

Gastritis and Ulcer: A Jungian approach

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Abstract

The present study is based on the idea that suppressed aggressiveness in some individual's inner conflicts, the difficulties of managing external realities along with resentment may favor the development of abdominal conditions such as gastritis, gastric ulcer and duodenal ulcers. The Jungian analytical perspective it built around the idea that between "mental" and "organic" there is not a distinction and also that the symptoms of a somatic or psychic nature originate in the complexes.

In our paper in an initial phase we describe aspects regarding the origins and development of the ego which is connected to the symbolism of the stomach, thus analyzing the connection which elements specific to psychosomatics.

In a second phase we present a study case in which projective tests are utilized facilitating the discovering of psychological contents reflecting the shaping of negative mother complex. The analysis and interpretation of this case has been applied from the point of view of analytical Jungian psychology.

The paper offers an alternative towards the psychosomatic theoretical frame regarding the influence of the psychological factor on gastritis and ulcer and may represent a starting point for future research and also a source of information for practitioners of the psychotherapy domain.

Keywords: *psychosomatics, stomach, gastritis, aggressiveness, analytical Jungian psychology, the mother complex.*

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I. INTRODUCTION

In the area of psychosomatics, diseases seem to be connected to a series of conflicts which generate tensions, being related to consequences on the patient's health (Kellner, 1994; Wright, Ebrecht, Mitchell, Anggiansah, & Weinman, 2005). The clinical studies have shown that in the case of the patients which gastric affections, the tendency of suppressing the request of help plays a main role in the appearance of such condition (Alexander, French, & Pollock, 1968).

According to the theory of nonspecific stress factors, any type of prolonged stress may cause physiological modification which may lead to a somatic condition (Sadock, Kaplan, & Sadock, 2007). Thus, any person has a "shock" part of the body associated with a genetic vulnerability which may react in the situation of stress conditions (Štimac, 2005).

In 1970 Alp and Grant mentioned that the main cause of gastritis and gastric or duodenal ulcer is connected to the emotional stress which stimulates the vague nerve which has the role of controlling the movement of aliments from stomach to the digestive tract. Stress also causes an imbalance of the pituitary leading to a delay of recovery (Dragstedt, 1956; Schwab, 1985).

Late digestion makes food station in the stomach leading to the irritation of stomach mucus (Haynes, 1981; Kessel & Munro, 1964). From the point of view of the feeding which represents the axis of affective life during early childhood, the digestion becomes more important from a psychological point of view.

Carl Gustav Jung stated that the body and psyche are not distinctive, as they make up one single and same life (Jung, 1974). Jung also showed that the ego which is originated in the Self archetype also has a psychological basis and a somatic one. The somatic side consists in the conscious and unconscious endosomatic sensations (Jung, 1974).

When a certain complex is drawn we notice not only a psychological change, as shown in the verbal associative experiment but a transformation will also interfere on a somatic level. Such transformation may be experienced as a state undefined by the condition or it may be clearly experienced under as a symptom (Ramos, 2004). Also Ramos discusses the fact that: "The psychic structures are at first constructed of psychophysiological reactions. We can suppose that when an adult reacts with a physical symptom to feeling abandoned, he is re-experiencing an infantile pattern of behavior, as a child responds psychosomatically to emotional pain for lack of verbal language" (Ramos, 2004).

Therefore it rarely happens that physical suffering to have no psychological component (Lazarus, 1993; Damasio, 2000).

II. SYMBOLISM OF THE STOMACH

The stomach is a hollow organ placed between the esophagus and duodenum (Cummins, 1963). It is the most spacious segment of the digestive tract and represents a depositing area, of containing the food which will mend with the gastric acid and will suffer chemical and mechanical transformations during the digestion process (Noffsinger, Stemmermann, Lantz, & Isaacson, 1989).

In mythology, due to its containing form, the stomach reminds of the “Celtic Cauldron” in which individuation is elaborated, as a process of individual personality development through the mix of unconscious contents and its absorption by the conscious. For alchemists, the stomach used to symbolize the alembic or the boiler which, placed above the fire, was the place where the “alchemical opera” was conducted, the transformation or individuation process (Rocheterie, 1986).

The miraculous Cauldron motif is recurrent within mythology and arts (Bradley, 1999; Green, 1998; Douglas, 1992). In some images or myths it appears as a corn of abundance, in others as a place of returning from death, while in other myths the Cauldron appears as a place where wisdom is prepared (Almond, 1997; Grimassi, 2009).

The idea of containing Cauldron appears also in the I Ching, the book of changes in the Chinese culture and tradition (Wilhelm, 2011; Fowler, & Fowler, 2008). Hexagram 50, named Ting, symbolizes feeding, transformation and initiating in the sense of individualizing, developing the ego which becomes more permissive and closer to what it really is (Birrell, 2000).

On another perspective for Jung, the rebirth contains the idea of renovation, renewing through magical action (Jung, 2004). The personality does not essentially change but cures interfere, along with reinforcements of the personality functions. Somatic conditions may be cured through labors of the psychological rebirth. The new transformations cannot deny what has happened until that moment but give sense and overcome them (Jung, 2014).

In “Symbols of Transformation”, Jung speaks also about the Iona complex – the whale in the context of libido regression to the maternal, prenatal state where it erupts from the personal psychology area to the collective psyche as Iona sees in the whale’s stomach such “representations collectives” (Jung, 1999).

Thus the energy reaches an ancestral level in which it can be fixed. The next step is that it follows to liberate from the mother’ containment and bring to surface a new possibility of life (Jung, 1999).

III. THE EGO DEVELOPMENT

The ego, as a point of reference of the conscious field firstly is born from the confrontation of the somatic factor to the external world and once the present as a subject is ulterior developed through confrontations with both the inside and the outside worlds. The ego thus becomes the subject of all adaptive processes as they are mainly accomplished by will (Tacey, 2012).

In a normal process of ego development we differentiate within the attempts of finding the identity after puberty, when the psyche starts to prepare for a relative independence (Edinger, 1992). The transition towards maturity is marked by a rising feeling of independence, so necessary to the requests of the adult life.

The ego complex is influenced by the unconscious shaping of different psychological contents (maternal, paternal influences, aspects which are related to the archetype named “the shadow”) and represents the cause or the effect of a conflict (Jung, 2004). The way in which the ego responds to such influences is related to the level of development and autonomy. Therefore the difficulties in managing reality, the way in which people experience aggressiveness, fears, resentments are considered emotions and decisions which are subjected to the ego (Noll, 1989). Thus the ego can administer it in different manners. On the other hand, a well supported and compensated ego may include the content brought by the complexes with favorable effects upon the development (Jacobi, 2013).

Each step forwards, towards individuation, each change can be accompanied by an initial feeling of guilt because old habits, the old attitude has not yet been overcome (Edinger, 1992; Cambray, & Carter, 2004). The change is experienced as an effect of rebellion towards the authority, the parents, the group the individual is part of as it assumes the separation from collective representations and building one’s own identity (Jung, 1966).

IV. CASE OF STUDY

The present case of study is part of a research which involved the participation of 15 patients aged between 22 and 58 years old ($M=33.4$, $SD=10.78$), all previously being diagnosed by the specialist medical doctor with gastro-duodenal conditions. The application has been conducted through individual sessions which included all these patients under the context of Jungian analytical interpretation. The work hypothesis have been the following: (I1) There are dominant states of fear and resentment which may lead to the development of gastro-intestinal conditions; (I2) There is a correlation between the suppressed aggressiveness and developing gastritis and stomach ulcer among these patients.

Method and utilized instruments

Within the initial research we have utilized: a projective test which consisted of 16 images accompanied by questions. The purpose of this task was to identify the way in which the content attracted to the surface may lead to elements which are related to the subject's problematic and in which way they may be associated to their stomach conditions.

We have also utilized a semi structured interview and professional anamnesis which has been added analytical specific questions (orientation towards the motherhood relationship, the existence of certain fears and a given level of aggressiveness, the presence of the mother archetype). Also we have utilized the identification and fairy tale analysis – which has been chosen by each patient as being a representative basis in their case.

Von Franz stated that: “Fairy tales represent the archetypes in their simplest, barest, and most concise form. In myths or legends, or any other more elaborate mythological material, we get at the basic patterns of the human psyche through an overlay of cultural material. But in fairy tales there is much less specific conscious material, and therefore they mirror the basic patterns of the psyche more clearly” (Von Franz, 1996).

Brief history

Maria is 29 years old. She has graduated a master program in the field of administrative and economic management. She is currently unemployed, as the parents financially support her. The parents are owners of a lawyer firm, both being experienced as practitioners of their field. The mother is the one who runs the firm, while the father, 20 years older, is a retired arts collector. Maria lives in Braşov with her boyfriend and brother in an apartment provided by the parents while they live outside of town in a residential neighborhood. The patient's brother is three years younger, employed by a multinational company. Maria was diagnosed with gastritis ever since she was the 6th grade (12 years of age), moment in which she presented a strong crisis.

Relationship with parents

Maria states that despite the fact that her mother is an authoritarian person, when it comes to her: “Mother is always scared that something bad might happen to me; I overheard her talking on the phone when I was a child, saying that I have high temperature and she was scared that I might get convulsions; she always gave me pills and made me do tests. Even now if she calls me and I don't get to answer the phone, she will call everybody we both know. She even holds my hand while crossing the street”. As for the relationship with her father the patient states that: “The relationship with my father is non-existent; he says I was a good child and he didn't need to come to school, get involved. He always had something to do – at the office or during some auction. These were his passions. I think that they are enough for him. When I was little I was angrier with him but now I only feel pitiful”.

About the gastritis and the triggering event

“When I was in 6th grade I changed my school being forced by my mother. She considered that the school where I was studying wasn’t as achieving as she wished. I remember that at that time my stomach hurt so bad I had to put my hand against it and bend over; it felt like a slaw, as if I was being squeezed. I remember having another crisis... I was on a summer vacation when I was leaving for my grandparent’s house; it lasted for three evenings in a row”. The patient also added: “I think this is about me; I always think about being careful not to hurt other people’s feelings. Say that a colleague asks to help with a paper – and even though I don’t have the time to do it, I accept to. I always fall on the second place. I do things that I don’t want to do. I don’t express myself for fear that I might hurt others; I try to find them excuses. I find an excuse for anyone and many times I wonder if and why I am wrong”.

The favorite fairytale is “Maleficent”. “I like it because I don’t think that she’s evil; I feel sorry for her because she feels lonely, she is only friends with the crow. I think she is estranged, she doesn’t seem ugly; she has red lips, is tall, thin, and seems unfed. I think I was a bit like Aurora when I was little; I was overprotected”.

Jungian Analytical interpretation

The feelings brought to surface by the projective test applied to the patient shows fear, anxiety, and avoidance of conflict. Maria is emotionally ambivalent towards her mother, in report to which she declares to be financially dependent: becoming aware of mother’s anxiety and the fact that she is being contaminated by it but takes the situation as it is, does not count but respond through an obedient behavior. The maternal care is brought to an extreme and invalidating for the 29 years old young woman. A mother-complex is shaped which under its negative aspect is manifested by a refuse of separation, dependency and possessiveness.

The father’s lack of involvement combined with the psychological symbiosis with the mother has influenced the inability of develop those parts of her psyche which assume courage and aggressiveness, orientation towards a well defined purpose which she may be able to figure and differentiate according to her own mental and emotional filters. In other words, the father’s absence and the way in which the relationship with him is being experienced bring obstacles in the way of being close and becoming aware of the animus complex, complementarily and masculinity.

Motifs and archetypal situations – the mother dependency

Together with the data which resulted from the interview, the preference for “Maleficent” supports the hypothesis of a mother dependency. The princess needs to be awakened in order to continue her development. The effect of remaining under the influence of totalitarian female mother influence for patient Maria reflects into missing out the encounter with the male polarity, the lack perceiving one’s own person as an autonomous being. Identifying with Maleficent, a

witch with magical powers may indicate Maria's potential to accede to subconscious impulses, symbolically expressed through magic. There is a danger of becoming a prisoner of Maleficent namely remaining in a state of stagnation until the prince will save her with a kiss. It occurs an association between the attractions towards such negative feminine symbolism (Maleficent) represented by actions on an unconscious level through the fascination of eternal sleep, of the night. In the case of patient Maria we may confirm the hypothesis which investigates the association of the way in which she manages the changes encountered in her life, the aggressiveness, the fears and the symptom – manifested through gastritis.

V. CONCLUSIONS

For the presented study, the symptom which induced the need of reaching a new development phase is the stomach condition (gastritis). We may assert that patient Maria is under the influence of a negative mother-complex, with different types of manifestation of attitude and a physical symptom present during her life.

According to the analytical theory one of the most difficult conflicts is the one in which the ego must choose between security and freedom (Jacobi, 2013). Such conflict generates relevant tension and protections brought by the patient whose study of case was presented in our papers. We may assert that the stomach condition was triggered in a compensatory manner in order to avoid a subconscious efflux. The respective conflicts were more likely seen as being moral or ethical and in a less as opportunities of adapting to the external life.

Through the ego complex the patients perceive and live their fear, anxiety, anger, aggressiveness. Such affects are followed by corporal states of an intensity which makes that attention, and energy placed to the ego's disposition to be guided towards a corporal level. Therefore a symptom under the shape of stagnating flux of energy is triggered. The symptom shows that something essential is not in place, in relation to a conscious attitude, shaping the need of a conscious widening (Jaffé, 1986).

The patients with an initially negative mother-complex have the impression in common of "being bad people in a bad world", of not owning any reason of being non-problematic and in the end of being responsible for such situation. This blaming empowers their expectative nature of being badly treated or perceived. Jung stated that the "mother-complex is a concept borrowed from psychopathology; it is always associated with the idea of injury and illness" (Jung, 2004).

From this point and also out of experiencing isolation, difficulties of relating to others may interfere (Kast, 2014). Instead of an archetypal trust and a good feeling towards life, manifestations of fear, needs of control, fear of confrontation occur. Different from lacking self trust and problems regarding self esteem, Kast also mentions the frequency with which problems

of life which is based on an initially mother-complex is manifested on an organic level, so that psychosomatic disorders often interfere in such cases (Kast, 2014). This fact was also reviled in the case study which presented the situation of patient Maria.

Also Jung remembers us that the mother complex is not just the results of our experiences “with the personal mother, but also by the universal pattern of "mother" imprinted in the psyche” (Jung, 2005).

As a conclusion we should mention that indifferent from the complex print met at each person we will notice an impulse towards development, of shaping one’s identity. The experiences of alienation, rejection which appear in the life of a child and ulterior during the adult life are necessary in order to integrate new shapes on a conscious level. This way, the ego may develop and become differentiated. Within such growth it is important to return to the connection with the Self in a regular time pattern. In the case of losing the vital connection with the Self, psychological and psychosomatic conditions are prone to interfere.

References

- Alexander, F., French, T. M., & Pollock, G. H. (Eds.). (1968). *Psychosomatic specificity, vol. 1: Experimental study and results*. University of Chicago Press.
- Almond, B. (1997). *Seeking wisdom*. *Philosophy*, 72(281), 417-433.
- Alp, M. H., & Grant, A. K. (1970). Personality pattern and emotional stress in the genesis of gastric ulcer. *Gut*, 11(9), 773-777.
- Birrell, A. (2000). *Chinese myths*. University of Texas Press.
- Bradley, I. (1999). *Celtic Christianity: making myths and chasing dreams*. Edinburgh University Press.
- Cambray, J., & Carter, L. (Eds.). (2004). *Analytical psychology: Contemporary perspectives in Jungian analysis*. Routledge.
- Cummins, A. J. (1963). Applied anatomy and physiology of the stomach. *Gastroenterology*, 1, 265.
- Damasio, A. R. (2000). *The feeling of what happens: Body, emotion and the making of consciousness*. Random House.
- Douglas, C. (1992). A Cauldron of Transformation. *The San Francisco Jung Institute Library Journal*, 10(4), 4-20.
- Dragstedt, L. R. (1956). A concept of the etiology of gastric and duodenal ulcers. *Gastroenterology*, 30(2), 208-220.
- Drossman, D. A. (1998). Gastrointestinal illness and the biopsychosocial model. *Psychosomatic Medicine*, 60(3), 258-267.

- Edinger, E. F. (1992). *Ego and Archetype: Individuation and the Function of the Psyche*. Boston: Shambala.
- Freud, S., & Jung, C. G. (1974). *The Freud/Jung Letters: The Correspondence Between*. W. McGuire (Ed.). Hogarth.
- Fowler, J. D., & Fowler, M. (2008). *Chinese religions: Beliefs and practices*. ISBS.
- Green, M. (1998). *Animals in Celtic life and myth*. Psychology Press.
- Grimassi, R. (2009). *The Cauldron of Memory: Retrieving Ancestral Knowledge and Wisdom*. Llewellyn Worldwide.
- Haynes, S. N. (1981). *Psychosomatic disorders: A psychophysiological approach to etiology and treatment*. Praeger Publishers.
- Jacobi, J. (2013). *Complex/archetype/symbol in the psychology of CG Jung* (Vol. 21). Routledge.
- Jaffé, A. (1986). *The myth of meaning in the work of CG Jung*. Daimon.
- Jung, C. G. (1966). *Two essays on analytical psychology* (Vol. 7). Psychology Press.
- Jung, C. G. (1999). *Simboluri ale transformării*, 2 vol., Editura Teora, București.
- Jung, C. G. (2004). *Opere Complete vol. 6, Tipuri psihologice*, Editura Trei, București.
- Jung, C. G. (2005). *Opere Complete vol. 3, Psihogeneza bolilor spiritului*, Editura Trei, București.
- Jung, C. G. (2014). *Opere Complete vol. 9-1, Arhetipurile și inconștientul colectiv*, Editura Trei, București.
- Kast, V. (2014). *Fiii tatălui, fiii mamei. Căi de ieșire din complexele paterne și materne*, Editura Trei, București.
- Kellner, R. (1994). Psychosomatic syndromes, somatization and somatoform disorders. *Psychotherapy and Psychosomatics*, 61(1-2), 4-24.
- Kessel, N., & Munro, A. (1964). Epidemiological studies in psychosomatic medicine. *Journal of psychosomatic research*, 8(1), 67-81.
- Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual review of psychology*, 44(1), 1-22.
- Noffsinger, A. E., Stemmermann, G. N., Lantz, P. E., & Isaacson, P. G. (1989). *Gastrointestinal pathology: an atlas and text* (pp. 909-1068). New York: Raven Press.
- Noll, R. (1989). Multiple personality, dissociation, and CG Jung's complex theory. *Journal of Analytical Psychology*, 34(4), 353-370.
- Ramos, D. G. (2004). *The psyche of the body: A Jungian approach to psychosomatics*. Psychology Press.
- Rocheterie, J. D. L. (1986). *La Symbologie des rêves*. Paris: Editions Imago.
- Sadock, B. J., Kaplan, H. I., & Sadock, V. A. (2007). *Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry*. Lippincott Williams & Wilkins.

- Schwab, J. J. (1985). Psychosomatic medicine: its past and present. *Psychosomatics*, 26(7), 583-593.
- Štimac, D. (2005, September). Psychosomatic aspects of gastrointestinal diseases. In *International Symposium of Neurogastroenterology: from basic knowledge to clinical practice*.
- Tacey, D. (Ed.). (2012). *The Jung Reader*. Routledge.
- Thaler, M., Weiner, H., & Reiser, M. F. (1957). Exploration of the doctor-patient relationship through projective techniques: Their use in psychosomatic illness. *Psychosomatic medicine*.
- von Franz, M. L. (1996). *The interpretation of fairy tales*. Shambhala Publications.
- Wilhelm, H. (Ed.). (2011). *The I Ching or book of changes*. Princeton University Press.
- Wright, C. E., Ebrecht, M., Mitchell, R., Anggiansah, A., & Weinman, J. (2005). The effect of psychological stress on symptom severity and perception in patients with gastro-oesophageal reflux. *Journal of psychosomatic research*, 59(6), 415-424.