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The Psychology of Cancer Prevention

by Wayne W. Topping, Ph.D., LMT

Western medicine is rapidly changing its ideas regarding the origin and prevention of cancer. Just twenty years ago most physicians ridiculed any connection between what we eat and the development of cancer. Now our leading cancer scientists attribute 35 percent of all cancer to nutritional factors and we are learning more about the necessity of having adequate fiber, vitamin A (or beta-carotene), vitamin C, vitamin E, selenium, the cabbage family, and soybean products in the diet.

Much of the general public naively believes that there is little you can do to prevent getting the BIG C. Yet, in 1984, Margaret Heckler, former Secretary of Health and Human Services, said "We now know that fully 80% of cancer cases are linked to lifestyle and environmental factors, and we know that the most important causes of cancer are the ones we can control or influence." (ref. 1).

Recent breakthroughs in the exciting new field of psychoneuroimmunology — the study of mind-body relationships — are fast proving that the mind/brain and nervous system, the endocrine system, and the immune system are tightly interconnected, thus providing the scientific foundation for the mind/body link that most Eastern medicines have always espoused and that was once recognized but lost by Western medicine.

Western medicine will increasingly have to accept that psychological factors can also play a big role in helping to prevent cancer. As Henry Dreher states it: "Cancer is not something we catch from a carcinogen; it only develops when our defenses are incapable of eliminating carcinogens from the body, or cancer cells once they have developed." In this paper, we'll look at psychological factors-early childhood experiences, personality characteristics and distress-that knock out our defenses against cancer.

The "Cancer Personality"

Cancer is one of the top killers in our western world so it isn't surprising that much has been written concerning the connection between emotional states and cancer. However, what is of surprise is that this relationship was first recognized so long ago and was more popularly held in the past.

The Roman physician and anatomist Galen was one of the two most important physicians and medical scientists of all antiquity. Galen's influence was such that his views held sway over Western medicine for almost 1400 years, from the time he lived (A.D. 130-200) to A.D. 1700. He observed that women who suffered from melancholy — sadness and depression — had a greater tendency to develop breast cancers than did women of more positive disposition and outlook.

A century ago, Sir James Paget stated: "The cases are so frequent in which deep anxiety, deferred hope and disappointment are quickly followed by the growth and increase of cancer that we can hardly doubt that mental depression is a weighty additive to the other influences favoring the development of the cancerous constitution."

Most of the cancer experts of the later 19th and early 20th centuries apparently agreed that there was a connection between emotional states and cancer. However, the development of general anesthesia, new surgical procedures, and radiation therapy led to the generally held belief that physical problems required physical treatments. Thus medicine forgot the emotional connection and research linking cancer and emotional states has been occurring since, primarily within the field of psychology, not medicine.

One of the biggest contributions to recognition of a "cancer personality" has been by Lawrence LeShan, Ph.D., author of You Can Fight for Your Life. LeShan has recognized a basic emotional pattern for the cancer patient that consists of three major stages. (ref. 2)

The **first phase** involves a childhood or adolescence marked by feelings of isolation. Usually during the first seven years the individual learns that intense and meaningful

relationships are dangerous and bring pain and rejection. Sometimes the sense of rejection is apparently accentuated by a specific event. The child feels that there is something wrong with him and this colors his entire life. He is usually a "loner" with few friends, and any relationships that are developed are usually superficial.

The **second part** of the pattern is centered upon the period during which a meaningful relationship is discovered, allowing the individual to enjoy a sense of acceptance by others (at least in one particular role) and to find a meaning to his life. The relationship or relationships entered into at this time become the central focus of their life. In a sense, having at last found an outlet for their emotions, they over compensate for their earlier years of isolation by tending to "put all their eggs into one basket".

The **third part** of the pattern occurs when that central relationship is lost. Now the person experiences a sense of utter despair, connected to but going beyond the childhood sense of isolation. The relationship has made it possible for them to forget their feelings of self-contempt, to repress their sense that there was something wrong with them, something that made them unacceptable to others. However, now that the relationship has ended, the conviction that life holds no more hope becomes paramount. Within six months to eight years, the person is diagnosed as having terminal cancer. Their fatal disease is seen as just "one more example" of the hopelessness of life for them.

In fact, death is often seen as the only release out of this emotional straight-jacket they find themselves in.

This basic emotional life history was found to prevail in 76% of the cancer patients studied by LeShan. Among the non-cancer control patients, this emotional pattern was found among only 10%.

LeShan found that a basic element in the emotional life of cancer patients was what he termed "despair". It was observed in 68 out of the 71 therapy patients studied, yet it was found in only three of the control group of 88 persons.

A slightly modified version of LeShan's emotional life history has been used with cancer patients by O.Carl Simonton, radiologist and oncologist, and Stephanie Matthews-Simonton, psychotherapist, and is described in their book Getting Well Again (ref. 3) During their research and experience working with terminal cancer patients, the Simontons have formulated a five-step psychological process that they have found to precede the onset of cancer. Although similar to LeShan's model, it is sufficiently different for us to take the space to describe these five steps here.

1. Experiences in childhood result in decisions to be a certain kind of person. In our early childhood years, we make decisions based on our limited range of experience that begin shaping our personality. We see something negative and tell ourselves that when we grow up we will never do that. Or, we see someone or some act that we admire and we determine that we are always going to behave that way.

Many of these decisions are positive and have a beneficial effect upon our lives. Some seem to be the best decisions that could be made at the time and do allow the person to weather difficult situations. However, by the time we reach adulthood, these decisions, no longer conscious, are no longer appropriate ways of handling the different circumstances we now find ourselves in. In fact, some create much stress for us.

For example, children growing up within a family where there is much fighting may decide that expressing hostility is bad. Consequently, they resolve to always be good, pleasing, and cheerful, no matter what their true feelings are. To be loved they must be untrue to themselves.

2. The individual is rocked by a cluster of stressful life events. Much research indicates that major stressful events often precede the cancer. The critical stresses identified by the Simontons are those that threaten the individual's identity, such as the death of a spouse or loved one, retirement, or the loss of a significant role.

What happened in the four years prior to the cancer provides us with the short-term psychological predisposing factors. In her book Biotypes, Joan Arehart-Treichel (ref. 4) describes two studies that verify this step in

the Simontons' model. Thirty of a group of 32 patients had developed cancer up to four years after one of several major losses-death of or separation from a loved one, loss of a job, a fall in self-esteem, inability of a wife to have children, lack of hope of having a grandchild, a change in home, and so forth. Sixteen of these 30 patients had suffered three or more such losses within the same time span. A similar study a decade later on 61 cancer patients produced the same striking results. Fifty-seven of the 61 patients were adjusting to one or more personal losses that had arisen during the four years prior to the onset of cancer.

The same pattern applies to children also. A study at the Albert Einstein College of Medicine in the Bronx found that children with cancer had twice as many recent crises as other children matched to be similar except for their disease. Another study showed that 31 of the 33 children with leukemia had experienced a traumatic loss or move within two years before their diagnosis. (ref. 5, p.75).

3. These stresses create a problem with which the individual does not know how to deal. What the Simontons say here is so significant regarding my own research that I am going to quote them regarding this third step. "It is not just the stresses that create the problem, but the inability to cope with the stresses given the "rules" about the way he or she has to act and the role decided upon in early life. When the man is unable to permit himself close relationships, and therefore finds meaning primarily in his work, is forced to retire, he cannot cope. The woman whose principal sense of identity is tied up in her husband cannot cope when she finds out he has been having an affair. *"The man who learns to rarely express his feelings finds he feels trapped when in a situation that can be improved only if he will express himself openly."* (emphasis added)

4. The individual sees no way of changing the rules about how he or she must act and so feels trapped and helpless to resolve the problem. The individual may not see that change is possible, or may even feel that to change significantly is to lose his/her identity. (Practically all of LeShan's patients felt, to one degree or another, that to gain what they needed to bring meaning to their lives, they must give up themselves and become something else. Even to consider this solution gave rise to despair.)

Most of the Simontons' patients acknowledged that before their illness became apparent, they had felt helpless, unable to solve or control problems in their lives, and found themselves "giving up". The fact that they had become fatally ill merely confirmed what they already believed about themselves-that their situation had never afforded any hope and they were powerless to do anything about it.

How important is the feeling of being trapped or helpless? American housewives get 54% more cancer than the general population, and 157% more than women who work outside the home. Is this due primarily to the carcinogenic compounds in the kitchen? American cancer researchers apparently think so because most research funding is allocated to search for chemical carcinogens. However, salaried domestics have less cancer than housewives despite working in two kitchens. Dr. Bernie Siegel notes: "Little thought has been given to the possibility that the housewife's high risk of cancer may be due to her feeling trapped and the fact that often she is not living the life she wants but a performance". (ref.5, pg.82)

5. The individual puts distance between himself or herself and the problem, becoming static, unchanging, rigid. Once there is no hope, then the individual is just "running in place", not expecting to go anywhere. Outwardly, he or she may seem to be coping with life, but internally the person feels that life holds no further meaning and just goes through the motions of living. "Serious illness or death represents a solution, an exit, or a postponement of the problem", according to the Simontons. The Simontons emphasize that this process does not CAUSE cancer, rather it PERMITS cancer to develop. It is considered that this giving up on life plays a role in interfering with the immune system and may, through changes in hormonal balance, lead to an increase in the production of abnormal cells. Physically, it creates a climate that is ideal for the development of cancer.

Quite a number of other researchers have uncovered relationships that are in agreement with the models proposed by LeShan and the Simontons.

For example, Dr. Claus Bahnson of the Eastern Pennsylvania Psychiatric Institute compared three different groups: cancer patients, patients with other illnesses, and a group of healthy individuals. Unlike the other two groups, the cancer patients had a history of cold and unsatisfying relationships with their parents. Bahnson concluded that people with this kind of background "are more vulnerable to the effects of loss in later life, because they have difficulty maintaining close relationships and lack an outlet for intensified emotional changes".

This conclusion is supported by a study of 1,337 medical students begun in 1946 by Caroline B. Thomas, M.D., professor emeritus, Johns Hopkins University School of Medicine. Dr. Thomas gave the medical students a number of tests to determine their personality profiles. They are being followed to see what kinds of illnesses (hypertension, coronary heart disease, mental illness, suicide, and malignant tumors) they get. Thomas found that a major difference between the 50 who have thus far developed cancer and the rest of the group was a poor relationship with their parents. Thirty percent of those in the cancer group described themselves as "neither admiring nor comfortable" with their fathers or mothers, five times the rate in the healthy group.

Another significant finding from Dr. Thomas's study suggests that birth order has an influence on cancer susceptibility. None of her cancer victims had been only children. It seems that being an only child can help protect you against cancer. What do only children get that other children generally miss out on? Lavish parental attention and affection. Some would say they are "spoiled rotten". They get all the love that their parents have available for offspring. Thus, excessive love can protect one against cancer, just as being deprived of parental love can increase one's vulnerability to cancer.

Firstborns receive the same attention that only children do until the arrival of a younger brother or sister, and the youngest of the family often tend to receive more than middle children. Therefore, we should expect the middle children to have the least protection against cancer. LeShan's research found that persons with cancer tended to have had a shorter period of being the youngest child than their cancer-free siblings, especially with another brother or sister often arriving before they reached two years of age.

LeShan found that the cancer patients seen during his research (over 500) all seemed to have more emotional energy than they had ways of expressing it. Their emotions were "bottled up". They were unable to give vent to their feelings and to let other people know when they felt hurt, angry, or hostile. They had difficulty in showing anger or aggression in defense of themselves. They did have aggressive feelings, often quite strong ones, but they were unable to verbalize them.

The Type C Personality

The concept of a "Type C" personality for those prone to developing cancer arose independently of the research we've already discussed. During the 1970s, psychiatrist Steven Greer, at the Faith Courtauld Unit for Human Studies in Cancer and King's College Hospital in London, led a team of investigators that developed a "Type C" profile. The Type C person was loathe to express disruptive or hostile emotions, tended to be "awfully nice", compliant, and afraid to assert themselves. Dr. Bernie Siegel has since described cancer as "the disease of nice people". Do such nice people not feel angry and anxious or do they deliberately suppress such negative feelings? Greer's research has indicated that it is the latter.

Lydia Temoshok, a psychologist at the University of California at San Francisco studied melanoma patients in the early 1980s. She describes the Type C personality as "cooperative, unassertive, patient, [one] who suppresses negative emotions (particularly anger) and who accepts/complies with external authorities". She also noted that this profile "is the polar opposite of the Type A behavior pattern which has been demonstrated to be predictive of coronary heart disease".

The Immune-Competent Personality

More recently, Dr. George F. Solomon, a psychologist and UCLA professor who is

often called the "father of psycho-neuroimmunology, has described an "immune-competent" personality that may allow the body's immune system to fend off illnesses as varied as rheumatoid arthritis, lupus, chronic fatigue, viral infections, asthma, allergies, AIDS, and cancer (ref. 6).

Solomon says that the immune-competent personality involves: 1) being in touch with your psychological and bodily needs; 2) being able to meet those needs by assertive action; 3) possessing coping skills, including a sense of control, that enable you to ward off depression; 4) expressing emotions, including sadness and anger, 5) being willing to ask for and accept support from loved ones; 6) having a sense of meaning and purpose in your work, daily activities, and relationships; and 7) having a capacity for pleasure and play.

Preventing Cancer.

For changes in diet, lifestyle, and home and work environment to help prevent cancer, see Your Defense Against Cancer by Henry Dreher (ref.1). Here are some psychological suggestions:

1) Defuse stress from traumatic childhood events (ref.9).
2) Reprogram the cancer personality trait "I don't want to express myself" if it exists (ref.8).
3) Teach strategies such as ESR, anchoring, deep breathing for handling stress (ref.7).
4) Become more assertive.
5) Develop stress "hardiness", control, challenge, and commitment (ref.7).
6) Learn to express emotions such as sadness, fear and anger.
7) Learn to forgive others and self. Don't hold onto grudges, resentment, or bitterness.
8) Ask for and accept love from loved ones when needed.
9) Learn to say "no" to requests for favors when appropriate.
10) Have a sense of purpose in your work, daily activities, and relationships.
11) Use meridian tapping to defuse depression.
12) Work on combatting (biokinesiology) liver emotions of despair, hopelessness, helplessness, feeling incapable, and distressed (ref.9, p.142)
13) Balance thymus emotions (ref.9, p.140).
14) Add fun into your life.

References

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