

# SYNCHRONIZED INTERACTION OF THE STOMACH AND MIND: A CASE STUDY ON EFT INTERVENTION WITH AN INDIVIDUAL DIAGNOSED WITH IRRITABLE BOWEL SYNDROME

Afreen Qureshi<sup>1</sup>, Dr. Rati Khurana<sup>2</sup>

<sup>1</sup> Masters Student, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, India

<sup>2</sup> Assistant Professor, Department of Psychology, IILM University, Gurugram, Haryana, India

## Abstract

The digestive ailment known as irritable bowel syndrome is chronic. A frequent stomach ache and irregular bowel movements are among its symptoms. Approximately eleven percent of people globally experience with IBS. Previous investigation has demonstrated that depression and anxiety could be risk factors for the development of post-infectious IBS following an acute episode of gastroenteritis. A representation of an Emotional Freedom Technique treatment that worked well for a woman diagnosed with IBS. The client's progression was assessed both before and after treatment. Improvements on all of the goals were observed after four sessions spread over four weeks. Evaluation of using Emotional Freedom technique and case conceptualising using psychological theories is provided. This study's conceptual implications are analysed and an assessment of applying EFT in this situation is suggested. Keyword: Emotional Freedom Technique, Case Study, Irritable Bowel Syndrome.

## INTRODUCTION

### What is Irritable bowel syndrome

Irritable bowel syndrome is a persistent gastrointestinal disorder. It's symptoms include recurring abdominal pain and altered bowel patterns. It usually manifests by discomfort or soreness in the abdomen that is linked to a change in the frequency or consistency of stools but no deformities. (Drossman et al., 2006).

Etiology of IBS does not hold any concurrence nevertheless, psychological, sociological and biological components are believed to contribute to the severity, onset and natural history of the disorder. Psychological aspects appear to be particularly prime mediators of symptom extremity, duration of the symptoms, determination to seek treatment and reciprocation to treatment (Drossman et al., 2011)

According to data, IBS affects about 11% of people worldwide (Lovell and Ford, 2012); however, prevalence rates differ between different nations and areas. IBS has a significant impact on quality of life as a relapsing chronic condition whose symptoms might alter over time (Frändemark et al., 2018). IBS sufferers lament the unpredictability of their symptoms and experience a loss of spontaneity and independence in their job and personal lives (Lackner et al., 2014).

### Psychological stress as a major concern for IBS

Numerous reports have linked stress to the development or worsening of IBS symptoms (Fukudo 2013). Prior studies have indicated that anxiety and sadness may be risk factors for the development of post-infectious IBS after acute gastroenteritis (Marshall et al., 2010). Moreover, following an initial infection, a post infectious IBS population has been shown to exhibit

elevated anxiety and depression scores (Schwille-Kiuntke et al., 2011; Lee et al., 2015).

For a span of over 40 years studies on the co-morbidity of stress related psychiatric disease have been conducted (Liss et al., 1973). Among the most disabling and prevalent psychiatric conditions include depression and anxiety (Kessler et al., 2008). Based on earlier research, major psychosocial problems are experienced by nearly 50-60% of IBS patients (Levy et al. 2006). In addition, to symptoms of depression patients with IBS may also experience fatigue, disturbed sleep, decline in appetite and anxiety manifested as worrying, panic attacks and frequent ruminations etc (Hausteiner-Wiehle & Henningsen 2014).

IBS has shown direct associations with childhood experiences of receiving rejections by authority figures and similar patterns tend to repeat later in life with authority figures. IBS is connected to feeling suppressed in achieving one's goals. Support and validation one has not received when freely tried to express oneself (Rose. 2012).

Among the top 10 causes of disability worldwide, two most common types of psychiatric disorders are anxiety and depression (Smith. K.2014). World health organization report concludes depression and anxiety worldwide is estimated to be 3.6% and 4.4% respectively. This indicates that 322 million people worldwide suffer from anxiety disorder and 264 million people worldwide suffer from depression (Zamani et al., 2019). Preliminary studies have shown that IBS and anxiety and depression are closely correlated. Firstly, they have confirmed to show high probability to accompany together.

According to studies, 39.1% anxiety symptoms are affected in IBS patients and 28.8% depressive symptoms affected (Zamani et al., 2019).

**Emotional freedom technique**

Emotional freedom technique, known as EFT Tapping is a therapeutic tool which combines principles of Chinese acupuncture and western psychotherapy.

Craig, the founder of EFT, has described the process as gentle tapping on 16-acupuncture points on a person's head, face, upper body with finger tips with being emotionally and psychologically aware of the emotion/trigger being felt. Example any trigger, memory, negative emotion or any phobia. Numerous studies and review articles have investigated the efficacy of eft technique with a variety of psychological and physical health ailments have come into view in peer- reviewed medical and psychology journals. Clinical trials meta-analysis indicated a huge treatment effect of EFT treatments for depression, anxiety and PTSD symptoms (Sebastian. B et al.,2016). Several studies (Stapleton et al.,2022) done indicate the effectiveness of EFT on obesity, chronic pains, traumatic brain injury. However, there is still sparsity of studies exploring individual client experience of EFT using qualitative data.

**Mind, Body and Gut connection**

According to Blanchard (1995), generalized-anxiety disorder is the most prevalent mental condition among those who have IBS. He estimates that this form of worry affects more than 60% of IBS patients who also have a psychiatric disorder. The remaining 80% have various diseases, 20% of whom have depression. There are a number of hypotheses on the relationship between IBS, stress, and anxiety.

IBS sufferers may be more sensitive to emotional issues, even though psychological issues like worry may not cause the digestive illness. Stress, worry, and despair are examples of strong emotions that set off chemicals in the brain that activate pain signals in the gut that may cause the colon to react. The mind may become more aware of bowel spasms while under stress or anxiety. The immune system, which is impacted by stress, may cause IBS.

Central nervous system (CNS) function has been associated with healthy gut function (Daulatzai MA., 2015). It is known that the brain receives signals from the gut's hormones, neurotransmitters, and immunological components either directly or through autonomic neurons. Sudo and colleagues' (2004) seminal study, which revealed that germ-free mice have impaired stress response, made the case for the existence of the gut-brain axis (Carabotti M et al., 2015).

**Emotions and irritable bowel syndrome**

Each of us may have experienced stress and the effects of negative emotions like anxiety or fear at some point in our lives. Symptoms including spasms, pain, diarrhoea, bloating, and discomfort frequently follow this event. A study by Engel (1977), the connection between emotional state and gut function in both health and disease is actually the culmination of intricate, bidirectional communications between the brain and the gut known as the brain-gut axis. This relationship is what gives rise to the biopsychosocial concept of disease.

According to the book, "Metaphysical Anatomy (Rose, 2013; p.477) people who have irritable bowel syndrome have certain mental and emotional reasons for it. Trying to accomplish but felt suppressed in doing it. Not letting go negative experiences of life, wanting to get validation and support from influential people to safely express oneself. Childhood trauma where one had to cope and fend for oneself. May result in feeling utterly unloved, unsupported, lonely, worthless. Clinging on to all life's negative experiences, resulted when influential people did not

give them time and patience to be there for them. Feeling held back when don't know if there is permission to explore out of family's values and belief system. Perhaps they were thrown in the deep-end.

This gave them the impression that there is no way out of this situation and that they will never be able to manage or survive. They feel anxiety, unsafe, fear and unsettled in their regular life. This condition begins when a person feels extremely repressed, attacked, or poisoned by their environment and the powerful individuals in it (Rose,2013;p.477).

**AIM**

The current study aimed at assessing the effectiveness of a 4 week intervention for the symptoms of Irritable Bowel Syndrome (IBS).

**OBJECTIVE**

To assess the effectiveness of an EFT interventions for symptoms of Irritable Bowel Syndrome.

To carry out a 4 week EFT intervention on an individual diagnosed with IBS.

To understand the emotional/psychological challenges faced by the individual diagnosed with IBS.

**METHOD**

In- take form for the client is taken which included demographic details, emotions that the client feels most of the time, appetite, sleep how willing is the client to bring about a change in herself etc. Mental paradigm is picked up (the distressing emotion or present concern) based on which the EFT statement is established (using the client's own words) (EFT statement- Even though I have this feeling of Anger I anyway love and accept myself in how I feel), check the subjective (SUD) or level of the distressing emotion, start with EFT. Work on the present concern like emotion or memory and resolve it, when it's resolved, go back down to core beliefs through questioning and tapping. A total of 4 week plan was carried out comprising of 4 sessions (1 session per week).

Using the case study method with ideographic approach (observe and analyse a single participant) one case of irritable bowel syndrome has been illustrated in the present paper.



**Fig. 2. EFT tapping points ([http://www.eftuniverse.com/images/pdf\\_files/EFTMiniManual.pdf](http://www.eftuniverse.com/images/pdf_files/EFTMiniManual.pdf)).**

**CASE OF REPORT- IBS**

AK, a 30 year old working professional in the corporate sector came for EFT session voluntarily, consent form was signed prior to be a part of the study.

AK reported that having irritable bowel syndrome led her to have a restricted eating pattern and from traveling. She also

reported having difficulty to sleep and frequently used to get up at night and felt exhausted, not able to sleep again, loss of appetite. Constantly feeling low in energy and tired. Reported frequently passing motion 4-5 times in a day (diarrhea). She used to fall sick and hospitalised at multiple occasions with severe stomach upsets due to stress and anxiety. This resulted in a lot of anger and sadness. She displayed immense anger for her sister in law and getting triggered by her all the time in the house. Various episodes of fights with her spouse and mother in-law was also seen when they were supportive for her sister-in law. Immense anger and irritation was displayed in the presence of her aunt in law around her. At times she gets authoritative over family members and blames them for her IBS symptoms and when she is hospitalised. Showed sense of comfort, when there is support and emotional nurturance from her husband.

### CASE FORMULATION: TRANSACTIONAL ANALYSIS MODEL BY Dr. Eric Berne (1958)



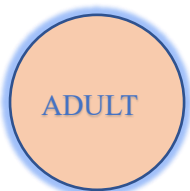
Client is seen to be authoritative like a parent with her sister in law when parent behaviour is displayed, her sister in law displays a child behaviour.

There is little evidence of the patient being in the adult ego state and Having communication with her family members. Nevertheless, coming For therapy and taking an initiative displays her being in the adult ego State to work on herself.



Patient displayed mostly behaviour patterns of being in the rebellious child ego state of blaming her in laws for her health related issues and IBS.

When spouse supports her as an encouraging parent, being an adaptive child and going in the comfort zone of a child.



Note- the patient is mostly in parent and child ego states throughout her behaviours.

#### Session 1

The first session, mainly consisted of maintaining a rapport with the client and asking more about her IBS and understanding her family dynamics and her ego states while taking case history. The behavioural symptoms she portrayed were not maintaining eye contact, immense anger for her IBS symptoms.

Patient was psycho-educated about what is Emotional Freedom Technique and the tapping point. Tapping on all the 16 points followed with 9-Gamet and breathing was taught while knowing more about her.

Starting with emotion – Anger and irritation both was (Subject Unit of Distress) SUD 10. Towards her Aunt in law in the morning memory of having an altercation. We did 2 rounds of tapping and when the emotion was low (anger SUD-2), went to a memory of her pre-wedding when her Aunt in law lied to her about her outfit and didn't want to buy her, same anger was felt. Did movie technique with her and a cognitive shift was seen. Feeling of anger and irritation was SUD 0 at the end of the first session.

#### Session-2

In the second session, she was asked about her previous symptoms of anger towards her Aunt in law, significant reduction of anger was seen and not being triggered by her presence around her in the house. Not getting up in the mid night anymore and said having sound-sleep now.

Second session, worked on feeling sad (SUD-10) for having IBS and not able to go out as stomach pains, worked with movie technique and did 9-Gamet and followed by breathing. At the end of the session SUD of sadness was 0.

#### Session-3

Reflections, from the previous session was asked. IBS symptoms was reduced, earlier having diarrhoea 4-5 times a day to 2 times now going to the washroom and not having diarrhoea as before.

In the third session, worked on the feeling of sadness and self petty it was to the SUD-10 and when the SUD went down to 1 after doing 3 rounds of tapping followed by 9 Gamet, went to the memory of her hostel life when her mother passed away and she was sent to the hostel to study she used to self petty that time worked on that memory, couple of another memories also came and did movie technique and externalisation and resolved it.

When asked what belief did that 9 year old girl made?

#### Belief- I have to be always happy to be accepted by people.

Worked on this through reframes and in the end of the session it had a Validity of cognition (VOC) of 30% it is still true.

Note -This belief in her current life was ruling over her, anything happened in life she used to smile and wanted acceptance and validation from people around and thought if I will show people I am sad people will not be with me. There is a dissonance between her real self and ideal self .

Real self wants to feel the current emotion and ideal self always wants to be happy to get acceptance of people around when this doesn't happen it triggers IBS and the patient goes in child ego state blaming her sister in law for her IBS. Therefore, there is a constant shift between the child and parent ego states in the patient.

#### Session-4

Previous session reflections was asked, there was a significant reduction in feeling of anger, sadness, self petty and irritation. Patient said she does not feel these emotions anymore but feels anxious sometimes. IBS stomach pain is not there, there is improvement in her appetite, sleep and no diarrhoea at all.

In this session, worked on the feeling of anxiety which had an SUD of 8. Did 2 rounds of full tapping and then 9-Gamet as the emotion had SUD of 2, when asked, went to a memory of 10<sup>th</sup> grade where her best-friend was shifting her school and she lost in touch with her. With this memory did three people perceptual positioning. As learnings and answers were received from the higher self and the wisdom was noted the client said not feeling anxious anymore and said to be happy with her learnings for her future.

#### OUTCOME OF THE THERAPY

Over 4 weeks the intervention is carried out and the patient has reported significant reduction in her IBS symptoms and emotion of anger, sadness, irritation etc.

After 4 sessions reflections were taken from the intake form, from where the goals of the therapy were made. The patient herself expressed that she was not getting triggered by the presence of her Aunt-in law in the house and her IBS symptoms

were negligible or not anymore. She said now she is able to travel and go out of house without any stress for her diarrhoea and feels calm now. Also mentioned, about her best-friend with whom perceptual positioning was done in the session that her relationship with her best-friend is even better compared to a time before. She has been displaying more confidence while traveling and shows no trigger reaction for her Aunt in law and other family members.

## DISCUSSION

In the present study we have used Emotional Freedom Technique as a therapy intervention for Irritable Bowel syndrome. Emotional Freedom Technique, known as tapping has come from energy psychology method that combines exposure to a particular trigger, emotion or any traumatic event with the stimulation of acupressure points on the face and upper body (Boath.E, Stewart.A & Carryer.A, 2012).

It is demonstrated in the above case that negligible or no Irritable Bowel Syndrome symptoms has been seen in the patient, significant change in the bowel and no diarrhoea episodes seen so far. Emotionally the patient feels calmer and relaxed. The change in the IBS symptoms and in emotions suggests the effectiveness of Emotional Freedom Technique for mind, body and gut connection. Amygdala that is part of the brain's arousal pathway, it appears to be less active after using EFT. It additionally, appears to have an impact on how the body physiologically regulates stress, the intensity of emotions, and neural transmission (Stapleton.P, Sheldon T, Porter. B ., 2012). The patient had developed strong beliefs regarding her in laws that because of them she has Irritable bowel syndrome, it happened after her wedding and any altercations with her in-laws trigger's her IBS symptoms. In the 3<sup>rd</sup> session when we reached her core belief that "I have to always be happy to be accepted by others" and when this belief has dissonance with her present self when she has conflicts with her Aunt when she is not able to be happy around her in laws, she feels not accepted by them. Therefore, this leads to trigger her present current self. Akin to cognitive behavioural therapy, the idea behind the EFTs element of self-acceptance is that pain can be lessened by accepting an emotion rather than resisting it (Brattberg. G, 2008).

Research on the physiological aspects of EFT is still in its infancy. This study incorporates to the evidence base for EFT as an effective medium to deal with irritable bowel syndrome through the present emotions and triggers that one faces, as it takes it to belief and schemas that were formed in our childhood. Nevertheless, using various techniques in Emotional Freedom technique and having a cognitive shift which in turn improves one's mental health and therefore, Emotional freedom technique as an intervention adds as a therapy medium for various psychological and physiological diseases and markers as the literature supports Emotional freedom technique as a therapeutic tool for various dimensions of physical and psychological health.

## LIMITATIONS

Despite there are positive changes and reduction in IBS symptoms after each EFT session, the limitation in this study is not used any scale to compare quantitatively the changes in symptoms of Irritable Bowel Syndrome. The Pre and post hasn't been compared with any other psychology based intervention like Cognitive Behavioural Therapy.

Further, research should include EFT and other therapeutic intervention for comparison and EFT and IBS should be explored more with Randomised Control Trials.

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