



Cognitive Behavioral Therapy for IBS and Other Functional Gastrointestinal Disorders

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Author: Alyse Bedell, PhD., Assistant Professor of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL, and Laurie Keefer, Ph.D., Associate Professor of Gastroenterology and Psychiatry, Icahn School of Medicine, Mount Sinai, New York, NY
Adapted by: Abigale Miller



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Key Points

- IBS sometimes occurs because there is a problem in the communication pathway between the brain and gut: the brain–gut axis
- Stress can trigger IBS symptoms
- Chronic pain can lead to negative thoughts and emotions, which can increase IBS symptoms
- Cognitive Behavioral Therapy (CBT) helps control thoughts and changes a person's reaction from “fight or flight” to “rest and digest”
- CBT therapy does not take a lot of visits. Typically, there are four to ten sessions with a licensed therapist

Psychotherapy can help manage pain in IBS

Functional gastrointestinal (GI) disorders, including irritable bowel syndrome (IBS), are disorders of brain–gut interaction. This means that there is a problem with the way the central nervous system (the brain and spinal cord) and the enteric nervous system (the nervous system of the gut) communicate about digestion, appetite, thoughts, and emotions. The pathway between the brain and the gut is called the **brain–gut axis**, and it relies on chemical messengers, including serotonin, for communication. Indeed, 95% of your body's serotonin, a neurotransmitter (chemical messenger) which is often known for its impact on mood, sleep, appetite, and sex drive, is produced in the gut! So, the functioning of the GI tract affects emotions, and emotions affect the functioning of the GI tract (Figure 1).

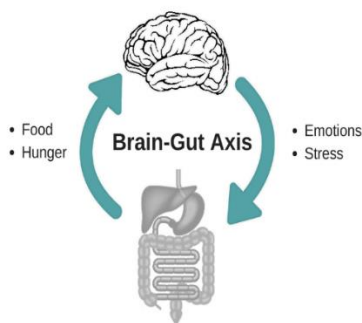


Figure 1. The Brain–Gut Axis

Fight or flight response to perceived dangers

When a person experiences a symptom like pain, they might have negative thoughts about the pain. These thoughts contribute to negative emotions like fear or frustration, which put the body into a “fight or flight” response, with an increase in stress hormones, blood pressure, and heart rate. Changes in the gut are part of the reaction to the danger that the body thinks it is facing and can include diarrhea, constipation, or pain. Stressful events that are not an actual threat can trigger the fight or flight response. For example, it is not uncommon to feel abdominal pain when nervous, like before speaking in front of a crowd.

Cognitive behavioral therapy (CBT) can help relieve pain from IBS

CBT can be used to stop the harmful effects of the fight or flight response by instead turning on the “rest and digest” response. Practicing deep breathing, muscle relaxation, and using guided imagery can all help move the body into this relaxed state. These methods are called relaxation training and are an essential component of CBT.

Chronic GI symptoms can lead to negative perceptions

IBS sufferers might experience chronic pain or GI symptoms for years with no relief. Experiencing these chronic symptoms can impact the perception or view of what is happening. Over time, this distorted perception can worsen IBS symptoms. Below are two examples of distorted perceptions:

- *Catastrophizing*: This is the tendency to believe that something is worse than it actually is, dwelling on the worst aspects of a situation and thinking that one is helpless. E.g., “My stomach pain ruins everything!”
- *Assuming the worst*: This is the tendency to assume we know the future and that the future is bleak. Sometimes it can be called mind-reading when we assume we know what others are thinking. E.g., “I passed gas in my exercise class, and now everyone thinks I'm gross.”

These are just two examples of the negative stories people tell themselves that can worsen symptoms. It is better to consider how many things one can do, even when not feeling one hundred percent. Assuming the worst can make symptoms worse. And it is helpful to remember that we are not mind readers. Sometimes no one notices when we do something that we feel is obvious and embarrassing.

Stressful events are either controllable or uncontrollable

Many stressful events can be seen as either controllable, which can be prepared for before or repaired after, or uncontrollable, or out of our hands. There are two approaches for coping with stressful events:

- **Problem-focused/active coping:** Focus attention on addressing the problem, like pros and cons lists or action plans
- **Emotion-focused/passive coping:** Divert attention away from the issue and towards the emotional state, including reaching out to friends and family or practicing relaxation strategies

Adaptive coping can help to choose the most effective coping strategy. Adaptive coping means using the most effective coping strategy based on the stressor. Choosing problem-focused/active coping in the face of controllable stressors and emotion-focused/passive coping with uncontrollable stressors is considered the most effective way to approach stressful events. CBT can help patients learn to adaptively cope with their symptoms by learning to strike the right balance.

Glossary

- **Cognitive Behavioral Therapy (CBT):** Psychotherapy based on the relationship between thoughts, feelings, and behaviors.
- **Functional GI disorders:** Disorders related to abnormal functioning of the GI tract, which can affect motility, sensation, and brain–gut communication
- **GI tract:** The muscular tube that runs from the mouth to the anus. It includes the mouth, esophagus, stomach, small intestine, large intestine, and rectum.
- **Neurotransmitter:** Chemical messengers in the body that transmit signals from nerve cells to target cells.

Determine if CBT helps relieve GI symptoms

The first step in learning about CBT is to make an appointment with a psychologist specializing in CBT and who has experience working with GI patients. After learning about a patient's GI symptoms, mood, health, and stress levels, the psychologist will recommend whether CBT could be helpful in managing symptoms. The therapist collaborates with gastroenterologists and other health professionals. Patients typically meet with their therapists for four to ten sessions.

Related Fact Sheets from IFFGD

- 101: IBS Brochure
- 108: Are You a Gut Responder? Hints on Coping with an Irritable Bowel
- 127: Visceral Sensations and Brain-Gut Mechanisms
- 140: An 8-Step Approach to Chronic Pain Management
- 146: Central Nervous System Modulation - Its Role in Irritable Bowel Syndrome
- 164: Using Relaxation in Coping with GI Disorders
- 171: Hypnosis Treatment of IBS
- 186: Hypnotherapy for Functional GI Disorders
- 230: Symptom-Based Psychology for Functional GI Disorders
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IFFGD

537 Long Point Road, Suite 101
Mt Pleasant, SC 29464

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