

Psychodynamic Psychotherapy and Hypnosis in the Treatment of Irritable Bowel Syndrome: A Case Report

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Abstract

The following case study reports the successful treatment of a 27 year-old Indian male with irritable bowel syndrome (IBS). Having been assessed by the gastroenterologist, who had concluded that there was no anatomical reason for his symptoms, other than a combination of stress and anxiety, he was referred to the present author for treatment. The client, NB, was suffering from the diarrhoea-predominant subtype, but he also experienced bloating and feelings of incomplete defecation—particularly in the morning. The treatment consisted of a combination of psychodynamic psychotherapy and hypnosis: the turning point of the therapy occurred when NB realized that his parents had had a great deal to do with his stress levels. In the hypnosis, NB was able to come to terms with these inner conflicts; this investigation was combined with the utilization of the river metaphor (Kraft, 2012; Whorwell, 2006; Zimmerman, 2003) and gut directed hypnotherapy (Gonsalkorale, 2006; Kraft & Kraft, 2007; Smith, 2006). The client made a remarkable recovery in five sessions and this was maintained at the 1-month follow up.

Key words: Hypnotherapy; irritable bowel syndrome (IBS); river metaphor; process suggestions; psychotherapy integration.

De la Psychothérapie psychodynamique et de l'hypnose dans le traitement du syndrome du côlon irritable : Une étude de cas

Résumé : L'étude de cas suivant rend compte du traitement réussi d'un male indien de 27 ans avec le syndrome du côlon irritable (IBS). Ayant été diagnostiqué par le gastroentérologue, qui avait conclut qu'il n'existait aucune raison anatomique pour expliquer ses symptômes, à part une combinaison de stress et d'anxiété, il a été envoyé pour traitement à l'auteur ici présent. Le client, NB, souffrait d'un sous-type prédominant diarrhéique, mais il ressentait également des ballonnements et une impression de défécation incomplète – surtout le matin. Le traitement comportait une combinaison de psychothérapie psychodynamique et d'hypnose : le point charnière de la thérapie est arrivé quand NB s'est rendu compte que ses parents avait été déterminants dans ses niveaux de stress. Lors de l'hypnose, NB a pu se réconcilier avec ces conflits internes ; cette investigation a été combinée avec l'utilisation de la métaphore de la rivière (Kraft, 2012 ; Whorwell, 2006 ; Zimmerman, 2003) et une hypnothérapie dirigée sur l'intestin (Gonsalkorale, 2006 ; Kraft & Kraft, 2007 ; Smith, 2006). Le client a fait une guérison remarquable en cinq séances, et ceci a été confirmé lors de la

séance de suivi un mois après.

Mots clés : Hypnothérapie ; syndrome du côlon irritable (IBS) ; métaphore de la rivière ; suggestions de processus ; intégration psychothérapeutique

Психодинамическая психотерапия и гипноз в лечении синдрома раздраженного кишечника : Разбор случая

Резюме: В статье предлагается разбор случая успешного лечения 27-летнего индийца с синдромом раздраженного кишечника (IBS). После обследования у гастроэнтеролога, который не нашел анатомических причин для возникновения симптомов и предположил, что причиной болезни является комбинация стресса и тревоги, молодой человек (NB) был направлен для лечения к автору статьи. NB страдал от диарреи, как основного симптома, а также неполной дефекации и вздутия, особенно по утрам. Лечение представляло собой комбинацию психодинамической психотерапии и гипноза. Поворотной точкой терапии стало осознание клиентом факта большого влияния своих родителей на уровень стресса в организме. Под воздействием гипноза NB смог разрешить внутренний конфликт; это исследование было связано с использованием метафоры реки (Kraft, 2012; Whorwell, 2006; Zimmerman, 2003) и гипнотерапии, направленной на работу с кишечником (Gonsalkorale, 2006; Kraft & Kraft, 2007; Smith, 2006). После пяти сессий произошло исцеление, которое было закреплено в течение месяца поддерживающей терапией.

Ключевые слова: гипнотерапия, синдром раздраженного кишечника (IBS), метафора реки, процесс создания установок в гипнозе, психотерапевтическая интеграция.

Brief Description

The client – ‘NB’ – had been experiencing a number of problems associated with irritable bowel syndrome (IBS) – specifically, diarrhoea, bloating and feelings of incomplete defecation – for a period of about 6 years.

Introduction

Irritable bowel syndrome is a common gastrointestinal (GI) disorder which is characterised by bloating, abdominal pain, diarrhoea or constipation, and feelings of incomplete defecation. This often debilitating disorder is inextricably linked with stress and anxiety (Galovski & Blanchard, 1998), and it is for this reason that a great deal of attention has been given to treatment using a combination of psychological therapies. These include CBT (Toner, et al., 1998; Kennedy, et al., 2006), psychodynamic psychotherapy (Svedlund, 1983) and hypnosis (Whorwell, 2006). Hypnosis is recognised as a useful treatment modality by the National Institute for Health and Care Excellence (NICE). The Manchester Model for the treatment of IBS (Gonsalkorale, 2006) is essentially a 12-week programme that employs a combination of hand warmth on the abdomen (gut-directed hypnotherapy), suggestions of relaxation and the use of the river metaphor. Individuals suffering from diarrhoea are invited to imagine the source of the river flowing more slowly towards the sea (Kraft, 2012), while those suffering from constipation visualize a polluted river and are directed to clear the stream of stones and rubble so as to make the water run more smoothly (Zimmerman, 2003).

There are some patients who are able satisfactorily to manage, or even eliminate, their IBS symptoms solely with the use of anti-diarrhoeal agents, laxatives and/or antispasmodic medication; however, although these symptomatic methods should always be employed in the first instance, some patients require the additional use of hypnosis. For more complex cases, the additional use of psychodynamic psychotherapy is required.

The following case study is of importance as it demonstrates the combined use of the river metaphor, gut-directed hypnotherapy and psychodynamic psychotherapy.

Plan of Therapy

The plan of the therapy was discussed with the client, NB, in the first session. The author explained that, in many cases, IBS is caused by inner conflicts—usually at work or within the family context. We decided together that the treatment of choice would be the combined use of psychodynamically-orientated psychotherapy (Kraft & Kraft, 2007), systematic desensitization (Wolpe, 1958; Golden, 2007) and hypnosis (Kraft & Kraft, 2010). In addition, the use of gut directed hypnotherapy (Gonsalkorale, 2006; Whorwell, 2006; Moser, et al., 2013) and the river metaphor (Kraft, 2012) were discussed during the initial stages of treatment. We hoped to see significant results in 12 weeks, with sessions once a week.

Case Study

‘NB’ complained of feelings of bloating, diarrhoea, incomplete defecation, and occasional abdominal pain. He had initially controlled this with peppermint capsules (peppermint oil); but, the most amount of success that he had was between the period of 2009 and 2010, when he took the antispasmodic, Mebeverine (Loperamide Hydrochloride). He pointed out that this had been helpful for the abdominal pain and he continued to take the medication whenever necessary. During this period (2009-2010), if he didn’t eat too much at night, he would take Mebeverine in the morning and would not have any more problems for the rest of the day. ‘NB’ explained that he had been to see a gastroenterologist, who had carried out a colonoscopy, which had showed everything was normal. He pointed out that, on further examination, the consultant had ascertained that his problems worsened during periods of stress and had suggested that the symptoms had a psychological component. The specialist referred the patient to me for further investigation.

During the initial stages of this first session, ‘NB’ explained that he had a great deal of anger and resentment towards his controlling family. He had also not been able to express this internal struggle to anyone. He was, at present, doing a part-time job, which he hated and was studying hypnosis with a lay-organization – indeed, he wasn’t sure of the reaction that his father might have to his studies. On top of this were the fears that his family had about his choice of wife – someone who, although Indian, representing a compromise of his beliefs and wishes. Indeed, he had first developed IBS when he had arrived in England, a move which had been associated with a great deal of guilt. It was clear that NB’s father (and his family) was living in a different culture and time-zone compared to his son; in fact, the whole of his family in India insisted – on a daily basis – that he get married to a girl who was ‘appropriate’ and move straight back to India. The family had also tried to introduce him to various girls, who he had never met. In the recent past, he had agreed to see one potential lady, but, at the same time, he was interested in another Indian girl in London. He, eventually, ended this relationship, which caused huge problems in the family. He then married an Indian girl in the UK. However, he reported that he felt that he had married this girl as a compromise: he

pointed out that he had never told anyone this before, and that these feelings of guilt had had a huge impact on his health and mental stability.

Nevertheless 'NB' was eventually able to make peace with his family during the first half hour of treatment. Using a Gestalt approach, he imagined speaking to his father about his fears and anxieties, and telling him about the decisions that he had made in his life. I pointed out that this process would be likely to have a positive effect on his bowels; and yet, it would also be important to do this face-to-face with his father, in order to achieve any proper closure.

Next, he was asked what he wanted to do in the hypno-psychotherapy. He said that he wanted to get rid of the IBS altogether and that his motivation for treatment was that he and his wife were going to have a child. He was also getting to know his wife much better and was starting to love her more and more. He said that he wanted to put all his anger and negative feelings into a box. In the hypnosis, after the induction and the deepener, I asked him whether he was ready to get rid of these problems. He confirmed that, indeed, he was. He was asked to think of something that made him angry and that was causing his IBS: he visualized this problem as a phrase – which, incidentally, he kept to himself – and then put this into an imaginary box. 'NB' then added more and more 'secret' phrases to this box, until it was full. After this process, he was encouraged to close and lock the box safely: at this point, 'NB' realized that he wanted to get rid of this emotionally-charged material and that this could be accomplished by him visualising dropping the box into the sea. Finally, 'NB' dropped the box and watched it fall deeper and deeper out of sight. Interestingly, it was evident that he was somewhat enjoying the experience and he stated that he was feeling more relaxed in the chair.

Further ego-strengthening and positive suggestions were given: these consisted of phrases that suggested that he was getting stronger and more confident each day and, that the more confident he became, the happier he would be. It was pointed out to him that the IBS had possibly served as a protective mechanism in the past, but that, now that he had got rid of this anger, he would be free from this rather destructive mechanism. At the end of the session, he said that he felt that a great weight had been taken from his shoulders.

In the second session, 'NB' stated that he felt that he was improving already and that his IBS symptoms had decreased. He stressed that his parents really didn't understand the potential of psychotherapy, let alone the possibility of him becoming a hypno-psychotherapist. He had not mentioned to them that he was doing a hypnosis course and had certainly not told them about going for therapy. He had also not told his wife, with whom he was now getting along quite well. In the hypnosis, he imagined increasing the intensity of his abdominal pain, for a short period of time, and then, using a dial, reducing the pain to about 10%. He also said that he felt some symptoms worsen whenever he drove his car. And so, using the principles of systematic desensitization, we visualised him practising driving on trips, reducing the intensity of the anticipatory fear, and almost eliminating his anxiety, before and after the trip.

He was also given a lot of ego-strengthening in order to cope with this. Towards the end of the session, NB said that, for long periods of his life, he had stopped eating a number of foods and, as a result, there was now only a small amount of food that he could eat. Indeed, this had got in the way of social functions and family events, and had caused him a great deal of embarrassment. At this point, I told him that he should now think about beginning to increase the number of foods that he could eat, and to enjoy eating these foods slowly.

In the third session, 'NB' reported that he had told his wife both about the therapy and the hypnosis training, and said that he felt that this was now a weight off his shoulders. I told him that this could have a significant effect on his IBS and, indeed, his symptoms had reduced

to about 30%, and he said that this was getting better all the time. He also pointed out that he was now enjoying eating more and more foods and he was getting a huge amount of pleasure from this. In the hypnosis, he practised driving his car and enjoying eating different types of food; he also described, in great detail, the taste of some of the foods. I followed this up with an ego-strengthening exercise and the metaphor of relaxing by the river (see Zimmerman, 2003; Kraft, 2012). Using process suggestions (Kraft, 2012), I helped him to visualise a landscape of his own invention. He travelled down the river, paddling and moving slowly, enjoying the scenery along the way. All the imagery was client-generated; I merely acted as a guide throughout the journey, while 'NB' painted the picture of each scene. At one point, he stopped because there **was** some rubble (or rubbish) along the way and he felt that he couldn't go any further. I then invited him to clear all the rubble out of the way, so that he could continue on his journey. He did this on his own, without any further comments from **me**. He also imagined the stream flowing more slowly as each moment passed: towards the end of this therapy work, the stream seemed to develop into something that represented the mouth of the river. And, after he had finished clearing all the rubble, and after he had imagined the water moving towards the end of its journey, he commented that he felt more in control of his stomach. I described this as follows:

Isn't it interesting that the stream is rather like your stomach ... and now you have cleaned the rubble out of the way ... you are now able to enjoy your food ... as the food goes from your mouth seamlessly towards your stomach ... and out the other end ... seamlessly ... and as you continue to enjoy the sensations of eating ... you know that whichever food you eat ... you will enjoy the taste ... and there is nothing more important for you to do than enjoy the food. And as you continue to relax, you will notice the gradient of the stream becoming flatter and flatter, and as this occurs ... the water will slow ... more and more slowly ... as it approaches the mouth of the river.¹

In the fourth session, 'NB' said that his IBS was now only at 20% and that the therapy seemed to be working. He also pointed out that his driving was better, and he felt no anxiety at all going out on trips. In addition, the anticipatory anxiety had also disappeared. During the week, the routine of getting up in the morning had caused him no problems whatsoever: he had no difficulties getting up, having breakfast, or opening his bowels in the morning. However, he indicated that, at the weekend, without such a strict regime, he had many more difficulties. In the hypnosis, we re-created his morning routine, and practised getting up each day. He also visualized getting up at the weekend, and I guided him, stage-by-stage, pairing each morning with positive reinforcement. This was set up as follows:

And, just like during the week, you notice that your bowels can function as efficiently, and more comfortably, at the weekend ... because you are more relaxed ... and the more relaxed you are the more in control of yourself you are ... and the more in control of yourself you are ... the happier you feel ... inside ... inside of you ... and when you wake up in the morning ... there is nothing more important for you to do...than to enjoy snoozing ... knowing that you don't have to go to work...and knowing you have plenty of time to enjoy your breakfast ... and eat it as slowly as possible ... ready for you to enjoy your day ... and you can go to the toilet whenever you want ... because you have time ... and just continue to enjoy those sensations ... of knowing that you have time on this day to enjoy your life ...

We had also managed to reduce any remaining abdominal pain, using his hand as a source of warmth (Gonsalkorale, 2006). Again, 'NB' was then given space to reduce this to a level that felt right for him. We reduced the pain to about 5% and he said that this was appropriate.

1 Please note that – although useful – these (and subsequent) hypnotic scripts have been paraphrased from my personal notes: on each occasion, I vary the language to suit the specific needs of the client.

Post-hypnotic suggestions were then employed to indicate that this would become a reality, as soon as possible, and that such effects would be long-lasting. After disengagement, he said that he was much better, and we agreed that he would have one more session – after a break of three weeks. ‘NB’ was also advised to practise self-hypnosis throughout the three-week break to help him with his driving and in preparing for work.

In the fifth session, ‘NB’ wanted to leave some time before the meeting again in order to do some analysis on his own. When he arrived, he said that he had successfully used self-hypnosis in order to control various problems. For example, during the past week, a lady motorcyclist had shouted at him, and, although this initially caused him some distress, he was able to ‘let this go’. In the hypnosis, I utilized this phrase using a mantra, ‘Let it go’. ‘NB’ was pleased that he had got his pain down to 5% or 10%. We celebrated this achievement together, and I asked him what he wanted to achieve during the session. ‘NB’ stressed that he wanted to say, ‘Good-bye’, and I confirmed that this was now an important part of his therapy. He also said that he wanted to use the hypnotherapy to help him to let go of any possible ‘flair-ups’ in the future. He reiterated that his wife was now expecting a baby, and, now that he was free from his IBS symptoms, he felt certain that he was ready to take on this new challenge. Indeed, he relished the opportunity of becoming a father and felt that he was now able to do all the things that he wanted to do in life.

In the hypnosis, I **had** asked ‘NB’ whether he wanted to describe a potentially anxiety-provoking event, or to simply experience it on his own. After this prompt, he went straight into description mode, and talked about a scenario that involved a difficult employee at work. He managed to control himself, and I suggested to him that he could, “Let all his anxieties go”. He was then given the opportunity to imagine experiencing a number of difficult situations in the near future, and he did this, in his own time, and on his own. He also practised driving alone and enjoying the experience. Furthermore, he was again given a huge amount of ego-strengthening, using his ‘special place’ (Callow, 2003), and he watched any unnecessary tensions fade into the distance. Finally, we utilized his special place – which consisted of drifting on a canoe on a pleasant stream – to provide him with the confidence that he needed. However, interestingly, on this occasion, there was no rubble to clear away. He enjoyed drifting on this canoe and this calmed him a great deal. At the end of the treatment, ‘NB’ was quite emotional and he thanked me for the work that we had done together.

Outcome of Therapy

A limitation of this study was that, apart from the ‘phone call’ a month after treatment, the client was not available for the usual 6 and 12 month follow-ups. Nevertheless, he reported that he was very pleased with his progress at the one-month stage. He pointed out that the abdominal pains were almost non-existent: in addition, on the rare occasion that he experienced any discomfort, he was able to deal with it almost immediately using suggestions of hand-warmth (Gonsalkorale, 2006), or even the use of Loperamide Hydrochloride. He was also able to enjoy many types of foods that were previously impossible for him to eat; furthermore, his diarrhoea was completely eliminated.

Commentary

This case history demonstrates that behavioural approaches in hypnosis, together with the use of client-generated imagery, can be employed in conjunction with psychodynamic psychotherapy to help with a physiological problem. The pivotal moment in the therapy

occurred when the client realized that the relationship with his family was at the heart of his condition. He was given an opportunity to release a great deal of anger through the initial transference: as a result, he was now able to talk to his wife about the fact that he was having therapy. The support from his wife, and the initial feelings of relief that he experienced, had also reduced his stress and this had an immediate impact on his gastrointestinal transit. And, although he had not talked to his father about his problems, and had certainly had not told him about his future plans to become a therapist, the patient had devised a mental list of discussions that would take place in the near future.

He felt, quite strongly, that he was more in control of his life, and commented that this would undoubtedly have an effect on his bowels; in addition, the imagery and gut-directed hypnotherapy added to his sense of self-control. It is possible that 'NB's personal interest in hypnotherapy could have had an impact on his compliance—especially during the hypnosis. Certainly, 'NB' exercised a great deal of freedom during the guided imagery and was able to generate a number of helpful images—notably, the 'secret phrases'—which helped him to alleviate feelings of guilt. Nevertheless, use of the process suggestion, which is intrinsically client-driven, will help clinicians to encourage all their clients—whether experienced in hypnosis or not—to use their imagination in order to effect change.

This integrative approach to treatment is reasonably cost-effective and should, thus, be considered by the NHS as a possible 'treatment of choice' for sufferers of Irritable Bowel Syndrome (IBS).

Author

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