

# IBS



About 15% of the population suffers from symptoms associated with irritable bowel syndrome or IBS. Sometimes the problem starts with the flu or a stressful event, sometimes the problem just starts suddenly or slowly develops. These individuals struggle with various symptoms which may include diarrhea, constipation, nausea, vomiting, gas, bloating, or abdominal distention. Almost twice as many women as men have these problems.

These problems are often frustrating, because even though sometimes various gastroenterological medical interventions such as diet change or medications can be helpful, sometimes their effectiveness is limited.

The gut actually uses the same neurotransmitters as the nervous system. This fact suggests that some psy-

chotherapeutic treatments or mental health treatments may serve as a useful adjunct to traditional medical treatments of IBS and some other similar issues, within the gastrointestinal system.

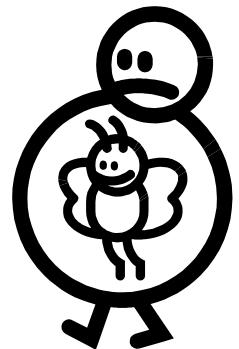
Ongoing research in various journals of gastroenterology also suggests that higher percentages of those individuals who suffer with IBS or other functional Gastrointestinal disorders have had higher rates of traumatic events in their past. (Functional Gastrointestinal disorders are disorders in which the function of the Gastrointestinal system has changed, but there does not appear to be any clear change in the anatomy or physiological of the system) For example, multiple research studies have suggested that 45-50% of patients

with IBS may have suffered emotional, physical or sexual abuse as a child. Other Traumatic events in childhood or adulthood may intensify these symptoms.

Why abuse or trauma may precipitate or intensify IBS is not clear. Several theories have been proposed, ranging from the trauma increasing held muscular and visceral tension, to some type of CNS dysfunction in the filtering mechanism for incoming visceral or somatic sensations- as if a volume switch was turned up on a speaker.

## IBS FACTS

- Effects 15 % of the population
- Emotionally based psychological treatments can lead to significant symptom reduction
- Twice as many individuals with IBS have trauma in their background as non – IBS afflicted individuals



Guts have  
Brains!

## DIFFERENT EMOTIONAL LINKS TO IBS NEED DIFFERENT TREATMENTS

Currently, there are three possible classes of psychological explanations for those IBS cases that do not respond adequately to standard medical interventions, and it is probable that not all IBS sufferers have the same underlying psychological factors contributing to their distress. Interestingly, research evidence for each psychological explanation is also accompanied by evidence suggesting a different possible effective treatment for these individuals.

First, research suggests that individuals with IBS may have become overly sensitive, hyper responsive, and hyper vigilant for bowel sensations. If this is the case, techniques to help them cope with this over sensitivity may be helpful. One process that is useful for these individuals is training in relaxation, and focus on internal physical sensations, and change, via light hypnotic type procedures. This process can decrease intestinal churning or hyperactivity (motility) by as much as 60% in about 35-40% of IBS sufferers.

For other people, IBS seems to be intensified by worries and even ineffective coping strategies, especially in dealing with conflict in interpersonal relationships. These

individuals may find their IBS symptoms increasing after periods of interpersonal conflict. Some of these individuals may have developed ineffective coping strategies by attempting to avoid anxiety situations, or anxious rumination, which may only serve to intensify their problems. Research shows that a combination of cognitive therapy (which helps these individuals examine their internal anxious and critical self-talk) combined with increasing interpersonal awareness and help with assertiveness may help this problem. General relaxation alone may be less effective for these individuals.

Finally, other evidence suggests a third cause for unremitting IBS symptoms. Some individuals may have more difficulty with trust, or feeling attached or comfortable in inter-personal relationships because of difficult early relationships, including emotional, physical or sexual abuse, or neglect. These individuals either never learned to clearly label feelings, or shut down those they did have. They may also keep

their emotional distance from others, thus depriving themselves of social support. For these individuals it is as if the feelings become expressed by the body in physical or visceral sensations, rather than being felt and labeled as emotions, and thus used in relating to others. For these individuals, learning to express emotions more freely to others in relationships may be indicated. With increased interpersonal emotional expression, not only does the body not have to hold all the feelings, but these feelings become more available for attaching to others. For these individuals a more extended period of therapy focusing on changing interpersonal awareness as well as learning to feel and express emotions may be indicated. Multiple studies suggest that IBS symptoms are directly associated with relationship conflict & inversely associated with relationship depth and support. Contemporary relational psychoanalytic therapy is useful for this process.

These programs are geared towards adults ages 18-55.





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I have been in practice as a clinical psychologist since 1976, obtaining my PHD from Vanderbilt University in 1975. I spent 20 years doing psychotherapy outcome research in the area of the Cognitive-behavioral treatment of depression and anxiety, while holding academic appointments at both Ohio University and Lewis and Clark College. I am also trained in Ericksonian hypnosis. Finally, I am a certified relational psychoanalyst, having graduated from the Northwest Center for psychoanalysis in 2003, with extensive work with mentors from the William Alanson White Institute of relational and interpersonal psychoanalysis in New York City. Over the years, I have treated **adult patients** with depression, anxiety disorders, and numerous mind/body disorders including IBS, chronic Fatigue, Fibromyalgia, migraine headaches, pains of unknown origin, and without medical causes, including chronic back pain, as well as health anxiety, somatization disorders and attachment disorders

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