



## LOW SELF-ESTEEM: A CAUSE FOR MIGRAINE: A PSYCHOLOGICAL CASES BASED EVALUATION.

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### ABSTRACT

Detailed investigation of multiple cases of migraine indicated that the low self-esteem in the patients of migraine is very common factor. Upon further probing, it was found that the migraine had hit all the clients, almost every time, when they had an anxiety attack. These anxiety attacks has basic route cause of very low self-esteem, because of which they felt having no control over their lives and were completely helpless. It was also found that during these anxiety attacks, for all these clients under study, used to have a sever acidity problem. This article elaborates psychological aspects of getting migraine attacks post anxiety attacks and also explains the connection of acidity and feeling helplessness. The psychological treatments including CBT, hypnotherapy and affirmations were found to be very useful in reducing the frequency and intensity of migraine pain.

**KEYWORDS** : Migraine, Anxiety, Hyperacidity, self-control, Low self-esteem, CBT, hypnotherapy, affirmations.

### INTRODUCTION:

Migraine is one of the most concerning and rapidly increasing disease in the world. The person having migraine attack cannot function normally. The disease become chronic soon and most affected are women out of the whole population.

In India, about 14% of the total population suffers from Migraine. The most burdened out of the lot are women of the age group between 30 to 40 years. The similar ratio of about 14% population in UK also suffers from the migraine. About 190,000 migraines attacks are reported in UK on daily basis. In the similar ratio of about 12 to 13%, this disease prevails in USA. Migraine is the 3rd most prevalent and 6th most disabling illness in the world. Nearly 1 in 4 households in U.S.A. reportedly includes someone with migraine. 18% of women, 6% of men, and 10% of children in America experience migraine. Commonly migraine is reported between the ages of 25 and 55 years. Migraine tends to run in families and almost 90% of migraine patients have been found to be having a family history of migraine.

Because of high prevalence and the severity, patients suffering from migraine are studied and the findings are reported here in this paper. 5 cases of migraine have been studied detail w.r.t. social, psychological and behavioral aspects.

**Patient 1** : Mrs. V. (Name is not disclosed to keep the identity confidential), 46 years, coming from a middle class family of Mumbai. Mrs. V had a love marriage with a Punjabi Guy. Immediately after the marriage, the husband's family started over controlling her. She was not been given any freedom and was always abused verbally, physically and sexually. She was made to work hard even when she was not well. She was made to abort her pregnancy many times as it was always a result from the marital rape.

With results of all the abuses and controlling, she completely lost her confidence. She was feeling helpless and out of control all the time. Slowly she started developing problem of hyper acidity which finally resulted into a sever migraine.

**Patient 2** : Mrs. P. (Name is not disclosed to keep the identity confidential), 44 years, coming from a upper middle class family with dominating and abusive father. Mrs. P had an early marriage with a guy who was struggling in his initial career. The mother in law used to comment to her husband for not becoming a husband who follows wife and hence the husband started keeping distance. The interference was to the extent, where mother in law used to sleep between husband and wife. The husband started moving from one city to other for a job and had then after never taken care of the wife. He never used to provide proper money to wife for running the house. During her pregnancy, Mrs. P had to fill her stomach by eating in temples as food was not provided to her many of the occasions. The husband was a narcissist and paranoiac and used to doubt in every aspect. Mrs. P had to give account for all smallest

things including sanitary napkins to get the money for running the house. Shouting from husband without having any fault had become a regular practice. And with the result, she lost all her control from her own life. She lost her confidence and had a very low self-esteem.

Eventually, she acquired a migraine problem, which became sever with the time. Every time, the husband used to give her some work, she used to get panic attacks. She used to have delusion of hearing telephone rings when actually it was not ringing and any telephonic ring used to make her panic. After these panic attacks, she used to get migraine. Her mother also was having migraine problem.

**Patient 3** : Mr. S. (Name is not disclosed to keep the identity confidential), 45 years, is from a middle class family of Maharashtra. He was average in the study but since coming from a vernacular medium of study, was not fluent in English. He was an introvert. After raising in his career, due to his poor English language and introvert nature, he used to have low self-esteem. He was not confident while talking to senior or to a group. Such situations used to make him anxious and later he used to have acidity. This then resulted in to a migraine problem. Mr. S's father also had migraine problem.

**Patient 4** : Mrs. SP. (Name is not disclosed to keep the identity confidential), is a 39 year old married lady from a middle class family. She had a daughter after her marriage, whose age now is 9years. Her husband's family wanted her to give birth to a baby boy. She now have delivered a baby after 9 years of 1<sup>st</sup> child. The home environment is very orthodox and traditional. She is a working professional and has to manage both work and home. She has very little support from her mother in law at home. Hence, managing home, children, work and family members becoming difficult and she feels that she has no control over her own life. In case of any important event or work, she becomes very anxious as how will she manage it and this leads to hyper acidity and then migraine.

**Patient 5** : Mrs. SN. (Name is not disclosed to keep the identity confidential), is a 49 year old married lady and is a special educator. She has two children. The elder boy is studying in his graduation and a daughter of 13 year is a mentally retarded child. The story of her becoming special educator started with the struggle of managing and getting treatment of her daughter when she was found to be having delayed milestones in the mental and physical development. In the process she got connected to a neurologist, a psychiatrist and a psychologist and since she was meeting them very often, she built a good relationship with them. They encouraged her to undergo a course of special educator so that she can take care of her daughter in a better way. After completing the course, she started working in a school as a special educator.

With all her achievements, she always had worry and anxiety on her back of the mind for her daughter's future. Her daughter's condition

always made her conscious in social gatherings. She always felt inferior as compared to parents of other normal children. This had a great impact on her self-confidence and resulted in a very low self-esteem. Since her daughter cannot lead a life like a normal child, she lost the feeling of control in her life and was always in worry about her daughter. Because of this worry, she often used to get anxiety attacks and hence severe hyper acidity. This led to a migraine problem and she had to take migraine pills every day. She had completely become dependent on migraine pills and had a psychological phobia of having migraine attack if she would miss to have the pill.

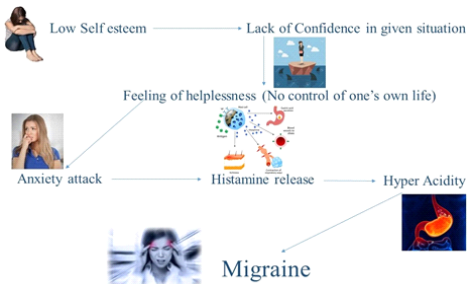
**Eclectic approach using Psychoanalytical and behavioral theories to understand the root cause of the problem:**

**Behavioristic approach:**

From all the above cases, it is very clear that the sequence for all the patients is similar. The anxiety is followed by hyper acidity. All the patients had very low self-esteem because of either the social conditioning or external situations. This low self-esteem made them feel that they don't have control over their own life. This mental conditioning, used to trigger anxiety upon the smallest stimuli from the environment. The stimulus response to these stimuli then resulted in to a high histamine release, which in turn resulted into hyper acidity and then migraine attacks.

**Psychoanalytical approach:**

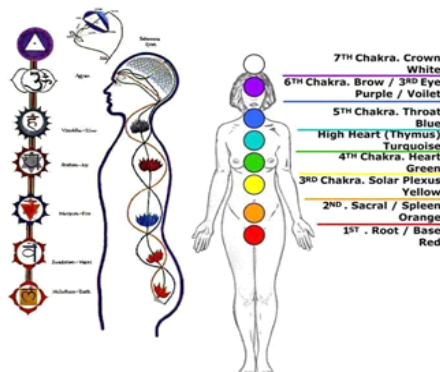
By looking at all the cases through psychoanalytical approach, the subconscious programming of low self-esteem made them feeling that they don't have control over their own lives. With this subconscious programming they have become more vulnerable to the stressors. Even with smaller incidences, their sympathetic autonomic nervous system gets activated, resulting in histamine release, which then causes a hyper acidity and then migraine.



**Picture 1 : Psychosomatic process of migraine**

**Endocrine system and Chakra System:**

The human body is known to have a chakra system in the energy healing or yogic paradigm. Chakras are said to be the power house or energy centers and they provide working energy to the respective associated organs. This chakra system has seven major chakras.



**Picture 2 : Seven major chakras of human body**

With each chakra, one gland of endocrine system is connected. Also, every chakra has an emotion attached to it. The emotion of self-

worth or self-esteem is attached to the 3rd chakra, i.e. Solar plexus Chakra. This Chakra is situated behind the navel or belly button. Person with the positive self-worth or self-esteem will have a healthy and completely active solar plexus chakra and hence the energy from this chakra will be provided adequately to all associated organs. The parts of the body associated with this chakra include the muscular system, the skin as a system, the solar plexus, the large intestine, stomach, liver, and other organs and glands in the region of the solar plexus. Also the eyes, as the organs of sight and the face, representing figuratively the face one shows the world are both related to this chakra. Pancreas gland is associated with this chakra.

When the person feels low self-esteem and lack of confidence, this chakra will not function properly. This is why person gets cramps in stomach during anxiety. The energy provided by this chakra becomes impaired or imbalanced and lead to release of excess of acid, causing hyper acidity and then migraine.

**Treatment:**

Other than medical aid, the migraine patients as mentioned in all above cases, were given a psychological treatment. CBT and hypnotherapy with affirmations were used. The emotion of low self-esteem was addressed by giving them "Health Anxiety Thought Record" worksheet. The hypnotherapy was used for giving them an anchor, to be used in the case of situations triggering anxiety. The positive affirmations to improve self-worth and confidence were given to them for practicing it to 21 days.

It was found that their reaction to stimuli of anxiety slowly became more controlled. Their locus of control was found to be shifted from external to in between and then to internal gradually. After a treatment of 7 weeks, for all the patients, the frequency of the migraine attack reduced drastically and their dependency on medicines was reduced.

**CONCLUSION:**

There is a strong correlation between low self-esteem and migraine. The process is triggered by a stimuli causing anxiety, which leads to histamine release and hyper acidity and then migraine. This is a psychosomatic disease and mainly found in people with low self-esteem and feeling of no control over their lives. It is more prevailing in women as compare to men. CBT and Hypnotherapy are found useful in the treatment of migraine.

**REFERENCES:**

1. Miyaoka, H., Hosaka, M. and Muramatsu, Y.: Mental problems found in outpatients of internal medicine, and the incidence of psychosomatic diseases. *Nihon Iji Shimpo (Japan Medical Journal)* 1996; 3791: 37-41. (in Japanese).
2. Elizabeth K. Seng1 and Steven M. Baskin; Psychological Approaches to Headache; headache and migraine biology and management, DOI: <http://dx.doi.org/10.1016/B978-0-12-800901-7.00019-7>
3. Andrew Sullivan' Sian Cousins, Leone Ridsdale; Psychological interventions for migraine: a systematic review; *J Neuro* (2016) 263:2369-2377.
4. Sushma, Pradeep Kumar; Psychosocial aspects of pain disorders; *Delhi Psychiatry Journal*, 17(2), 237 - 242 (2014).
5. Frank Andrasik; Migraine and quality of life: psychological Considerations; *J Headache Pain* (2001) 2:S1-59.
6. Su M, Yu S (2016) Migraine: A Multi-Modulation Process. *J Alzheimers Dis Parkinsonism* 6:295. doi: 10.4172/2161-0460.1000295.
7. Boubacar S, Seck LB, Assadeck H, Diallo IM, Cisse O, et al. (2017) Migraine in Women: What Specificities? A Review. *J Women's Health Care* 6: 349. doi:10.4172/2167-0420.1000349.
8. Christopher N. Cascio 1, Matthew Brook O'Donnell1, Francis J. Tinney, Jr.2, Matthew D. Lieberman3, Shelley E. Taylor3, Victor J. Strecher2, & Emily B. Falk; Self-affirmation activates brain systems associated with self-related processing and reward and is reinforced by future orientation; *Social Cognitive and Affective Neuroscience Advance Access published November 5, 2015.*
9. Erich Flammer & Assen Alladin (2007) The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders: Meta-analytical Evidence, *International Journal of Clinical and Experimental Hypnosis*, 55:3, 251-274.
10. Amit Gosar\*; "Direction of life" *GJRA*, 7(11): 416-418, 2018.
11. Amit Gosar\*; "Psychoanalytical approach to understand the metaphysics behind the anatomy of lungs and use of Hypnotherapy and Affirmations in the treatment of Asthma: A case study"; *PIJPS*, 3 (2): 20-26, 2019.
12. Amit Gosar\*; "Nonlinearity of Diseases: Psychological Aspects". *World Journal of Research and Review (WJRR)*, 8(4): 26-28, 2019.
13. Robert A. Nicholson; Chronic Headache: The Role of the Psychologist; *Curr Pain Headache Rep.* 2010 February; 14(1): 47-54. doi:10.1007/s11916-009-0087-9.
14. Andrihni E, Galli F, Massetto N, Strada I, Magno S, et al. (2016) Psychological Treatment

- for Headache: A Pilot Study on the Efficacy of Joint Psychoeducational Group and Relaxation Training. *J Neurol Neurophysiol* 7:379. doi:10.4172/2155-9562.1000379.
15. Mikellides G, Tantele M, Evagorou O (2018) rTMS for Migraine with a Generalised Anxiety Disorder-A Combination Treatment with Duloxetine. *J Psychiatry* 21: 458. doi:10.4172/2378-5756.1000458.
  16. Shulman BH; Psychological factors affecting migraine; *Clin J Pain*. 1989;5(1):23-8.
  17. Jean Kim M.D.; The Connection Between Migraines and Psychological Trauma; *Dame Magazine*, July 2015.
  18. Ray BK, Paul N, Hazra A, Das S, Ghosal MK, Misra AK, Banerjee TK, Chaudhuri A, Das SK. Prevalence, burden, and risk factors of migraine: A community-based study from Eastern India. *Neurol India* 2017;65:1280-8.