



Relationships and Irritable Bowel Syndrome

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At a Glance

Beliefs and experiences play a part in how well persons with an illness, like IBS, feel.

How family members relate with each other is another factor that can have an effect on illness.

Knowing what these factors are and how to deal with them can help patients and family members cope and feel better.

Family systems medicine

A new focus in patient care emerged in the 1970's when physicians and family therapists worked together to see how coping with illness is affected by family and personal relationships. It became clear that the beliefs of others regarding what caused illness and how symptoms were worsened or improved had significant impact. For example, if family members believe that it is only because the patient is unduly "nervous" or "overly stressed" that he or she suffers from irritable bowel syndrome (IBS), the patient will likely feel misunderstood. The patient may become discouraged about following medical regimens or even thinking about how, in some cases, reducing stress might help to cope better with symptom outbreaks.

Family medicine experts have described a few key features of effective family coping with illness. We think relationship factors, which are particularly relevant to IBS, are:

1. Putting the illness "in its place" – being concerned about the patient without making illness the primary focus of relationship life.
2. Helping the family to emphasize the patient's skills and strengths in coping. For example, call attention

to his or her strategies and skills used in managing urgency, pain, and distress.

3. Thinking about the models of coping with health issues that spouses or other family members remember from the past or utilize today. For example, we found in an interview study that IBS patients often had parents who did not manage illness well – sometimes serious illness – and this left the patient feeling that illness was basically unmanageable and catastrophic.

Research findings regarding relationships and health

Readers may be surprised by some of the data concerning the effect of marriage on health. Marriage is associated with less stress and more social support than being single. Both of these factors are associated with better health and longer lives. Research has shown that married people are less likely to have strokes and heart attacks. A supportive spouse can help their spouse to experience less pain (which may be relevant to IBS).

On the other hand, unhappy and stressful marriages have been associated with a number of health problems. Cardiac patients who are negative about their spouses are almost twice as likely to die within four years. Blood pressure and heart rate increase in marital stress. This may be related to measurable increases in blood concentration of stress hormones (i.e., epinephrine and cortisol). Tension and arguments in marriage may lead to depression.

Marital stress has more harmful effects on women than on men. Women have a higher perception of pain than men. Women who experience companionship and sharing of decisions and power live longer than women who feel that their spouse has unequal power and decision making.

Patients we have worked with

Sometimes partners think they help the patient by being over-watchful and over-hovering. For example, when they get into the car they may ask, "Are you alright? Are you really ready to leave?" This then activates anxiety in the patient, which affects gut responsiveness, leading to a sudden sense of urgency or pain. It is best for the IBS patient to be considered the expert in charge of her or his condition.

Sometimes patients are reluctant to ask their partners to create more regularity in home life, or time management, already feeling that they burden them with their symptoms. However, it is important for the IBS patient to feel protected from disorganization stemming from over-scheduling or lack of planning, so that they can feel internally regulated and balanced.

It is crucial that family members resist blaming the patient for being sick as a solution to their own frustration in watching the patient suffer an illness, which is at times unpredictable and still not completely understood. Placing blame, such as, "You don't eat correctly," or "You worry too much," grows out of sympathy. But it makes the patient feel less in control because she or he knows how often even the best of self-discipline cannot always prevent an outbreak of symptoms.

Our research findings

We conducted a survey of 240 patients with irritable bowel syndrome in eight countries spanning the globe from the Americas to Europe to Asia. One of the questionnaires that patients filled out is called the Quality of Relationship Inventory. This questionnaire indicates whether a patient's relationship with an intimate other person provides an experience of support, depth, or conflict. We then tied the results with the severity of the patient's IBS symptoms.

We found that if a patient's relationship was high in support and depth, this tied in with a low level of symptoms. On the other had, if a patient's relationship was high in conflict, symptoms were high.

This result is in keeping with what would be expected if an unhappy relationship is harmful to health. It was interesting that this finding was universal. In other words, it was present when the results for all eight countries were combined. Conflict was highest in India, which is undergoing much social and economic change. Traditional family patterns, especially the extended family, are victim to modernization and conflict could be a result of this change. Discussion of disturbed

family dynamics should be part of the health care review.

What you can do

If you have IBS, here are some things that you can do to help you manage your condition and improve how you feel:

1. Try to locate areas of conflict in your personal relationships and reduce distress. Research shows that continuing to talk about problem areas, not withdrawing or blaming, results in much less personal stress, no matter how serious the issue.
2. Be specific about the kinds of support you need from your significant others. Others are often misinformed about what is useful in terms of reminders, scheduling, and other restrictions.
3. Explain that having IBS requires you to be a kind of active researcher, always looking for what does and does not help, hurt, and work best for you. Sorting this out takes time and focus, and your efforts should be recognized and admired.
4. Be aware that friends and family members may be projecting their own worries about health issues on to you. Point out where their comments seem not to apply to your health problems.

Additional Reading

Gerson MJ, Gerson CD, Awad RA, Dancy C, Poitras P, Porcelli P, Sperber AD. An international study of irritable bowel syndrome: family relationships and mind-body attributions. *Soc Sci Med* 2006; 62:2838-2847.

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