



Constipation: When the Bowel Holds on to What Happens

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Geraldine was nearly 40, she suffered with such severe constipation that she could go several weeks without a bowel movement and even powerful laxatives failed to relieve her. Her specialist had subjected her to the full humiliating gamut of colonic investigation and tried many different combinations of dietary and medical treatments; all to no avail. He had just about reached the stage of referring her to a surgeon for a colectomy, but he referred her to me as 'a last resort'.

Geraldine had first become constipated at 18 years of age after the death of her mother, but this improved several years later after she got married. Unfortunately her marriage broke down 10 years ago and since then her constipation has been unrelenting.

During our first meeting, Geraldine appeared painfully shy. She kept her overcoat tightly buttoned up even though it was early summer. She answered all my questions with brief comments while staring fixedly at a spot on the floor. It was a difficult interview. We never really engaged with each other. Nevertheless I learnt that not only was she constipated, her eating behaviour was also quite restrained. She was a strict vegetarian and ate only organic produce and fretted about food contamination. Geraldine lived alone with her two cats and worked in the local library. The only people she seemed to mix with were her father and an older brother. She relied on them to help her deal with the outside world, but she was deeply embarrassed by the way they noisily assumed they could just manage her life for her.

She was the same during the second session. She looked so frightened, I felt concerned and tried to rescue her by asking questions and lightening the conversation. The third session

started in much the same way, but I soon ran out of things to say. I decided to give her the space to talk. We sat in silence for 45 minutes. I lapsed into a peaceful reverie, occasionally looking up to smile at her. And when the bell rang for the end of the session, I quietly announced that it was time for her to go, whereupon she got up abruptly and almost ran out of the room. I felt some remorse about leaving her in silence for most of the session and I wondered whether she would return the following week. She did, but her manner was very different. Without waiting for formalities, she sat down and berated me for my rudeness.

'Do you know how long it takes me to get to Sheffield? I get a bus into Chester, then catch the train to Manchester and then change onto another train that rumbles across the Pennines stopping at every station. Then even when I get to Sheffield, the hospital is miles away!'

I smiled and shook my head.

'Well it took me three hours to get here last week and you just sat there and said nothing. I've got better things to do than come all the way to Sheffield just to sit in silence. I felt so angry! And - I've had diarrhoea all week!!'

Now this was the person who had been so seriously constipated for so many years that the only way her doctors could think of relieving her was to remove her colon. Yet, she had cured herself by daring to express how cross she felt with me! It may seem hard to believe, but expressing her anger this had relaxed her bowels more than any of the laxatives and herbal remedies that she had consumed.



For Geraldine, the experience was truly cathartic. From that moment, she became more open and talkative, she started to go out more, and she began to take more responsibility for herself. She appeared more confident and her bowels settled down into a much more regular pattern. She only came for 7 weeks, but I asked her to return six months later for a follow up appointment. What a change! She had given her overcoat to a charity shop, left her job in the library, bought herself some new clothes and had even had her hair styled. And, she announced with a big grin, 'I've met a man!' 'We're getting married next year'. She seemed surprised when I asked about her bowels. 'Most of the time', she replied, they are fine, once or maybe even twice a day, but whenever, something upsets me, they can seize up. They are my barometer that tells me when there is trouble about!

Geraldine's reserve and defensiveness were associated with a corresponding restraint in her bowel function and eating behaviour. Her intense fear of social interaction and her anger at the intrusion of others created a build up of emotional tension, which was associated with exaggerated activity in the sympathetic nervous system. And since this tension could not be worked through, it remained locked in and was acted out in the theatre of her body with symptoms that seemed to represent control and restriction. But as soon as she felt sufficiently provoked to express her feelings, then her bowels were also released from inhibition and with them, her whole behaviour.

So many women suffer with constipation, some like Geraldine may not be able to defaecate for days or even weeks, and only then with the assistance of powerful laxatives. Although constipation may occur in association with medical conditions such as myxoedema, or hyperparathyroidism or as a complication of the ingestion of antidepressives, painkillers and many other medications, in most cases there is no obvious cause.

Clinical physiologists have suggested several different aetiological mechanisms. They include colonic inertia, spasm of the rectosigmoid, paradoxical contraction of the puborectalis and external anal sphincter. Treatments, they say, should be targeted to those specific causes.

But when we carried out physiological studies in patients with constipation, we found that nearly all of them had a combination of colonic inertia, rectosigmoid spasm and outlet

obstruction. So it seemed that rather than specific abnormalities, the whole programme for defaecation was faulty (1). Further neurophysiological investigations showed impairment of spinal reflexes controlling defaecation, but there was no evidence of neurological illness or injury. Instead, it seemed that the switch from the brain that instigates defaecation was turned off. But why should that be?

To answer that question, we need to consider what defaecation represents for the individual. We might conclude that it is the expression of the bad stuff, the stuff one might be embarrassed about, ashamed of. This requires confidence and trust. Resistance is expressed in the bowels, but when Geraldine was sufficiently provoked into anger, her bowels expressed the same 'shit'. So constipation is as much a state of mind as a state of body.

People with unexplained diarrhoea are very different. Instead of being resistant and up tight, they are chaotic, out of control – they have no difficulty in expressing emotion. Quite the reverse; their difficulty is one of containment. Their anger and panic are there for everyone to see and their bowels are similarly out of control.

In my experience, people who keep their emotions locked in tend to have symptoms that represent the pressure and control, such as constipation, anorexia, headache, backache and muscular tension mediated by the sympathetic nerves, while people who find it difficult to contain their emotions are more likely to experience expressive symptoms, such as diarrhoea, urgency, faecal or urinary incontinence, binge eating, coughing and vomiting, that are mediated predominantly by the parasympathetic limb of the autonomic nervous system.

Franz Alexander, founder of the Chicago Institute of Psychoanalysis, wrote how patients with psychosomatic illness struggled with conflicts around dependency. When neglect or deprivation blocks dependency, then energy is expended to the parasympathetic nervous system, but when autonomy is blocked by excessive control, symptoms are largely mediated by the sympathetic nervous system (2). This dichotomy is most clearly seen in people with eating disorders. Those who binge or comfort eat often do so when they feel depressed and lonely and out of control, whereas the anorexics that restrain their eating is associated with the physiological signature



of sympathetic overactivity and represents the sheer power of the will to keep control of the self, even if it means the starvation of the body. Anorexia is often associated with constipation; binge eating with diarrhoea.

The analogy between emotional expression and physiological function was documented scientifically in a study of bowel function that was carried out on the male inmates of an American prison at the height of popular enthusiasm for 'dietary fibre'. Volunteers were put on diets containing different amounts of fibre, and they underwent a series of investigations including personality inventories. As expected, the bowels were certainly more active when people consumed more fibre, but this association was not as strong as that between personality and bowel function. People who scored highly on the extroversion scale, passed large, soft and frequent stools, whereas those who were introverted and defended, struggled to squeeze out a few small pellets. So it would seem that people suffering with diarrhoea that cannot be explained medically, find it as difficult to contain their emotions as they do to contain their motions, while at least some of those with unexplained constipation may be, quite literally, up tight people with tight sphincters. These emotional connotations probably explain why relaxation and laxative have the same etymological derivation.

But bowel habit or eating behaviour are not fixed aspects of personality, they can change according to the circumstances of a person's life. For example, people with Irritable Bowel Syndrome can tend to oscillate between diarrhoea and constipation as they swing from control to chaos and back again. The same dialectic may be represented in patients with bulimia nervosa by the cycles of bingeing, vomiting and restraint.

Whenever I feel lonely, I start to panic and then I feel like something to eat. It calms me down, but the more I eat the more I want to eat. This continues for several days until I am so fed up with myself, I am sick and I have dreadful diarrhoea. Then I tidy up, have a shower, put on some clean clothes, exercise in the gym, stop drinking and just eat salads – my bowels get constipated but the loneliness starts creeping back again.

Jean.

Jean, a schoolteacher, who lives by herself in South-east London, either feels panicky out of control or lonely and isolated. There is no

middle ground. She doesn't have that confident sense of containment, that cognitive buffer that would allow her regulate her emotions in the face of an ever changing social environment. Like a house with a faulty thermostat, she suffers from a disturbance in emotional and physiological regulation (4), either blowing too hot or too cold.

People get ill with constipation and other medically unexplained symptoms because of events or situations that they cannot deal with. When something happens to us, we feel it in our body. This happens naturally without us thinking about it. We often put these feelings into context instantly, turning them into emotions. Emotions may therefore be defined as feelings put into context. If we deal with the context- if we think, act and sort things out - then the feelings vanish and we feel better.

But if too many things are happening at the same time, if what happens is so novel and serious that we can't put it right or can't even think about it, if it rekindles a traumatic memory that has never been resolved, then the bodily sensations will persist and become consolidated as a chronic symptom like constipation – that comes to represent what has happened.

Such illness therefore depends on what a situation means for us and our capacity for dealing with it. The latter is largely determined early in life under the guidance of our parents. We not only need to learn how to deal with life's vicissitudes, we need sufficient space to practice. If we have not had sufficient training, then novel situations are most likely to make us ill. But of course, even the most well adjusted of us may respond to severely traumatic situations, such as divorce or abuse, by becoming ill.

The brain works metaphor and meaning. Like a disc jockey, it selects the most meaningful composition, which is played out in the body orchestra with the sympathetic and parasympathetic nervous systems providing the major or minor key. Research that we carried out a few years ago showed how symptoms of gastroenteritis could be recruited to express the unresolved memory of what was going on in a person's life at the time of their infection (5). The same applies to an injury, an operation – such as hysterectomy and particularly to the feeling of what has happened – how an event is represented in the body. So if a person represses the traumatic memory and develops constipation,



then anything that might remind them of that event will elicit the same symptom. Medically unexplained illness always has a purpose – to elicit care, to punish a close family member. Constipation is self protective; it is often associated with vaginal tightness and dryness and may be employed subconsciously to prevent intimacy.

Most human illness cannot be explained by pathology. Most illness does not have a definitive cause. The medical sociologist, Bryan Turner, summed this up when he wrote that 'Illness is a language, the body is representation and medicine is political practice.'⁶ So although it is patently obvious that many symptoms express personal meaning, the medical establishment tries to

enforce its own practice that is based on pathology and specific causation. It is suffering from an ossification, a hardening of the attitudes. We need to relinquish our blind faith in randomized control trials, our dependence on 'scientific' evidence – and all the catechisms that serve for modern medical practice. Instead, we need to conduct more research to establish the importance of meaning in illness. We need to conduct more work on emotional expression and illness variation, on gender differences in emotional, on post infectious, post traumatic illness and on narrative and theme based research, and on how to effect cure by recruiting the confidence and belief of the patient. Only then will we be able to find a meaningful resolution of the majority of human ailments.

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