

When the stomach loses its head

The mind and the body - an inseparable pair

When considering psychosomatic symptoms of irritable bowel syndrome (IBS), it becomes clear how complex and complicated the procedures are on a psychiatric as well as on a somatic level. It is a challenge to bridge the separation between mind and body. In controlled studies, hypnotherapeutic intervention has proven itself to be a sustainable and effective method.

Where does the secret of psycho-physical reality lie and how can the interaction of both entities be developed and influenced in a psychotherapeutic context?

The interaction between mind and body has been interpreted differently and controversially discussed by various scientific disciplines over the centuries up to the present day. Every culture and generation have their own specific ideas which are reflected in attitudes to the body and in the medical and psychological treatment concepts. What all ideas have in common is that the mind and body form a functional unit in the body and should be in harmonious balance in order for people to feel healthy.

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is defined as a symptom complex with chronic physical discomfort without there being an organic illness in the digestive organs, coupled with a high psychological level of suffering. According to the WHO diagnosis criteria, ICD-10; F45.3, IBS involves a somatoform autonomic dysfunction which used to be classified under the term psychosomatic disorders. The subjective experience of clients with IBS is noticeable in the following statements:

- "I have been struggling with my stomach for a long time".
- "The worst thing about my symptoms is not the physical pain but that the symptoms take all my self-confidence".
- "Everything to do with food is stressful".

The invisible sides of IBS like irritation, angst, vegetative symptoms and hopelessness are reflected here.

When clients come to the practice having been diagnosed with IBS, often they have a long life of suffering behind them. The decision to even visit a doctor because of these symptoms is often due to psychological factors like depression or angst. It is assumed that only a quarter of those affected by IBS go to a gastroenterologist for additional examinations.

On the one hand, the diagnosis of IBS results in a feeling of relief because the symptoms are taken seriously and the patient feels heard. On the other hand, it can also result in a feeling of helplessness because conventional medicine offers neither an adequate patho-psychological explanation nor convincing therapy for this illness.

Case study: client, 31 years of age, professionally successful, social network intact, complains mostly about extreme discomfort in the bowels, additionally struggles with nervousness and lack of concentration.

As part of gastroenterological clarification (excluding inflammatory intestinal illnesses) IBS was diagnosed 7 years ago. Since then, periodically been under medical control and treatment.

Physical state: Recurrent discomfort in the stomach, feeling sick when getting up, partly with vomiting, stomach cramps and diarrhoea with differing intensity. Currently: diffuse feeling of fullness and pain-pressure, barely goes out of the house in the morning, often has to go to the toilet, describes vegetative stress symptoms like outbreaks of sweating, shaking, mostly on the way to work.

Mental state: often lethargic and resigned, tried many methods of therapy, frustration because nothing helps. Feels at the mercy of symptoms. Big inner pressure, angst, dissatisfied and growing uncertainty. Doubt if he has it under control.

This is typical IBS, a prototype of a functional illness.

Extent of the discomfort and impact on daily life are large - he often does not go to work. Previous treatments have only provided temporary relief.

In a fix between mind and body

It isn't possible not to react psychosomatically. What is the link between psychological health and physical symptoms? There is no psychological dysfunction without increased involvement in the body. As evident in the case study, angst plays a significant role in terms of localised pain. Thereby, the body or a part of the body is often experienced as a threat. The strain leads to huge stress. Symptoms arise with which those affected cannot decide if it is primarily bodily discomfort or an affective state of stress. With these clients, morning panic attacks with the recurrent stimulus in the intestines (scared and loss of control) are in the foreground.

"Me" and my stupid stomach

"I'm happy with my life, I don't have any major problems, it's just my stomach which really bothers me". This is how many clients describe their situation.

In psychotherapeutic practice, it is often found that those affected are stuck in a "either or" way of thinking. It can only be either physical or psychological. Pain patients refer mostly to "physical". "It is only physical, the doctors have to find a cause of the illness, I am not mentally disturbed" is the common explanation. Resulting from this avoidance is often a hostile relationship with the body or a specific organ. In this situation, the old dilemma is evident, that a person with painful bowels experiences a split personality, namely the "me" on the one side and the "hated stomach" on the other side. In terms of somatoform dysfunction, those affected often remain stuck in this thought pattern. The result of this is inadequate coping strategies or relationship deficits. Targeted awareness training is required in order to allow the mind to control the areas which can change. Those affected gradually start to understand that they can work on other areas in terms of psychotherapy despite unexplained physical symptoms to find ways out from their emotional dilemmas. An extension of the "either or" principle is the "as well as" principle. This awareness training "sets something in motion" and can mean the first step of development. Over the course of the therapy, the clients learn to find contact with their body again.

Recognition by neuroscience shows that pain comes from the "head". The vegetative nervous system (NS), made up of sympathetic and parasympathetic, plays a key role for understanding IBS and pain treatment in general. Pain perception, which is a significant part of symptoms of an irritable bowel, is registered in the brain stem and the diencephalon via the spinal cord and from there taken to the consciousness. Emotional components from the limbic system have an influence over the vegetative nervous system, the enteric nervous system, i.e. the intestinal motor. These mechanisms for controlling pain are likely to be responsible for the majority of symptoms of an irritable bowel caused by psychological problems. The pain can be indirectly modulated by stress management of the nervous system. Schwab (5) describes the complex link between the brain and the bowels. Severe psychological strain, in particular constant stress, can lead to vegetative dysfunction.

Homeostasis and a good feeling in the stomach

So, pain comes from the head. For the clients, this statement is acceptable but isn't helpful at first. "I know that it's all in my head but I can't change it", said one client.

In order to use neuro-scientific knowledge of the origin of pain usefully in therapy, understanding self-regulation methods of the organism is needed.

As an explanation, the stimulus-response model of the vasomotor cycle according to Boyesen (3) serves as a theoretical basis in treating stress. The vasomotor cycle is to be understood as an expression of dynamic balance which goes out from homeostasis on different levels (psychological, muscular, vegetative) and returns when a correct reaction occurs. When the outer stress situation is over, the client has to be in a position to find their inner balance on all three levels by "completing" their emotional cycle. This model originates from the dynamic balance which occurs in connection with the integration of the vasomotor cycle.

In comparison to this, it is assumed that stress cycles which are not complete (e.g. bottling up anger instead of expressing it adequately) can generally lead to a somatic compromise e.g. pain, pressure or flatulence if the self-regulation mechanism of the vegetative nervous system is blocked. In other words, the organism loses more and more of its ability to react which, on the one hand, affects muscle tension, breathing rhythm, posture and the functions of the vegetative nervous system, and on the other hand, has an impact on cognitive ability. This is how nervous tension and functional weaknesses can occur. This is where psychotherapy comes in.

Bridge between the mind and body

Clinical hypnosis as a treatment concept uses different principles which are used in psychotherapy in order to utilise the abilities and competences of the client.

Hypnosis therapy uses trance in order to change perceptions with suggestive techniques. The aim of hypnotic trance is the shift of perception and of the focus of attention to search for new solutions e.g. regulating pain (pain control), changing attitudes and better body consciousness. Hypnotherapeutic intervention establish easy access to the creative side of the subconscious which is particularly helpful for rationally orientated people.

In trance, the colourfulness and the liveliness of inner images are increased. The power of picture language is awoken. Inner pictures have an affect in which they strengthen a simple idea e.g. a river used as a metaphor puts something in motion, the wave is used as a resource of trust. Affects and feelings of the client are more intense.

Treatment options

Every change begins by thinking that change is possible. And what are the factors involved in treating pain from IBS? Important prerequisites are the treatment wishes of the client, motivation, curiosity and realistic objectives. The personal aim of the client in the case study is presented here as follows:

- to get rid of stress
- to get a better perception of the body
- reduce angst and depression

Aim of the therapist:

- to gain better inner balance (stabilise)
- to increase well-being and quality of life.
- to reduce the pain

The client is familiarised with the influence on the vegetative nervous system by relaxation techniques, changes in their diet, stress management, energy and breathing work.

A further step in the therapy process is exploring the subjective assessment of pain. The meaning of the symptom and the psycho-social stress factors are discussed, explored in trance and worked on therapeutically. What is in the foreground of the suffering is what is worked on.

Summary of the mechanisms and their influence of the dysfunctional reaction patterns in psychotherapy:

- Psychoeducation by means of explanation models

- use of different hypnotherapeutic methods to control pain
- work in psychodynamics

The mentioned psychotherapeutic interventions allow access to the client's resources and allow them to deal with their discomfort. The noticeable changes (e.g. better feeling about the body, reduced symptoms) give the client confidence in their own ability of self-control. Trust in the body is increased and self-efficiency becomes bigger. When this development is achieved, the result of the treatment at the end of the therapy is described in the following way:

"I still get symptoms now and again but they don't have such a big influence."

Core message

Using the examples of IBS, it is clear how important the knowledge about psychological and somatic aspects is when treating somatoform dysfunction.

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The author

Brigitta Loretan-Meier, Master of Science UZH, is a specialist psychologist for the Swiss Federation of Psychologists/Swiss Association for Applied Psychology in her own practice in Brugg as well as part time in Zurich where, since 1999, she has been setting up the project "Psychotherapy in Gastroenterological Practice", an interdisciplinary connection of psychotherapeutic and medical methods of treatment.

Brigitta Loretan is a specialist in patients with irritable bowels and works mainly with concepts from body psychotherapy, with stress management models and with therapeutic strategies of clinical hypnosis.

Address

Brigitta Loretan-Meier, Brugg and Zürich
 +41(0)56 4425701
 www.loretan-praxis.ch
bloretan@gmx.ch

Summary

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controlled studies, hypnotherapeutic intervention has proven itself to be a sustainable and effective method.

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