

A Deeper Dive into IBS Relief



IBS Relief Now!

Session One: An Integrated, Holistic Framework for IBS Health

Your Most Commonly Asked Questions

How did my Irritable Bowel Syndrome (IBS) develop? Why can't my doctors find anything physically wrong? Why did my doctors recommend that I meet with a psychologist? Are they trying to tell me that my IBS is "all in my head"? Is IBS my "new normal?" Will I ever get my old life back? Can learning about how my mind, brain, and body are inter-connected really help me to restore my health and regain control of my life?



These are really great questions! For too many IBS sufferers, they are poorly answered, if they are answered at all. And yet, these questions touch upon the essential problem as to why IBS is so common, so disruptive to people's daily lives, and so rarely receives the kind of individualized attention that it deserves.

What is Irritable Bowel Syndrome (IBS)

The questions I have outlined above reflect the core concerns that I have heard clients express every day in my office for the last 30 years! I suspect they capture your specific concerns, too. Whether you are male or female, younger or older, active and athletic or more bookish and cerebral, single or unattached: IBS doesn't distinguish. IBS is a 21st century condition that is exploding in frequency. IBS already affects more than 15% of the US population – nearly 50 million

people, with 50-60% (more than 150 million people) showing occasional IBS-like symptoms than are not sufficiently severe or disruptive to drive them to seek medical attention.

Irritable bowel syndrome is classified as a **functional bowel** disorder. The "functional" label distinguishes IBS from "inflammatory" bowel diseases like colitis, ileitis, or Crohn's disease, where clear-cut evidence of diseased tissue (e.g., ulcerated, inflamed, or dying intestinal tissue) is found. According to the Rome Criteria, a research-based set of symptoms that, if present, lead to a diagnosis of IBS include:

- Abdominal pain and discomfort that is present at least 3 days per month
- Symptoms, which can include pain, bloating and distention, nausea, and gassiness, which usually improve or produce temporary relief with defecation (though many people don't feel they can fully or effectively "empty" their bowel)
- Symptoms present for at least 3 months
- The presence of a change in the frequency with which bowel movements occur (i.e., more or less frequently than "normal")
- The presence of a change in the form or appearance of stool (i.e., watery and associated with diarrhea or hard and associated with constipation)

What are the Personal Consequences of IBS

In my experience, these criteria are the proverbial tip of the iceberg. While GI distress is upsetting and uncomfortable all by itself, it is the “spillover” effects of these symptoms that produce much of the suffering connected to IBS. Clients routinely describe to me the devastating effects these symptoms have on work life, on social relationships, on sexual interest and functioning, on sleep patterns, on social activities, on mood with profound anxiety, worry, and fear about lack of bodily self-control and what this may mean when they are out in public, and on mood give the link between IBS and depression associated with loneliness, feeling isolated and misunderstood, and from being disconnected from the habits and routines that would otherwise characterize a healthy and productive life. Most of the clients I see also end up describing developing significant threats to their self-esteem and body image as a result of IBS, which only serve to make matters worse.



As if this weren't enough of a problem, many IBS sufferers report spending many hours in emergency rooms seeking pain relief only to be told there

is “nothing wrong with them.” Some are told to take more fiber, which helps perhaps 10% of people, while having a negative impact on more than half of the rest. Others report that primary care doctors may say they have IBS and are promptly prescribed anti-anxiety or anti-depressant medications or told to start taking probiotics, which, while well-intentioned, don't seem to validate the person's experience or worse, appear to dismiss their concerns by implying that the problem is really a psychological one.

Is IBS a Psychological Disorder

IBS is not a psychological disorder. IBS is not “all in your head.” But, IBS is powerfully affected by what is going on in your head. Moreover, studies from world-renowned IBS research centers and clinics around the world (e.g., P. Whorwell, MD's work from Manchester, England or D. Drossman, MD's and O. Palsson's work from Chapel Hill, NC) consistently show that the mind

plays a central role gaining control of IBS symptoms and learning to manage the various factors that activate or dissipate the symptoms of IBS.

In many respects, the question of whether IBS is psychological or physical is the wrong question to ask.

Our bodies are deeply interconnected. For example, when a mosquito bites your arm, nerves are stimulated in your skin, which communicate with spinal nerves that lead to your brain. Once they arrive, the brain converts the incoming electrical signals into out-going chemical signals that stimulate a cascade of immune systemic cells, which build antibodies that start breaking down the anti-coagulants released into your skin by the mosquito's saliva. Those immune cells are carried in the blood and arrive at the exact spot on your skin where the characteristically itchy bite mark sits, which you try so hard not to scratch.

This simple example highlights how from the body's point of view, nervous, skin, blood, and immune systems are just names for different parts of the same whole: You! In the same way, your mind is not really separate from the rest of you. Your memories about the struggles you've had with IBS, and your fears about what IBS might do in different situations in your near-term or longer-term future, your conscious and non-conscious thoughts, attitudes, beliefs, and decisions about how to minimize the problems you associate with IBS – all of them are translated into electrical and chemical information signals that impact your brain and body on a moment-to-moment basis.

So, while it is definitely NOT the case that IBS is a condition made up in your mind, it is also true that without learning to use your mind to develop new and healthier relationships among the different pieces and parts of your body, your ability to successfully manage your IBS will likely be more limited.

Where Do Mind and Body Meet

Have you heard the saying, **Seeing is Believing**? When it comes to IBS, the saying should be changed to **Perceiving is Believing**. Research has shown that people with IBS *perceive* gut sensations more intensely than others. The studies use balloon catheters that are inserted into the rectum and inflated to exact describe

the sensation. Those with IBS perceive the sensations sooner, experience them as unpleasant faster, and describe pain as coming on when people without IBS are simply reporting a modest feeling of “fullness.” It is also clear that IBS sufferers tend to perceive many different physical sensations and emotional experiences more intensely. That is not a made-up experience. It is a reflection of differences in sensory thresholds that IBS sufferers tend to possess. By analogy, some people will report a gentle touch on the skin as “tickling” (even depending upon who is doing the touching) whereas others describe the sensation as uncomfortable or even painful. Clearly, different perceptions result in different perceived realities!

But, there is more going on with IBS than mere differences in sensory touch thresholds. Later in this program, I will introduce you to dietary, bacterial, muscular, sleep, and nervous system arousal patterns, and how they all play a role in determining the specific form of IBS that any individual experiences. For now, however, let me return to the question I posed in this section: Where Does Mind Meet Body in IBS?

Only a small percentage of what we ever perceive makes its way into conscious awareness. But, anything that is perceived results in a bodily response. For example, we are rarely aware of how our pupils are constantly adjusting to moment-to-moment changes in the amount of light in a room. Nevertheless, the photons of light striking our eyes trigger muscular changes that dilate or constrict our pupils in an effort to make sure that what we are looking at has the best chance of being clearly and accurately seen.



The fraction of perception that does make it into conscious awareness also elicits a response. The problem is that the response can simply reflect old habits. Much of this program is devoted to helping you to develop newer and healthier habits. Therefore, when it comes to managing IBS successfully, it is necessary to go one step further. This is really the key

to obtaining IBS Relief Now! This will be a topic to which we will return over and over during this program as you gradually learn to take control of IBS and expand your ability to live a full and healthy life.

Our mind is where choice lives. Without choice;

"Between **stimulus** and **response** there is a space. In that space is our power to choose our **response**. In our **response** lies our growth and our freedom."

Victor Frankl

without perceiving that we have options; without discovering that between any stimulus and our response sits an expandable space within which we can actively select what to do next – we remain a slave to our history and our past habits.

We can notice what our reaction is to a sensation. For example, we might notice we are getting scared that a sensation of pressure in our lower abdomen or a gurgling sound coming from our gut is a signal that a bout of intense pain is imminent or that diarrhea and the urgent need to drop whatever you are doing to get to a bathroom is necessary. Without choice, and whether we are conscious of this process or not, we might feel compelled to be frightened or be desperately driven to get to a bathroom.

This program will teach you that mind is where you can learn to choose what happens next in your body and in your life. So, where does mind meet body? Choice IS the intersection of mind and body. Mind sits at the intersection of past experience and future opportunity. Mind is what enables choosing desire over fear, courage over security, novelty and doubt over certainty and dogma, and a resilient life over rigid conformity to a life where IBS blocks the path to a richer and more joyful you.

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Facts & Acts

FACTS – Summary of important points

- IBS is NOT a psychological condition – it is not “in your head” – but according to world renowned clinicians and researchers, learning to direct your mind in helpful ways is essential to long-term digestive wellness and overall well-being
- According to the Rome Criteria, IBS is diagnosed when GI symptoms
 - Include abdominal pain, bloating, gassiness, and nausea
 - are present 3 or more days in a row each month
 - have been present for at least 3 months
 - include changes in bowel movement frequency
 - include changes in stool consistency
- In addition to the diagnostic criteria, IBS is a cause of major lifestyle upsets
- IBS involves increased sensitivity to gut sensations coupled with dysregulation of the gut’s internal environment (i.e., the gut’s **microbiome**, which we’ll focus on in an upcoming module)
- Regaining digestive health requires learning how to react differently to sensory stimuli originating in our digestive system – changing old response habits and creating healthy new ones is at the core of IBS Relief Now!

ACTS – What you can begin doing NOW

- Since IBS is a “learned” set of responses to foods, stressors, and bodily sensations, it is important to emphasize how to “unlearn” those acquired habits as you go about learning new and healthy habits. To do that, it is important to pay attention to the pattern that your IBS is currently taking
- “Unlearning” and “relearning” require that we pay attention as though we are noticing something for the first time, or what some have called attending with a **beginner’s mind**
- Practice: Without attempting to change anything about your IBS pattern, pay attention to the details of the pattern for several days
 - How do you first become aware of IBS?
 - How do you handle your daily routine around eating, toileting, activity levels, etc.?
 - What role does worry, anxiety, or fear play in your IBS pattern?
 - What else do you notice?
- When we learn to observe, or to notice without judging or reacting with alarm, what we observe can *begin* to change on its own. Take note about what you observe. You may be in for a surprise.

Stay Tuned: In the *Deeper Dive* connected to **Session Two**, I will be introducing you to your body’s *Second Brain*, which regulates various aspects of your digestion.

Join me as I help you discover how to train your second brain, and why doing this is so important when it comes to obtaining IBS Relief Now!