IFS Applied To Migraine Management: Two Cases Reports

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Abstract

The sessions of two migraine sufferers undergoing successful Internal Family Systems[sm] (IFS) therapy are reported in detail. Linkages are discussed between psychological processes and the occurrence of migraine attacks. The results of the study suggest how IFS therapy may be useful in framing a new approach for understanding the dynamics of migraine headaches from an intrapsychic perspective.

INTRODUCTION

Migraine is a widespread disease affecting 16% of the population (Rasmussen, 1995). It is characterized by a throbbing headache, often combined with nausea or even vomiting. In certain cases, an aura, a neurological trouble that never lasts more than an hour, occurs before the onset of the headache, itself. Most of the time, it is either, visual disorders – such as lost of sight or flickering, or a speaking or sensitivity disorder that occurs. The frequency, intensity and strength of the attacks are very unpredictable and can lead to a noticeable disruption of the professional or personal life.

The meningeal arteries and the cerebral cortex are the main structures implicated in the pathophysiology of migraine headaches. The pain is due to a vasodilatation of the meningeal arteries associated therein to a so-called neurogenic inflammation, secondary to the activation of the trigeminal nerve and the brainstem. It is now accepted that the aura is due to a depressing current of the cerebral activity moving from the visual areas to the anterior part of the brain.

The treatment of a migraine attack is based on the prescription of painkilling drugs**,** combating the inflammation**,** or on triptans, preventing the vasodilatation of the meningeal arteries. Long-term treatment aims at preventing the attacks from happening (i.e. prophylaxis**),** Beta-blockers (e.g., propranolol), several anti-epileptics (e.g., epitomax, lamotrigine), and desernil are examples of medicines used for controlling migraines.

Non-medicinal approaches have also been developed. Relaxation, biofeedback as well as behavioural and cognitive therapies can be used in order to manage stress.

The psychosomatic approach to migraine-suffering patients is based on two arguments. On the one hand, the stress, along with nutrition or hormonal factors or the prolonged exposition to light, is known as one of the main factors triggering the attacks. On the other hand, the limbic system, in its ability to directly inhibit intrapsychic life, is for some authors implicated into a net of cerebral structures involved in the activation of the vascular and trigeminal system (Burstein, 2005).

THE INTERNAL FAMILY SYSTEMS[sm] MODEL

Schwartz (1995) first provided a detailed description of his model, which he called the "internal family system" (IFS). Many theoreticians of psychic life, such as Freud, Winnicott and Jung had already described the phenomenon of multiplicity within a person's mental life. It is in the spirit of that thought that the IFS model describes the psyche of a person as a gathering of "parts" (or sub-personalities) developed and linked to the main central "Self".

A "part" is defined "not only as a temporary emotional state or a pattern of thoughts, it is a self-governing mental system, with its very own range of emotions, way of expression, abilities, desires, and feelings to the world". According to Schwartz (1995), we are all born with them or their potential, and they all want something positive for us.

There are two main categories of extreme roles that parts are forced into in the absence of Self leadership in the internal system due to some psychological trauma or de-valuing experience: the protectors and the exiles.

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The exiles are the suffering rejected parts, bearing the pain, the shame, the guilt all linked to situations faced by the person.
The protectors are of two types: the managers and the firefighters. Their function is to protect the exiles and the Self with both their own strategies. The managers try to anticipate by controlling the environment and keep the interior system unchanged. The firefighters act retroactively attenuating or distracting painful feelings induced by the reactivation of an exile.

The Central Self represents the seat of consciousness, the very essence of one person and is above all, the natural leader of the parts system. The Self can thus be compared to a conductor whose musicians would be the parts. It functions to keep the system both united and multiple. The *Self leadership* of a person can then be described: it is the ability that a person's Self has to make the parts system (internal) meet with stressing situations (external) and turn these in opportunities of development rather that undergoing them as repetitions of past events. (Steinhardt, 2003.)

The parts can then be defined as gathered in aggregates, focused on the exiles and surrounded by the protectors. The main feature of these groups is their steadiness. The resulting micro-systems remain in a repetitive reaction pattern and therefore have a tendency to substitute more or less strongly for the governing Self in order to govern psychic life. A therapeutic technique for working with this internal system has been developed by Schwartz. It is based on a conscious identification of the parts, the gathering of the parts and the Self, and the emotional relief of the exiles. Schwartz claims that the model is efficient in its ability to ease the micro-systems, as well as allowing internal psychic readjustment aimed at increasing the level of Self-leadership. Schwartz describes the effectiveness of the Internal family Systems model in treating a wide range of ailments and is useful in conjunction with other modalities of therapy, including individual, couple, family, group, and other forms of psychotherapy (Schwartz, 1995).

Up until now, the field of action of IFS has never directly been linked to medical issues. The purpose of this article is to report two cases of migraine-suffering patients treated by IFS. The detailed nature of these descriptions comply with the objective to show that IFS can be used not only as a treatment but also as a tool for exploring the psyche with the goal of releasing the psychic substructure of this pathology.

It will be described how IFS processes have been carried out on two migraine-suffering patients who were not to be treated by psychotherapy in the first place, but who agreed to a non-medical treatment approach. One case will show how a year-long trial of IFS therapy resulted in improvement, and the other case will show how three sessions of IFS therapy in six months allowed significant improvement, as well.

CASES REPORTS

CASE REPORT #1

Session 1

Jacqueline was 45 years old, had two daughters and was running a delicatessen shop with her husband. She happened to have, for some years, up to three or four migraines attacks a month which could last several hours and interfere quite a lot with her professional activities and her personal life. Jacqueline talked a lot about how much work she had to do and how much energy she used everyday, just so that she could face the needs from, the shop, the clients and her family. She described herself as hyperactive and constantly feared that she wouldn't be up to the task. The "Calculator" was the name she gave to the part of herself that was trying to control the situation and that never let anything go out of control, regarding the organization and the realization of her work. As Jacqueline was asked to search for another fragile part possibly polarized to the Calculator, a story from childhood came to her mind. She was a teenager at that time, and she was standing in her parent's store. As they were having quite an unusual and violent dispute, she realized that maybe her parents were not as close to each other, as she always had thought they were, and that they could separate. At that moment, a part called the "Worried Teenager" appeared who got the notion that what the child always had thought was immutable, could actually break down and with a feeling of paralyzing fear, dreadfully experienced the routine break-up.

The circumstances triggering the migraines were corresponding to moments with a brutal change either from Jacqueline's work condition or workload, and where she needed to adapt. At that moment, the Calculator would take over and spends a lot of energy. *"The migraine then comes like a 'chopper'"* Jacqueline said, cutting down the power to the excessive activity.

Before she left, it was suggested to Jacqueline that she take a 30-minute walk every Monday in order to connect with the Worried Teenager.

Session 2

Since the session three months earlier**,** the situation regarding migraines seemed to have changed. They were less frequent (it used to be 9 to 12; it was now 5 for the same time period). The pain was reduced and could stop without using any treatment. This change held in the fact that Jacqueline, whenever she felt she was going to have a migraine, did things more slowly.

As Jacqueline couldn't fulfill her commitment of talking a weekly 30 minute walk, it was suggested to her to fulfill the commitment she made to the Worried Teenager again in order to make this part feel more confident before going on with IFS work

Session 3

Since the previous session, Jacqueline only had one migraine the month before, but a very intense one. It happened, once again, in a context of increased activity. The commitment she made with the exile could be fulfilled this time, since Jacqueline found what she never found before, a moment during the week when she could be with herself.

The session started with a free interview. Jacqueline wanted to talk about her childhood and especially about Nicole who was the only person she had had a relationship with in this period of her life, except for her parents with whom her relationship was poor. Nicole had a lower class background than Jacqueline and used to emotionally blackmail her into lending her own toys and was depriving her of them. When Jacqueline turned eighteen, she resisted once for the first time and refused to lend her brand new bike, and as a consequence, few days later, she realized that Nicole wasn't coming to see her anymore. From that moment, Jacqueline became aware that, when she found herself facing a hostile reaction from Nicole, she put own needs in the background, for good.

IFS work started once again with the Worried Teenager, sitting on her bed, with a feeling of loneliness and abandonment, drifting away from life. Her belief was: "Here's what you get for saying no: Abandonment".

The Worried Teenager accepted the connection with Jacqueline (as a Self) and understood throughout this experience that she was indefectibly present and that she would never be alone as long as there would be a connection between them. Jacqueline then felt that the anxiety slowly faded away, thanks to the contact between her and the Worried Teenager. She started to feel relieved and relaxed. As a consequence the Worried Teenager spontaneously got back her ability to say "NO", without fearing any possible negative consequences and faded into the "Reassured Teenager". We assumed that until this moment, and because Jacqueline had lost her ability to assert herself, the migraines were coming just to make sure that what was going wrong would stop.

We both agreed that Jacqueline still had to connect mindfully, if necessary, to this Worried Teenager part every week, if she felt it was present. Otherwise, it was suggested to Jacqueline to use the image of her holding hands with the Reassured Teenager, now able to say "NO".

Session 4

In Session 4, the new point was that there was no new migraine by the end of the year during holidays.

Jacqueline said that *"By arranging and taking things one by one"* she enjoyed these holidays more than those of the past years. She didn't experience any migraine and this, she said, hadn't happened in many years.

In the following two months, Jacqueline experienced the same, yet less intense, number of migraines. But the moments of conscious connection between Jacqueline and the adolescent never happened. This could have been the result of a poor health period responsible for anxiety. Throughout this anxious period caused by the fear of disease, the Calculator had been on quite a lot, during her work time. As a matter of fact, Jacqueline admitted that this part had been responsible for preventing her from connecting with the adolescent on the couch, even though she had really needed it.

For Jacqueline, this was a feeling of insecurity that she felt quite early, which she absorbed from her mother. As she was asked to use paper and markers to depict her inner state, Jacqueline drew this anxiety part as a chain surrounding her arms, immobilizing her, with the intention of making Jacqueline stand still (Figure A). Its statement was, *"Be a good girl, don't move. Surrender yourself to the way I choose for your life, not to be the source of any anxiety for us (by becoming married, family mother, steady work…)".* As a result, the patient became enslaved to the maternal injunctions. Also in the drawing, she was able to unblend from the part, and it showed itself as a rectangular container that contained anger (which was colored in red inside the container). Its message was (in French) *allez vous faire foutre,* or "Go to Hell!"

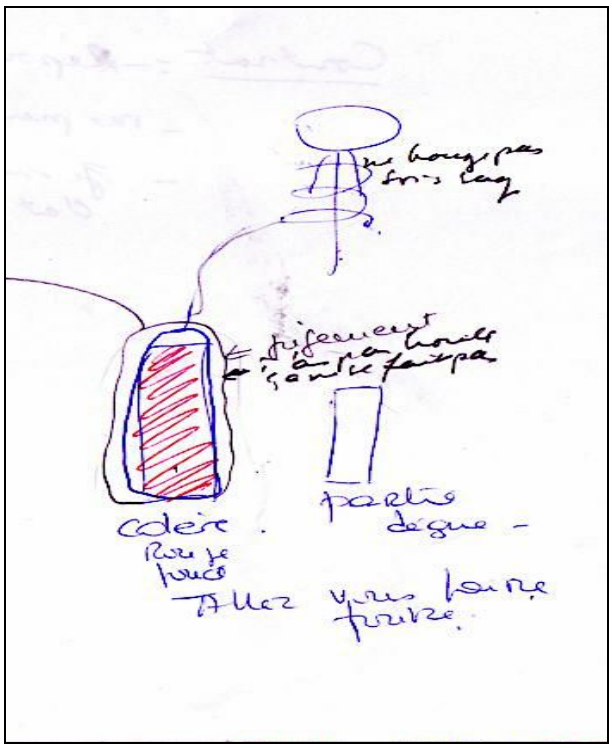

Figure A

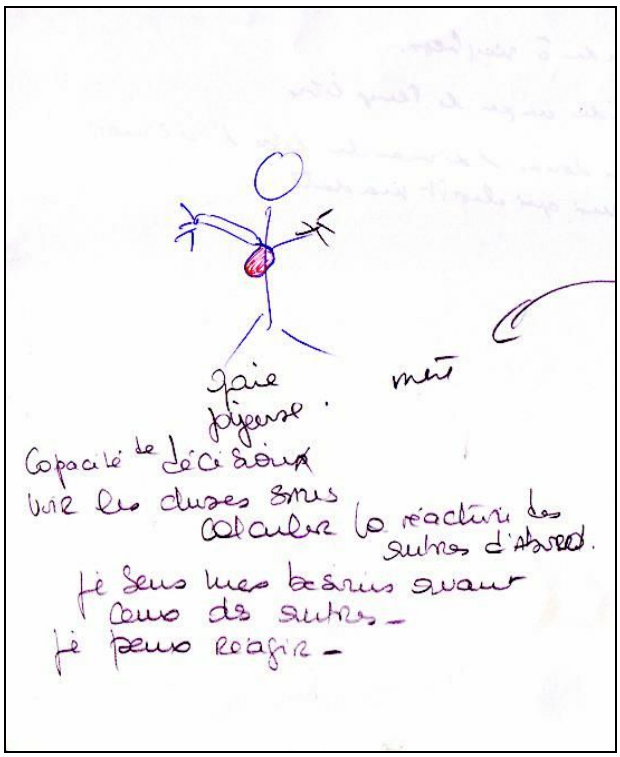

Figure B

During the graphic process an angry part appeared whose message came out this way: *"Aren't you ashamed? Don't do such things..."* (See Figure A).

It was also surrounded by the chain as well as was the patient's body.

Throughout a repositioning process including these two parts, Jacqueline was finally asked to give the shame back respectfully to her mother. As a result, relief appeared as well as energy, allowing the patient to free herself from her mother's anxiety that she wore on her chest and around her arms (Figure B). Eventually, the anger faded into a joyful part in her chest (changing from a large rectangular container to her heart), replacing her mother's anxiety. And resources then appeared:

"I'm capable to decide my life"

"I'm allowed to make decisions which I think are good for me, before even thinking of what the other could think of it"

"I put my needs first"

"I can react"

In the original drawing, the heart was colored red.

Session 5

Jacqueline was lively: things really had changed for her since the last session. "This session surely moved a lot of things inside," she said.

She came with a list of everything she accomplished without any apparent difficulty. Jacqueline was really amazed with such concrete changes in her everyday life. She felt she could assert herself much more easily, and put limits to what she could be asked and that appeared excessive to her.

She only had one migraine in two months (6 to 8 before). In the future, she'll know how to be vigilant and how to pinpoint the situations where she would not respect her needs.

CASE REPORT #2

In January 2005, Sarah, aged 19, came for an appointment along with her mother, as she was suffering from migraines. Throughout the whole visit, she seemed shy, and hardly talked about her symptoms, while her mother appeared quite worried regarding the aggravation of the situation.

Indeed, ever since she was ten, Sarah had had migraines, and the attacks became more and more frequent during the past year. Sarah worried quit a lot

while preparing her high school graduation exam. This anxiety showed how important her lack of self-confidence was. Since the beginning of the new school term, she had trouble having a normal school life because of her more and more frequent and intense attacks (almost every day).

Session 1

The IFS part identification process showed that there were two parts polarized from each other:

On one side, she identified the "Free Girl" who wanted to go out without asking for permission, see her friends, attend parties, but who was stuck with an enslaved part: the "Good Girl".

The Good Girl was here to respond to the mother's desires. Indeed, they shared a very close relationship. Sarah's mother seemed to have no social horizon but her daughter's, and her relationship with her husband was poor. The Good Girl's function was to fulfil an insatiable need for affection. She protected Sarah from the angst of seeing her mother feeling abandoned, if her daughter ever felt like denying her the right to her insatiable affective requests.

It wasn't possible to separate Good Girl from the Self, and attempts to connect Sarah with this part always failed as Sarah totally identified herself (i.e., was "blended") with this part. Eventually, Sarah was told that the Good Girl probably held the Free Girl back. It couldn't be verified, given the fact that the Self and the part couldn't separate.

As an opportunity of direct access (an IFS technique in which the therapist talks directly to a part – Schwartz, 1995) came up, the Good Girl said that her deep intention was to prevent the Free Girl from misbehaving and worrying her mother who she felt was fragile and had to be protected. The session finished on the guess that the migraine was a way for the Free Girl to express her desire to make her way out. Sarah not only understood this interpretation but also accepted it. However, she claimed she didn't want to modify the system. We could assume that it was not the Self that was talking here, but a protector. The system appeared quite locked up, as it was noticeable that there had been no physical emotional reaction throughout the whole visit and that a manager part got the last word.

Session 2

Since the last session, Sarah slightly had fewer attacks. She was much more attentive to herself though, so that she took her medication sooner during the migraines, which lowered their intensity.
Moreover, Sarah noticed a modification in her relationship with her mom as she was growing away from her. She was surprised that she didn't sum up the last session to her, whereas she would have done it in the past.

Sarah stated that her migraines occurred each Tuesdays and Fridays, which were the days she was more likely to go out with her friends. Since the last session, the attacks never allowed her to do so. Again, it was suggested to Sarah that her migraines could be linked to the conflict that both the Good Girl and the Free Girl had.

Sarah admitted that she felt guilty thinking that she could durably grow away from her mother and we she could secondarily identify that in fact, it was the Good Girl who was bearing that guilt. She thought it would make her the instigator of a pain she doesn't want to be held responsible for.

It was suggested to Sarah to symbolize this guilt by a pillow put against her chest, which was the place where she told she felt the guilt manifested itself. The pressure gradually increased. At a certain point, the feeling of oppression became strong, but didn't trigger in Sarah neither struggle nor rejecting behaviour. Eventually, she was asked to take this pillow and hold it against her chest with the same pressure. With this change, she immediately experienced the fact that she was the only one responsible for holding this guilt in her life, and that as a result, she had the possibility to let it go and feel free. Then she put the pillow down on her knees, relaxed and smiled again.

Session 3

Sarah hadn't had any migraine since the last session, one and a half months before. She had a talk with her mom, in which she told her she wouldn't report everything she does from now on. She told her about all the things she became aware of, during her IFS sessions. *"I know it can hurt you, but I want to do it for me*", *"Stop living your life through mine",* she said to her. Moreover, she put an end to a love affair she didn't find fulfilling and is now thinking about leaving the town where her mother lives in order to study what she wants to.

DISCUSSION

In these two case reports IFS work has been associated with a significant change in the medical condition (diminution and even stop of the migraine attacks).

Nevertheless, some special comments on each observation can be made.

In the case of Jacqueline it is noticeable that the rhythm of the sessions was not any different from the one of a regular migraine sufferer; and lasted over a year. There was some improvement from the very first session both regarding the numbers of migraines and their intensity. From the very beginning, they were much better controlled in terms of intensity and duration by a reduction of the activity. The turning point of the therapy took place from the moment the patient became aware that she didn't have access to anger therefore to her ability to assert herself or to put limits to guarantee her safety, therefore to her ability to take care of her needs, in particular in her job. A new energy emerged spontaneously with full recovery of qualities, after the contact was made between the Self and the part bearing the anger. On the side of improvements of the migraines, behavior changes showed up, testifying to a new psychological organization and to an increase of Self leadership. These positive changes are still present nine months after the last session.

About Sarah a dramatic change occurred in the expression of the migraines before and after IFS treatment - eventually they disappeared. Because of the close temporal relationship between IFS work and migraine improvement, this case shows the direct link between the occurrence of the migraines and a psychological conflict. Everything changed quite quickly not only from a medical point of view but also the improvement of Self leadership that was certified by all the changes (relationship with her mother, emotional and professional life). It was not predictable that things would go so fast (less than 6 months), given how much Sarah's internal system had appeared quite protected during the first session. From the IFS point of view, it has not been necessary to work on the protectors or directly on the polarization that appeared in the first session. It was amazing that the solution came so quickly in the process, with the Free Girl appearing in the first session. It is possible that the process went too fast (in other words that it was not slowed down enough), so that it couldn't disclose another part like a "Bad Girl", which would actually have been polarized with the Good Girl**,** instead of the Free Girl. Nevertheless, the process was effective regarding the migraine, but it's possible that the putative "Bad Girl" could intervene in Sylvia's life in the future. This illustrates the fact that the main goal of the work (here the improvement of the medical condition and not the improvement of the relationships with the mother which Sylvia didn't want to change in the beginning) might Influence the way the work is led.

Migraines and Intrapsychic Processes

The matter of the link between the occurrence of migraine and the psyche has been raised since the first half of the twentieth century. Many publications have explored this field in a descriptive perspective, i.e. by trying to make statistic links between migraines and the psychiatric or psychological co-morbidity.

It has been observed that the risk of suffering from panic attack, acute depression and phobias is higher with patients suffering from migraines than with those who don't. (Breslau, 1991; Schwartz, 2000.)

It has also been shown that migraines constitute a risk factor for the development of acute depression. (Breslau, 2000.) The studies that aim at finding more precisely specific personality patterns among migraine-sufferers are hardly reliable, beacuse they are tainted with bias. It then appears that neuroticism rates are higher among the migraine-sufferers. (Radat, 2004.)

The effects of non-medicinal therapeutics are an indirect way to evaluate the influence of the psyche. These therapeutic methods include relaxation and biofeedback as well as cognitive and behavioural therapy (Radat, 2004). The goal of relaxation techniques is to achieve a relaxed muscular state and to control the reactions of the vegetative nervous system to anxiety during crisis situations. With the biofeedback, the patient learns to observe the physiological modifications induced by relaxation. Cognitive and behavioural therapies aim at optimizing the behavioural reactions induced by crisis in order to prevent them from being aggravated or sustained. When these treatments are compared with medicinal treatments among children (Olness, 1987; Sartory 1998), they are shown to be superior. However, this kind of studies is biased by the fact that the patients (or even the investigators) cannot remain blind to the fact that they are under treatment or not.

Limitations of the Study

The arguments in favour of an interrelation between migraines and the psyche are therefore well established. However, the data that support the connection between psychological treatment and migraine relief are built on statistical correlations that do not provide evidence of a causal link. This might explain why physicians rarely offer psychological support to their patients. The treatment is typically only based on medication.

The use of IFS in the treatment of those two migraine-suffering patients casts a new light on this question, for it brings a call for methodological improvement in treating patients suffering from this painful affliction. Indeed, the approach is no longer deductive but inductive. It is no longer about establishing links based on statistical correlations but doctors or therapists can now assume *a priori* with their patients that their migraines is a symptom revealing a psychological conflict. Its identification and then its resolution (expressed by the improvement of the symptoms and a steady increase of the Self leadership) will confirm the validity of the assumption.

The IFS methodology has this particularity to make such an inductive approach possible. This approach will be made easier by the therapist who will orientate the process in this manner. Generally speaking, IFS appears to be quite fitting for the treatment of patients presenting medical problems and whose initial request is not related to a psychological framing of the problem. They will discover on the way, those parts of themselves that seem to be related to their symptoms and experience the effect that a reorganization of their internal leadership can have upon them. The IFS allows carrying out a process focused on the symptoms and exploring in a limited way (limited in visits and in time) the systems related to them.

Regarding the psychopathology of migraine, IFS has this specification to be an exploratory tool allowing us to describe and understand the psychological underpinnings of the problem.

The obvious efficiency presented in both cases of this article, deserves to be confirmed on a larger scale of patients. But its demonstration on a statistical basis will be subject to the same methodological difficulties as indicated earlier (no blindness regarding the treatment). Its specific superiority should be based on the fact that it offers elements to catch a glimpse of a causality link between, on the one hand, the internal psychic conflicts and their results, and on the other hand, migraine and its steady improvement related to the improvement of Self Leadership.

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