and think 'all I have to do is be here.' sometimes it doesn't work/help; sometimes it does. 'I know how to do this' (this being just lying here and breathing), because I have spent so much time doing it that even though sometimes I forget, I do know how to do it."
- "I describe crash days as 'quiet days' rather than bad / good days. It helps me capture what is happening without labelling it emotionally."

Tiny Triumphs

- "TT: A memory from one of the first Indigenous elders I met surfaced yesterday and it's helping me manage my body today. My ac broke down and it's 88 F plus 56% humidity in here today. His teachings were about how to handle extreme heat because there were prophecies about the Earth heating up (this was the 90s)."
- "TT: Growing more in acceptance not on unrealistic expectations of myself and measuring myself only on my 'to dos'. It's a day by day and sometimes hour by hour yet my awareness of acceptance and being in the moment helps me not to beat myself up mentally. BHC and this group has helped me immensely."
- "Funny TT: I found out when my cat stands on my stomach, it's good for my HyperPOTS. Brings my heart rate down immediately."

Resources

- Timothy Weymann's website: <https://www.timothyweymann.com/>
- Fatigue Sense (free app), the Visible app (free app; wearable optional), and the Guava app, which pulls smartwatch data and generates correlations across factors including medications and supplements.

- Garmin wearables (e.g., Vivoactive 5) for Body Battery, heart rate, and HRV trends to guide pacing.
- Man's Search for Meaning by Viktor Frankl, a Holocaust survivor.
- Substacks on living with ME: "One Life Lived Well" by Abby (an occupational therapist) and Fred Rossi's substack.
- Mindful Leader's "Meditate Together" — 20-minute mindfulness meditations on the hour followed by a short shared reflection (search "Mindful Leader").
mindfulleader.org
- hellopainpeeps.com: a peer support community recommended by a participant.
- Timothy's mental-health video series on the BHC YouTube channel (including talks on anxiety and depression): [search results for "Weymann"](#)
- The first video in Timothy's series: youtu.be/tewWTcfaBIM

Crisis Resources

- Dial 988
 - [What Happens When You Call 988?](#) (Article)
- Dial 911
- [Crisis Text Line](#)
- [Crisis resource page](#) (BHC)

Potential Financial Assistance Resources

- [Healthwell Foundation](#)
- [Patient Access Network Foundation](#)
- [Needy Meds](#)
- [My Good Days](#)

Chronic Illness Therapist Directory

- <https://www.thechronicillnesstherapist.com/directory>

Open Path Collective

- Helps connect people with lower-cost therapy options:
 - <https://openpathcollective.org/getstarted/>

ME/CFS Writing Group

- <https://pillowwriters.wordpress.com/>

Support Groups (alphabetical order)

Lived-Experience Support Groups

- Action for ME (online youth support based in UK)
 - <https://www.actionforme.org.uk/18-and-under/support-for-under-18/join-our-young-peoples-community/>
- BHC Support Group 1st and 3rd Tuesday at 1 pm MST
 - <https://batemanhornecenter.org/events/>
- Black COVID-19 Survivors
 - <https://www.facebook.com/groups/bcsalliance/>
- Brain and Spine Group for Zebras
 - <https://www.facebook.com/groups/brainandspinegroupforzebras>
- CFS/ME Friends
 - <https://www.facebook.com/groups/CFSMEFRIENDS>
- Health Stories Collaborative Creative Meetups
 - <https://www.healthstorycollaborative.org/creativemeetups>
- International ME Support Chat
 - 11am-1pm EST/ 5 -7pm GMT / 3-5am Melbourne time & 9-11pm EST/ 3-5am GMT/ 2-4pm Melbourne time
 - <https://us06web.zoom.us/j/84362703704?pwd=bfKmegaCLNhS6KwOUve7fkcsQjs7sB.1>
- Invisible Youth Support Group
 - <https://www.facebook.com/groups/invisibleyouthgroup>
- Long Hauler Advocacy Project
 - <https://www.longhauler-advocacy.org/support-us>
- Long COVID Families
 - <https://www.facebook.com/groups/4345929175466216>
- Massachusetts ME and FM Association Small Group Chats
 - <https://www.massmecfs.org/>
- Mass ME Gen Z & Millennial Northeast Meetup
 - https://form.jotform.com/260346468999174?utm_source=newsletter&utm_medium=email&utm_campaign=april-2026-newsletter
- #MEAction Living w/ME Support Group
 - <https://www.facebook.com/groups/211058135999671>
- #MEAction Long COVID Group
 - <https://www.facebook.com/groups/205703087068863>
- #MEAction Seniors Connect
 - https://www.facebook.com/groups/391269901334695/?ref=pages_profile_groups_tab&source_id=1408335399448862

- #MEAction Pillow Crafters (Group Crafting Sessions)
 - <https://www.meaction.net/pillow-crafters/>
- #MEAction Additional Groups
 - <https://www.meaction.net/groups/>
- ME/CFS Social Group
 - <https://www.facebook.com/groups/1202428297198122>
- ME/CFS phone support group
 - Occurs on Saturday nights at 8pm, EST.
 - Call: 609-746-1155. Punch in: 915110#. Group is open to all.
- State Specific Long Hauler Facebook Groups
 - <https://docs.google.com/spreadsheets/d/1vMNCrONg1oTy5QPzajNUJffu0gk4eBR4o585NosVgsk/edit#gid=0>
- Surviving with ME
 - <https://www.facebook.com/groups/695317212152964>
- The Mighty Group Directory
 - <https://themighty.com/groupdirectory/>
- Utah COVID-19 Long Haulers
 - <https://www.facebook.com/groups/2619858348232191>
- The Yarrow Collective's Alternative to Suicide group is a weekly Zoom meeting. It's a free resource for folks who are struggling with nonclinical peer support. They also have chronic illness and disability support groups.
 - <https://www.yarrowcollective.org/>

Caregiver Support

- [Caregiver Wisdom](#) is an online venture to support chronic illness caregivers. [Current free offerings](#) include: a [monthly support group](#), a [free online community](#) that's off of social media, and a [blog](#) with helpful posts.
- A support group for partner caregivers (please note all caregivers are welcome) takes place on the first Sunday of each month at **12 p.m. PT / 3 p.m. ET**. Focuses on monthly topics and has small breakout rooms for closer community connection. To be added to the email list, contact Kim at kim.mecfs@gmail.com.
- #MEAction's support group for all family caregivers takes place on the third Saturday of each month at 10:30 p.m. PT / 1:30 p.m. ET. To be added to the email list, contact Denise at caregiver@meaction.net.
- If you are on Facebook, [#MEAction has a Facebook group for caregivers](#)
- If you are on Discord, Nia has started a [channel for ME/Long COVID caregivers](#).