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Running Head: River metaphor revisited

Comment on Zimmerman's use of the river metaphor in IBS treatment

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## Abstract

The river approach has been used effectively in the treatment of IBS within the UK National Health Service (Gonsalkorale, Houghton and Whorwell, 2002; Whorwell, 2006) and in single case studies (Galovski and Blanchard, 2002; Zimmerman, 2003; Kraft & Kraft, 2007). Zimmerman (2003) pointed out that this metaphor was extremely powerful in that it linked the altered motility of the digestive system to an emotional disturbance: by encouraging his patient to imagine a smooth flowing river, he helped her to come to terms with her emotional conflict and, in turn, to experience normal gut activity. The author reviews this approach to treatment and offers an alternative which utilizes process suggestions, accessing questions and truisms while providing clients with the space to imagine their own tailor-made scene.

## Comment on Zimmerman's use of the river metaphor in IBS treatment

It has been well documented that hypnosis has been highly effective in the treatment and management of irritable bowel syndrome (IBS), and this has been supported by controlled trials (Whorwell, Prior and Faragher, 1984; Harvey, Hinton, Gunary and Barry, 1989; Houghton, Heyman and Whorwell, 1996; Galovski and Blanchard, 1998; Vidakovic-Vukic, 1999; Gonsalkorale, Houghton and Whorwell, 2002; Palsson, Turner, Johnson, Burnelt and Whitehead, 2002) and by case studies (Galovski and Blanchard, 2002; Zimmerman, 2003; Walters and Oakley, 2006; Kraft and Kraft, 2007). The Manchester Approach to the treatment of IBS (Whorwell, 2006) involves the following components: case history taking, reassurance, an explanation of hypnosis, progressive muscle relaxation, special place imagery, use of the anchoring word 'calm', ego strengthening, use of the 'tree metaphor', gut-directed hypnotherapy (involving using the hand to warm the stomach), the river metaphor and the use of systematic desensitization in which patients rehearse previously avoided behaviours. Patients are also given post hypnotic suggestions to become less 'symptomatic', and given a recording of the session to reinforce the efficacy of the therapy at home (Gonsalkorale, 2006; Kearney and Brown-Chang, 2008). There are many studies that have made reference to the river metaphor; however, with the exception of the Zimmerman study (2003), very few studies have given clinicians specific details as to how to encourage clients to imagine this metaphor.

Generally, gut-focussed imagery has been used to help patients to control symptoms: self-hypnosis is taught to patients and this helps them if the condition becomes unmanageable outside the consulting room. For those suffering from diarrhoea, the imagery concentrates on a fast flowing river, and individuals are given the opportunity to change the image so that the stream meanders at a slower pace (Francis and Houghton, 1996; Galovski and Blanchard, 2002). In the case of constipation-predominant IBS, a metaphor of a clogged river is employed, and patients are encouraged to clean the river so that the stream runs smoothly (Zimmerman, 2003; Simrén, Ringström, Björnsson and Abrahamsson, 2004). For those who have abdominal pain, these metaphors are often accompanied by a gut-directed approach in which the patient places his hand on his abdomen, and suggestions of

warmth are given to reduce the level of visceral hypersensitivity (Gonsalkorale, Houghton and Whorwell, 1998; Smith, 2003).

Zimmerman (2003) described the successful treatment of a 50-year-old woman with a one year history of IBS; her condition had a number of concomitant features including visceral hypersensitivity, diarrhoea, feelings of incomplete evacuation, flatulence and bloating. He divided the treatment programme as follows:

Sessions 1 & 2: explanation of treatment; instruction of self hypnosis; use of guided imagery to enhance relaxation and self control; use of ideomotor signalling

Session 3: use of the river metaphor

Session 4 & 5: further reinforcement

Zimmerman stressed that,

‘The approach to the treatment of patients with IBS by hypnosis and suggestion should be individualised and tailored to the particular needs of each patient. The method described in this paper may serve as a general scheme, or a backbone on which modifications can be made to suit the needs of the individual patient’.

The outline to this approach (see Zimmerman, 2003) has served its purpose in helping clinicians understand the outline of the river metaphor in treatment and utilize its principles in clinical practice; certainly, since the publication of this paper and the basic outlines in Gonsalkorale (2006), there have been a number of studies that have incorporated this technique in their treatment programmes (Smith, 2003; Simrén et al, 2004); Walters and Oakley, 2006; Kraft and Kraft, 2007). Further, the use of the river metaphor is particularly powerful because it, ‘relates both to the altered motility of the digestive system as well as to the emotional content of the symptoms’ (Zimmerman, 2003). And, it is evident that emotional distress—feelings of guilt, anger, fear and/or stress—are at the root of the condition and that an emotional release of these conflicts is often a main factor in recovery

(Houghton, Calvert, Jackson, Cooper and Whorwell, 2002; Zimmerman, 2003; Walters and Oakley, 2006; Kraft and Kraft, 2007).

However, although Zimmerman used guided imagery, and taught her self hypnosis in order to increase her sense of control, apart from the occasional ideomotor signals and two periods of time in the hypnosis in which she was encouraged to reflect on her own, the example which he provided consisted almost entirely of a basic description of the sights and feelings associated with a wood in spring; and, although he doesn't describe in detail the exact shape and contours of the river and its surrounding woodland, using content suggestions, he provides only a limited amount of time for the patient's own imagination to be engaged. The script can be divided as follows: [see table 1]

Our clients are often the best sources for generating metaphors: client-generated imagery has been used effectively in therapy, and there are many examples of this in the literature (Witztum, Van der Hart and Friedman, 1988; Mason, Rogerson and Butler, 1996; Spiegel and Moorre, 1997; Pebbles-Kleiger, 2000; Williamson, 2002, 2004). However, often our clients, certainly in the early stages of therapy, do not possess a solution-focussed insight into their problem (Lankton, 2010). During these early stages, it is important to negotiate how the guided imagery is to be used in treatment and to stress that active co-operation needs to take place. This is done in the first one or two sessions as shown in the brief outline of Zimmerman's approach above. But, it seems to me that the patient here was not given the chance to be creative in the process, and this may have limited the imagery's efficacy. And, although the patient was given two moments of reflection and the chance to give occasional hand signals, the patient was creatively-passive throughout the process.

There are two alternatives to this approach: the therapist can use process suggestions and accessing questions so that he imposes minimal content on the patient, or he can encourage his patient to describe the scene. As a result, the river approach becomes a guided metaphor without prescribed content; thus, the imagery, which is essentially initiated by the therapist, is then generated and further elaborated on by the client, and then guided by the therapist. The table below is an example of how this might be done, while retaining the important images—for example, the trees which represent

strength, solidity and the internalization of healthy suggestions; the river which represents a perfectly-functioning digestive system; the reflection in the water, which is an examination of one's self; and the cleaning of the rubble which symbolizes getting rid of, and coming to terms with, the emotional content responsible for the condition while encouraging normal gut activity.

The following is intended to be an alternative to Zimmerman's river approach and has been adapted in order to encourage more active participation and unconscious searching. It is also hoped that this example might help clients to utilize their imagination, during the time allocated for reflection and help them to project their own personal experience into the situation, thus encouraging them to access greater meaning from the imagery (Yapko, 2003). [see table 2]

Of course, in some instances, the client may give an indication that a completely different metaphor should be used. In these situations, it is important to utilize this metaphor and creative energy to provide the client with the appropriate problem-solving capabilities (Witztum, Van der Hart and Friedman, 1988). In 2011, for example, Sharma (2011) described an interesting approach to the treatment of a 47-year-old male with severe and refractory IBS-D. He had experienced two incidences of severe embarrassment and this had led to a great deal of avoidance behaviour, including (1) staying at home, (2) using a chemical toilet in the car, (3) always locating the nearest toilet, (4) carrying a 'radar key', and (5) regularly using Diazepam and Loperamide Hydrochloride. In the first session, Sharma's patient described the fact that his 'threat brain' kept him constantly alert and on his guard; he also described this brain as a snake. Sharma encouraged his patient to continue using this metaphor at which he described himself as a king in a stalemate situation, in which he was unable to, 'roam freely throughout his land', because some of his soldiers still had their guns drawn. This, in turn, meant that he was unable to lead a normal life and was constantly alert. Sharma gave his patient the direct suggestion that he could roam his land by, one-by-one, allowing his soldiers to drop their guns. Over the course of a total of 10 sessions, Sharma allowed his patient the time and space to explore his land and to watch his soldiers drop their guns, one by one. The patient described how his threat brain became calmer each session and this effect was intensified by the use of self hypnosis. It was unclear to the clinician as to the content and source of these threats that the patient was

experiencing; but this selection of images was being processed at an unconscious level. At the end of treatment, the patient's diarrhoea had improved significantly, and he was able to travel freely without planning and did not need to use the chemical toilet or the radar key.

In 2011, the present author successfully treated a 31-year-old male, Nigel, with IBS-D, concomitant bloating and feelings of incomplete evacuation. Before the hypnosis, Nigel was given the space to think of a symbol which represented what he needed to do in order to change; Nigel, immediately, said that he wanted to put all his anger and negative feelings into a box. In addition, in the hypnosis, Nigel was asked to think of a phrase or a symbol which represented the source of his IBS, and he told me that it was many phrases. He spent some time on his own filling the box, and when he had finished he locked it and said that he would bury it deep in the sea. During the therapy, which consisted of five sessions, Nigel took an active role in creating metaphors that would, in turn, alleviate his IBS symptoms. **Importantly, rather than being provided with a specific mental activity, Nigel was given the space to let his own unique images emerge.** Further, he acted on the phrases that he conjured up in the hypnosis in his social life and at home—for example, he had kept a number of secrets from his family and close friends, and, by telling them these secrets, he reduced the intensity of his IBS and was able to eat more freely throughout the day.

In the fifth session, his last, Nigel was given the opportunity to describe an event which was stressful and to practise the scenario so that he felt that he was in the winning position. Having already used the 'turbulent' river approach to some success, and having been given the chance explore this imagery in his own way, Nigel pointed out that he would rather drift on a canoe on a pleasant stream. He enjoyed this experience on his own, and said that this was sufficient to calm him down. At the end of treatment, he said that he was 95% free from IBS and that he would continue to use self hypnosis at home to help him in any potentially stressful situations in the future. This improvement was maintained at the year follow up.

## **Comment**

The amount of detail given to clients during hypnosis should vary from client to client—indeed, both therapist-generated and patient-generated metaphorical imagery can be employed at strategic and tactical levels (Witztum, Van der Hart and Friedman, 1988). When and where to use these techniques depends on the client. There is evidence to support the view that highly resistant clients respond better to nondirective or paradoxical interventions (Beutler et al, 1991), and many clinicians have pointed out that indirect suggestions increase rapport and reduce resistance (Barber, 1977; Erickson and Rossi, 1979; Lankton and Lankton, 1983; Groth-Marnat, 1992). Equally, direct suggestions and more authoritarian methods have also been shown to be extremely powerful in clinical practice (Meyer and Tilker, 1969; Singh, 1989; Kraft, 2003). However, researchers who have focussed on the strengths and weaknesses of both indirect and direct suggestions seem to agree that its combined use is likely to increase responsiveness (Groth-Marnat and Mitchell, 1988). Indeed, Yapko (2003) points out the following:

‘Not only are they [direct and indirect suggestions] not mutually exclusive, but it is neither possible or desirable to do an effective hypnotic process exclusively in one form or the other. Realistically, both styles will be evident in a given process at various times... Which style to use at a given moment depends on the nature of the suggestion (i.e., its complexity, novelty, potential for raising the client’s anxiety or defenses,.....) and the degree of responsiveness of the client’.

Nevertheless, it is the author’s experience that many individuals achieve more significant gains if they are given space in order to experience a situation or scene in their own unique way; and, even if the stimulus for the imagery has been chosen by the clinician, it is helpful for the client to imagine and explore specific images and feelings in his own way. These specific details should be imagined and explored by the client, even if guided imagery is used. It is hoped that the above example may provide as an alternative, or indeed as a complement to Zimmerman’s approach. This approach incorporates process questions, accessing questions, truisms and allows space for clients to imagine their own ‘custom-made’ river. It encourages clients also to be more actively involved in their recovery, thus providing them with more control of their treatment, and helping them to access their unconscious resources for change.



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