Setting high standards

Launch of new Register patients find help

The European Journal of Clinical Hypnosis is pleased to have been selected to announce the launch of a new professional organisation for UK therapists specialising in gastrointestinal diseases.

For this autumn sees the start of the National Register of Approved Psychotherapists and Hypnotherapists.

It purpose is to provide a clear ethical framework for the treatment of both inflammatory bowel disease, irritable bowel syndrome and certain other gut disorders and to ensure standards of competence among therapists.

The Register offers referrals for patients seeking treatment from reputable, trained hypnotherapists and psychotherapists - plus advice on training for therapists seeking to bring themselves up to its standards.

Motivating force behind the new Register is Lancashire-based therapist Elizabeth Taylor who has spent much of the past year organising the launch.

Inflammatory bowel disease (IBD) encompasses ulcerative colitis and Crohn's disease, organic ailments which are normally medically controlled. Irritable bowel syndrome (IBS) is a functional disorder, frequently distressing but less serious.

Patients suffering from either condition can receive substantial benefits from gut directed hypnosis.

Personal committment

Readers will recall the claims of such benefits for IBD patients which appeared in the article written jointly by Elizabeth Taylor, Dr Mike Goodman and Tony Waring published in the first edition of the EJCH.

Elizabeth, a psychotherapist and hypnotherapist for almost ten years, has a strong, personal commitment to her subject following the death of her own husband, Geof, from IBD.

"His death made me realise I had to do something," she explained.

Thus her own loss was a major factor in a determination to improve the treatments available for patients and to extend understanding and insight into these disorders.

She frankly admits completing her honours degree in psychology with the sole intention of finding a way to work with IBD sufferers using holistic principles.

By EJCH Reporter

For three years Elizabeth Taylor worked in Dr P J Whorwell's hypnotherapy department at the University Hospital of South Manchester, specialising in the treatment of severe refractory gut disorders - in particular irritable bowel syndrome.

During her time with the department she ran courses with Dr Whorwell teaching "Gut Directed" hypnotherapy to gastroenterologists from various parts of the United Kingdom.

Currently Elizabeth teaches these techniques through both the Centre Training School of Hypnotherapy and Psychotherapy and the National College of Hypnosis and Psychotherapy.

She is however offering to put on her two-day courses for other colleagues with acceptable training standards.

"These courses can either take place as workshops or as part of a standard training programme provided students have reached a reasonable level of competence in psychotherapy and counselling," she explained.

Anyone wishing to know more about the new Register – either as a therapist or as a patient – should send a SAE measuring at least 23cm by 16cm to:

> Elizabeth Taylor at :-Holistic Resources Limited, 5 Stonefold, Rising Bridge, ACCRINGTON, Lancashire, BB5 2DP England

Telephone
Within UK 0706 210404
Outside UK (0044) 706 210404

in both training and therapy

to assist IBD and IBS through hypnotherapy



Elizabeth E Taylor BSc MCAP BRCP

is a psychotherapist working freelance for the National Health Service and privately, specialising in the treatment of gut disorders.

Having established a new Register focusing specifically on the problems of IBD and IBS, Mrs Taylor has in the accompany short article, reviewed some of the work which has already been carried out in this field.

E. E. Taylor BSC MCAP BRCP

rritable Bowel Syndrome (IBS) is typically reviewed as a disturbance of gut motility for which no organic cause can be found. It affects 15% of the population^{1,2} and accounts for approximately 50% of referrals to gastroenterologists³.

Major symptoms of IBS include abdominal pain, abdominal distension and abnormality of bowel functions; however many other non colonic features have been demonstrated⁴.

Aetiology is unknown and much attention has been paid to psychological factors. Evidence of psychopathology has been found in 50-60% of IBS patients attending hospital outpatient departments⁵. However this finding is not supported by IBS sufferers in the community who are not seeking health care⁶ and one recent study has suggested that psychoneurotic manifestations may be secondary components of the disorder rather than causal elements⁷.

The disorder has been notoriously difficult to treat^{8,9}. Some patients will respond to antispasmodics, bulking agents, laxatives, and antidiarrhoeal medications. Dietary manipulations have proved effective in some sufferers¹⁰⁻¹³ and psychotherapy has also proved of benefit^{14,15}.

On the other hand many patients fail to improve and often deteriorate despite multiple interventions¹⁶⁻¹⁸. After serious disease has been excluded patients may be told there is "nothing wrong with them". This explanation is at variance with the persisting symptoms leaving the patient in a conflict situation which subsequently increases anxiety. 1. Thompson WG, Heaton KW. Functional bowel disorders in apparently healthy people. Gastroenterology 1980; 79: 283-88

 Drossman DA, Sandler RS, McKee DC, Lovitz AJ. Bowel dysfunction among subjects not seeking health care. Gastroenterology 1982; 83: 529-34.

3. Switz DM. What the gastroenterologist does all day. Gastroenterology 1976; 70: 1048 50.

 Whorwell PJ, McCallum M, Creed FH, Roberts CT. Non-colonic features of irritable bowel syndrome. Gut 1986; 27: 37-40.

5. Creed F, Guthrie E. Psychological factors in the irritable bowel syndrome. Gut 1987; 28: 1307-1318.

 Drossman DA, McKee DC, Sandler RS, Mitchell CM, Cramer EM, Lowman BC, Burger AL. Psychosocial factors in the irritable bowel syndrome: A multivariate study of patients and non patients with irritable bowel syndrome. Gastroenterology 1988; 95: 701-708.

 Kumar D, Pfeffer J, Wingate DL. Role of psychological factors in the irritable bowel syndrome. Digestion 1990; 45: 80-87.

8. Moriaty KG. Intractable functional abdominal pain. J Roy Soc Med. 1987; 80: 472-473.

> Maxton DG, Whorwell PJ. Use of medical resources and attitudes to healthcare of patients with "chronic abdominal pain". Brit J of Medical Economics 1992; 2: 00-00.

10. Alun-Jones V, Shorthouse M, McLaughlan P, Workman E, Hunter JO. Food intolerance: a major factor in the pathogenesis of irritable bowel syndrome. Lancet 1982; ii: 1115-1117.

11. Bentley SJ, Pearson DJ, Rix KJB. Food hypersensitivity in irritable bowel syndrome. Lancet 1983; ii: 295-297.

12. McKee AM, Prior A, Whorwell PJ. Exclusion diets in irritable bowel syndrome: are they worthwhile? L Clin Gastroenterology 1987; 9: 526-528. There is a wealth of evidence to suggest that stress exacerbates gut problems^{19,20} and one recent study has shown significant changes in distal colonic motility as a result of hypnotically induced emotional states²¹.

Hypnosis itself can help to break this vicious circle and increase psychological wellbeing²².

However hypnosis specfi-cally targeted towards the gut has proved highly effective in reducing and/or eliminating the symptoms of IBS^{23,24}. Gut directed hypno-therapy was introduced by Whorwell in 1984 and his department have 10 years of clinical experience to support an 80% success rate in severe refractory IBS.

In this particular approach patients are initially given an explanation of the pathophysiology of their condition so they can understand how they are expected to relieve their symptoms.

After induction of hypnosis and ego strengthening suggestions the patient is asked to place his/her hand on the abdomen and generate feelings of warmth and comfort in this area. This is followed by suggestions of symptom reduction and

personal control over gut function.

The procedure is reinforced with visual imagery if the patient has this ability. He/she is asked to equate the gut with a river or stream and told to modify the flow accordingly to regulate the bowels. Approximately 12 sessions are needed for a successful outcome and emphasis is placed on determination and a positive attitude on the part of the patient. The latter is also required to practice auto hypnosis on a daily basis. Most importantly, improvement is maintained following discharge, with any relapses quickly overcome by using a tape.

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It must be stressed that this type of treatment cannot cure IBS. However it gives the patient the wherewithal to control the disorder^{23,24}. The mechanism by which hypnosis exerts its benefit on the gut remains unknown. Nevertheless it is claimed that hypno-therapy is able to modify certain physiological

parameters not normally amenable to conscious control²⁵⁻²⁸. In relation to the gut physiological evidence exists to show that rectal sensitivity²⁹ gastric acid secretions^{30,37} and distal colonic motility²¹ can be modulated by hypnotic suggestion.

Gut directed hypnotherapy alone is effective in the majority of cases, however if it becomes obvious that repressed emotions are beina expressed in somatic form it is usually necessary to use psychotherapy and/or analytical hypnotherapy as well. After spring cleaning the mind the patient has more room to accept gut directed suggestions and treatment usually is effective.

/ In conclusion, it is not generally necessary to

address the emotional disturbances found in IBS sufferers other than by ego strengthening suggestions and indeed such an approach can cause offence. In a minority of cases a more analytical approach is needed but whether the frequently quoted psychological factors are primary or secondary to the disorder, hypnotherapy has been found to be an effective intervention providing lasting relief from the symptoms of IBS.

13. Nanda R, James R, Smith H, Dudley CRK, Jewell DP. Food intolerance and the irritable bowel syndrome. Gut 1989; 30: 1099-1104.

14. Hislop IG. Effect of very brief psychotherapy on the irritable bowel syndrome. Med J Aust 1980; 2: 620-623.

 Svedlund J, Sjodin I, Ottoson J-O, Dotevall G. Controlled study of psychotherapy in irritable bowel syndrome. Lancet 1983; ii: 589-592.

16. Choudhary NA, Truelove SC. The irritable colon syndrome. Quart J Med 1962; 31: 307-22.

17. Waller SL, Misiewicz JJ. Prognosis in the irritable bowel syndrome. Lancet 1969; ii: 753-56.

> 18. Holmes KM, Salter RH. Irritable bowel syndrome - a safe diagnosis. BMJ 1982; 205: 1533-34.

19. Almy TP, Tulin N. Alteration in colonic function in man under stress. Gastroenterology 1947; 8: 616-628.

20. Grace WJ. Life stress and regional enteritis. Gastroenterology 1953; 23: 542-553.

21. Whorwell PJ, Houghton LA, Taylor EE, Maxton DG. Physiological effects of emotion: assessment via hypnosis. Lancet 1992; 340: 69-72.

22. Taylor EE, Goodman MJ, Waring AJG. The effects of psychological intervention on patients with inflammatory bowel disease. European Journal of Clinical Hypnosis 1993; 1: 18-25.

23. Whorwell PJ, Prior A, Faragher EB. Controlled trial of hypnotherapy in the treatment of severe refractory irritable bowel syndrome. Lancet 1984; 1232-1233.

24. Whorwell PJ, Prior A, Colgan SM. Hypnotherapy in severe irritable bowel syndrome: further experience. Gut 1987; 28: 423-425.

²⁵. Fry L, Mason AA, Pearson RS. Effect of hypnosis on allergic skin responses in asthma and hayfever. Br Med J 1964; i: 1145-8.

 Erickson MH. Control of physiological functions by hypnosis. Am J Clin Hypn 1977; 20: 8-19.

27. Kroger W. Clinical and Experimental Hypnosis. Philadelphia: Lippincot, 1979.

 Prypriosis, r. man.
Deabler HL, Fidel E, Dillenkoffer RL, Eider ST. The use of relaxation and hypnosis in lowering high blood pressure. Am J Clin Hypn 1973; 16: 75-83.

29. Prior A, Colgan SM, Whorwell PJ. Changes in rectal sensitivity following hypnotherapy in patients with irritable bowel syndrome. Gut 1990; 31: 896-898.

30. Klein KB, Spiegel D. Modulation of gastric acid secretion by hypnosis. Gastroenterology 1989; 96: 1383-1387.

 Stacher G, Berner P, Naske R, Schuster P, Bauer P, Starker H, Schulze D. Effect of hypotic suggestion of relaxation on bowel and betazolestimulated gastric acid secretion. Gastroenterology 1975; 68: 656-661.