The Role of Abuse in the Development of Irritable Bowel Syndrome: a comparative study.

by
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submitted in partial fulfilment of the requirements

for the degree

MASTER OF SCIENCE

in

COUNSELLING PSYCHOLOGY

in the

FACULTY OF SCIENCE

at the

RAND AFRIKAANS UNIVERSITY

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October 2000

Acknowledgements

- To the Lord who makes all things possible.

- My husband Allen, who truly is the "wind beneath my wings", for his consistent encouragement and constant support. Who hung in there when lesser men would have turned tail and ran. He is a man among men.

- My gorgeous children, Carla and Christopher, who have complained little and understood much.

- Professor Anita Stuart, who with her quiet manner has encouraged and helped me. Every student should have an "academic godmother" like her.

- Professor Gertie Pretorius, whose bubbly enthusiasm has kept me going when the going was tough.

- My parents, Chick and Winnie, my sister, Susan, and the rest of my family, who have done more than they needed to.

- Emily and Eileen who have kept my home fires burning and my children in check.

- My colleagues, Jean, Pat and Carol for all their help and encouragement.

- The women who completed the questionnaires – maybe someday all women will have a voice that is heard and respected.

- Rossana, who shared so much of herself.

"You are very kind in your enquiries about my health; I have nothing to say about it, being always much the same, some days better and some worse. I believe **I have had not one whole day, or rather night, without my stomach being disordered,** during the last three years…thank you for your kindness; many of my friends, I believe, think me a hypochondriac."

Charles Darwin, writing to his friend, Sir Joseph Hooker in 1845 (in Martin, 1997,p.313).

SUMMARY

Irritable Bowel Syndrome is defined as a chronic relapsing functional bowel disorder of unknown causes (Weber & McCallum, 1992). IBS is characterized by attacks of abdominal pain and change of bowel habit resulting in diarrhoea, constipation or both, where no structural alteration of the colon is found (Varis, 1987). The symptoms appear to result from a dysfunction of the intestine and are therefore said to be "functional" (Heaton & Thompson, 1999). The prevalence of IBS in the general population of Western countries is 14-24% of women. It is the most common cause of gut symptoms, and the most common reason that people go to their family doctor with a gut complaint. Despite all of this, physicians are still groping to understand the pathogenesis of IBS.

The secret of success with IBS is to recognize it quickly and confidently. This is done primarily from the history, as there are no clinical tests that may be done to diagnose IBS. Once the diagnosis has been made it is of utmost importance that the sufferer is told, the syndrome is explained, and a good relationship is established with the health-care giver. Thereafter it becomes important to search for unspoken agendas in the life of the sufferer. According to the literature, stress can exacerbate IBS, and sexual, physical and emotional abuse can pose complex problems that require the assistance of a skilled counsellor. These problems, if left, may lead to the intensified symptoms of IBS.

Society is becoming increasingly abusive and women and children often bear the brunt of physical, emotional and sexual abuse. Studies in America of women who present at medical facilities as well as those sampled from the community have found abuse rates that range from 20-76%. There is no reason to believe that these figures would be that different for South Africa. These studies have also found that abused women report a significantly higher number of medical problems and health-care system usage. A number of researchers have also found that there was a significant association between IBS and sexual abuse and physical abuse in childhood and adulthood. For the counselling psychologist the challenge is to unravel the mechanisms behind the symptoms, and to provide a rationale for therapy. The role that abuse may play in the development of IBS forms the cornerstone of the present study.

Only adult (above 20 years of age) women were recruited for this study. Respondents were requested to complete a battery of questionnaires consisting of the following:

- Biographical Questionnaire
- Abuse Questionnaire
- Irritable Bowel Syndrome Checklist
- State-Trait Anxiety Inventory (Spielberger, 1983)
- State-Trait Anger Expression Inventory (Spielberger, 1996).

The women in the study were from various ethnic groups, and they were all recruited from the general population. The questionnaires were coded and from the responses on the Abuse Questionnaire and the Irritable Bowel Syndrome Checklist 79 participants were allocated to one of the following groups:

Group 1: abused women with IBS (n=30)

Group 2: abused women without IBS (n=24)

Group 3: non-abused women without IBS (n=13)

Group 4: non-abused women with IBS (n=12).

Pearson's Chi-square test was carried out to ascertain if there were any significant differences between Group 1 (abused women with IBS) and Group 4 (non-abused women with IBS) regarding the sub-types of IBS, namely pain predominant IBS, diarrhoea/constipation predominant IBS and bloating predominant IBS. Manova and Anova tests were carried out for differences between Group 1 (abused women with IBS) and Group 2 (abused women without IBS) regarding the three abuse subscales, namely emotional abuse, physical abuse and sexual abuse. Manova, Anova and Scheffe tests were carried out to ascertain if there were any significant differences between Group 1 (abused women with IBS), Group 2 (abused women without IBS), Group 3 (non-abused women without IBS) and Group 4 (non-abused women with IBS) regarding the two anxiety sub-scales and the seven anger sub-scales.

The findings of the present study are important for the relationship between the physician treating the patient and the IBS sufferer. No statistically significant differences were found between Groups 1 and 4 in terms of IBS subtypes. This means that earlier, often anecdotal information, that patients who had earlier suffered sexual

abuse would be more likely to suffer pain-predominant or diarrhoea/constipation type IBS may not always hold true. The conclusion may be drawn that no matter what sub-type of IBS a women suffers from, an abuse history should always be enquired about.

Groups 1 and 2 were compared with regard to the various types of abuse, namely: physical, emotional and sexual abuse, as measured by the Abuse Questionnaire. No statistically significant differences were found between Groups 1 and 2 in terms of types of abuse. According to this finding, any type of abuse may be a predisposing factor for the later occurrence of IBS, and not only physical and sexual abuse as reported by the other studies cited.

The four groups were also compared with regard to state-anxiety and trait anxiety; as well as state-anger, trait-anger, angry temperament, angry reaction, anger-in, anger-out and anger control. Once again no statistically significant differences were found between these groups, indicating that women are most likely very stoic in their suffering.

The present study provides a number of answers and it leads to a fuller understanding of the links between IBS and abuse in the South African context. It highlights the effects and long-term consequences of emotional and verbal abuse, and the need to investigate this type of abuse as well as physical and sexual abuse when eliciting a medical history. The present study has sought to scrutinize the association between IBS and abuse from a number of diverse angles, in the process challenging various earlier findings and postulating new topics for further research. It is hoped that the study has made some small contribution to the understanding of women abuse and the interaction between this abuse and IBS.

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APPENDIX ONE

THE QUESTIONNAIRE USED FOR THE COLLECTION OF DATA FOR THE PRESENT STUDY

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“All the mystery in life turns out to be this same mystery, the join between things which are distinct and yet continuous, body and mind……”

Tom Stoppard (in Martin, 1997, p. 261)