The mind, the body and the irritable bowel syndrome

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The irritable bowel syndrome presents problems both to those who are troubled by it and those who endeavour to treat it. It has been said that it accounts for about one in eight general practitioner visits, and about one in six of the total population has symptoms consistent with the diagnosis.[1] What is more, those with this syndrome tend to have other disorders, such as headache and fatigue, and to be disturbed psychologically. This raises the time-honoured question of the relationship between the mind and the body and how much one can influence the other. The Gastroenterological Society of Australia was kind enough to ask your Editor to say something about the problem. This is what was said.

It is not easy to stand in front of a learned audience at a scientific meeting remote from one's own specialty and reveal one's ignorance. Let me declare my entire knowledge of gastroenterology right at the beginning. Proctalgia fugax is one of those interesting disorders that you do not encounter unless you ask about it. Sleep paralysis and autoscopy – hallucinations of the self – are a couple more.

My attention was drawn to proctalgia fugax some decades ago. Firstly, by direct experience, and then by a correspondence in *The Lancet*. Doctors suffering from the condition had examined themselves rectally while in its throes and discovered muscular spasm where the pain was. More importantly, they had found that if they ate something the pain stopped immediately, sometimes celebrating its departure by the passage of flatus. For years I have told sufferers that when it comes they must eat two Scotch Finger biscuits. Their gratitude has been touching. That is all I know about gastroenterology, but before I sit down I have a couple more things to say.

Mind and body: divide them if you can

Let me dispose of that question so often asked: does a particular disorder arise from the mind or the body? When patients ask me that, I say 'Let us go down to the train line. I shall tie you to it with a strong nylon rope, with one of your ears applied firmly to the track so that you can hear the train approaching. As it gets closer and closer and is almost upon you I shall ask you if it is your mind or your body which has become agitated'. Most get the message.

There is in addition a third mechanism to be considered. Think of a psychiatric disorder in which the alimentary tract is particularly conspicuous. I refer to the eating disorders now common and productive of much morbidity and some mortality. Some years ago, they were less prevalent and the family dynamics rather different. What has changed? Tilmann Habermas worked it out in the final decades of the last century.[2] As articles on bulimia and anorexia nervosa appeared in the popular magazines, attitudes to gormandising and vomiting changed. Instead of being something rather shameful to be concealed, for some it became a way of defining themselves as ill and in need of special care and concern. It became a language, much as the phenomena of hysterical conversions are a language, a nonverbal means of communication. So we need to think not only of the mind and the body but also of social processes as determinants of diseases. The role of the sick person is important.[2]

To return to the person tied to the train line, the first point I would like to make is that it is important to avoid dualism (the notion that the body and the mind belong in separate categories) in one's understanding of the human condition.

One can, of course, simplify some discussions by making use of convenient fictions. If you and I agree to meet at sunrise, we both know exactly what we have to do, even though we both know that the sun does not rise at all – the earth rotates. Let us for a moment pursue the fiction of dualism and ask can the mind rule the whole body – not just the gut. How powerful can the mind be?

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Some remarkable cures

Consider Franz Anton Mesmer. In 1776 at the Vienna Medical School, he published a doctoral dissertation which argued on the basis of newtonian physics that since the sun and the moon could raise tides in the sea and the atmosphere perhaps they could also affect the bodily humours. Clinically, he tried to influence the humoral tides by the application of magnets to the body, often with remarkable success. He recognised that it could not be ordinary magnetism. By experiment, he found that he could 'magnetise' all sorts of material – wood, leather, dogs, you name it – and that they then produced the same benefits as ordinary magnets. He realised that the 'magnetism' was within his own body, that all he had to do was make passes over the patient's body with his hands – the animal magnetism was within him.[3]

He had some remarkable cures, but let us confine our attention to one use of mesmerism, as it came to be called. Before the introduction of gaseous anaesthetics in about 1848, some hundreds of major operations were performed in what was called mesmeric sleep. Since there was much scepticism, these procedures were often carried out under the close direct observation of the academic bodies of the day.

We have time for one case, the first important one in Britain. In 1848 James Wombell, a Nottinghamshire labourer, had an amputation of the left leg above the knee because of a carious knee joint. It was done while he was in a mesmeric sleep. For technical reasons, the operation was prolonged. During the operation Wombell moaned a little, as if in a troubled dream, but gave no other sign of pain. The moaning did not increase when the surgeon thrice touched the divided end of the sciatic nerve. After the operation, Wombell blessed the Lord to find that it was all over and stated that he had felt no pain.[3]

Psychological forces can do other useful things. In my first intern term I used suggestion to make warts go away because I found the smell of roast wart nauseating. I gave the patient the usual pre-cautery injection of local anaesthetic, explaining that it was a new Swiss injection which would make warts vanish within two weeks. They did.

Pain, viral infection – what else? We come to the power of placebos, which is awesome. In one study, 40% of patients with rheumatoid arthritis experienced at least a 50% reduction in the number of swollen joints and a 50% reduction in joint swelling and tenderness. Relying on their placebos they found their improvement lasted six months or more.[4]

What about one's genetic program? Suppose that you are a mouse, programmed to have a certain number of cells in the dentate gyrus of the hippocampus. You want to increase their number, so that you will have a better memory. No problem – seek out an enriched environment with many new things to interest you. One study showed 15% more cells developed in the dentate gyrus.[5]

I could go on, but I hope that I have persuaded you that the mind is very powerful and that one ignores it at one's peril.

From all the above, we can extract two important principles:

- if psychological processes can make a considerable difference to a condition, this does not establish that the condition is primarily psychological
- if the condition is known to be biologically based, it does not follow that psychological management will necessarily be irrelevant or trivial.

Can the body rule the mind?

We have seen how the mind can rule the body. What about the opposite? A couple of months ago, I was in central Australia. I was one of a group in a four-wheel-drive bus which had taken us jolting and swaying down river beds and over ridges to a remote spot. There, I was seized by the most dreadful large bowel colic I have ever experienced. There was a titanic struggle between the propulsive forces of my large bowel and the obstructive forces of my sphincters. I was acutely aware that we were more than an hour from the nearest toilet and that the journey would resemble a prolonged earthquake, tumultuous for the healthy, but terrifying for someone who felt that an explosion might occur at any moment. Fist-clenching and sweating were the order of the day. Need I tell you that for more than an hour my gut ruled my mind totally and absolutely. You will be pleased to know that I made it.

To recapitulate, it is convenient to think of the mind and body as separate entities, but it is a fiction. Again think of Mesmer and of James Wombell. The power of the mental aspect can be enormous – magical – and not to use it when it can be therapeutic is absurd and to deny one's patients something very important.

A note on cognitive behavioural therapy

For some, removing agony by suggestion and charming warts away stands too close to magic, and they are made anxious. For them, we have cognitive behavioural therapy (CBT) – I have been asked to say something about it.

The more one reads about it the less clear are its boundaries, but I shall do my best. The crux of it is that what the patient believes about his or her condition is very important, and those beliefs may play a part in generating or exacerbating some disorders. Based on that, one conducts a careful analysis of the beliefs and behaviours that seem relevant and then constructs a step-by-step agenda of education, training, rewards and discouragements. It is all about clarifying the exact nature of the problem and dealing with it in the here and now, using whatever techniques seem to be relevant. It is the opposite of psychoanalysis.

To my mind, it is a mixture of things. At one end of the spectrum, it seems to be applied common sense discovered by

those who have never used it before. It reminds me of the man who discovered to his amazement at the age of 40 that he had been talking prose all his life. At the other end of the spectrum, there are many particular techniques based upon behavioural management that can be very useful. I do not regard myself as an expert in these matters. So if in relevant cases simple measures, common sense and magic do not suffice, then I send them off to an appropriate therapist.

If we consider a problem like the irritable bowel syndrome, my understanding of it is that some people have bowels that are rather more turbulent than others, and in that population some of them are more concerned about it than others. Fortunately, at my time of life I have reached the stage that with dignity I can abandon any attempt to understand certain parts of medicine. For example, many articles in modern genetics and immunology remind me of the charts one is given to read by eye doctors. I can see the letters, but I cannot understand what they mean. So it is with the complexities and details of the irritable bowel syndrome. We have gastroenterologists to worry about things like that. I would rather talk to people with schizophrenia.

Irritable bowel syndrome turns up in the psychiatric journals now and then. My impression is that there are people with multiple alimentary symptoms of uncertain causation who are often equipped with a wide range of symptoms referable to other systems as well. Sometimes there are psychiatric problems in addition, such as social anxiety.

I was impressed by a Dutch study from the University of Nijmegen, which reported on 105 consecutive patients with irritable bowel syndrome. Most of them improved, and they improved most when they saw the same doctor each time, when they were satisfied with the consultations and when the doctor paid very careful attention to the dysfunctional beliefs and fears that they had and sorted them out.[6]

My guess is that there are many conditions like this without clear boundaries. To categorise them is useful but something of an artifice. They have a biological component, but social and psychological factors are important in their genesis. Their successful management depends upon a firm grip of evidence-based medicine and a clear understanding of the power of the mind and how to use it. Remember Mesmer.

Child sexual abuse and the bowel

I am told that there is a belief that irritable bowel syndrome is often or always due to child sexual abuse. There is no doubt that child sexual abuse occurs, and that it can have bad consequences. The problem is that it has become advertised and politicised, like the eating disorders but more so.

Let me give you the ultimate example of how powerful social attitudes can be. In July 1998, the American Psychological Association journal, *Psychological Bulletin*, published a meta-analysis of 59 studies of the consequences of molestation of children.[7] It was reported that some molested children grew up normal and a small proportion were seemingly little affected by their experience. That is not to say, of course, that many did not suffer considerably.

On 12 July 1999, the United States House of Representatives voted 355 to zero to censure and condemn the publication because its members disagreed with the findings and thought the publication would increase paedophilia.

To take it further, think of the false memory syndrome; how do you know what the facts are?

A study of 5995 Australian twins showed that the sexually abused co-twin did not have a higher level of psychopathology than the nonabused twin. Consider the sort of family in which child sexual abuse is likely to occur. There are many reasons for the development of psychopathology, and sexual assault is but one of them.[8]

It has been alleged that child sexual abuse has a specific role in causing the eating disorders. A very large review has shown that the evidence is at best equivocal.[9]

Conclusion: on using one's potential

I have rambled on in the hope that what I have to say may have had some relevance to your daily duties. And now for a final take-home message.

I have given you a couple of examples in which the quality of the doctor–patient relationship has been an important part of achieving a good outcome. Let me emphasise once more that we cannot do without evidence-based medicine and that we cannot do without doctors who recognise the power of the mind.

My second intern term was urology. When I received a consultation form, I would go to my urological consultant and say 'Sir', (one said that in those days) 'Dr X has a patient he would like you to see'. The invariable answer was 'Put him on the list'. My consultant did not see the patient but inspected the inside of his bladder and its attachments through a cystoscope.

Quite often I see a patient with alimentary symptoms, although not for that reason. I say 'Has your doctor sent you to a gastroenterologist?'. 'Yes.' 'And what did he or she say?'

'Oh, he put a long tube down my throat or up my bottom or both and said that there was nothing abnormal there.' 'That's very good. And what did he say about the pain and the diarrhoea?' 'Nothing. He said there was nothing abnormal there.'

It is my suspicion – I can say no more – that with at least some of your patients you stand as I stood to my patients' warts. You can, with the power of your knowledge and personality, charm their disease away.

Every one of us can be a magician now and then, if only we can let it happen. MT

A list of references is available on request to the editorial office.

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