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Body matters in emotion: Interoceptive processing in patients with inflammatory bowel disease

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Inflammatory bowel disease (IBD) is an immune-mediated condition, characterized by chronic inflammation of the gastrointestinal tract. Since the course of the disease consists of alternating periods of relapse and remission, patients with IBD experience higher levels of psychological distress, poor quality of life, emotional and social burdens. In IBD, poor emotional functioning as well as disturbances in patients' body perception have been shown to negatively influence patients' well-being. Beyond its role in body's homeostasis, interoception shapes individual's emotions and cognitions. The aim of this dissertation was to contribute to a better understanding of the interplay between interoceptive processing, emotion and body perception in IBD and how a history of adverse childhood experiences modulates their interrelations.

Interoception was examined as a multidimensional construct with its three dissociable components: interoceptive accuracy, interoceptive sensibility, and interoceptive awareness. Patients with IBD did not differ in their ability to perceive signals originating from the body (interoceptive accuracy) or in their meta-awareness of this ability (interoceptive awareness). With respect to their subjective experience of bodily sensations (interoceptive sensibility), patients reported a stronger tendency to use distraction from interoceptive signals and to be more aware that certain changes in one's bodily sensations are associated with the experience of emotions. Despite their higher emotional awareness, patients with IBD exhibited decreased emotional reactivity, characterized by stronger detachment from their emotion-related bodily sensations. As emotions can be associated with the perception of intense visceral signals, which can be misinterpreted as disease-related sensations, patients with IBD seem to extend their distraction strategy to the experience of emotions in the body. Furthermore, as patients reported to experience body areas affected by their pain-related symptoms as less belonging to themselves, this might imply that the distraction from unpleasant bodily sensations can result in a stronger detachment from the body, contributing to body perception disturbances. With respect to interoceptive sensibility, higher levels of emotional awareness were found to intensify the perception of emotion-related bodily sensations in IBD. While interoceptive sensibility was not linked to the extent to which patients experience their bodies as belonging to themselves, patients who reported to be more aware of their visceral sensations evaluated their bodies more positively. Finally, a history of adverse childhood experiences was found to modulate the links between interoception, emotion processing and body perception, being associated with stronger experience of negative emotions and a significantly diminished sense of body ownership.

Overall, the findings presented in this doctoral thesis point towards alterations in emotion processing and body perception in IBD, which are still persistent during the periods of disease remission. As the segment of IBD patients reporting adverse childhood experiences constitutes an especially vulnerable group, future psychological interventions are asked to focus on these specific alterations and their links to childhood maltreatment.