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Hypnosis Treatment of Irritable Bowel Syndrome

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The Mind and IBS

The standard medical methods currently used to treat irritable bowel syndrome (IBS) are of some help to the majority of people with the disorder. However, up to half¹ of IBS sufferers are dissatisfied with the results of standard medical management, and many continue to have frequent symptoms after seeing doctors about them.

In recent years, other alternatives have been sought to help these individuals. There has been growing interest in the possibility of using the mind to soothe the symptoms of IBS. Mental states clearly affect the way the gut behaves in people with IBS, and in fact, also in people who have no gastrointestinal problems. Although IBS is probably not caused by stress directly, it is well established from research that psychological stress increases the symptoms of many people who have the disorder. If the mind can have such a powerful negative influence on the intestinal tract, it would seem to make sense that the mind could be used to have a positive or calming influence on the intestines.

Several psychological methods to treat IBS symptoms have been tested in formal research studies, including biofeedback, cognitive therapy, psychodynamic (insight-oriented) therapy, and hypnosis treatment. It is unclear, to date, which of these psychological treatment methods is most effective, for they have generally not been tested side by side. However, cognitive therapy^{2,3} and hypnosis treatment⁴⁻⁷ have had the highest reported success rates in repeated formal research studies, with improvement seen in 80% or more of all treated patients in some studies. Hypnosis treatment will be discussed specifically in this article.

Hypnotherapy

Clinical hypnosis is a method of inducing and making use of a special mental state where the mind is unusually narrowly and intensely focused and receptive. In such a state, verbal suggestions and imagery can have a greater impact on a person's physical and mental functioning than otherwise is possible. Unlike the popular portrayal of hypnosis in movies, on television, or in stage entertainment, a clinical hypnotherapist does not use any power over the person who is hypnotized. The only power at work in clinical hypnosis is the power the patient has to enter and make use of this special mental state. The treatment is comfortable, and generally without any negative side effects for psychologically sound individuals. The person who is hypnotized is typically fully aware of everything that happens under hypnosis both during and after the hypnosis session.

Research has demonstrated that hypnosis can be used to have various effects on gastrointestinal functioning. It can slow down the propulsive movement of material through the intestinal tract⁸, can increase or decrease acid secretion in the stomach⁹, can sometimes reduce or eliminate nausea and vomiting¹⁰, and can reduce the relapse rate of duodenal ulcers¹¹ and improve long-term management of functional dyspepsia¹².

Hypnosis for IBS

The results of the first formal research study⁴ on hypnosis treatment for IBS were published in the *Lancet* in 1984. The investigators, Dr. Peter Whorwell and his group in Manchester in England, reported remarkable success from a seven-session hypnosis treatment of 15 patients with severe IBS problems who had not responded to any other treatment. All 15 patients treated with seven sessions of hypnotherapy improved, with dramatic improvement seen in all the central symptoms of IBS. The researchers furthermore showed that this therapeutic impact was not merely due to belief or expectancy of improvement, because a comparison group of 15 IBS patients who were instead treated with the same number of psychotherapy sessions and also received placebo pills (pills with no medication) showed only slight improvement. This was a powerful demonstration of the impact hypnotherapy could have on IBS, and led to considerable subsequent interest in this approach to IBS treatment.

Since this first report, more than a dozen other published research reports have confirmed that hypnosis treatment is effective in treating IBS. Generally, the treatment procedures reported in the literature consists of 4 to 12 sessions (shorter treatment than 7 sessions may be a bit less effective). Hypnosis sessions are typically conducted weekly or once every other week, last 30–40 minutes and consist of induction of hypnosis followed by deep relaxation and the use of gut-directed imagery and suggestions. Patients are commonly given short audiotape hypnosis home exercises to use during the course of treatment in addition to the sessions with the clinicians.

The experience to date may be outlined as follows:

- Reported success rates range from approximately 70–95% in all studies with any significant number of patients (for example, in the work of the Manchester group in England^{4,5,13} and our studies^{6,7}).
- The improvement enjoyed from this treatment often lasts at least two years after the end of treatment⁵.
- All major IBS symptoms improve from this kind of treatment (abdominal pain, diarrhea/constipation, and bloating).
- There are some indications that individuals with certain characteristics are somewhat less likely to benefit from this kind of treatment^{5,7,13}: People with very little hypnotizability (perhaps 15–25% of all people), persons with psychiatric disorders, and maybe (according to one report) males with diarrhea-predominant type of IBS.
- This treatment can be effective also when people are treated in groups¹⁴.
- In addition to effects on physical symptoms, the treatment commonly improves psychological well-being and life functioning substantially^{6,7,13,15} and can have long-term positive effects in reducing disability and

health care costs and improving the quality of life of IBS patients¹⁵.

How hypnosis treatment improves IBS symptoms

Although it is by now well established that hypnosis treatment often improves the symptoms of IBS, it remains a mystery exactly how hypnosis influences IBS in such a beneficial way. Our research team has conducted two studies to try to shed some light on this issue, using completely standardized seven-session protocol with written hypnosis scripts where all treated patients receive the same exact hypnosis treatment word for word.

Our first study⁶, which was the first hypnosis group trial for IBS in the U.S., was conducted in Dr. Whitehead's research laboratory at the University of North Carolina at Chapel Hill in 1995–1996. In this study, we sought to understand how the treatment influenced the intestinal tract, by measuring changes in rectal pain sensitivity and gut muscle tone with a computerized balloon inflation test. We found no significant changes in pain sensitivity or muscle tone in the gut after hypnosis treatment. However, 17 of the 18 treated patients, all of whom had unsuccessfully tried conventional treatment methods, rated their IBS symptoms significantly improved after treatment.

It should be noted that the Manchester group has also conducted two studies to examine the changes in the gut after hypnosis treatment. They similarly found no overall changes in gut pain sensitivity (although in one study¹⁶ a subgroup of the most pain-sensitive individuals showed reduced sensitivity) nor muscle tone changes after treatment, even though the clinical symptoms of their patients improved.

We conducted our second study⁷ at Eastern Virginia Medical School in Norfolk, Virginia, to examine whether the effects of the hypnotherapy on IBS could be explained by treatment changes in nervous system activity, and also to test further our standardized treatment protocol. Twenty-four people with severe IBS were treated with our standard protocol, and we measured the activity of the autonomic nervous system (the part of the nervous system that automatically controls the body's inner functions) in various ways before and after treatment. We measured sweat gland activity, heart rate, blood pressure, skeletal muscle tension, and skin temperature in the participants, both at rest and in response to a standard mental stress task (problem-solving under time pressure). Twenty-one of the 24 patients (87.5%) treated in the study improved substantially and maintained their improvement at 10-month follow-up. The only change we saw after hypnosis treatment in the nervous system data, however, was a small reduction in sweat gland activity, suggesting somewhat lessened physical stress. This seemed to be unrelated to the much larger improvement in clinical symptoms from the treatment, and could not account for the mechanism of improvement. In contrast, we did find that patients had greatly reduced experience of general (non-IBS) bodily symptoms after treatment, and this was statistically related to their improvement of IBS symptoms. This suggests that changes in the mind's interpretation of, or attention to, signals from the body play some role in the improvement.

The overall conclusion from our work and the studies of the Manchester group is that we still know relatively little

about exactly what makes the hypnosis treatment so effective for IBS, in spite of four studies examining that to date. We plan to continue doing research to address that question.

Efforts to make hypnosis treatment for IBS more widely available

As IBS sufferers in the U.S. have become increasingly aware of hypnosis as a treatment option, we have received numerous inquiries about how people can get such therapy in their home area. Unfortunately, the demand for such treatment is largely unmet in the U.S. For that reason, we are making two types of effort to help make this treatment more generally available:

We started a couple of years ago to give qualified clinicians, nationwide, permission (at no cost) to use the treatment protocol we have tested and found successful in our research studies. The protocol package contains verbatim scripts and full instructions sufficient for experienced hypnotherapists to successfully conduct such treatment. In this way, more than eighty clinicians throughout the country have been able to begin using this treatment. To further facilitate this, we have established a Web page where individuals with IBS can get information about clinicians using hypnotherapy for IBS in different states, and where clinicians can request our treatment protocol package. The web address is www.ibshypnosis.com.

Secondly, we are now conducting a pilot study at UNC-Chapel Hill, under the direction of Dr. Whitehead, of a home treatment version of our standardized treatment protocol. In this study, IBS patients receive the same treatment, word-for-word, as in our studies, but instead of working with a clinician in person, they use a set of audio CDs at home. It must be emphasized that at the present time, we do not know whether this home treatment format will be effective. However, we hope that at least some of the therapeutic effects of hypnosis treatment can be achieved that way, so that the benefits of this type of treatment can be made more widely available.

How to select a hypnotherapist

It is important to use care when selecting a person to receive hypnosis treatment from, because many people practice hypnosis that are not qualified to treat medical problems. You can begin by looking in the phone book or asking around in medical settings for anybody who treats medical problems with hypnosis. Then you should obtain answers to the following three questions:

1. Is this person a licensed health professional? In every community there are lay hypnotists with no health care training who advertise their services, and they will sometimes inappropriately take on the treatment of health problems. Be aware that hypnosis certificates and vanity letters after the person's name such as C. Ht. ("certified hypnotherapist") mean nothing in terms of clinical qualifications. Only state-licensed health professionals (psychologists, nurses, physicians, clinical social workers, etc.) should treat irritable bowel syndrome.

2. Does this person have formal training and significant experience in clinical hypnosis? Using hypnosis with good success requires considerable skill and knowledge. Find out how many patients this person has treated with hypnosis, and how he/she received training. Most clinicians learn hypnosis through workshops held by national or regional organizations of health professionals. In general, fifty hours or more of certified workshop training in hypnosis would be good, although less is sometimes adequate.

3. Does this person know the details of successful hypnosis treatment protocols for IBS? Unfortunately, the great majority of clinicians who practice hypnosis in the U.S. are not familiar with the specific approaches that have been found to be effective in IBS treatment. Hypnosis in itself is probably not sufficient to treat IBS effectively. Specific gut-directed suggestions and imagery need to be included. If the clinician you are considering is not knowledgeable in tested methods such as Dr. Whorwell's method or our standardized protocol, the easiest way to remedy this is to ask them to request our free protocol package (www.ibshypnosis.com).

Many major health insurance plans in the U.S. reimburse for IBS treatment with hypnosis when it is billed as psychological treatment under the mental health portion of the plans.

It should always be kept in mind that hypnosis is just one option of many in the treatment of IBS. Other psychological methods, cognitive therapy in particular, are also effective options. Hypnosis may be especially suitable when severe chronic symptoms continue after standard medical management approaches have been tried. It has become clear that in such cases, hypnosis treatment can often produce major improvement that can last for years.

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This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert's care.

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