

Don't Hate Your Guts!
Discover How to Heal Your Body
By Jennifer C. Franklin, PhD

Do you have Irritable Bowel Syndrome (IBS), or some form of ongoing, episodic, or chronic digestive issues like abdominal discomfort/pain, constipation, diarrhea, bloating, acid reflux, or gas with no clear-cut cause or sure-fire cure? If so, then you have what's called a *functional* gastrointestinal problem. This means that you have *real physiological symptoms*, yet physicians cannot determine a physiological cause for your symptoms.

Functional gastrointestinal problems, like any chronic illness, are difficult to live with for three main reasons:

- 1) Having to deal with symptoms ranging from especially acute pain and unpleasant, uncomfortable, or even embarrassing symptoms is unpleasant at best and debilitating at worst.
- 2) Functioning in every day life with such symptoms requires some degree of behavioral modification—changing the way you do things. If you don't feel good, you might not do many of the things you used to do. Your relationships might change. You might spend more time alone. And these are just a few examples of just how many changes a person typically makes in order to cope with a chronic illness. Making even one of these changes based on an inner sense of "I can't" instead of "I can" gives people a sense of being defeated, and the more of these decisions one has to make, the more one's life is compromised by the illness, the more one experiences loss—of time, of experiences, of control, and the more psychological negativity is directed towards the part of the body generating the symptoms.
- 3) The symptoms and all of the behavioral modifications one makes on a regular basis inevitably lead to psychological changes. Shifts in mood, the intensification of emotions, the emergence or heightening of anxiety, a sense of feeling more fragile, vulnerable, sensitive, and reactive are all possible and likely. Feelings of frustration, anger, sadness, grief, loneliness, hopeless, and despair can surface and persist. It is well known that depression and anxiety are frequently diagnosed in those with functional medical problems, especially functional gastrointestinal problems.

It's hard enough living with a chronic illness, but in some respects it's even more challenging when it's a functional medical problem. Here's why:

First, without clearly detectable dysfunction in the body, *people with functional medical problems face the additional significant stress of having to live with their bodies malfunctioning without any idea why their bodies are malfunctioning.* Our minds are naturally oriented to making sense of things that we don't understand. Uncertainty and not knowing is difficult and uncomfortable, but it's especially unpleasant when it comes to our own bodies. Not having clarity in response to the question "why is this happening" naturally leads our minds to conclude

that we cannot stop the problem, and this can easily lead to the increased feelings of fear, frustration, anger, hopelessness, helplessness, and powerlessness, contributing to the onset or exacerbation of anxiety and depression.

Second, *functional medical problems are reactive to stress*. Some functional problems are more reactive than others. Irritable Bowel Syndrome is known to be the most sensitive to stress. Research has linked IBS with trauma and childhood anxiety, indicating that a history of an already activated sympathetic nervous system or trauma makes the digestive system more vulnerable to symptoms, and this makes perfect sense when you consider what we know about the sympathetic nervous system's impact on digestion.

The sympathetic nervous system, the body's fight or flight system, is instantaneously activated when a perceived threat (to our life or our well-being) is detected. When this happens, our body goes through a rapid transformative process in order to focus our minds, energize our bodies, and organize our movement in order to deal with the threat. Our attention hones in to be singly-focused on the enemy, the threat, and how to defend ourselves. Digestion shuts down because it isn't a wise investment of resources to break down food for future energy when your body needs immediate energy to survive an attack. Our nervous system is designed to ensure our survival, and stress is the body's reaction to perceived threats, life threatening or, more often, not. Pretty much anything that our nervous system perceives as a threat generates some degree of stress in our body, affecting our digestive system and belly musculature.

So what if the threat is not something outside of ourselves like somebody's behavior but something happening within our bodies like physiological symptoms happening in our belly? This is the predicament for those who have IBS. Symptoms occur, and perhaps the first time they occur, one has a minor reaction of surprise or nervousness, but over time, as the symptoms recur more frequently and perhaps with greater acuteness, the symptoms themselves become more threatening to our daily lives. Because of the way our minds work under stress, we become over-focused and tend to fixate on the belly, the part of our body that's malfunctioning, while our bodies tend to brace with contracting and tightening muscles against the physiological pain we're experiencing. This is all happening while we are experiencing emotions inside of our bodies that are also sometimes unpleasant, and at other times very painful. Our bodies tend to brace against emotional pain as well as physiological pain. Such automatic reactions like bracing, though intended to protect us from harm, in fact exacerbate gastrointestinal symptoms by adding additional tension to an already tense body.

To make matters worse, when it comes to a functional gastrointestinal medical problem like IBS, some of the biggest stressors are food, meals, eating, and social situations that involve eating. Having a digestive disorder like IBS greatly impacts one's diet and enjoyment of food. All it takes sometimes is one experience of having symptoms after eating a particular food for that food to become another enemy to the body. And in my experience, both personal and professional, once a food is put on the "do not eat" list, it is highly likely that our sympathetic nervous system is going to be activated just thinking about eating that food, let alone eating it. It becomes quite difficult to know whether it's a particular food or fear about eating that particular food that is primarily responsible for the worsening of symptoms.

It's easier for our minds to blame food for our symptoms because food is tangible and the muscles in our gut during digestion generate sensations. When you have IBS, you become highly attuned to the unpleasant sensations you're used to feeling when you're symptomatic, and any sensations are automatically interpreted as negative, or pain. The more trodden the pain neural pathways are, the more likely we are to experience pain again, and the harder it is to notice sensations without the pain. People with IBS don't want to feel any sensation in their bellies because feeling nothing is preferable to feeling pain. The unconscious expectation is that if I feel my belly, I will feel pain. This sets up a pattern of avoidance of neutral and pleasant sensation along with a hyper-vigilant attention to pain and discomfort in the belly. Avoidance equates to fear. The fear of feeling sensation in the belly or fear of being aware of one's belly adds another layer of fear to the already tangled web of nervous system-digestive system interactive dysfunction.

Furthermore, the stress of having a chronic illness is not a single event that occurs. Rather, because the symptoms or the threat of symptoms occur repeatedly over longer periods of time, often months or years, the body instead of returning to a more relaxed state of existence once we "survive" remains in a state of high sympathetic arousal and chronic stress. The long-term effects of chronic stress include inflammation and a whole host of other physiological problems. It has been stated that stress is not the cause but only an agitator of IBS. I believe that stress, and I use this to mean however your body responds to whatever's threatening, is a major contributing factor of the onset and recurrences of symptoms.

With all that occurs in a body coping with chronic gastrointestinal symptoms, there is clearly tremendous interplay between our nervous system and digestive system, and with good reason: You have a second brain in your gut. It's called the enteric nervous system, and it's wired with more neurons (nerve cells) than your spinal cord and all of the same neurotransmitters (chemicals that enable messaging between neurons) that exist in your (first) brain. You really do have "gut feeling".

While the brain in your head has a right brain, the part of your brain that experiences emotions and sensations, *and* a left brain, the part of your brain that can put words to the experiences of the right brain, think of the enteric nervous system as a second right brain *only*. In other words, your belly experiences IBS symptoms, and you're not sure how to make sense of what your belly is experiencing. All you know is that it's unpleasant and unwanted. And that leads to growing negativity towards and resentment of your belly and the digestive organs it contains.

Your symptomatic belly is like a crying pre-verbal baby. Something is wrong. Something's upsetting it. And it can't tell us what it is or how to help. We are left to figure it out. So what do you do when it's an actual baby that you are caring for? That's exactly it: You *care* for it. But how?

The same general rules that apply to caring for an infant apply to caring for you and beginning to heal from IBS:

1. A willingness to be present with your emotional and physiological pain and discomfort. Plainly put, being in the present moment without any agenda except to be there fully.
2. Love and compassion for all the parts of your body, even those that cause us misery, simply because they are parts of you. This is self-compassion to the nth degree.
3. Non-reactivity. Working to better regulate your nervous system so that you are able to work with whatever reactions you have the keep you from being present, compassionate, and receptive.

For those of you familiar with mindfulness-based practices like mindfulness meditation, you will notice that the above three things are the same qualities that come naturally as you engage in mindfulness-based practices. Such practices work on the parasympathetic nervous system, the part of your autonomic nervous system that stimulates digestion, brings about greater ease and fluidity of muscle movement, and allows the mind to operate with greater awareness as soon as the body knows that it is “safe” to resume functioning. The parasympathetic nervous system basically unwinds all of processes that occur as a function of sympathetic nervous system activity, but it is a slow-acting system. It takes chunks of time in a parasympathetic state to truly unwind from a sympathetic state, and the more chronically sympathetically activated a nervous system is, the more it takes to undo the pattern of being chronically sympathetically activated.

The parasympathetic nervous system is activated in good times and in bad times. For the purpose of simplicity, we’re going to focus on the good times. The epitome of parasympathetic nervous system activation is the experience of a baby being nursed by his or her mother. This is an incredibly nurturing experience of nourishment and bonding, good feelings and sensations, skin-to-skin contact, and right brain to right-brain connection. Mother and baby just hanging out in the present moment in some state that quite stereotypically embodies joy, peace, and love. Both of their parasympathetic nervous systems are activated in this dyadic experience. Similarly, the parasympathetic nervous system is activated in a pleasant way when we are hanging out with people we enjoy, when we connect with ourselves in the present moment, when we breathe consciously, when we sense what is happening in our bodies, when we are at ease either at home or in nature or on vacation, and at various other times, too.

It’s impossible to enjoy some of the above activities when you are acutely symptomatic. That’s not what I’m suggesting. The point is to engage in parasympathetic activities regularly, and there are many ways to do this, even when you are acutely symptomatic.

Healing from IBS is about learning about how your autonomic nervous system functions and how to shift out of a primarily sympathetic state of functioning and into a more parasympathetic state of being more often in your every day life by developing some new skills and being more skillful in applying the skills you already have. Healing IBS is a process that involves working with the nervous system over time and unraveling the complex web of thoughts, emotions, sensations, and autonomic nervous system activity so that your nervous system support healthy functioning digestion. Healing involves increasing awareness and increasing one’s capacity to engage in activities like mindfulness practices that stimulate the parasympathetic nervous system. Healing also involves seeing what has not been visible, bringing consciousness to what hasn’t been fully conscious, and working with psychological material that has yet to be

consciously acknowledged, addressed, metabolized, or integrated. For some this is the most important part of healing, and the most challenging.

Healing begins as we learn how to be more present with our own bodies, and in the case of IBS unpleasant belly sensations and unpleasant emotions, from a stance of compassion, openness, and curiosity instead of fear, frustration, and hostility. Healing is what happens when we attune to our own bodies, listen to what they have to tell us, and take gentle baby steps in modifying our behavior. Learn how to do this as effectively and efficiently as you can with guidance from a skilled psychotherapist in conjunction with other practices and therapies that target the nervous system. Discover how to heal your body.

O P E N  D O O R
T H E R A P Y

Jennifer C. Franklin, PhD, MACP
Licensed Psychologist
(CA: PSY 20709 / NC: 4137)
Durham, North Carolina
www.donthateyourguts.com
www.opendoorthery.com
drfranklin@opendoorthery.com
310.470.8363