

# The V European Congress of Ericksonian Hypnosis and Psychotherapy

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## **Irritable Bowel Syndrome (IBS) – “When the belly loses the head.....”**

### **How to deal with the Irritable Bowel Syndrome / Hypno-and Body-therapeutic interventions**

**1. Definition of Irritable Bowel Syndrome (IBS) :** Functional gastroenterological disease, WHO diagnostic criteria, ICD-10, F45.3; Rome II / III diagnostic criteria.

**2. Abstract:** Irritable Bowel Syndrome (IBS), a common, chronic, often disabling gastrointestinal disorder can not be treated satisfactorily from the medical side. Psychotherapeutic interventions and the view to an interdisciplinary approach (multi-target) in dealing with the IBS symptoms are necessary, particularly in more severely affected patients. Hypnotherapeutic strategies in the treatment of IBS (according to different research and studies) are effective and show a highly significant reduction of the symptoms, pain, anxiety and depression.

In the workshop brief examples of case presentations will illustrate various points given. One focus is working directly at symptom relief, for example reduction of pain, a cardinal symptom.

Another focus is working with the psychodynamic background of the patients symptoms, (beliefs, meaning of the symptom etc), which is an important aspect (imperative) and very effective in the treatment of IBS.

### **3. “Finish with the Irritable Bowel Symptoms”- IBS and patients expectations**

...I can't anymore.....Terrible, how all my thoughts circle around eating and digestion.....I'm always fighting with the belly.....The worst with my symptoms is not the physical pain, but the fact, that the symptoms occupy my whole consciousness.....I have no problems but this bloody belly.....

These are typical statements, which describe how people, suffering from IBS, feel and how anger, helplessness and anxiety (the invisible part) dominate their emotional being. They often can not distinguish between feelings and sensations.

#### **4. Key Causes of IBS disorders, current opinion in gastroenterology there are three main factors :**

1. psychosocial factors (previous life events; trauma; stress as a trigger)
2. changed motility (prior gastroenteritis GI infections, genetics)
3. changed sensibility (visceral hypersensitivity, lactose intolerance)

Others: general lifestyle, including eating habits. Impact of symptoms: personality factors may play a role in expression of IBS symptoms, always “on the go”, poor coping styles, irritable beliefs, rigid rules, external locus of control, low self-esteem and confidence), relationship, work, etc.

#### **5. Options of psychotherapeutic treatment**

Experiences in my psychotherapy practice with IBS-patients show that interventions with trance in combination with tools of body-psychotherapy (biodynamic according to Boyesen) are very helpful and successful in the treatment of dysfunctional symptoms.

In my therapeutic approach I use simple concepts of stressmanagement. Models describe organismic reactions in normal stress moments (anger example) and help clients to understand fundamentals about tension, body pressure and pain and how the “gut-brain-axes” and the three nervous systems (central, autonomous, enteric nerve system) are functioning.

Stress mobilizes a high amount of energy and the body reacts spontaneously with fight or flight or numbness (Levine). Information about normal stress reaction enable clients to learn about central processes in the nervous system and how the vegetativ system influences the perception.

Clients learn about the interaction between “head and belly” how to modulate the pain with self-hypnosis and specific body-awareness technics. Main goal: reconnect the “wisdom” of the body with the mind. That leads to integration of the personal capacities.

#### **6. Realistic goals to achieve**

The psychotherapeutic approach aims to teach hypnotic skills to control and help normalize gut functioning. After 4 to 6 sessions remarkable changes are seen:

- a better handling of paincontrol, which leads to significant pain reduction
- emotional and physical stress relief
- a change in psychosocial well-being; more confidence and self-efficacy
- a change in physical well-being: higher pain stimulus threshold, more ease, sleep better
- to regain a better quality of life scores, enabled to deal well with the remaining 5-10% of the symptoms

## 7. Basic maps of treatments of IBS

Focussed on body-mind connection, using tools of selfmanagement through movement activities, energetic exercises. Experiencing the healing part of getting in touch with body and emotions. Learning to be able to influence the dynamic of the inner process. Exploring the power of the breathing action in developing space and bodyawareness and experiencing the breathing influences on the vegetativ nerve system and the gut-functioning. Utilising personal imagination, individual resources, metaphors and a special gut-directed hypnosis to find a new balance.

## 8. Psychotherapeutic steps

- Explanations and models, "little brain in the gut", brain modulates the perception of visceral irritation, correlation of stress and digestion and selfregulation
- Lifestyle and diet modification: because of IBS often avoidance of sport activities, eating, going out
- Symptom diary: questionnaire for the observation of different IBS symptoms
- Gut-directed hypnosis: model trance for optimal gut functioning
- Exploring the psychodynamic: ego-strengthening / searching for resources with age regression in trance / exploring the individual resources with trance induction
- Kidney meditation and breathing: for better body awareness
- Touching: f.e. colonic massage as a resource; hand with the imagination of warm up
- Humming: influence the energetic changes toward optimal pulsation, especially for fluid systems of the body
- Grounding exercises:balancing on two feet, shifting the weight, exploring the reaction of the body, shaking, dancing etc.

## 9. Summary /Conclusion

Important is the **exclusion of inflammatory gastrointestinal diseases**. Prior medical gastroenterological consultation is necessary.

Expectations and needs: only people with a high level of dysfunctional symptoms take up a psychotherapy. Two thirds of people suffering from IBS do not go to the doctors!

Clients afford an **individually tailored therapy**, according to the actual kind of problems

The client-therapist relationship is the most robust component in the process.

It's necessary to point the importance of **focussing the invisible, the affective part** of the IBS difficulties to develop a better dealing with the IBS.

Clinical effectiveness of treatment are **reduction of pain** and **emotional stability**.

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