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GUT-DIRECTED HYPNOTHERAPY: *The Manchester Approach for Treatment of Irritable Bowel Syndrome*

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Abstract: This article describes the particular approach of using hypnosis as an adjunct to treating irritable bowel syndrome, developed within the Department of Medicine at the University Hospital of South Manchester, UK, since the 1980s. Patients receive up to 12 sessions over a 3-month period, and the majority of patients achieve marked improvement in symptoms and quality of life, an effect that is usually sustained. The therapy has a “gut-directed” framework that aims to teach patients the necessary hypnotic skills to control gut function and reduce symptoms, such as hand warmth on the abdomen and imagery. Other interventions based on particular lifestyle and psychological factors commonly found to influence symptoms are also included as appropriate for the individual patient.

Hypnosis was first used to treat irritable bowel syndrome (IBS) in patients with severe refractory symptoms as part of a controlled clinical trial here in Manchester, using a symptom-orientated or “gut-directed” approach (Whorwell, Prior, & Faragher, 1984). This showed that all symptoms of pain, abdominal bloating, and bowel-habit disturbance as well as general well-being improved in patients who underwent treatment with hypnosis but not in those who received placebo medication and support. Based on the success of this trial, hypnosis was gradually adopted as an additional treatment modality for patients, particularly those whose symptoms failed to respond to the usual medical interventions of reassurance and various medications. A unit devoted to the provision of hypnotherapy for treating IBS patients was established in 1995. It is now staffed by several therapists and has led to a large number of IBS patients being treated with hypnosis.

The gut-directed approach used in the unit aims to teach the patient the necessary hypnotic skills to control and help normalize gut function, rather than just as a means of promoting relaxation and reducing psychological stress. This has a distinct advantage, since most patients

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perceive their illness as having a physical basis and therefore find the idea of using hypnosis to learn to control their gut much more acceptable than, say, a referral to a psychologist or psychiatrist, which may be interpreted as meaning that their symptoms are purely due to stress or are “all in their mind.” However, IBS is generally accepted to be multifactorial in origin and is viewed within a biopsychosocial framework. Thus, a number of factors may operate within a particular individual in triggering or at least exacerbating symptoms. It is therefore common for us to include more psychologically oriented and other interventions in our approach to treatment as may be appropriate and timely for the individual.

This article describes the particular approach to IBS treatment as generally practiced by therapists within our unit and covers (a) the basic framework of gut-directed hypnotherapy and (b) other useful interventions based on lifestyle and psychological factors commonly found to influence symptoms. A number of brief examples of cases will also be included to illustrate the various points given.

OUTLINE OF TREATMENT

Patients are seen on an individual basis and the overall treatment package consists of an initial consultation followed by up to 12 therapy sessions, usually at weekly intervals (see Table 1).

Outcome Measures

To obtain quantifiable data to assess effectiveness of treatment, patients are asked to complete both an extensive IBS Questionnaire (Francis, Morris, & Whorwell, 1997) and the Hospital and Anxiety

Table 1
Gut-directed Hypnotherapy—Outline of Treatment

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1. Consultation
 - Clinical history to assess IBS symptoms and impact on patient
 - Explanation of IBS symptoms and hypnotherapy
 2. Treatment Sessions
 - 1st (and 2nd) sessions:
 - Relaxation/hypnotic induction
 - Relevant ego-strengthening
 - From 2nd or 3rd sessions
 - Inclusion of gut-directed techniques for control and normalization of gut function, e.g., hand warmth on abdomen, imagery, imaginal rehearsal, direct suggestions
 - Suggestions and techniques modified as necessary
 - Daily practice with audiotape
-

Depression Scale (HAD; Zigmond & Snaith, 1983) before their first appointment and after the last therapy session. In the IBS Questionnaire, patients rate, mainly by visual analogue scale (VAS), IBS symptoms (pain severity, pain frequency, bloating, bowel-habit dissatisfaction, and degree of life interference), extracolonic symptoms, and quality-of-life variables. After the last session, they also complete an assessment sheet where they can write in their own words how they have found therapy helpful. In addition, at the beginning of each session, patients rate by VAS how their symptoms have been since the previous session on a weekly monitoring sheet. The symptoms include abdominal pain (upper and lower), bloating, excess wind, bowel-habit disturbance, as well as overall well-being. This information provides a guide for the therapist but also is useful to show to the patient throughout treatment to reinforce any progress they have made.

The Consultation

The therapist who will see the patient throughout the course of treatment conducts an initial consultation. As well as providing the opportunity to establish rapport with the patient, this serves several purposes: (a) to obtain a full clinical history and assess symptoms and any contributing factors; (b) to explain the origin of symptoms and thus give a model for applying hypnotic interventions; (c) to reassure the patient about hypnosis and what treatment will involve.

Clinical History

It is common practice to gather information as outlined in Table 2, which enables the therapist not only to build up a picture of the problem and the patient's understanding of this but also to gain some insight into the individual's abilities, resources, and experiences that can be utilized by the therapist in structuring suggestions and other interventions.

Table 2
Clinical History Information Gathered During Consultation

Symptoms: pattern, severity, frequency, duration of illness
Possible precipitating factors prior to onset, e.g., GI infection, life changes
Possible factors that trigger or exacerbate symptoms, e.g. stresses, foods
Impact of symptoms, e.g., psychological effects, avoidance, relationships, work, etc.
Coping strategies—what is or is not helpful
General lifestyle, including eating habits
Personal circumstances, general interests and hobbies
Psychosocial and personality factors (<i>see</i> Table 3)

Table 3
Psychosocial and Personality Factors that May Play a Role in Expression of IBS Symptoms

Major life events and ongoing minor hassles
Relationship difficulties
Symptoms and potential consequences
Always “on the go” (with consequences, e.g., skipping meals)
Perfectionism, high expectations of self/others
Irrational beliefs/rigid rules, e.g., “should,” “must”
Feeling guilty about attending to own needs
Need for social approval, pleasing others
Overresponsibility for others
Poor interpersonal boundaries
Lack of assertiveness
Low self-esteem and confidence
Emotions, e.g., anger, resentment
Poor coping styles
External locus of control, low self-efficacy, helplessness
Cognitive distortions, e.g., catastrophizing, generalizing
Illness behavior and attitude
High hypnotic ability

Explanation of IBS Symptoms and Rationale for use of Hypnosis

In order to help conceptualize an approach for subsequent hypnotic techniques, the patient is given an overview of normal gut function and the current understanding of physiological mechanisms giving rise to IBS symptoms, i.e., alterations in muscle contractions (disordered motility) and the lining of the gut, which is often overly sensitive (visceral hypersensitivity) and that the brain may interpret incoming signals from the gut inappropriately, leading to increased awareness of gut sensations and pain (for more information, see Camilleri & Spiller, 2002). Often patients find it hard to believe that symptoms can be so severe if there is “nothing seriously wrong.” It can be helpful to give migraine as an example of another functional condition, since most people can readily understand that it can be very debilitating and yet is not a life-threatening illness.

The rationale for using hypnosis is given from a primarily physical or symptom-orientated perspective, i.e., we are helping patients to learn mental skills and techniques to develop control over the physiological mechanisms influencing the gut that are not normally under their conscious control, akin to yogis using meditation for achieving control of their bodies. These may produce changes that occur in the gut itself and/or, as in the case of pain, may also involve training the brain to reinterpret or ignore the incoming sensory signals.

We also explain briefly how the brain regulates functioning of the internal organs, including the gut, through the autonomic nervous system and other pathways and that the mind can also influence these. The mind-body relationship is exemplified through the common negative experience of physical changes and sensations which occur when people are anxious. Patients also usually appreciate that fear and worry over their symptoms can also make them worse, building up a vicious circle. However, we also have the potential to use our mind to influence gut function in a more desirable way and hypnosis is aimed at helping them do this.

Patients are reassured about hypnosis in the usual way to dispel any myths and misconceptions they may have and given examples of commonly used techniques to relieve and control symptoms, e.g., hand warmth on the abdomen and imagery. We emphasize that they will be learning skills that will improve with practice and that they are expected to do this on a daily basis. Since treatment is not a passive process, their active involvement is therefore essential. They are learning to develop control over their gut rather than having their gut continue to control *them*, which is something that most patients feel has been the case.

GUT-DIRECTED HYPNOTHERAPY—THE BASIC FRAMEWORK

The patient then attends up to 12 sessions over a 3-month period, on a one-to-one basis with the same therapist, usually at weekly intervals, although sessions may be less frequent later in treatment to suit the patient. A proportion of patients find this number of sessions unnecessary and, conversely, if a patient has not improved by 12 sessions, we know that they are very unlikely to derive any benefit at all.

With experience, we have become convinced of the relevance and importance of individualizing therapy, tailoring our approach to the particular patient rather than adopting a rigid format, and this includes style of delivery of hypnotic induction and suggestions, as well as the particular interventions used. However, there are basic elements that we normally include that appeal to the vast majority of patients, but with the option of adjusting to the individual's needs and including other interventions as appropriate. The patient's own experiences are often drawn on to illustrate any ideas we want to convey more meaningfully.

The basic framework is described below, and is illustrated with some ideas and particular phrases (given in *italics* and quotation marks) that are often used and patients have found helpful.

First (and Second) Session

The purpose of the first session in particular is to allow the patient to become familiar with hypnosis and the treatment setting, and the

second session may be along similar lines before going on to the gut-directed techniques if the patient needs more time to become accustomed to hypnosis.

A typical first session includes a straightforward hypnotic induction, usually involving progressive relaxation and further focusing or deepening of the hypnotic state by the usual means, such as going to a special place. This is then followed by suggestions for ego-strengthening, confidence-building, and general well-being. Of course, there are any number of examples available, but one that many of our patients have enjoyed is the tree metaphor—thinking of oneself as a tree, the unconscious mind being its roots, providing strengths and resources that are needed, anchoring the person safely so they can “bend and be flexible in the storms and struggles of life,” the leaves being “doubts and worries falling away” or experiences that enrich the soil to promote further development.

Patients are also reminded in trance that through this experience they are learning (a) the skills of relaxation and hypnosis and, like other skills, these will improve with practice, and (b) to tap into and direct the unconscious mind’s ability to regulate bodily functions to control the gut, but also each time they practice hypnosis, they are already creating conditions for the mind and body to reset the balance in bodily functions.

Using “Calm”

The procedure for hypnotic induction is often combined with asking the patient to repeat the word *calm* to themselves silently on each out-breath, which also helps slow down the rate of breathing. This is something that has proved very popular with patients and the idea of “calm” is elaborated on in all sorts of ways to help promote relaxation, calm, and well-being, e.g., the patient can envisage the calm in some way and breathing it into each cell in the body, or

Each cell bathed in a sea of calm, the rhythm of each breath can help the calm to gently circulate around the body, with each cell soaking up the calm, taking what it needs—like the blood gently circulates with the rhythm of each heartbeat, and cells take what they need, the nutrients, oxygen . . .

A posthypnotic suggestion is given later in the session that they can use *calm* in the same way whenever they want to feel more calm and relaxed.

The patient is given a recording on audiocassette or CD and is expected to listen to it and to practice on a daily basis. This is normally a standardized hypnosis session based on the first session and copied for each patient, but occasionally the patient’s session is recorded for a more individualized approach.

Gut-Directed Sessions

From the second or third session onward, more specific techniques aimed at controlling and normalizing gut function are introduced. A gut-directed session involves hypnotic induction and deepening as usual, typically followed by these suggestions:

Ability to control gut. This suggests as the patients drift deeper into the hypnotic state, they are now “tapping into the potential of your unconscious mind, which is now becoming stronger and more powerful, to harness this power and energy to begin to channel and to direct it to gain more control over the gut,” and so they can “imagine a surge of control from your mind over your gut,” and the gut responding to this.

Hand warmth on abdomen. The patient is asked to move one hand onto the abdomen and, after a count to three as an anticipatory signal, to induce a feeling of warmth and/or comfort, which signifies “the power of the mind being channeled into the gut, soothing it and comforting it, developing control over it and putting it back to normal,” and encouraging the patient to let the mind draw on any personal experience of warmth and comfort, e.g., a hot-water bottle or the warmth of the sun. This can be checked and reinforced by asking the patient for a signal, e.g., lifting a finger when one can feel the warmth of the hand on the abdomen. (This warmth is to be expected, since relaxation will promote hand warmth and this sensation will generally increase as the hand remains on the abdomen.) On a second count of three, the patient is then asked to move the other hand onto the abdomen to reinforce the warmth and sense of control.

An image of a normal gut. The patient is asked to let his or her mind “create an image or some way of imagining the gut that represents the gut working normally,” in order to communicate these instructions to the gut. This could be suggested by the therapist or patients may readily develop their own that is either entirely self-generated or based on ideas given by the therapist, which in turn may be examples of what other patients have used. Whether the imagery used is literal or whether it is symbolic or metaphorical does not seem to matter, so long as it is meaningful to the patient. For instance, the gut may be thought of as a river, which, for diarrhea, would be rushing and turbulent or, for constipation, sluggish and stagnant. The patient could then envisage it moving steadily and smoothly instead. Some patients have developed quite interesting images. For example, one lady envisaged her gut as a long, smooth, soft, and multicolored silk scarf. Another saw the problematic gut as a train whose driver had gone to sleep, rushing out of control, so she imagined herself being the driver and slowed the train down to a comfortable speed. Again, one can check by asking the patient to signal when something has come to mind and,

when it has, suggest that “by allowing this to be as strong and clear as possible, the more influence this will have over the gut.”

Imaginal rehearsal. The patient imagines him or herself in any previously feared or avoided situations—such as making a journey—but now with the gut working normally.

Posthypnotic suggestions. These consist of reminding patients that:

- by practicing these techniques, they will gradually gain more control over the gut, so there are fewer symptoms, and any symptoms will be less intense and bothersome, e.g., “less and less pain, less and less discomfort, less and less bloating, and you have a more normal and satisfactory bowel habit”;
- the process naturally takes time and practice, patience, and persistence, but they will do it and “you are now becoming in control of your gut, rather than your gut controlling you. It’s not going to control you anymore”;
- they can reduce symptoms and more readily settle the gut when needed, by putting the hands on the abdomen, and they will feel the warmth and comfort, and to bring to mind the image of the gut working normally, and that “these are signals to your mind to take control, to take away pain, to take away discomfort, to take away any bloating, and to make your bowel habit more normal.”

Although the exact content and wording of a session will differ, depending on the therapist, the patient and his or her needs, and the particular session, a directly worded script is included in Appendix 1 as a guide to how a basic session is structured.

The patient is expected to practice these hypnotic techniques on a daily basis, with the help of an audiocassette or CD recording, usually a standardized one, but again, a session may be recorded to suit the individual’s requirements. The person is encouraged to practice techniques, even for just short periods as often as possible during the day, as well as whenever necessary to help relieve symptoms.

Subsequent sessions involve repetition of the gut-directed techniques and modifications are made as necessary, based on feedback from the patient and progress made. Treatment for many patients is very straightforward, in the sense that the basic framework of relaxed hypnosis, ego-strengthening, and gut-directed techniques is all that is necessary. For other patients, other interventions are also included as deemed appropriate, and some common ones are given a little further below.

Other Particulars of the Intervention

Emphasizing control. We emphasize that the person is becoming in control of the gut. This would seem to be a crucial part of our approach, since so many patients do feel out of control, and it has

been shown in general that a sense of self-efficacy and an internal locus of control are vital in the success of any psychological intervention, e.g., for pain control (McCracken & Turk, 2002). It is generally our experience that a particularly passive, helpless patient does not do well. We also emphasize the importance of practice in order to develop these hypnotic skills, just as one would have to in learning a musical instrument, for example, and that it is not the therapist doing all the work.

Using a “convincer.” At the beginning of the first gut-directed session, many patients, especially those who are somewhat skeptical or uncertain that they will be able to control their gut, have found a “convincer” to demonstrate that they can influence their bodily processes using their mind or imagination has made all the difference for them. Chevreul’s pendulum is an easy way to do this: The therapist first of all demonstrates how one can make the pendulum swing in certain directions—side to side, forwards and backwards, in circles, or coming to a standstill—simply by imagining it swinging in the desired direction. The pendulum is then handed to the patients to try this for themselves, and they are often quite astounded that they can do it. The therapist would also explain that the brain, at a subconscious level, works out the appropriate nerve impulses to send to the particular muscles to cause the pendulum to move in the desired direction, and that they are going to use this same principle to send instructions from the brain to control the nerves and muscles in the gut. One can refer to this again during the actual hypnosis session to reinforce the idea that they can use their mind to influence the gut. It is therefore important for the patients to hold in their mind something that represents the gut working normally to achieve the desired result. However, by the same token, the patient needs to be careful not to inadvertently focus on the problematic gut, since this can make symptoms worse instead of better.

Case example. A. C., a 39-year-old male with longstanding upper gut pain, “saw” his stomach like a large ball with dimples and spikes on the surface that needed to be smoothed out. When doing this in hypnosis, he found the pain worsened and we discovered that this was because he was focusing on the problematic picture. By concentrating instead on the image of the gut as a cool and smooth sphere, which represented it working normally, the pain quickly disappeared, and he felt comfortable. He was therefore reminded not to bring the problematic image to mind or he would most probably bring on or at least exacerbate the pain.

Rate of progress. Rate of progress differs, but it is most usual that patients report some initial benefit after a few sessions and consolidate improvement throughout the course, as shown in Figure 1.

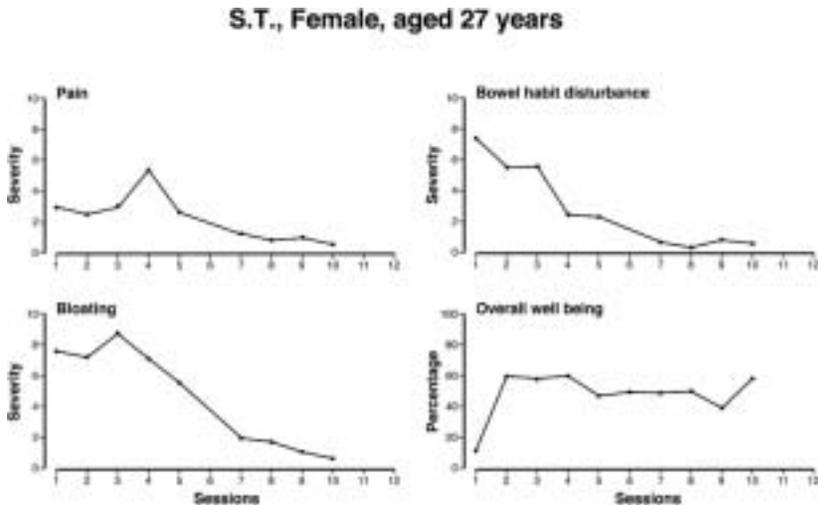


Figure 1. A patient with mild IBS symptoms of several years duration that became much worse, particularly the bloating and diarrhea, following severe gastroenteritis. She also had marked anxiety and depression since then and was fearful of medication and foods that might upset her. Using gut-directed techniques coupled with attention to eating habits, slow diaphragmatic breathing, and building of expectancy of positive change, symptoms were greatly reduced by Weeks 6 and 7, and improvement was maintained. However, the patient still had significant mental distress and later sessions also included interventions such as tolerating uncertainty and compartmentalization of negative thoughts. Treatment stopped at 10 sessions as the patient was moving house and felt able to manage without further sessions. She reported continued improvement at follow-up 2 months later.

However, it is not uncommon that symptoms improve and then the patient experiences a setback, often about halfway through the course of sessions (Figure 2). If this happens, the patient may feel despondent, and so it is important to remain as positive as possible, saying that this setback is temporary and that they can overcome it. It is often possible to reframe the experience, e.g., that this is an opportunity to discover while they are still having sessions that they can settle their gut back down again and that such a “blip” is quite common, so that they can be reassured that it is quite normal and often par for the course. Other patients may have quite a tortuous course through treatment and may take considerable time for symptoms to improve (Figure 3). This can demand considerable resourcefulness on the part of the therapist to keep the patient motivated. It may also be necessary to deal with any stumbling blocks that are identified that may trigger or exacerbate symptoms, such as stresses or erroneous thinking styles.

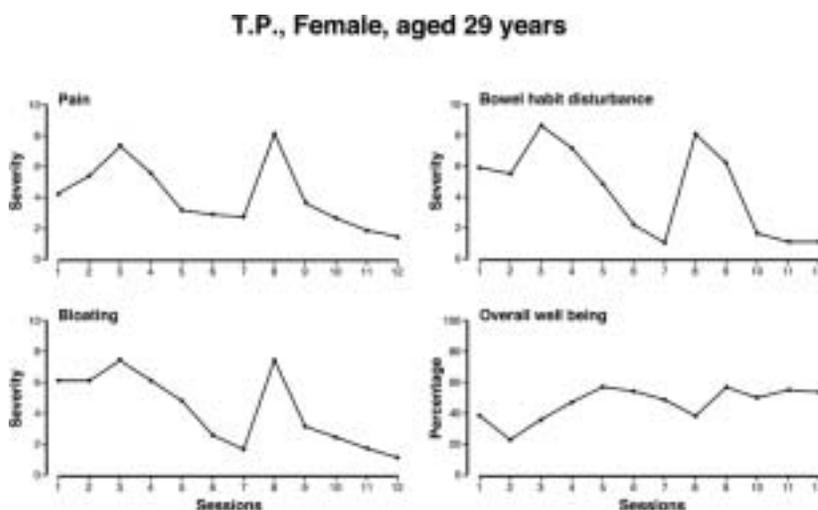


Figure 2. A patient with a 13-year history of IBS symptoms, notably pain and diarrhea, made worse by anxiety and stress, much of which was precipitated by busy work schedule. Treatment included gut-directed techniques, taking ultradian breaks, and slow diaphragmatic breathing. Symptoms showed gradual improvement over 7 weeks, followed by a relapse at Week 8. Session 8 involved patient reexploring in hypnosis the image for gut working normally. Reassurance was given that she could overcome the setback and reestablish control. Further sessions also dealt with ongoing stresses.

Continued support. We do find that most (70%) of the patients seen derive considerable benefit from the sessions (Gonsalkorale, Houghton, & Whorwell, 2002), arming them with the tools needed to continue to manage and control symptoms. At the end of the course of sessions, patients are told that they can contact us at any time if they have any problems and want an extra “top-up” session. This option is much appreciated and gives the patients extra confidence, knowing that they have that support if needed. However, only a small percentage of patients feel the need for any “top-up” sessions and most continue to do well on their own. A recent audit of more than 200 consecutive IBS patients treated in our unit demonstrated that about 4 out of every 5 patients who initially benefited from hypnotherapy remained better up to 5 years later, and even most of the rest only relapsed to a limited degree (Gonsalkorale, Miller, Afzal, & Whorwell, 2003). We have had a few patients contact us a number of years (up to 9 years) after the original sessions, when they have had a setback, often due to some precipitating experience such as a stressful life event, and have found that a few extra sessions puts them back on track again.



Figure 3. A patient with a 15-year history of IBS symptoms and frequent headaches from jaw tension, who was easily emotional and tearful. Pain was managed by a high intake of codeine phosphate, and other medication included a serotonin selective reuptake inhibitor (SSRI) antidepressant. The patient had obvious psychological issues stemming from childhood as well as ongoing difficulties. Little improvement in symptoms occurred until Sessions 9 and 10, after several sessions that also focused on building appropriate cognitive skills for managing difficulties, e.g., developing boundaries, reduction of overresponsibility for others, and generating alternative interpretations of experience, all of which she found very helpful. Symptoms improved from then on, and she gradually came off all medication and felt much more in control.

Additional Interventions

Breathing pattern/hyperventilation. A significant proportion of patients have a rather rapid upper-chest breathing pattern, often tending to talk rapidly and with a rather active, energetic manner. This may indicate some level of chronic hyperventilation that could be a possible contributory factor to altered gut function, making nerves and muscles more reactive either directly or indirectly through increased sympathetic activation, via lowered CO_2 levels and increased (more alkaline) pH. An increase in breathing rate is also a natural response to pain or other symptoms. We therefore often discuss the possible ensuing physiological changes caused by excessive breathing and teach patients slow diaphragmatic breathing in a more formal manner, so that they can retrain their breathing pattern through frequent practice along with their other self-hypnosis techniques, e.g., using “calm” on the out-breath and/or imagery, such as gentle waves on a shore, to represent slow rhythmic breathing. At the very least, such breathing is

a useful coping strategy that has a calming effect and can give patients an increased sense of control when experiencing symptoms or stressful events.

Lifestyle—taking breaks. We normally enquire about the patient's lifestyle, particularly in terms of whether they tend to be "on the go" all day rather than stopping to take a break now and then. If this is the case, we ask them to take several short breaks in the day, even just a few minutes. The reasoning behind this is twofold: taking these breaks is in keeping with the concept of ultradian rhythms (Rossi, 1991), the 90–120 minute cycles that many key physical and psychological processes follow, whereby cycles of activity are followed by a short (15–20 minutes) rest cycle. It is thought that this rest cycle reflects activation of more subconscious processes necessary to promote physical and mental well-being and is probably akin to the natural "everyday trance state," and therefore it is an ideal time for the person to practice self-hypnosis. It is particularly helpful to frame the rest cycle as a period during which the unconscious mind can do its "essential maintenance work" or "inner housekeeping," since many people who tend to keep on the go find it difficult to accept the need to take a break as they may feel guilty about doing so or that it is construed as meaning they are stressed or inadequate. In addition, taking such a break may not be easy given the constraints of an individual's work environment, and so it can be a challenge to negotiate and organize how the person can do this. For example, a person working at a computer can learn to defocus and stare through the screen to practice self-hypnosis so that it goes unnoticed by others. One lady, a nursing care assistant who would travel between her home visits to elderly clients, would leave one client 2 minutes early and arrive at the next a few minutes late, and take 5 minutes to stop in the car somewhere on the way to practice her hypnotic techniques; something that she found was extremely beneficial not only for her gut but also for increasing her energy levels. Others have commented how they have found these breaks have enhanced their creativity and problem-solving abilities.

Eating habits and style. Those who keep on the go are also more likely to snatch meals, eating them hurriedly, or to skip them altogether, which could be counterproductive to good digestion. Hurried eating can mean ineffective chewing and initial digestion of carbohydrates and can also promote excessive air-swallowing, which may later be experienced as belching or bloating. Thus, attention is often given to the person's eating habits and style to ensure that they eat regularly and sensibly but also how they can use self-hypnotic techniques to influence digestion before and during eating. Since the brain is already sending messages to the gut in anticipation of eating a meal,

this is a good time to make use of this connection to influence the digestive process. These changes in eating habits can thus be rehearsed to good effect in the hypnosis session. For instance, patients can be instructed to:

Let yourself imagine how you are getting ready to sit down to eat, and you are now taking a few minutes to relax, each breath becoming slower, and the sound of “calm” as you breathe out, imagining the “calm” going down into the gut, preparing it to welcome and accept and tolerate the food you are going to eat, and, as you eat, chewing each mouthful fully and slowly, enjoying the flavors and textures, and as you swallow each mouthful, this is also taking a teaspoonful of “calm” down into the gut, keeping everything working normally; and even after you have finished eating, how everything is moving along comfortably and easily.

One can also refer to specific foods which patients may think they react to badly, so they can envisage eating and digesting these normally. Many patients have become anxious and vigilant about eating certain foods or just eating in general, and the expectation of a bad reaction to food can bring on symptoms. Thus, this strategy also interrupts the old pattern and gives the person a new way of relating to food that is conducive to good digestion.

Case example. One lady whose symptoms were very much aggravated by certain foods was able to envisage a plate of these foods on an imaginary screen as “friendly,” so that they were “smiling at her” and she was also “friendly” toward them and smiled back. She then found she was able to eat these foods again without adverse effect.

It is also the case that certain foods can trigger or aggravate symptoms, although the exact mechanisms of such food intolerances are not yet fully understood. One thing that can happen is that as symptoms generally settle more with the gut-directed techniques it becomes easier for a patient to identify any culprit foods so they can avoid or limit these as necessary.

Impact of symptoms/Coping with symptoms. The symptoms of IBS and their potential consequences can be very distressing in a number of ways, and so it is important to help the patient find ways to minimize their impact. For instance, the anticipation of unpleasant symptoms, such as pain and diarrhea, may generate anxiety that exacerbates the problem. Patients who suffer from diarrhea may be very worried about going out or traveling in case they cannot find a toilet in time. Some patients have ended up soiling themselves because they have had little or no warning, and it is very easy to understand the embarrassment and shame experienced. It is natural, therefore, that a cycle of fear and avoidance builds up that can severely limit a person’s lifestyle, e.g., refusing to travel, give people lifts, or go anywhere unless they do know where the toilet is, because of memories of these previous

disastrous episodes. Even just the thought of going out can be enough to trigger the need for a bowel movement through the anxiety produced. Hypnotic interventions such as imaginal rehearsal of traveling or being in a social situation, building up anchors for comfort and remaining calm, reframing previous experiences, and restructuring self-talk can be used to develop better coping strategies and self-confidence once again.

It may be less obvious that symptoms such as abdominal bloating, flatulence and borborygmi (bowel noises) can be very disruptive, because the patient feels embarrassed about them. Women often feel less feminine because they may look fat or pregnant and have to wear loose-fitting clothes because of bloating, or wonder what other people may be thinking of them when their gut is very noisy or if they pass wind.

Case example. A 38-year-old woman was most distressed by borborygmi, being embarrassed at the thought that other people might hear her bowel noises. Consequently, she avoided any situation that was likely to be quiet, such as parent-teacher meetings at school, school concerts, and church services. It was explained to her that the anxiety she experienced probably made things worse. Practicing hypnotic relaxation and gut-directed techniques to control her gut did reduce the bowel noises. However, she was still anxious about previously avoided situations and therefore attention was also given to the problem of the borborygmi. This included imaginal rehearsal of remaining calm and at ease in these different situations and also helping her to think differently about her bowel noises. One thing that she found extremely useful was to imagine her gut as separate from her, that it was her gut making the noises and not her. As a consequence, she gradually began to expose herself to different situations and as she found she was able to get through these successfully, her confidence increased and the problem receded.

Psychosocial and Personality Factors

In common with many conditions, it is generally accepted that psychosocial and personality factors can influence the expression and experience of symptoms in IBS (Drossman, 1996). These can act to precipitate or trigger symptoms (i.e., somatic expression of psychological threat or conflict) and also to amplify or maintain symptoms, and therefore it is important to be aware of any such factors that could operate within the individual. Table 3 outlines some of the factors that can contribute to symptoms and may become a matter for intervention to enhance therapeutic benefit. (Some of these, such as impact of symptoms and lifestyle, have already been described above.) Such factors may come to light during conversation over a number of sessions, rather than by direct questioning. The patient may already be aware of

issues that play a role in their symptoms and will mention them. If not, the therapist can note any factors that may be discussed at a later stage if timely and appropriate. We usually introduce the question of stress by stating that we are not saying that symptoms are caused by stress per se, but that many people do recognize that any stress or anxiety can make symptoms worse and ask whether they have noticed this to be the case for themselves. Although such issues may be seen to lie within the realm of counseling and psychotherapy, we include them where relevant within our general approach to the patients, since not only are all therapists trained in these areas but hypnosis is also recognized as an effective means of enhancing any psychotherapeutic interventions (Kirsch, 1993).

Many patients, particularly women, have developed a way through life, probably through a combination of societal and cultural influences (Toner, Segal, Emmott, & Myran, 2000), which then become self-imposed rules, consisting of putting others first, pleasing others, and negating their own needs. They are less assertive and less likely to take time for themselves, because they would feel guilty and selfish doing so. They may feel overly responsible for others and take on other people's problems too readily, having a lack of good interpersonal boundaries. Perfectionism and irrational beliefs reflected through self-talk, such as "I should, I must," can also impose undue stress on the individual, which may or may not be recognized. Reframing taking time for oneself as necessary self-caring rather than a selfish activity, setting boundaries with others, and learning assertiveness skills, for example, are all important and can be seeded within the hypnotic setting, using relevant metaphors and stories or direct suggestion, as well as in open discussion. Patients would be asked to take regular breaks for self-hypnosis, in keeping with the ultradian rhythms already discussed, construed as aiding the healing process. It is also very interesting how often a patient will find this a positive life-changing experience, not only feeling physically better but also in feeling better about themselves, often discovering their potential, in terms of unrecognized abilities and creativity. This has led many patients to make such changes as returning to work, changing their careers, or developing hobbies and to create a more fulfilling lifestyle.

Case example. A retired primary school teacher, aged 61 years, had been suffering from IBS symptoms for some years. She was sensible and capable with no apparent current sources of stress. However, through the course of sessions, which included the usual gut-directed techniques, it was apparent that she always tried to keep herself busy. This was accompanied by a lot of self-talk that included the imperative words *should*, *must*, *ought*, e.g., "I must clean the house."

On exploring this, she discovered that these words generated physical tension within her. Changing these words to *could* produced a more relaxed feeling within her and a sense of more choice as to whether or not she carried out the task, without feeling bad if she did not do it. This idea was reinforced during the hypnosis session. She reported that this change in self-talk was probably one of the most powerful and yet simple things that made a difference for her, allowing her to feel freer and less constrained. Her symptoms completely abated and she found that she was also able to tolerate coffee and lettuce, two things that previously easily upset her bowel, which she found an additional bonus.

Particular interpersonal stresses and relationship difficulties may generate various emotions, whether repressed or expressed, such as fear and anger, which can make the gut more reactive, through increased motility and sensitivity of the gut lining, and therefore trigger or exacerbate symptoms. Addressing such issues directly in treatment can be important where such connections are detected.

Case example. A 36-year-old woman with a long history of severe symptoms reported that during counseling some years previously, she had recognized the relationship problem with her mother. Although her now elderly mother did not live with her, indeed the patient was married with her own family, her mother was manipulative and played on her daughter's easily generated guilt. The mother demanded that her daughter visit daily and yet was forever complaining about her and was impossible to please. The patient discovered that merely bringing an image of her mother to mind and hearing her voice produced abdominal pain and cramping. She experimented with changing this image to something she found ridiculous, i.e., putting donkey's ears and a straw hat with flowers on her mother's head and giving her a squeaky voice, and she discovered that she then did not feel threatened by her mother. The patient was subsequently able to stand up to her mother, no longer falling for her manipulative tactics and drastically reduced contact with her to take more time for herself without feeling guilty. Her gut symptoms also improved as a consequence.

Finally, cognitive styles are also important to consider as these will affect how the patients deal with and cope with any life difficulties as well as the occurrence of IBS symptoms. As would be expected, the patient who catastrophizes readily exacerbates symptoms, as is already recognized with chronic pain (Main & Waddell, 1991), and finds them more difficult to cope with. Images and self-talk of impending disaster and worst-case scenarios are common, and it is important to help the patient change such dysfunctional thinking and images to something more helpful. Thoughts about symptoms and

bowel function are understandably very prominent in patients' minds. A cognitive scale developed to assess IBS-related cognitions (Toner et al., 1998) can serve as a useful guide for cognitive interventions, and the cognitions measured by this scale have also been shown to change with gut-directed hypnotherapy (Gonsalkorale, Toner, & Whorwell, 2004). Of course, a vivid imagination goes hand-in-hand with high hypnotic ability, and it can be useful to point out to patients how this innate ability can readily work against them if left to its own devices and yet can be their most powerful ally if they learn to harness it (Wickramasekera, 1993).

Teaching appropriate critical thinking to counteract any cognitive distortions such as mind-reading, attributional style, emotional reasoning, dichotomous thinking, or over-generalization—where present in the individual—will help improve skills at handling life more effectively and thus reduce any adverse effects these would have had on gut function. Again, hypnosis is useful to seed and rehearse these changes in thinking and behavior through hypnotic experiential learning. Relevant therapeutic approaches can be found in any good text on cognitive or cognitive-behavioral therapy, but there are sources that also combine these with hypnotic delivery either in book form or audiotapes and are just as relevant for patients with IBS as for those with depression (e.g., Yapko, 1997; 2001).

SUMMARY

In summary, the gut-directed hypnotherapy techniques developed by our group for treating IBS and described here are a combination of hypnotherapy and psychotherapy techniques that emphasize symptom control together with ego-strengthening, adoption of improved coping resources, relaxation and mental calming, and a change in cognitive perspective. These techniques, while following a common general therapeutic frame, are adapted to the needs and characteristics of individual patients. Experience has shown that the patients seen in our unit derive a considerable amount of benefit from learning these techniques. Our comparison of questionnaires completed before and after treatment have shown that the therapeutic effects commonly include not only substantial improvement in all the bowel symptoms of IBS but also a reduction in extra-colonic symptoms and measurable improvements in mental well-being and quality of life. However, as we emphasize to our patients, hypnosis is not a cure for IBS. We cannot guarantee that patients will never have any symptoms again, but, based on our experience with this treatment approach, we confidently expect them to achieve good reduction in symptoms and control over their gut and their life again.

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APPENDIX 1

GUT-DIRECTED SESSION

Below are some simple gut-directed suggestions as an example of those that may be used during a straightforward session. These can be modified and elaborated upon as needed.

After hypnotic induction:

And with each gentle breath you breathe out and as I continue talking, you can drift deeper and deeper down into a more relaxed state, allowing a lovely sense of calmness and tranquility to come over you, a sense of calm flowing through you at every level and yet, at the same time, a strengthening of your mind. And with this sense of calm and tranquility, as you continue to drift deeper and deeper down within, you are helping mind and body come together, to work together to create a state of harmony and balance, a state where you will find better health and a greater sense of personal well-being, with everything, every system working more normally, everything as it should be. And as you drift deeper and deeper down within, this is enabling you to connect with and tap into the vast potential within your own mind, your unconscious mind, that part of you that communicates with and regulates the body, and you are becoming more and more able to direct and channel the energy of your mind to gain the ability to control your body, your gut, to gain control over the problem you have been having with your gut more and more to your own satisfaction.

And to help that process, to direct that energy where it is needed, then in a few moments' time, I shall count up to 3 and then I'd like you to place a hand on your tummy [or abdomen], whichever hand you choose, and placing it just where that feels right for you. And as you place your hand on your tummy, feeling a lovely sense of comfort and well-being in your tummy. So, ready... 1... 2... and 3... and placing a hand on your tummy [pause]. That's right. And just notice how it feels as it rests there, noticing the warmth of that hand as it rests on your tummy, the comfort of the palm of your hand on your tummy. And when you first begin to notice the warmth of that hand as it rests on your tummy, then you can let a finger lift on that hand to let me know [Pause for signal]. That's good. And imagining the warmth, imagining it beginning to spread through those muscles and tissues beneath that hand, going right inside your tummy. You might imagine that warmth in whatever way makes sense to you, perhaps the warmth of a hot-water bottle or another warmth you know. Imagine it spreading through, radiating through every muscle, every tissue, every nerve, going right into your tummy, right into your gut, spreading into every nook and cranny, every muscle and fiber. A lovely, soothing warmth spreading through, soothing your tummy, comforting it, calming it. And this warmth signifies the energy of your mind being channeled into your tummy, the energy that is putting everything to rights, balancing everything in your tummy, energy that is removing any spasm, removing any abnormal contractions, removing any oversensitivity. And as you direct the warmth, so the energy of your mind is getting stronger and stronger, exerting more and more control over your gut, so your gut is gradually responding to the power of your mind, as you are taking control of your gut, rather than your gut controlling you.

And to reinforce that control, then in a few moments' time, I shall count up to 3 again and then I'd like you place the other hand on your tummy, perhaps on top of the hand already on your tummy or wherever that feels right for you.

So ready... 1... 2... and 3... and placing the other hand on your tummy as well, doubling that sense of control, feeling that control just getting stronger and stronger. And as you imagine that warmth going right inside, everything becoming warmer and warmer, like a glow, a healing glow, a comforting glow, going right inside your tummy, a lovely soothing warmth or glow wrapping your tummy in lovely soothing comfort and putting everything more and more back to normal. Because with the power of your mind, you can control your gut. Yes, with the power of your mind, you can take away any pain, With the power of your mind, you can take away any discomfort. With the power of your mind, you can take away any bloating, and with the power of your mind, you can make your bowel movements more normal to your own satisfaction.

And all of this is now happening, not only because of your ability to relax so well. It's all happening, not only because of the times you've practiced and all the sessions you've already had, but it's all happening most of all because of the power of your mind. And the ability to use this power is yours, not anyone else's, so feel that power, the vast potential within your mind that you hadn't known how to use until now, getting stronger and stronger. Feel that sense of control over your gut and your determination to be in control, becoming stronger and stronger; your mind becoming stronger and, yet, at the same time, more calm, more tranquil, so you are no longer bothered by your gut, so your gut will no longer bother you. It will no longer worry you, to the same extent anymore.

Let yourself imagine that energy from your mind going down into your gut. And you may have your own way of imagining this, maybe a particular image that is meaningful for you that symbolizes or represents your gut working normally. So you can let it come to mind now and in whatever way you imagine this, envisaging your gut just the way it needs to be, working normally, working comfortably. And when you find something coming to mind that represents your gut working normally, then again you can let me know by letting a finger lift [pause for signal]. Let that become stronger and clearer in your mind, stronger and clearer, as real as possible for you, and relate this to your tummy, to your gut. And as you do so, this is your way of communicating what you want, telling your unconscious mind and your body how you want your gut to be, so that your unconscious mind is making whatever adjustments are necessary to make this happen, adjusting all of the influences from the brain down into the gut, all the nerve impulses from the brain going down and down through the nerves, down into your tummy, into the whole of your gut, taking away spasm, taking away abnormal contractions, making everything work normally again. All of those muscles contracting in a gentle, rhythmic, orderly, coordinated way, moving everything through normally, steadily, calmly, comfortably. No more rushing, no more hurrying, but there again, no hold-ups or delays, just a normal, steady, rhythmic, and orderly movement through the whole of the gut. And the lining of the gut becoming less sensitive, less reactive, just normal sensitivity. All of those nerves protected and soothed, as though coated with a protective layer,

wrapped in comfort, everything just working normally, so that whatever you eat or drink is being dealt with normally, your gut welcoming, accepting, and tolerating what you eat and drink normally and appropriately. Whatever is going on around you, wherever you are, whatever you are doing, so your tummy is able to work more normally and comfortably.

Day by day, your tummy is gradually getting better and better, so there's less and less pain, less and less discomfort, less and less bloating, and you have a more normal, satisfactory bowel habit, everything working just the way you want it to do so, just the way it needs to be. Your gut will no longer bother you, or worry you, or limit you to the same extent anymore. Day by day, you are leaving the gut problem behind; each day is another step along the path of better health and greater well-being. And so, imagine yourself, see yourself in your mind's eye, doing the things you want to be doing, going to the places you want to go to, and all the while your gut is working normally and comfortably. Each day, you are more able to do more of the things you want to be able to do, able to go to the places you want to be able to go to. You are more and more in control of your gut, more and more in control of your life again. As you practice, you are finding that more and more of the time, you are not even thinking about your tummy; you are becoming aware that you're unaware that you have a tummy, because it's working so well, so normally.

Each day as you continue to practice, so you are noticing the improvements, maybe not all at once but gradually, because it does take time, it does take practice. But each day as you practice, so you are becoming more and more in control of your gut. And the more you practice, the more you will want to practice, as you enjoy the benefits. Each day that you practice, you are becoming more and more confident in your ability to control your gut, and you are more able to do more of the things you want to be able to do, feeling much more able to control your gut whenever you want to. As you practice, you are finding that more and more of the time, you are not even thinking about your tummy; you are becoming aware that you're unaware that you have a tummy, because it's working so well, so normally.

You can do this; you can, and you will. The process has now begun, and your unconscious mind will continue this, moment by moment, hour by hour, day by day, even without your consciously realizing it. So, feel and know—you are going to win. Any bad days will get fewer and fewer, any symptoms less and less intense, less and less bothersome. And if there are any setbacks, these will only ever be temporary. You will always overcome them, and you will always be able to reestablish control over your gut, settling your tummy much more quickly, more much readily and easily than before.

And any time you need to control your gut, if you should experience any symptoms, then all you have to do is to put your hands on your tummy, and you will feel more calm and at ease. You will feel this same sense of warmth and comfort and bringing to mind your own special imagery for your gut working normally, and that's a signal to your unconscious mind for you to take control, to take away any pain, to take away any discomfort, to take away

any bloating, and to make your bowel movements normal to your own satisfaction. Any pain or any problem will recede into the background, no longer bothering or worrying you. And the more that you practice, the more that you use this, then the more powerfully, the more effectively, the more quickly you are establishing this control, helping to settle your tummy once again, more quickly, more readily than before. And so each day you're finding your tummy gradually getting better and better, working more and more normally, more and more comfortably, so no more pain, no more discomfort, no more bloating, and you have a normal, satisfactory bowel habit.

So as you think of those hands on your tummy once again, and feeling the warmth, a comforting glow going right inside, spreading right the way through as the energy of your mind healing and soothing the whole of your gut. All of this is indicating that you are now becoming in control of your gut, your gut isn't going to control you anymore.

[Continue to other interventions or reorientation]

“Magen-Darm-Hypnose”: Das Manchester-Modell der Behandlung des Reizdarmsyndroms

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Zusammenfassung: In diesem Artikel wird darauf eingegangen, wie Hypnose als Ergänzung in der Behandlung des Reizdarmsyndroms (RDS) zum Einsatz kommt. Dieser Ansatz wurde innerhalb der Medizinischen Abteilung am Universitätsklinikum South Manchester (GB) seit den achtziger Jahren entwickelt. Die Patienten nehmen über 3 Monate hinweg an bis zu zwölf Sitzungen teil. Bei einer Mehrzahl der Patienten führt dies zu einer bedeutsamen Verbesserung der Symptome und der Lebensqualität und dieser Effekt hält im allgemeinen an. Die Therapie beinhaltet ein auf die Eingeweide gerichtetes Hypnosemodell, das darauf abzielt, den Patienten die notwendigen hypnotischen Fähigkeiten zu vermitteln, um Darmfunktionen kontrollieren und die Symptome reduzieren zu können, darunter etwa der Einsatz von Handwärme im Unterleibsbereich sowie Vorstellungen. Weitere Interventionen zu speziellen Lebensgewohnheiten und zu psychologischen Faktoren, welche die Symptome beeinflussen, werden entsprechend ihrer Indikation für einzelne Patienten durchgeführt.

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Hypnothérapie dirigée vers les intestins: l'Approche de Manchester dans le traitement du syndrome du côlon irritable

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Résumé: cet article décrit l'approche particulière d'utilisation de l'hypnose ajoutée au traitement du syndrome du côlon irritable, développée au département de médecine de l'hôpital universitaire du Sud de Manchester, GB, depuis 1980. Les patients reçoivent 12 séances sur une période de 3 mois,

et la majorité des patients remarque une amélioration notable des symptômes, ainsi que de leur qualité de vie, effet qui se maintient en général. La thérapie à une structure 'dirigée vers les intestins' dont le but est d'apprendre aux patients les moyens hypnotiques nécessaires au contrôle du fonctionnement intestinal et de réduire les symptômes. Cela peut être la chaleur de la main sur l'abdomen ou une image particulière. Sont aussi inclus, de façon appropriée à chaque patient, d'autres interventions basées sur le style de vie particulier et sur des facteurs psychologiques que l'on retrouve communément comme influençant les symptômes.

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La Hipnoterapia Enfocada al Intestino: El Enfoque de Manchester para el Tratamiento del Síndrome de Colon Irritable

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Resumen: Este artículo describe el enfoque particular de la hipnosis como un adjunto para tratar al Síndrome de Colon Irritable, desarrollado dentro del Departamento de Medicina en el Hospital de la Universidad de Manchester del Sur, Reino Unido, desde la década de los 80s. Los pacientes reciben hasta 12 sesiones en un periodo de 3 meses, y la mayoría de los pacientes logra una marcada mejoría en síntomas y calidad de la vida, un efecto que generalmente se mantiene. La terapia tiene un marco "enfocado al intestino" que se propone enseñar a los pacientes las habilidades hipnóticas necesarias para controlar la función intestinal y reducir los síntomas, tales como el calor de mano en el abdomen e imágenes. Otras intervenciones basadas en el estilo de vida particular y factores psicológicos que comúnmente influyen en los síntomas también se incluyen según las necesidades del paciente.

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