



Gut-directed hypnotherapy: A treatment consideration for those navigating the complexity of digestive conditions and disordered eating

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What happens when food, which plays such an important role in survival, socializing, and culture, creates pain and discomfort? Even more distressing and anxiety-provoking, what happens when it very unpredictably causes embarrassment and a sense of lost control? With some meals you feel fine, and with other meals you are running to the bathroom and unsure of when you will be able to come out. Unfortunately, for the millions of people who suffer with digestive conditions, food creates an added layer of complexity when it comes to the management of their symptoms. Therefore, it is not surprising that individuals with digestive conditions are interested in restrictive diets that they perceive as a means to better control their symptoms. One of the most common digestive diagnoses is irritable bowel syndrome (IBS). IBS affects about one in 10 people throughout the world. It is known as a disorder of gut-brain interaction (DGBI) which was formerly classified as a functional gastrointestinal disorder (FGID). Patients can receive a diagnosis of IBS from a primary care physician (PCP) based on a description of their symptoms, or from a gastroenterologist after completing a medical workup that may include blood tests or a colonoscopy. Most patients are diagnosed based on their stool pattern in addition to recurrent abdominal pain. The symptoms must be chronic, occurring at least one time per week over the course of a three-month span. The following are types of IBS with

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which one may be diagnosed: IBS-diarrhea predominant (IBS-D), IBS-constipation predominant (IBS-C), IBS with diarrhea and constipation is called IBS-mixed type (IBS-M), IBS-unclassified (IBS-U), and post-infectious IBS (PI-IBS) which tends to come on suddenly after having an infection in the stomach or intestines.

Due to the strong connection between the brain and the gut, psychological therapies have been found to be helpful in the treatment of patients with DGBI, such as IBS (Chey et al., 2021). The brain-gut axis is a complex communication pathway that transmits information back and forth between the brain and the gut via nerves. The enteric nervous system, which can be thought of as the nervous system within the GI tract, is also referred to as “the second brain”. It is made up of hundreds of millions of neurons embedded throughout one’s GI tract. Patients with DGBI can become very aware of how these

nerves are responding during the digestive process which can contribute to uncomfortable GI symptoms such as cramping, spasming, bloating, gas, and fecal urgency. The awareness and experience of these sensations is called visceral hypersensitivity. Another important consideration in digestive conditions is the impact of stress on the body. Due to the brain-gut connection, the gastrointestinal tract is more sensitive during periods of stress.

As we can see, the complexity of managing a digestive condition extends beyond food. One's emotions and stress can play a role in how they experience symptoms. Therefore, treatment for digestive conditions often includes different specialists who work together to aid the patient in stabilizing their symptoms. A GI psychologist or other GI mental health provider (for example, licensed clinical social worker or master's-level therapist) is an individual who has undertaken advanced training and practice in the field of psychogastroenterology, which combines an understanding of digestive health conditions and the use of evidenced-based psychological interventions to help patients manage the complexities of living with a digestive condition.

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Despite the various factors that can contribute to a digestive condition, over 60% of patients with IBS believe their diet impacts their abdominal pain and bowel symptoms (Kamal & Pimentel, 2019). It is common for patients to try restricting their diet or even skip meals in an attempt to avoid GI symptoms. In an effort to gain control, patients are often interested in restrictive diets, such as the low-FODMAP diet which is recommended for some patients with IBS. However, placing food “under a microscope” may not be a health-promoting approach for all patients with digestive conditions. A systematic review by Satherley et al. (2015) found that 23.7% of individuals with GI conditions displayed disordered eating, defined as behaviours of food restriction, meal skipping, or over-eating not yet meeting criteria for an eating disorder. Therefore, prior to making recommendations for nutrition therapy, which involves paying close attention to one's diet, it is strongly

recommended that those working with individuals with digestive conditions screen their patients for a history of disordered eating or eating disorders.

The careful assessment of disordered eating in GI patients is recommended, which should entail screening and open conversations about the patient's eating behaviours and beliefs. Any member of a patient's treatment team, which could include a PCP, gastroenterologist, dietitian, and/or mental health provider, should be prepared to openly ask the patient about whether they have a history of an eating disorder, body image concerns, or if they are currently engaging in disordered eating.

If a patient displays any red flags or their health is compromised by their eating behaviours, it is important to connect them to an eating disorder specialist for further evaluation (Harer, 2019).

If the patient is not yet displaying red flags, but has a history of disordered eating, a consultation with a mental health provider who specializes in psychological therapies for digestive conditions should be considered.

Red flags in GI patients:

- Progression of food avoidance or restriction despite an already restrictive diet
- Refusal to reintegrate foods despite encouragement to do so by healthcare team
- Discordance of clinical presentation or history of clinical data pertaining to eating behaviours, beliefs, weight or body image
- Evidence of body dysmorphia
- Lack of concern pertaining to their restrictive diet or weight loss in an attempt to manage their GI condition

Working with a mental health provider to address one's digestive condition will include a treatment plan utilizing behavioural interventions that specifically address the GI symptoms, not general mental health concerns. Therefore, an initial psychological consultation will be carried out to ensure that the patient does not require other types of mental health care for more moderate to severe mood or anxiety disorders, other psychiatric co-morbidities, disordered eating, or an eating disorder. The goal of psychogastroenterology treatment is to decrease the severity and frequency of one's symptoms while providing

them with skills that improve coping and their quality of life. One treatment option is gut-directed hypnotherapy (GDH).

In a randomized controlled trial comparing the low FODMAP diet to gut-directed hypnotherapy (GDH) for patients with IBS, researchers found that both groups experienced improvements associated with their health-specific quality of life (Peters et al., 2016). However, this research highlighted that GDH is an excellent option for individuals with a history of disordered eating as it takes the focus off restrictive diets and eating practices (Hill, 2017).

Emerging data are increasingly demonstrating the benefits of psychological therapies for patients with digestive conditions, with recent literature highlighting that integrative care be considered the norm, not the exception (Chey et al., 2021). With over 30 published research studies dating back to the 1980s highlighting the benefits of GDH for patients with DGBI, patients are often interested in this form of treatment. Additionally, research shows that GDH is effective for patients with even the most difficult to treat forms of IBS. Up to 80% of patients with IBS have a positive response to the treatment. These response rates are much better than the response rates for medication to manage DGBI.

While there may be some stigma associated with the intervention due to misconceptions from portrayals on television or in movies, this can be cleared up quite quickly. In the treatment of digestive conditions, hypnosis does not make one lose control or cluck like a chicken when a bell goes off. Further, those concerned that they will not be hypnotizable are often happy to learn that when appropriately referred, people are able to be hypnotized “enough” to have a positive response. If you are living with a digestive condition, one of the most important things you can do is be open to trying psychological interventions, which may include hypnosis.

The goal of GDH is to help the patient gain better control over their symptoms by addressing the communication happening along the brain-gut axis. The intervention can target visceral hypersensitivity while also providing the patient with a tool they can implement to feel a sense of control. During a session, the patient sits or lays comfortably with their eyes closed. The mental health provider then guides them through a series of muscle relaxations, followed by aspects of guided imagery to help them visualize a peaceful place in addition to the healthy functioning of their digestive tract. There are evidence-based scripted protocols that providers can use which

include specific suggestions that target symptoms and healthy digestive function.

A metaphor for understanding how gut-directed hypnotherapy works:

Think about your body as a sound system in which the amplifier and speaker are not properly matched. Your brain is like a high-power amplifier and your gut is like the speaker, but it is very sensitive, so when the volume dial is turned up even a little, the sound that comes out of the speaker can be unpleasantly loud. Hypnosis helps you learn how to relax your body, think differently about the sensations you are experiencing during digestion and better regulate the functioning of your mind and gut. Therefore, hypnosis helps you find a more pleasant volume for your amplifier and speaker.

In seeking out GDH, you will want to work with a licensed mental health or health professional who has received training in medical hypnosis and digestive conditions. Typically, GDH will include seven sessions over the course of two to four months. Homework is required using an audio recording to aid the patient in mastering the hypnosis skill. Sessions range from 30 to 45 minutes and can take place either in an office setting or conducted virtually so that patients can receive treatment in the comfort of their own home. Many patients with private health insurance are able to use their benefits to cover at least some of the cost of treatment.

Often times, patients who have learned GDH and experienced the benefits, wished they had received treatment sooner. It allows those who have been suffering to experience improvements and learn a new skill that does not require significant attention to one’s diet. Therefore, it should be considered in those with a history of disordered eating and presented as an excellent opportunity to address digestive distress.

Locate a GI mental health provider:

ibshypnosis.com (note: the directory lists providers in the United States only)

romegipsych.org

App recommendations:

Nerva - <https://www.mindsethealth.com/nerva>

Zemedy - <https://www.zemedy.com>

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