Microscopic Colitis Foundation

Newsletter Archive

Wayne's Blog

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The Key to Health and Happiness — Dealing with the Social and Emotional Aspects of MC
Part 1

by Wayne Persky

The social and emotional aspects of dealing with microscopic colitis are a real challenge.

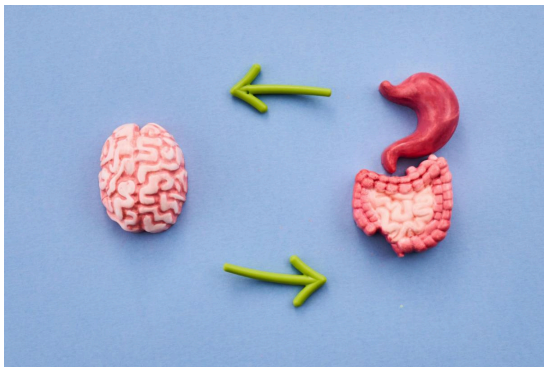
Part 1 discusses how we can adapt to the restrictions that MC puts on diet and social connections in a positive way.

Part 2 next month will look more closely at depression, and ways to improve our psychological well-being.

Microscopic colitis (MC) forces us to deal with truly depressing problems. Unpredictable, high-volume diarrhea disrupts our daily routines, restricts travel, and shrinks social life in ways that are difficult to explain to anyone who hasn't lived with the disease. The dietary changes required to control symptoms

often eliminate foods that carry cultural, religious, and emotional significance. Some patients spend months or years cycling through inadequate treatments before finding a workable management strategy. The psychological toll can be overwhelming, and dismissing it accomplishes nothing.

What is not justified, and what the evidence doesn't support, is the conclusion that a life with MC cannot be deeply satisfying. That conclusion is factually wrong — and more than just wrong, it's biologically counterproductive. The relationship between psychological state and gastrointestinal disease is not one-directional. Depression, anxiety, chronic stress, and social isolation actively worsen inflammatory disease. Understanding that fact is the starting point for understanding why working toward genuine psychological wellbeing is not an optional add-on to symptom management — it's part of controlling the disease.



The mind-gut axis is real, and it works both ways.

The gut-brain axis is a bidirectional communication network involving the enteric nervous system, the vagus nerve, the hypothalamic-pituitary-adrenal (HPA) axis, the immune system, and the gut microbiome. Signals travel constantly in both directions. Chronic psychological stress activates the HPA axis, triggering the release of corticotropin-releasing hormone (CRH), cortisol, and catecholamines, all of which increase intestinal permeability, dysregulate immune signaling, and amplify inflammatory responses in the gut (Mayer, Naliboff, Chang, and Coutinho, 2001)[1].

This matters for MC patients in a specific and measurable way. Collagenous and lymphocytic colitis are driven by dysregulated mucosal immune activity — precisely the system that chronic psychological stress disrupts. Research in patients with inflammatory bowel conditions consistently demonstrates that perceived stress correlates with disease activity, symptom severity, and flare frequency, even after controlling for objective markers (Bernstein et al., 2010)[2]. The direction of causation runs both ways — active symptoms cause distress, and distress amplifies symptoms. Patients who are able to exit that cycle (even partially) tend to stabilize faster and maintain remission longer.

The converse is equally established. Positive psychological states, including optimism, emotional support, and a stable sense of meaning, are associated with lower circulating levels of interleukin-6, tumor necrosis factor-alpha, and C-reactive protein — the same inflammatory markers elevated in active MC (Fredrickson et al., 2013)[3]. This is not an arbitrary (spurious) statistical association. These are the same molecules driving the colonic inflammation that produces symptoms. Working toward emotional resilience has measurable physiological consequences.

Humans tend to adapt to chronic illness better than they expect.

One of the most consistent findings in psychological research over the past four decades is that people are remarkably poor at predicting how they will feel after major negative life events. They consistently overestimate how severely and how persistently adversity will reduce their happiness. The mechanism responsible for this is hedonic adaptation — the tendency of subjective wellbeing to return toward a stable baseline after disruption (Brickman and Campbell, 1971)[4].

The most significant finding for MC patients is the evidence that adaptation occurs even in the context of chronic illness. Studies of patients with persistent medical conditions, including IBD, consistently find that long-term subjective wellbeing is substantially higher than newly diagnosed patients predict it will be (Lucas, 2007)[5]. That gap between anticipated suffering and actual lived experience isn't denial — it reflects the genuine cognitive and emotional reorganization that occurs as patients develop new reference points, new competencies, and new sources of satisfaction. The adaptation is not automatic or painless, but it's real.

This has a practical implication. When a newly diagnosed MC patient concludes that their life is now fundamentally less livable, that conclusion is based on comparing their current state to a prior baseline that no longer applies. The more accurate comparison is to where most patients eventually land after establishing adequate control and adapting their lives accordingly. And that comparison produces a considerably less grim, more positive picture.

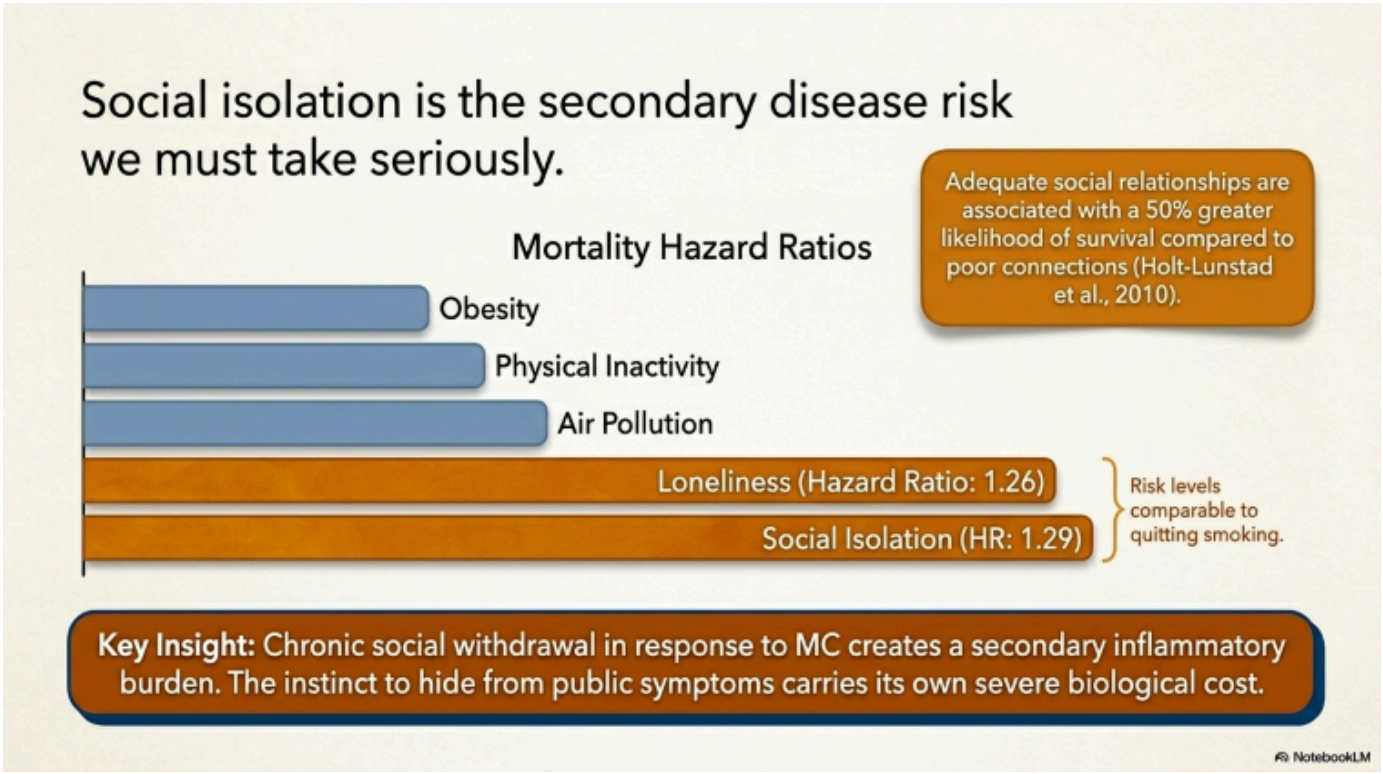
What dietary restriction actually does, long-term.

The initial grief over dietary restrictions is understandable. Food is culturally loaded, socially integrated, and emotionally significant. Losing the ability to eat gluten, dairy, soy, alcohol, and sometimes other foods, genuinely changes the experience of social eating and family meals. That loss deserves acknowledgment, not minimization.

The other side of that ledger also deserves acknowledgment. Ultra-processed foods (the majority of the modern Western diet) are associated with increased systemic inflammation, gut microbiome dysbiosis, elevated cardiovascular risk, metabolic dysfunction, and depression (Lane et al., 2022)[6]. MC patients, by necessity, typically eliminate most of those foods.

The nutrient-dense, whole-food diet selections that MC symptom control requires, emphasizing quality proteins, well-tolerated vegetables, healthy fats, and unprocessed starches, aligns substantially with the dietary patterns most consistently associated with reduced inflammation and improved psychological wellbeing (Jacka et al., 2017)[7].

Many patients discover, just as I did, that after the initial adjustment period, they feel better than they did before MC ever entered their life. Energy improves, metabolic markers improve, and the inflammatory burden of a decades-long poor diet is gradually removed. That outcome doesn't erase the social awkwardness of dietary restriction, but it changes the cost-benefit ratio considerably.



Social isolation is the one risk worth taking seriously.

The social limitations imposed by MC deserve a frank discussion, because the instinct many patients develop — to withdraw from social situations, rather than risk symptoms in public — carries its own serious health risks.

Social isolation is one of the most thoroughly documented mortality risk factors in medicine. A meta-analysis of 148 studies found that adequate social relationships were associated with a 50% greater likelihood of survival when compared with poor social connections. This is an effect size comparable to quitting smoking, and substantially larger than obesity, physical inactivity, or heavy drinking (Holt-Lunstad, Smith, and Layton, 2010)[8]. A subsequent analysis of 70 prospective studies confirmed that loneliness and social isolation independently predict premature mortality, with hazard ratios of 1.26 and 1.29 respectively, regardless of health status at baseline (Holt-Lunstad et al., 2015)[9].

For MC patients, chronic social withdrawal in response to symptoms creates a secondary disease risk of loneliness and depression, that compounds the primary problem. The irony is that this secondary encumbrance is often more controllable than it appears. Most social isolation in MC is driven not by the actual frequency of symptom events in social settings, but by anticipatory anxiety about what might happen. That anxiety tends to be systematically blown out of proportion — patients typically overestimate both the probability of a symptomatic “accident” and the social catastrophe that would follow one.

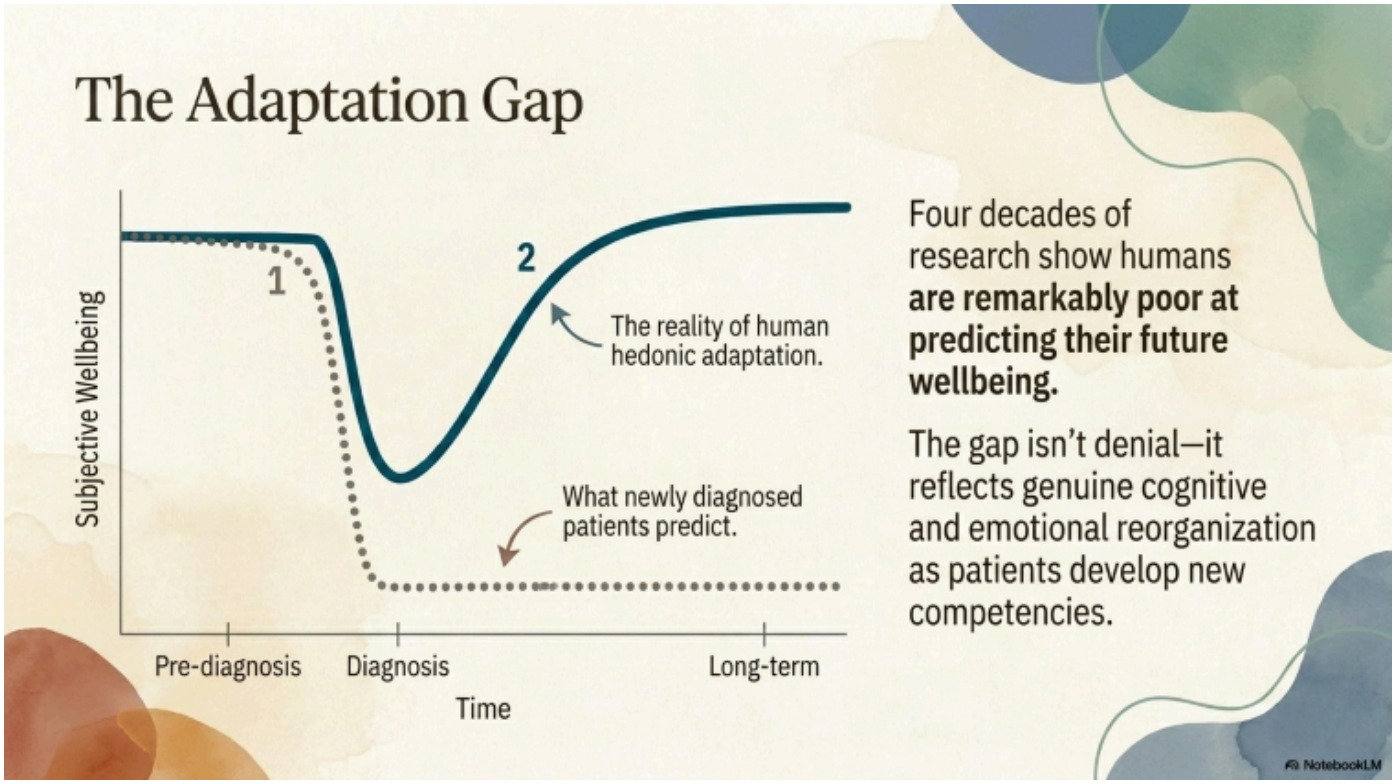
Managing that anxiety — whether through practical preparation (knowing venue layouts, eating strategically before outings, and carrying appropriate supplies), cognitive realigning, or professional psychological support — tends to re-expand social participation considerably. The goal is not to eliminate all reasonable precautions — it's to prevent precautions from progressing into complete withdrawal.

Travel is difficult, but not impossible.

Travel with MC requires more planning than it did before diagnosis. That's certainly true. Airport delays, unfamiliar restaurants, unpredictable toilet access, and disrupted sleep all create real challenges. The solution most patients arrive at independently is the same one that most travel medicine specialists would recommend — develop an organized plan, rather than relying on luck.

Traveling with a safe food supply (particularly portable, non-perishable options) eliminates the single greatest source of travel-related symptoms, which is eating food that contains hidden triggers in unfamiliar settings. Researching toilet locations in advance at destinations, choosing accommodations with private bathrooms, carrying documentation of the medical condition for airport security screening, and scheduling travel during lower-symptom periods, all reduce the uncertainty that makes travel anxiety disproportionate to actual risk.

Most MC patients who travel regularly report that the first few trips after diagnosis are the most difficult, and that subsequent trips become progressively more manageable as routines are established and confidence builds. The mistake is concluding from the difficulty of those first trips that travel is permanently off the table.



The importance of meaning

Beyond hedonic happiness (feeling good day to day) there's a second dimension of wellbeing that's both more durable and more closely tied to health outcomes. Psychologists call it eudaimonic wellbeing, which is the sense that one's life has meaning, direction, and purpose. Research consistently shows that eudaimonic wellbeing predicts health outcomes more accurately than hedonic happiness, including in populations with chronic disease (Ryff, 2014)[10].

Higher levels of purpose in life are associated with reduced inflammatory biomarkers, lower risk of cognitive decline, better sleep quality, and lower all-cause mortality, with effects that persist after adjusting for confounding variables that include income, education, physical activity, and baseline health status (Kim, Sun, Park, Kubzansky, and Peterson, 2013)[11].

This has specific relevance for MC patients. The experience of living with a difficult, often misunderstood chronic illness that most physicians and patients know little about creates a genuinely unusual vantage point. Many MC patients acquire, through necessity, a depth of practical knowledge about gut physiology, nutrition, inflammation, and medication effects that exceeds what their treating physicians possess. That knowledge, the perspective that develops from managing a complex chronic condition, and the capacity for empathy toward other patients in similar situations are real and transferable resources.

Patients who engage with online support communities, mentor newly diagnosed patients, or advocate for MC research and awareness frequently report that those activities become among the most meaningful aspects of their lives, independent of their symptom status. That's not a coping strategy — it's a genuine reorientation of what a life affected by MC can produce. I can personally vouch for the fact that this is absolutely true in my case.

.....continued in the September newsletter

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Mindfulness and Neuroplasticity

by Shannon Freedom

Attention -> Habit -> Neuroplasticity

Neuroplasticity is the brain’s remarkable ability to change and reorganize itself throughout life. Every time we repeatedly direct our attention toward a thought, behavior, or experience, we strengthen the neural

pathways associated with it. Over time, these repeated patterns become habits that can influence how we think, feel, respond to stress, and care for our bodies. In this way, where we consistently place our attention can shape not only the brain but also the daily choices that support our health and ability to heal.

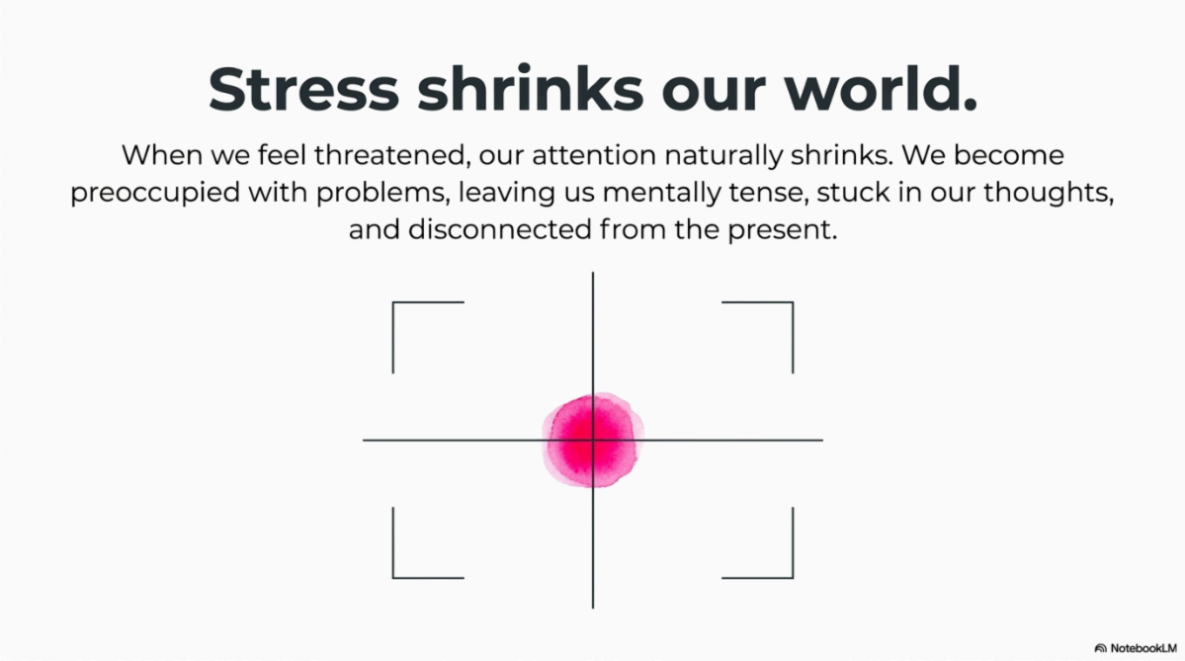
Neuroplasticy can influence gene expression.

Research also demonstrates that our behaviors and environment can influence gene expression through a process known as epigenetics. While our genes provide the blueprint, factors such as chronic stress, sleep quality, physical activity, nutrition, and mindfulness practices can affect which genes are more or less active. These lifestyle factors do not change the DNA sequence itself, but they can influence how genes are expressed. By developing healthier habits through neuroplasticity (such as practicing mindfulness and responding to stress with greater awareness) we can create an internal environment that supports healthier patterns of gene expression.

Self awareness assists in neuroplasticity.

Neuroplasticity begins with self-awareness, allowing us to recognize the thoughts, emotions, and habits that may no longer serve our well-being. By intentionally choosing healthier patterns, we can help create a more balanced internal environment that supports nervous system regulation, healthy gene expression, and overall healing.

Self-awareness develops by noticing the layers of fear, self-judgment, expectations, and the constant demands of daily life that can obscure our true nature. Beneath the superficial layers lies our authentic nature: a place of peace, inner wisdom, self-love, and wholeness that has always been present. Like a calm lake reflecting the sky, our true nature becomes clearer when the noise and turbulence of the mind begin to settle.

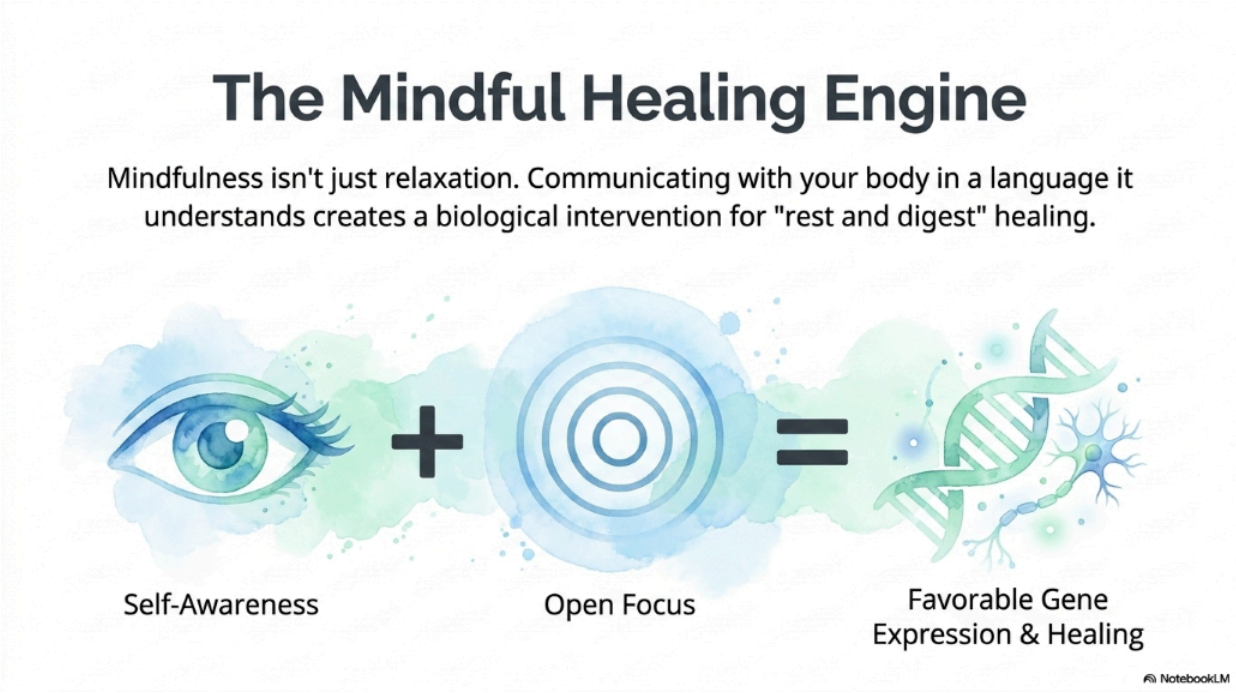


Meditation improves self awareness.

Introspection through mindfulness and meditation allows us to reconnect with a deeper part of ourselves. Through practices such as body scanning and feeling the space around our body, we develop the ability to notice the inner body with greater care and acceptance. Notice each area with acceptance.

With improved self awareness, we can ensure approach to our health challenges with compassion rather than criticism, creating an internal environment that is more supportive of healing and healthier patterns of gene expression. From this place of awareness and connection, we are better able to live in ways that

nourish rather than deplete us. Our body is always responding in ways it was designed to (protecting us and helping us feel safe). When we learn to communicate with our body in ways it understands, such as meditation, we can support nervous system regulation and allow it to settle into a state of relaxation, healing, and “rest and digest”.



Meditation Intro

Body scanning and expanding your awareness.

Many meditation practices begin by directing your attention to different parts of your body. This is called a body scan. At first, it may seem like a simple relaxation exercise, but it also trains one of your brain’s most important skills: attention.

There are two basic ways we can focus our attention.

The first is narrow focus. This is when you direct your attention to one specific thing, such as your foot, your breathing, or the sensation in your hands. You use this type of focus throughout your day when you’re reading, tying your shoes, driving, or having a conversation. During a body scan, you use this same focused attention by gently noticing each area of your body one at a time.

However, many of us spend so much of our day in this narrow focus that we become mentally tense. When we’re stressed, our attention naturally shrinks as we narrow our focus on what we feel is threatening. We become preoccupied with problems, worries, and constantly planning what might happen next. This can leave us feeling stuck in our thoughts and disconnected from the present moment.

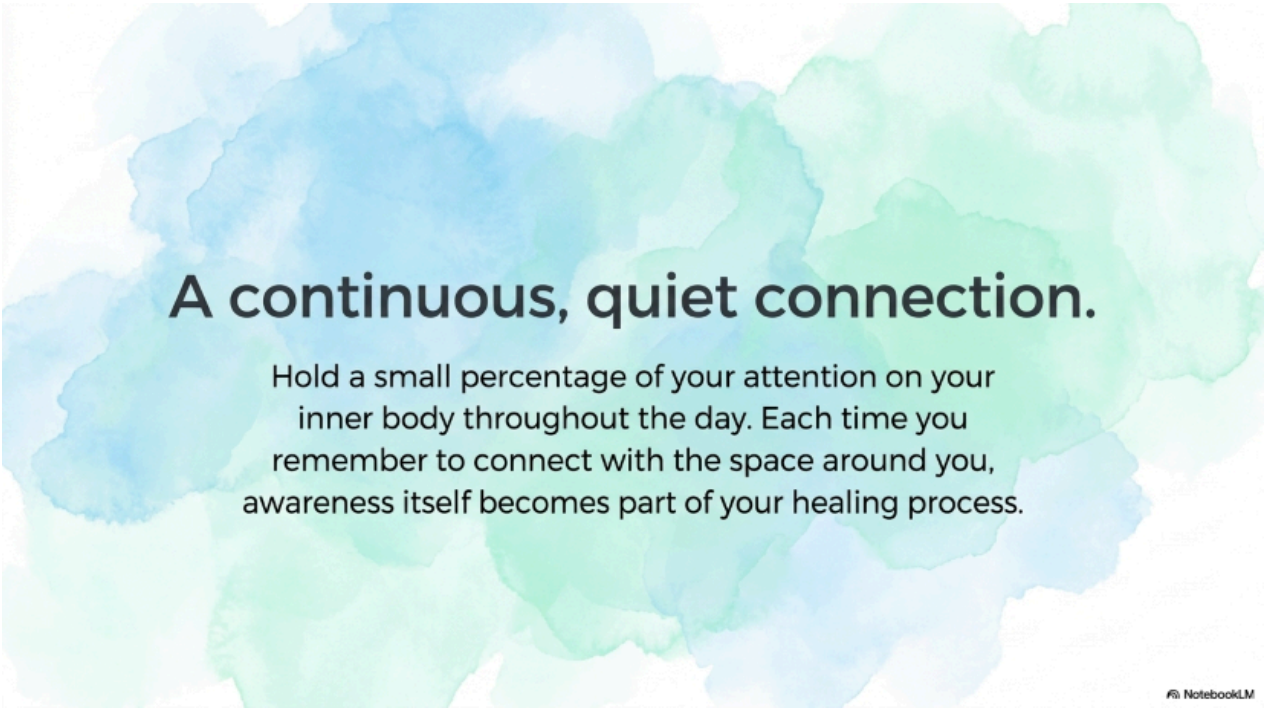
After you’ve noticed a part of your body, the next step is to gently expand your awareness. Instead of focusing only on your body, begin to notice the space surrounding that body part. You aren’t trying to imagine anything or see anything. Simply become aware that there is open space around your hand, your arm, your chest, or your entire body.

The second is called open awareness or broad focus. Think of it like looking through a camera. With narrow focus, you’re zoomed in on one object. With open awareness, you slowly zoom out until you can take in the entire scene. Both ways of paying attention are valuable, and meditation teaches you how to move between them with ease.

Meditation

Now, gently bring your attention to one part of your body such as your hands. Notice any sensations without trying to change them. Then, expand your awareness beyond your body, sensing the space surrounding your hands… the space around your arms… the space around your chest… the space around your legs… and finally the space surrounding your entire body. Rest your attention in that openness. There is nothing to fix, nowhere to go, and nothing to become. Simply notice the stillness that has always been here. As your awareness expands beyond thought and into the spaciousness of the present moment, allow yourself to rest in the quiet peace of simply being.

Imagine allowing all that no longer serves you to gently dissolve and flow outward through the space around your body, creating room for love, joy, and peace to enter. Each time the body begins to return to old patterns or hold onto the emotions of the past, pause and gently ask yourself: Is this a feeling I want to continue carrying? If not, be like the digestive system, and let that crap go.



Integrate mindfulness into daily life.

To create lasting changes, we can progress toward holding a small percentage of our attention on our inner body throughout each day. Becoming more attuned with how our body feels allows us to notice when we begin holding onto what may progressively contribute to an internal environment less supportive of health and healing. By connecting with the space around the body, we can visualize allowing this heaviness to release and drift away, creating space to experience greater lightness, ease, and peace.

Each time we remember to connect with our inner body, we create a moment of mindful healing, where awareness itself becomes part of neuroplasticity's healing process.

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He posts a new blog about once a week. Here are the titles of the most recent. Click the button at the top of the newsletter to access.

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The Future of AI in Healthcare

Should We Consider Using AI to Help Treat Refractive MC?

Med School Curriculum

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