

Psychic Factors in the Formation of Cancer

No matter in what organ this disease originates, it is a threat to the whole of the body. The outstanding position cancer has achieved among all other threats to our health is shown by the amount of dread, or almost superstitious horror, with which society regards it. Although this disease has been known for thousands of years – cancerous growths were found in millennium-old Inca mummies too – it is spreading fast in modern, industrialized societies. One of the reasons may be the higher average life-span. Also, the dispersion of this illness is accelerated by the peccancies of civilization, environmental pollution and last, but not least, psychic factors, like stress.

One of the major risk factors for cancer formation is immune system malfunction. In this context stress, or more specifically, an incorrect response to stressful situations worsened by the inability to cope with them are responsible to a great extent for the ruined health of the body.

Cancered patients usually have had to face serious problems and stressful situations over a six to eighteen month period before cancer evolved. The typical reaction of patients to such situations is to lose heart and give up. This emotional condition triggers a series of psychic responses that oppresses the natural self-defence ability of the body and promotes or, in my opinion, commands the formation and spreading of abnormal cells.

This is like an internal and organic inclination to suicide. The body kills itself slowly just like in the case of smoking which, as I mentioned earlier, can be regarded as a diffident suicidal attempt.

The Holmes-Rahe stress rating scale shows strict regularities in cancer formation. Concluding a survey of numerous cancered patients, researchers came to the conclusion that most of the patients had met a serious loss of some kind over a 12 to 16 month period prior to the onset of their illness. In most cases that was the death of a spouse or a close relative. Several examinations have proven a weak immune system to be the link between the experience of loss and the formation of cancer. American clinics surveyed the behaviour of mourning widows' immune system. The lymphocyte count of the widows was considerably lower than that of the control group. Lymphopenia was more conspicuous in the first two months of the mourning and then the figures returned to normal over the following 4 to 14 months. Essentially, this coincides with the duration of mourning period so well known to psychologists. If the pain over the loss is very deep, cancer may evolve during this period. Similar loss experiences can be provoked by losing a job, retiring on a pension or even at the end of motherhood when the last child leaves home.

However, it has to be pointed out that it is not the stress itself but the patients' inability to cope with it that permits the onset of the disease. I think cancer is the physical metamorphosis of impotence, abnegation and the absence of fight. However the feeling of

incapacity of such patients is not identical with that of the depressed ones. The level of everyday activity is maintained and everything seems to go on. Patients don't complain, rarely ask for assistance and are terrified of being a nuisance to anyone. They suffer deep down inside and often refuse to admit to themselves being down with pain, hopelessness or incapacity. They often submit to their lot instead of being a forger of their lives – which would be an active pursuit. The primary mistake they make is sweeping problems under the carpet, becoming introvert, two-faced, hypocritical and struggling to maintain the appearance of health and happiness by all means.⁵

What walk of life, features of personality or internal mechanisms condemn us to impotence, preventing us from successfully coping with stress and conflicts? This question may be more important to answer than is the identification of stressful situations.

Clinical psychologist LeShan analyzed the life and personality scheme of cancered patients. He discovered their lives had a lot in common. Often, such patients had had to undergo a serious trauma when they were young. Some of these could stand for a divorce, the early death of a parent, an incomplete family, or only the unemotional, reserved or rejective behaviour of rigid parents. In some cases, the parents had had to work so hard that they were unable to meet their child's emotional needs. Anyway, it's typical for such children to feel lonely and deserted. Also, the majority of such patients were 'good children'. They were not like 'angry young men'

⁵ Holmes TH, Rahe RH. The Social Readjustment Rating Scale. Journal of Psychosomatic Research 1967

that turned against their parents in their teenage years. Once grown up, they are unable to create a substantial relationship or have found the point of their lives in their job. They expend enormous energy to the upkeep of a relationship or the role they play in it. They live a complete life, but the meaning of their lives as well as their self-assessment depend solely on this role or relationship. If the relationship breaks up or the role ends due to death, divorce, retirement, the children moving house, etc., the patients will lose the point of their lives or the central value that used to hold their personality together. This results in desperation, hopelessness and a feeling of incapacity.

Patients tend to hold back their dole or desperation. On the exterior, they seem to adapt themselves to the disaster and continue to function as earlier, but all that's a drag for them now. Their lives have lost all vigour, enthusiasm and meaning. They have no goals or anything to bind them to the living any more.

Beside type *A* personal scheme, which is a major factor in terms of susceptibility to heart attacks, there is another, cancer prone one: scheme *C* (hence the letter *C*). Type *C* patients are well or often too well socialized. They avoid conflicts and live in harmony with their environment. They just can't say no and desperately try to live up to other people's expectations. They are not helpless by a long chalk. They will stick up for anyone, except themselves, as they just can't defend their own interests. They find it improper to express their own will. They will subordinate their interests to those of their families, friends, colleagues or the company.

Where may this type *C* scheme come from?

To make it simple, the reason should be looked for in childhood – as for everything else, according to Freud. When we are children, certain experiences make us decide to become a person of this or that sort. If we often see our parents have a row, we may come to the conclusion that to express indisposition or anger is a bad thing. Consequently, such patients may set up a rule that they think obliges them always to look good, kind and happy. Later on, in the course of their lives this rule, although sunk into their subconscious, makes it impossible for them to carry their point, and if an individual sees no way of changing a rule that determines their deeds, he or she feels trapped and helpless.

Such patients find it hard to express their negative feelings. They are dying to please their environment – and to themselves as well. It's essential for them to maintain their self-esteem at any cost. But if they cannot give free vent to their emotions and the defence of self-image takes up too much energy, their bodies may not have enough life-force to beat the threatening disease. In such cases the neurological and biochemical processes pull down the immune system so much that it can no longer stop the proliferation of carcinoid cells.

So, whatever happens once the disease has turned up? For those facing death a lot of rules of life seem mere trifles. If such patients decide to change their behaviour, they will be surprised to see that

breaking the old rules didn't cause the world to collapse neither has their identity been lost just because their human conduct has changed.

For many patients, however, not even a gloomy diagnose is alarming enough to set their needs or interests before those of others – at least for a while. I know several patients who didn't spare time, money and energy to conceal the truth from their children, considering it more important to prevent the kids from worrying than let them know of the disease.⁶

⁶ Lawrence LeShan: Cancer as a turning point, Penguin Books 1990