
Effect of Meseron Therapy in the Management of Patient with Somatic Symptoms

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Abstract

This paper reports effect of Meseron therapy in the management of patient with somatic symptoms in a clinical case of Stella, a 26 year old female undergraduate with somatic symptoms. Referred to the psychological service unit following persistent complaints headache, stomach ache, heart and chest pains, tingling sensations and fainting attacks for the past two years. Had been diagnosed and treated for Malaria and Peptic ulcer disease by consulting physicians in some episodes. Patient kept visiting the clinic with the same presenting complaints in the absence of positive test for Malaria and other medical conditions, hence the referral. A total of three therapy sessions with a series of homework was conducted after Somatization was confirmed in a clinical interview and SCL-90 test. A carefully planned Meseron therapeutic techniques outline was formulated as a therapy guideline in a period of three weeks. At the end of Three weeks, Stella felt and verbalized relief from her unwanted anxiety provoking condition as also confirmed by SCL-90. A four weeks follow-up further confirmed that the therapeutic gain of Meseron therapy was sustained.

Keywords: Meseron therapy, patients, somatic symptoms

Introduction

This is a case report on the effectiveness of Meseron therapy in the management of patient with somatic symptoms in a clinical case of Stella.

According to Margo and Margo (1994), somatic symptoms cause significant suffering that leads victims to consult physicians who inevitably fail to find scientific and medical basis for physical complaints that do not correspond to presented diseases. It is obvious that since there is no medical basis for their physical complaints there will be no medical solution and such a situation provokes anxiety which is usually undesirable. The DSM-IV-TR stated that the essential features of somatization disorder include a pattern of recurring, multiple, clinically significant somatic complaints. A somatic complaint is considered to be clinically

significant if it results in medical treatment (the taking of medication) or causes significant impairment of social, occupational, or other important areas of functioning. The somatic complaints must begin before age 30 years and occur over a period of several years. Individuals with somatization disorder present vague but complicated and dramatic medical histories, usually beginning in their teenage years. It, involve a large number of gastrointestinal, pain, sexual and neurological symptoms. The disorder occurs more frequently in women than in men, although physicians may less likely recognize it in men. (Golding, Smith & Kashner, 1991).

Anxiety is a state of uneasiness, accompanied by dysphoria and somatic signs and symptoms of tension, focused on apprehension of possible failure, misfortune, or danger Colman, (2003).

According to Okoye (2001), when anxiety is overdosed it disorganizes the individual. This is because over dosage of anxiety can lead to emotional upset and irrational behaviors. Disorders in which anxiety is the predominant symptom are classified in the DSM-IV-TR as anxiety disorders. Although everyone is afraid from time to time, most people know why they have these feelings. A person suffering from anxiety does not know why he or she is afraid, and so cannot take effective action against the fear. A student who does not like to go home because she always fight with her parents, but does not want to spend Christmas alone, can neither attack the problem nor escape it comfortably. But at least she knows why she is apprehensive. Anxiety is a state of uneasiness, accompanied by dysphoria and somatic signs and symptoms of tension, focused on apprehension of possible failure, misfortune or danger. Colman (2003), generally, cognitive behavioural therapies assume that psychopathology results from irrational, faulty, negative and distorted thinking and self-statements. Consequently, therapies are directed towards cognitive reappraisal and restructuring to enable the client change negative thought patterns and self-defeating behaviours to more adaptive ones.

Cognitive therapists like psychoanalysts analyze the thought process; they believe that altering destructive thoughts enable the client to live effectively. While psychoanalysts focus on childhood relationship with the patient's family, cognitive therapists focus on how the

event and people both inside and outside the family influence beliefs. There are however emerging indigenous therapies like the Awaritefe's Meseron Therapy and Ebigbo's Harmony Restoration Therapy among others. Meseron has been described in many fora as a cognitive form of therapy. Perhaps, because the technique of Meseron reflects a cognitive orientation view of mental restructuring that is required of the patient (Awaritefe & Ofovwe, 2007).

The Meseron Therapy

Meseron therapy (Awaritefe, 1995) is a cognitive restructuring therapeutic technique. It derives its name "Meseron" from an Urhobo word, which literarily means I reject it. Meseron is a therapy that consists of a direct and holistic rejected of undesirable thought. It derives from an African custom of rejecting the negative while accepting the positive circumstances of life based on the philosophy of "I can "and the concept of man as a striving creature and it seeks to mobilize the patient/client to reassess his "perceptive capacity" as well as his appraisal mechanism and then positively and jointly employ his "operative facilities," thoughts, words and actions, (Awaritefe 1997) also stated that the meseron view of the nature of man is that man is a striving creature whose alternate goal is enablement for the purpose of striving and he is endowed with the appropriate psychological instruments which develop in given socio-cultural and physical environments. With these aids man can alter thoughts and environment and so overcomes. This case report therefore affirmed how this indigenous psychotherapy (meseron therapy) could help to alleviate the suffering of a victim of somatic symptoms manifestation.

Meseron Techniques and Tools

Awaritete, (1997) also went farther to provide the following techniques and tools for application of Meseron therapy

1. Construction of relevant and appropriate statements in consonance with the "I can" philosophy Meseron therapy helps the patient/client to construct appropriate statement aimed at releasing any deep rooted self-defeatist outlook.

2. Replacement of self-defeatist statement with appropriate statements. There is a need for the replacement of self-defeating and helplessness prone statements with proactive statement which places the individual in charge of his situation.

3. Use of appropriate statement as a way of life. In and out of the therapy, the client/patient is encouraged to always uphold an optimistic outlook. Optimism has been reported as an antidote to stress

4. Encouraging the client to make right choice. Consequent to man's striving nature he finds himself at a crossroad and must make choices. However, choices made at every turn determine the outcomes one gets. The patient is therefore expertly guided to make right choices in line with set goals.

5. Making the client know that he is the master of his "fate". Meseron therapy insists on the patient/client being in charge of the situation. Thus all forms of bulk passing by way of blaming others for wrong choices made are absolutely discouraged.

6. Motivating the individual to strive.

Rationale for Meseron Therapy

Just as the patient's consent is needed by the Doctor before certain treatments are carried out, so the patient's consent is needed for him to be ill Awaritefe (1997). In this respect silence means consent. An individual is ill because he has been silent, that is, he has been consenting. The therapist offers him the opportunity to realize this fact and to mobilize his strength to refuse. The therapist awakes in him the realization. The ultimate goal is to mobilize the patient's resources for symptom relief.

Content of Meseron Technique

The meseron technique consists of three parts which are intricately woven together. First is that the therapist awakes in the patient a realization, for example, that he has been consenting to his ill-health or adverse condition. One cannot be drowned if he or she did not go to the river or sea. Secondly, the patient makes the firm statement covertly or overtly; I refuse to allow that or I reject that condition. Thirdly, the patient makes the effort to overcome. Thus an important aspect of the meseron technique is communication that is,

making certain statements to self. The statement should negate or countermand the unwanted condition or situation. The statement should be made with adequate self-assertion. The statements should be made in a way to leave an impact on the patient/client. The statement should be brief so that it can be repeated many times. Ideally it should not be more than a few short sentences. The statement should be repeated continuously between 10 to 20 minutes per session or when used.

Components of the Therapy

The meseron technique consists of three components;

The thinking component

The verbal component

The action component

The thinking component helps the client to develop appropriate mental set or orientation. The verbal component reinforces the thinking component. The thinking component and the verbal component together stimulate and maintain the action component.

Goals of Therapy

There are three interrelated and hierarchically organized goal:

1. Awakening in the client a realization
2. Mobilization of resources
3. Symptom relief or elimination of the unwanted condition.

Application of Meseron Therapy on Participants

The Case Report - Stella

Stella, a 26 year old female undergraduate with somatic symptoms. She was referred to the psychological service unit following persistent complaints of headache, stomach ache, heart and chest pains, tingling sensations and fainting attacks for the past 2years. She had been diagnosed and treated for Malaria and Peptic ulcer disease by her consulting Physicians in

some episodes, but she kept visiting the clinic with the same complaints in the absence of positive test for Malaria and other medical conditions, hence the referral.

Assessment

Following a detailed interview which lasted for about 40 minutes, the Symptoms Distress Checklist (SCL- 90) subscale-A was administered. The SCL - 90 subscale-A consists of 12 items which measure the rate at which the individual is Bothered or Distressed by the problem in the recent past, including the very day of the consultation. The 12 items are rated on a scale of 5, ranging from Not at all, A little bit, Moderately, Quite a bit, to Extremely.

Stella related her current problem to spiritual attack occurring at the beginning of every month. The episodes always starts with feelings of heaviness in the arms and legs, pain in the chest and subsequent fainting. Stella would express negative statements during the "attack" such as 'they have come again' 'let it just end once and for all' 'they have come to take me, i am going' and other similar negative statements.

Diagnosis

An SCL-90 result of 32/14.30 revealed an individual with Somatization disorder. Somatization is a somatoform disorder characterized by a history of several years of somatic symptoms beginning before age 30 and resulting in a medical treatment or significant impairment in social, occupational, or other areas of functioning. (Colman 2003)

Procedure

There was 5 therapy sessions. At the onset of the therapy sessions the consent of the client to undergo the therapy was obtained after a rapport was established. During the sessions, the therapeutic gains were consolidated and evaluated through to the end of the sessions, the meseron protocol was followed. The client was asked to report her own thoughts and problems while the therapist clarified salient points. She was guided to acknowledge that her negative thoughts were undesirable and to express her desire to disassociate from them by saying "meseron" (I reject it) and verbalizing what she desired repeatedly for at least 10 times.

In addition to the Meseron therapy procedure, a therapy plan outline was also formulated to include presenting complaints, thought rejection and replacement, goal of therapy, rationale for the therapy and evaluation of therapy outcome. This was done to enable the therapist conduct well organized therapy sessions that are goal directed with time bound as presented below:

Case Presentation

Problem/ presenting complaints	Thought rejection and replacement	Goal of therapy	Rationale for therapy	Therapy outcome evaluation
- I am troubled with headache, vomiting and feeling that something will happen to me.	- I reject this headache and feeling of vomiting. - I will not vomit. I reject vomiting; I reject it, I reject it, I reject it. The headache and vomiting has stopped. (Repeat the statement 10 times, each time the thoughts come)	To replace anxiety provoking thoughts of headache and thought of vomiting with optimistic thought and be will relieved of unwanted condition in 2 weeks time.	Making conscious effort to reject undesirable thought makes the client to actualize herself. (Awaritete & Ofovwe 2004)	Within one week the client reported that she only felt slight headache about 2 days ago, and she is no longer has the feeling of vomiting. 6 weeks follow-up revealed that there is no further complaints of headache and feeling of vomiting as also confirmed with SCL-90 test

				score of 7/14.30
- Fainting and fear of fainting	- I reject fainting, it's not my portion to be fainting. I reject it, I reject it, I reject it....This is repeated 10 times each time the thought and feeling come.	To replace thought of fainting and disassociate self from fear of fainting in 3weeks time.	Optimism has been reported as an antidote to stress. (Awaritefe & Ofovwe 2004) Death and life are in the power of the tongue and they that love it shall eat of the fruit thereof, Proverb 18:21 (Ofovwe, 2004)	No fainting attack was reported in 6weeks follow-up as evident by her normal SCL-90 test score.
- The thought and feeling of stomach upset and lump in my throat makes me afraid to eat anything. - Feeling of water flowing inside the left side of my body disturb me and	There is no any lump in my throat, my stomach is ok, and has no problem. - I can eat and drink any food I want without any problem - I reject stomach upset	There will be awakening of the client realization. -To replace thought and fear of eating with optimistic thought that she can eat whatever she wants at anytime in 5	- Meseron awakens the client to conscious action. (Ofovwe 2004) - Meseron therapy makes the individual to know that she is the master of her fate. (Awaritefe &	Client reported that 2 weeks in the commencement of Meseron therapy, the thoughts stopped intruding her mind. She became relaxed and and anxiety on that side

<p>make me afraid.</p>	<p>and lump in my throat, I reject it, I reject it, I reject it.... repeat it 10 times</p> <p>- water cannot flow inside the left side of my body.</p> <p>- I reject that any abnormal water is flowing inside my body; I reject it , I reject it, I reject it.... repeat it 10 times</p>	<p>days' time.</p> <p>- Client will mobilize resources in a conscious effort to reject irrational and illogical thoughts and beliefs to replace thought and belief water is flowing inside her left side of body with rational and logical belief in 2 weeks' time.</p>	<p>Ofovwe 2004). That whatever she belief and strongly belief will affect her everyday life, and therefore should evaluate and disbelief strongly.</p>	<p>stopped.</p> <p>Though her stomach was making noise. At the end of 5 weeks, there was no further complaints of water flowing inside her.</p> <p>A 6weeks follow-up revealed that there was no episode of fainting attack during the period. Thought of lump and water flow were no more entertained.</p>
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First Therapy Session

At the onset of the session which lasted one hour, rapport was established with the client nodding and acceptance of all her complaints and assurance that it will stop. The irrationality of the belief was partially explained.

(a) The client was asked to report her own thoughts and problems (present the disabling situation)

(b) Acknowledging that her thoughts were actually undesirable- need a state of well-being.

(c) Desire to disassociate from her thought: She was encouraged to verbalize what she desire within a particular time frame, that silence means consent. She was made to realize that the thought she was having about herself was non pathological and baseless, that the thought activate the symptoms she earlier reported, and that it makes her feel sick.

(d) Meseron: She was encouraged to say with confidence that she rejects the undesirable thoughts that are making her anxious and worried about her state of health. (She repeated it to herself for 10 times).

(e) Constructive action: She was informed that she should be motivated to change her state through a goal directed action by replacing the undesirable thought as she desire as earlier verbalized. Meaning that she should acknowledge the presence of the disabling condition in her, reject them wholeheartedly, activate a goal directed action to change her perception and experience her desired goal. This session lasted from 11: 15am-12:45pm. We agreed to meet same time the following week.

Second Therapy Session

This second session which lasted about 1 hour 30minutes started at about 11am, she was asked to verbalize her experiences during the week. This time, she looked excited as she reported a more positive feeling. She was asked to repeat those statements about what she desire to herself and change her habit and attitude towards those negative thoughts and feelings with all seriousness (Mobilization of resources) repeatedly, and we also agreed to meet again at her convenient. The session was terminated at 12:30pm, and we scheduled the next meeting for same time the following week.

Third Therapy Session

This therapy session which lasted 45 minutes started at about 10:20am, she was asked recount all her experiences during the week, which she did. It was observed that he thought and feeling of vomiting that made her afraid to eat had stopped, but she still reported thought and feeling of something hanging in her throat. At this point, she was given assignment to be repeating to herself 10 times (I reject it! I reject it) each time the feeling

and thought of any uncomfortable situation comes to her mind, take note of the time and frequency of the thoughts and feelings as well all the effort and action she took towards overcoming it. The session came to a close at about 11: 09am.

Fourth Therapy Session:

This session commenced at 10am. At this time, the client was asked if there is any complain, she responded "NO" with expression of gratitude and joy as could be observed in her mood. There was a great awakening of the client's realization and insight into her problems. She had replaced thought and fear of eating with optimistic thought that she could eat whatever she wants without fear. She had mobilized resources in a conscious effort to reject irrational and illogical thoughts and beliefs of "water flowing inside her left side of the body" and her fears had stopped. At this point, she was given motivational interview based on the therapeutic gain of the meseron therapy that has so far been achieved. She was asked to continue with the assignment of noting any uncomfortable thought and feeling and saying "I reject it" 10 times to herself, make conscious effort to reject and replace the thoughts with rational and logical beliefs. The session came to a close at 11:05m.

Fifth Therapy Session:

At about 10am, the therapy session commenced with review of all we have done previously and evaluation of provoking thoughts she noted and rejected during the past week. This time Stella was more relaxed and familiar with the various positive action statements as she recounted her experiences during the past week and expressed satisfaction with great relief.

Nevertheless, she was asked to continue with the same effort and always remember to reject every negative thought that comes her mind and repeat to herself her desired feeling 10 times as usual. This Fith therapy session lasted for about 45 minutes. However, a follow-up and observation continue even when therapy had ended and judged to be successful as evident by SCL-90 score of 7/14.30.

Conclusion

A total of 5 sessions along with a series of homework was conducted for stella over a period of 5 weeks. The outcome of Meseron therapy in the management of somatic symptoms and

complaints presented by Stalla revealed that there was awakening of the client realization that her presenting complaints, thoughts and beliefs that caused her distress were irrational and illogical, as client could mobilize resources in a conscious effort to reject them. Thus, the three components of the Meseron therapy techniques namely: the thinking component, verbal component and active component were actualized. Eventually, Stella felt and verbalized relief from her unwanted anxiety provoking condition within the short period of 5 weeks. A 6 weeks follow-up further confirmed that the therapeutic gain of Meseron therapy was sustained.

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