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CASE REPORT

Body psychotherapy for psychosomatic reflux: Insights from a performing arts medicine case report

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Abstract

This case report explores the midway point between a psychosomatic illness and performance-related trauma through the case of a professional actor experiencing reflux episodes and functional voice loss. The client's symptoms, unresponsive to conventional treatment, were traced to unresolved trauma exacerbated by a nightly reenactment of violent stage material. Using relational vocal massage, a body psychotherapy technique, therapy facilitated the emotional processing of historic trauma stored somatically. This intervention led to the resolution of both reflux symptoms and vocal impairment. The report aims to show the role of the autonomic nervous system in mediating performance anxiety and somatic symptoms, particularly through vagal control of the lower oesophageal sphincter. It supports the use of body-oriented psychotherapeutic approaches in cases where trauma is expressed somatically, particularly in high-performance professions. The case contributes to emerging psychosomatic models and invites further exploration of trauma in performing artists and other populations whose symptoms lie beyond the reach of traditional therapies.

Keywords: Reflux; Voice disorder; Psychogenic voice; Relational vocal massage; Vocal manual therapy

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1. Background

Trauma is a condition with significant impacts on both the mind and body. Being an elite performer requires commitment and utter belief in the role, the text and the music; as if they are the person they are pretending to be. If performing artists have not experienced trauma from their training or inter-professional relationships, they may have experienced it on stage. While most performers recognise that they are not the person they are pretending to be, and their psychological process understands this and regards it as true, their blind, wandering nervous system stretches to gather information as best it can to help them survive. During a performance, this blind, wandering, information-gathering ganglion will invariably be met with bodily signs such as an increased heart rate, sweaty palms and loud vocalisations with shallow breathing. These are the components of the body's role in singing an elite-level role on stage. Unfortunately, these are also all markers of a sympathetic nervous system, a danger response.[1]

Acute trauma results from a single distressing event, such as an accident or natural disaster. Chronic trauma involves repeated exposure to stressful events over a prolonged period, often seen in situations of domestic abuse or prolonged illness. Post-traumatic disorders, including post-traumatic stress disorder (PTSD) and complex PTSD, are significant mental health conditions resulting from trauma. PTSD is characterised by symptoms such as flashbacks, severe anxiety, intrusive thoughts and avoidance behaviors.[2] One of the diagnostic criteria for PTSD, as per the Diagnostic Statistical Manual of Mental Disorders (Edition 5) is "A. Exposure to… threatened death, serious injury or sexual violence in one or more of the following ways: 3. Learning that the traumatic event occurred to a close family member or friend. In cases of actual or threatened death of a family member, the events must have been violent…."[3, p.271]

Laryngopharyngeal reflux diagnosis remains challenging due to its nonspecific symptoms and lack of a gold standard test. The most commonly used diagnostic tools include the reflux symptom index (RSI) and reflux finding score (RFS), both of which are validated, subjective rating scales. The RSI is a self-administered questionnaire assessing symptom severity, while the RFS is completed by clinicians based on laryngeal visual findings during endoscopy.[4]

2. Case presentation

A male client who is a high-level performing artist with reflux who had been cleared of any serious pathology or medical emergency by an ear, nose and throat surgeon. He had failed a course of prescribed proton pump inhibitors, which made his symptoms of reflux worse, and was now seeking alternative ways of managing his issue.

In Act 2, Scene 4 of *Titus Andronicus* by Shakespeare, the raped and mutilated Lavinia is discovered by her horrified uncle, Marcus. The performer playing Marcus (my client) understands that they are not in actual danger and psychologically comprehends that they have not actually witnessed a murder, assault or sexual violation, but that the character has. This is his job, every night, to make an audience believe that he has witnessed this horrific experience. He will also psychologically understand that the actor playing Lavinia has not been raped but is pretending that she has been. They then must both convey that they do not know what they have rehearsed, and portray a belief in the imagined world, or else the art form fails to communicate the idea of truth, and the illusion for the audience is broken.

3. Discussion

Research has shown a significant connection between anxiety, depression and the incidence of gastroesophageal reflux disease (GERD).[5] Undiagnosed trauma can also play a significant role in the presence of non-malignant gastrointestinal disorders.[6] This is what I believe we were observing in my client. Leaving home to go to work sets off something within him, and he would then end up with a bad taste in his mouth and a functional voice problem, thus not allowing him to relive this experience on stage. His voice, which he depends on to communicate the play, is now not working, and thus his whole livelihood (and identity) is called into question. His body was guarding him from re-experiencing the horror that his nervous system was having to go through every night. This experience is what Reich and the body psychotherapists would call "Armour."[7]

The main symptoms of GERD are: (i) Throat issues—chronic throat clearing, hoarseness and the sensation of a lump in the throat (globus sensation) and (ii) respiratory symptoms—chronic cough, wheezing and exacerbation of asthma; and finally, nausea and vomiting.[8] Anxiety, a major component of living with PTSD, can exacerbate the symptoms of GERD by affecting how the autonomic nervous system (ANS) regulates, with the functional result of improper functioning of the lower oesophageal sphincter (LES). This is important because the LES is the barrier at the oesophagus-stomach junction, preventing stomach acid from refluxing into the oesophagus. Composed of muscle fibres and supported by nearby structures like the diaphragm, it maintains a high-pressure zone that remains closed except during swallowing. This gatekeeping action protects the oesophagus from acid damage, ensuring proper digestive function.[9]

When individuals like this client experience this specific kind of PTSD-based performance anxiety, the vagal control of the LES can be disrupted, leading to increased reflux events.[10] The ANS serves an adaptive role in our survival. Components that trigger a sympathetic response can be passed through the ANS to the brainstem for an appropriate function to occur, sometimes labeled as the "fight/flight" response.[1] However, before the occurrence of this ANS response, we may feel compelled to say something like, "I have a gut feeling about this" before registering real danger, when we cannot process conscious data to form a rational conclusion.[11] The enteric nervous system is a complex network of neurons embedded in the gastrointestinal tract, often referred to as the "second brain" because of its extensive and autonomous capabilities. Therefore, the ANS, in a state of survival every night for two hours, begins to code a pattern. A blueprint gets set down that might

look like: When you do all these things, you are unsafe. As the ANS plays an adaptive role, it begins to stop us from participating in these "dangerous" behaviors and settings.[10]

4. Interventions

Using relaxation techniques before his show was a useful psychological education for this client; however, it was a temporary firefighting measure. The really meaningful psychological change occurred when we used relational vocal massage (RVM) techniques to bring him into a relationship with not only his anatomy, but also his anxieties and fears around his trauma from the past.[12,13] We worked together for just three 50-min sessions. Throughout this time, we established what our "contract" would be for the work. We agreed to try and find physical sensations in the body together that would feel "familiar" to the refluxing experience and thus ultimately "useful" in connecting the client to his experiences. The theoretical hope is that through greater awareness comes the propensity for change.

The two main areas of contact were the region of the diaphragm and the region of the pharyngeal constrictor muscles. The intervention consists of holding, stretching and massaging the region of the mid-pharyngeal constrictors, with the thumb and forefinger situated above the region of the hyoid bone, with the client in supine. The diaphragm manoeuvre was negotiated through the consent-based framework, and the position of the hands was held for a long time just underneath the xiphoid process.[14] The hand positions for the pharyngeal constrictors were negotiated in the same way, with the fingers placed either above the hyoid bone or on the transverse processes of the cervical spine with medial pressure towards the larynx. Essentially, the hand position was left in the region of the diaphragm underneath the xiphoid process or in the region of the pharyngeal constrictors until the client no longer felt it was "usefully connected" to the refluxing experience.

During the held position in the diaphragm region through the RVM framework, he disclosed that he had witnessed something similar to the events playing out on stage, but 21 years previously, and instead of processing it emotionally at the time, he let the police involvement and administration of the event act as a dissociation defense. He had suddenly remembered that at 18 years old, on a night out, he had come across a young woman who he believed to have been raped. He believed she had been drugged and looked as though she had been beaten. After the discovery of her body, he called the police. The police arrested him as the prime suspect in the rape, but he was later cleared of any suspicion. Once we were able to process these memories from within the body by discussing the events, and emotionally discharging some of the trauma stored in his body through crying and involuntary tremoring, we were able to free his voice and his own relationship to the previous real traumatic event that occurred in his life. This was "useful" enough that his reflux symptoms were helpfully modified in the beginning days after the first session and then completely subsided after session three. He was able to finish the show in good vocal health.

5. Conclusion

Using touch to bring this stored trauma out to process was such a key part of the intervention that talking therapy or pharmaceuticals could not reach in this case. Flock and King's 2023 paper invites us to consider experiences of reflux as a broader, biopsychosocial phenomenon, which sometimes requires different and more creative interventions. It is important for clinicians to consider other psychosomatic aspects of health and function beyond traditional approaches, especially when dealing with elite performers. The field of performing arts medicine needs greater access to more multidisciplinary and holistic interventions, especially as it is a relatively new specialism within medicine. There is a wealth of adjunct specialists with appropriate experience who do not necessarily sit within the confines of typical biomedicine and who can help people with their understanding of the demands of performance art.

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Conflict of interest

The author declares no conflicts of interest.

Author contributions

This is a single-authored article.

Ethics approval and consent to participate

A consent form was signed by the client retrospectively for this case study to be published. The client has approved the wording and outcomes of the treatment process.

Consent for publication

The client consented on the publication of his data.

Availability of data

Not applicable.

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